



**BRAIN INJURY  
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**THE VOICE OF BRAIN INJURY –  
Help, Hope and Healing  
ISSUE #84, Spring 2022**

*THE BRAIN INJURY ASSOCIATION OF NEW HAMPSHIRE*

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# HEADWAY

NEWSLETTER



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## LEAD ARTICLE

# 2022 BIANH Conference Features Stacia Bissell's Keynote & a Special COVID-19 Track

*By Sarah Kilch Gaffney*

BIANH's 2022 Brain Injury & Stroke Conference will take place on Wednesday, May 11, 2022, at the Grappone Conference Center in Concord, NH. Brain injury coach, mentor, and survivor Stacia Bissell, M.Ed. will give her keynote titled "Creating a Collaborative Team to Help You Return to Work."

The 2022 conference will feature a special COVID track in the morning covering the topics of Stroke in the COVID-19 Era and Post-Acute COVID Syndrome: "Long-Haulers." Additional sessions spread across three tracks will include presentations on Brain Injury and Mental Health: Recognizing and Understanding the Mental Health Needs of those with ABI; The Role of Vision Therapy in Brain Injury Recovery; Re-



thinking Assessment and Treatment of Dysphagia Following Stroke; a Survivor Panel, and more.

A native of western Massachusetts, Stacia Bissell uses her extensive experience as an educator, advocate, and brain injury survivor to help others make sense of their journey after brain injury. Stacia spent much of her career as a middle and high school teacher, academic coach, and in administrative roles within the public education sector. With the dream of eventually running her own school, Stacia became a licensed middle and high school principal in 2011, however, a bicycle accident later that same year left her with a traumatic brain injury and ended her career as a public-school educator.

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### **Publisher**

Brain Injury Association  
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### **Editor**

Renee Fistere

### **Design/Layout**

Cantin Design, LLC

### **Printer**

Upper Valley Press

## **PRESIDENT'S MESSAGE**

### **UNFORESEEN CONSEQUENCES**

*by Robin O. Kenney, Ed.D.*

In November of 2009, the I Unit of New Hampshire Hospital closed its doors. The unit had been established in 1992 by Dr. Tom McAllister as a Neuropsychiatry in-patient resource, specializing in the diagnosis and acute care of patients with traumatic and acquired brain conditions, as well as those with intellectual and developmental disabilities.

These are among the most challenging patients to treat, and working through an inter-disciplinary team approach, the I Unit quickly became an essential component of the continuum of care here in New Hampshire. The patients seen there often presented with complex conditions and the team took great care to see that medications prescribed were followed through to their optimum dosage and efficacy levels. Because the Unit was operated under the umbrella of Dartmouth Medical School, patients were afforded the benefits of "best practices" in the field of Neuropsychiatry.

Not only was the Unit a successful treatment resource, but was also instrumental in allowing patients to return to their community settings after completing stays there. In some cases, the Unit teams were able to follow the course of patients' progress into the community, thereby insuring consistency of treatment practices. This made it possible for patients to live in the least restrictive settings possible

and, in many instances, reduced the need for institutional care.

Additionally, the very existence of the I Unit gave community providers and vendors the confidence to accept individuals with very complex needs, secure in the knowledge that, should an individual require urgent short-term mental health intervention, the Unit was there to provide it.

It continues to be perplexing as to why the I Unit was closed, as the consequences of this decision are still being felt around the state. The closure forced providers to return to institutionalization – a treatment alternative that has tragically proven to be unsustainable, as we saw with the Lakeview experience in 2012. Once Lakeview closed, the search for alternative placements has led to patients being transferred out of state – some as far away as Florida. While many of these programs have provided good care, it should not be necessary to send New Hampshire's most vulnerable citizens far from their homes and any family supports they may have.

The bottom line is that the BIANH is committed to working with policy-makers in Concord to advocate for the restoration of a New Hampshire-based resource comparable to the I Unit. We look forward to participating in that important dialogue.



## **EXECUTIVE DIRECTOR'S MESSAGE**

### **DENTAL BENEFIT FOR INDIVIDUALS 21 YEARS OF AGE AND OVER UNDER THE STATE MEDICAID PROGRAM**

*by Steven D. Wade, BIANH Executive Director*

Two priority bills that are being followed by the Brain Injury Public Policy Committee and our grassroots brain injury legislative network this legislative session concerns the legislation to establish dental benefits under the state Medicaid program. The Brain Injury Association of New Hampshire is committed to advocating for preventative and emergency oral health care for people with brain injuries.

**HB 103**, establishing a dental benefit under the state Medicaid program, requires the Department of Health and Human Services to solicit information and contract with Managed Care Organizations to extend dental benefits under the Medicaid Program to individuals 21 years of age and over.

**SB 422**, establishing an adult dental benefit under the state Medicaid program, requires the commissioner of the Department of Health and Human Services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the

Medicaid managed care program and to extend dental benefits under the Medicaid

Managed Care Program to individuals 21 years of age and over. The bill also appropriates the settlement funds received by the state from its settlement with the Centene Corporation to the Department of Health and Human Services for the purpose of funding the non-federal share of the adult dental benefit program and to complete the Medicaid Care Management SFY 20 Risk Corridor calculation.

SB 422 has passed the Senate and will now be heard in the House. HB 103, has passed the House and will now be heard in the Senate. It will be the decision of the House and Senate to decide which bill will be in the best interest of individuals under the state Medicaid Program and proceed forward.

If you are interested in learning more about brain injury legislation and public policy, please contact Ellen Edgerly at [Ellen@bianh.org](mailto:Ellen@bianh.org).



**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: 2022 BIANH Conference Features Stacia Bissell's Keynote & a Special COVID-19 Track*

Through her journey coming to terms with her own brain injury, Stacia developed a deep desire to help others living with brain injury, and she has been able to harness her insight, experience, and skills to support others. "I want to offer hope," Stacia says. "Everyone can continue to heal over the course of their lives, and they can continue to get stronger, better, and learn new things."

Stacia is now a public speaker and brain injury coach and mentor. She started coaching about five years ago as a volunteer in the community, and it grew from there. When coaching, Stacia's goal is always to give survivors validation for their experience and provide hope and forward momentum. "Straddling the two worlds of before and

after the injury is so hard, and that lack of congruity can cause people to get stuck. I try to help people make sense of their injury and move forward."

Stacia has been very active in the New England brain injury community. In addition to her public speaking, she has contributed to Brain Injury HOPE Magazine, is a Program Leader for LoveYourBrain, and was a co-founder of both the Northampton, MA brain injury support group and the Berkshire Brain Injury Collaborative, which is now part of the Brain Injury Association of Massachusetts and provides professional development to school teachers on return-to-learn strategies.

One of the ways Stacia offers hope is through sharing her story around returning to work and how she needed a team to help her accomplish that goal. "It feels good to be teaching through my story," Stacia says. "It feels like I am an educator again." Through her keynote presentation, Stacia will share her personal brain injury story along with information about what a collaborative return-to-work team looks like, what the different parts of a team might be, and what happens when those supports start to go away."

The time line in brain injury is long," Stacia says, "and support and hope are so important for survivors."

To learn more about Stacia's coaching and mentoring, please visit [TBIMentor.com](http://TBIMentor.com).

We hope you'll join us on Wednesday, May 11, 2022, for BIANH's 2022 Brain Injury & Stroke Conference to hear Stacia's heartfelt and informative keynote and to participate in a variety of sessions. CEUs and certificates of attendance will be available. Please review the tracks available in the "Conference at a Glance" which is presented on page 4 of this issue. To register, please visit <https://bianh.salsalabs.org/39bisc>. For questions about the conference, please contact Lori Sandefur at [lori@bianh.org](mailto:lori@bianh.org).

**Please register early – the maximum number of attendees/registrants is 200.**



# REGISTER EARLY – MAXIMUM NUMBER OF ATTENDEES IS 200

## Conference at a Glance

Level of Knowledge for Attendees: BEG - Beginner INT - Intermediate ADV - Advanced  
 Topic is geared towards: PRO-Professional SUR-Survivor/Family ALL- Everyone  
 Sessions approved by ASHA are highlighted in yellow

**8:45** *Welcome*  
**9:00-10:00** *Keynote Stacia Bissell, M.Ed., Survivor*

### TRACK A

### TRACK B

### TRACK C

<b>Session I</b> 10:10-11:10	The Role of Vision Therapy in Brain Injury Recovery  Catherine J. Radakovic, OD  BEG/ALL	An Inside View: An SLP's Personal Journey After a TBI  Ann O Walker, MA, CCC-SLP  BEG/PRO	Stroke in the COVID-19 Era  Diana Rojas-Soto, MD  ADV/PRO
<b>11:10-11:25</b> <i>Break-----Please visit Exhibitors -----</i>			
<b>Session II</b> 11:30-12:30	Visual Rehabilitation Integrated into OT, PT, & SLP  Nina Hopkins, OTR/L Beth Doucet, PT, DPT Kathleen McAdams, MS, CCC-SLP  BEG/ADV/ALL	Re-thinking Assessment and Treatment of Dysphagia Following Stroke  Keri Vasquez Miloro, MS, CAGS, CCC-SLP, BCS-S  ADV/PRO	Post-Acute COVID Syndrome: "Long-Haulers"  Christina Martin, MSN, APRN, FNP-BC Melanie Del Frari, MSN, FNP-BC  BEG/ALL
<b>12:35 - 1:35</b> <i>Lunch---- Please visit Exhibitors-----</i>			
<b>Session III</b> 1:45-2:45	Attention, Effort, and Fatigue in People with Traumatic Brain Injuries: Neuroscience Drives Clinical Decision Making  Donald A. Robin, PhD, CCC-SLP  BEG/ADV/PRO	Survivor Panel  Panel Members: Jim Scott III Kimberly Spada Facilitators: Heather Gilbert, MS, OTR/L Kelly Redwine-DePierre, MS, OTR/L, CBIS  BEG/ALL	Artificial Intelligence: A Smart Move for Stroke Care?  Timothy G. Lukovits, MD  BEG/ADV/ALL
<b>2:45 -3:05</b> <i>Break-----Please visit Exhibitors -----</i>			
<b>Session IV</b> 3:10-4:10	Brain Injury and Mental Health: Recognizing and Understanding the Mental Health Needs of those with ABI  Chelsea Zarcone, MSW, CBIS Julie Lago, MSW, LICSW  ADV/ALL	Sex & Intimacy After Brain Injury: Strategies for Communication and Participation  Heather Gilbert, MS, OTR/L  BEG/ALL	The Fundamentals of Neuro Rehabilitation for the SLP: From A-Z  Gina England, MA, CCC-SLP  BEG/PRO



## ***VIRTUAL BRAIN MATTERS 2022***

### **April 28 ~ Concussion Management for Students**

*Presented by Jonathan Lichtenstein, PsyD, MBA*

Mild traumatic brain injury, or concussion, can be a significant disruption to the lives of students. Concussions impact our thinking, sleeping, emotions, and how we feel physically. Once the immediate neurological concerns of a concussion have been ruled out, however, caring for students is mostly behavioral in nature. We monitor, we observe, and we respond. Simply stated: good concussion management is good behavioral management. As such, schools are the ideal environment to facilitate recovery and return students to their pre-injury levels of performance. This talk will expand upon this idea, draw upon evidence-based methods, and share information from years of experience managing concussions in schools. In addition, we will review New Hampshire's new return to learn law and discuss what schools can do to be in compliance.

4:00pm – 6:00pm (2 contact hours)

To register: <https://bianh.salsalabs.org/cms>

**Cost:** Survivors/Family Members - \$15; Professionals - \$35

### **May 17 ~ 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.

8:00am -12:00pm (4 contact hours)

To register: <https://bianh.salsalabs.org/bimay>

**Cost:** \$15

### **September 20 ~ The Intersection of Substance Use Disorder and Brain Injury**

*Presented by Deepak Vatti, MD, FACEP*

Substance User Disorder (SUD) is a challenging and stigmatized disease process. Despite great advances in treatment, it tends to continue to have a significant rate of failure. Traumatic Brain Injury (TBI) can occur from a variety of non-traumatic events, a concept that is relatively new in terms of identifying these patients. There is a significant overlap between SUD and TBI. We will be discussing SUD and TBI and the opportunities we are trying to uncover together to identify and treat these patients.

9:00am – 10:00am (1 contact hour)

To register: <https://bianh.salsalabs.org/sudbi>

**Cost:** Survivors/Family Members - \$15; Professionals - \$35

### **September 21 & 28 ~ Brain Injury Fundamentals**

*Presented by Erin Hall, MS, CBIST*

Brain Injury Fundamentals is a new training and certificate program designed to address the unique needs and challenges of those who care for or encounter individuals with brain injury. This includes non-licensed direct care staff, facility staff, family members, first responders, and others in the community. The training will cover cognition, guidelines for interacting and building rapport, behaviors, medical complications, safe medication management and family coping strategies. At the completion of the training attendees must take and pass an online test in order to receive a certificate.

9:00am – 4:00pm ~ Must register by August 3 - No refunds or substitutions. To register: <https://bianh.salsalabs.org/bisept>

**Cost - \$175 – Maximum of 25 attendees (fee includes training, booklet, and post-test)**

### **October 13 ~ 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.

8:00am -12:00pm (4 contact hours)

To register: <https://bianh.salsalabs.org/bioct>

**Cost** \$15

### **November 16 ~ Risk Factors of Traumatic Brain Injury and the Aging Brain**

*Presented by Janelle Eloi, PsyD*

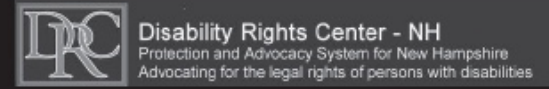
Within the general population and cultural zeitgeist, there are a lot of misconceptions in regards to traumatic brain injuries (also known as a TBI) and the impact it may or may not have on one's cognition, physical body, and emotional state. A TBI, which is often caused by a forceful blow to the head, can range in severity and degree and at times can be associated with physical and cognitive sequelae. After sustaining a TBI, some individuals may barely show symptoms while others may experience ongoing physical and cognitive problems. Furthermore, there are risk factors such as age, gender, occupation etc. that may place an individual at greater risk for sustaining a TBI and subsequently impact their activities of daily living, earning potential, quality of life, and overall future. This lecture will review the criteria for a TBI, the biggest risk factors for a TBI, the most common causes and symptoms of a TBI, the aging brain, and the impact a TBI may have on the aging brain.

8:30am – 10:00am (1.5 contact hours)

To register: <https://bianh.salsalabs.org/abbi>

**Cost:** Survivors/Family Members - \$15; Professionals - \$35

# DISABILITY RIGHTS CENTER



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## Spotlight on Early Intervention

By Tori Byrd

Caring for a newborn or toddler is challenging in the best of times. Trying to navigate the system of disability-related supports and services while caring for your newly diagnosed baby can be overwhelming. However, a young child's diagnosis helps to unlock a system of home-based services and supports, known as early intervention, that are specifically designed for children 0-3 years old.

Jaxson G is an energetic and upbeat eight-year-old boy who loves jumping on his trampoline, swimming, and watching Mickey Mouse. While Jaxson is a ball of light who brings joy to everyone he meets, he has had his fair share of challenges in his short life.

Jaxson was born eight weeks premature, weighing only 2lbs 15oz. He was born two hours after his twin sister and utilized a CPAP machine for days after birth to assist him with breathing.

Considering Jaxson's early entrance into the world, he remained relatively healthy as he grew. As an infant, Jaxson's mother, Nicki, described him as being 'solitary'. He was content being alone, he would stare off into the distance, he failed to make eye contact, and he didn't respond to his name.

When Jaxson was twelve months old, Nicki was approached by a provider about the possibility of a developmental delay based on their observations of Jaxson. They encouraged Nicki to reach out to her local area agency to schedule an evaluation. New Hampshire's area agencies, which are located throughout the state, are responsible for administering the state's early intervention program. Anyone who has a concern about a child's development can make a referral to early intervention including, and most-importantly, a parent or caregiver. Following Nicki's initial outreach, Jaxson was formally evaluated by staff from his area agency and a diagnosis was confirmed. Jaxson was sixteen months old.

Initially, Nicki didn't know what to think or how to feel about this, but quickly decided that she was going to take advantage of any and all services she could to best support her son. But Nicki was left wondering, what services were there? Despite Nicki's status as a seasoned mother of five, she was left feeling lost as to what resources were available to Jaxson as a young child with a developmental disability.

Through his area agency, Jaxson was enrolled in Family-Centered Early Supports and Services (FCESS), also known as early intervention. Early intervention provides comprehensive evaluations and services for infants and young children with developmental disabilities, including brain injuries. Early intervention services take place in a child's home or other location where the child spends time so that the child and their caregivers can better actively participate. Services and supports can include service coordination as well as:

- Vision and hearing services
- Speech, physical, and occupational therapy services
- Nutrition counseling & assessment
- Equipment and transportation

Although insurance may be charged, early intervention services are provided free of charge to the child and family. See <https://www.dhhs.nh.gov/dcbcs/bds/>



[earllysupport/index.htm](#) for more information including a comprehensive list of supports and services.

While Jaxson was enrolled in early intervention, an occupational therapist came to his house and worked with him and his family on how to integrate therapy into their daily lives through games and playtime. Although this was helpful, Nicki wishes she had known to ask for more. Considering Jaxson's diagnosis and substantial delays in speech as well as feeding difficulties, speech therapy and a referral to a nutrition, feeding, and swallowing provider for consultation could have been provided through early intervention but wasn't.

Another concern Nicki has is that when Jaxson's early intervention eligibility terminated upon his third birthday, no transition plan was in place. Service coordination and

assistance with a child's transition to pre-school services are available services through early intervention but Nicki says that they weren't offered, and again, she didn't know to ask for them. So, instead of working with his early intervention providers to shift his care to his preschool or other providers, Jaxson's services were discontinued with no plan in place until he began kindergarten, two years later.

Jaxson now attends a school that serves children with significant physical, medical, developmental, behavioral, and emotional disabilities and is thriving there. His excitement, though nonverbal, is evident when he sees his school bus arriving in the morning. Nicki feels fortunate that she did not have to fight to get Jaxson the services he needed within the school system or to get into the school that best fit his needs – many families have not had it as easy. However, she wishes that she had known more about the range of supports and services available through early intervention so that Jaxson could have accessed them and avoided a two-year gap in services before entering the school system.

Having knowledge about what resources are available and how to access these systems is essential when navigating the difficult and complex world of parenting a young child with disabilities. There are many resources families can look to for assistance during the first few years of their child's life including [NH Family Voices](#) and its 'Maneuvering the Maze' publication, the [NH Department of Health and Human Services, Bureau of Developmental Services, Family-Centered Early Support & Services, Disability Rights Center – New Hampshire's](#) resources on early intervention, [BIANH Resource Directory](#) and other related programs.

Tori Bird is a LEND Trainee at [Disability Rights Center – New Hampshire \(DRC-NH\)](#). DRC-NH provides information, referral, advice, legal representation, and advocacy services to individuals with disabilities. DRC-NH can help explain your rights related to FCESS/early intervention services and other disability related programs. You can contact DRC-NH at (603) 228-0432, via email at [mail@drcnh.org](mailto:mail@drcnh.org) or online at [www.drcnh.org](http://www.drcnh.org) and set up a time to speak with an attorney free of charge.

**Sign-up for our monthly e-newsletter and the Disability RAPP via the portal at [drcnh.org](http://drcnh.org)**

## SPOTLIGHT ON KREMPELS

### “More Than Meets the Eye at Krempels Center”

Krempeles Center always strives to offer enriching, skill-building groups that foster connections between its members. With any given group, there's often a whole lot more going on than initially meets the eye. Here's a sneak peek into the variety of in-person and online groups specifically geared towards brain injury survivors at Krempeles Center.

#### Watercolor Your World

Creative outlets are so impactful for Krempeles Center's members, but also present as opportunities for brain injury survivors to work on a variety of skills. This semester, Krempeles Center launched a new group program online called Watercolor Your World. Thanks to a generous donation from the Leddy Group, kits were mailed to online members' homes complete with all of the supplies needed to participate in a six-week guided watercolor painting series via Zoom. This group not only provides time for creative expression, but it also serves as an opportunity to work on cognitive, visual, and fine motor skills. It's amazing how much of our minds and bodies we use to paint!



#### Brain Quest

Krempeles Center's Brain Quest group is an opportunity to “exercise the brain” through a variety of activities that create a series of cognitive or physical challenges for members to complete. The objective is to provide opportunities for the members to work together as a team and collaborate on figuring out how to solve a task or assignment. Each quest may be designed to increase problem-solving skills, improve memory abilities, or enhance one's executive functions while communicating and partnering with others to complete the challenge.

Have you ever watched or heard of the show *Project Runway*? Krempeles Center members recently took on a challenge inspired by the show, being tasked by our intern group facilitators with creating a wearable item using a variety of items not typically used to create clothing. Participants embraced the challenge, with one team working together to create a funky hat and another collaborating to create a custom mask. When you must wear a mask, why not make it “fashion” or, as Tim Gunn of *Project Runway* would say, “Make It Work!”



#### Let's Make A Scene

Speaking of popular TV shows, have you ever seen *Whose Line Is It Anyway?* Improvisational theatre, or “improv” for short, can be wonderfully entertaining, but did you know it also carries tremendous therapeutic benefit when used as a group modality for individuals living with a brain injury? The Let's Make A Scene group is led by an expert educator and group facilitator, Craig Werth, who uses a variety of improv exercises designed to elicit participation, creative and quick thinking, and, perhaps most importantly, laughter and joy. There have been many benefits from participating in this group observed by staff and reported by members, including reduction in anxiety when faced with change and novel situations, enhanced relationships, improved communication skills, increased confidence, reduction of perfectionism and fear of failure and/or rejection, enhanced problem-solving skills, and more.

“When I run into some unusual or odd challenge or situation, instead of freezing up, I think, ‘oh yeah... I can do this’ because I learned that from this class!” – Krempeles Center member



*Krempeles Center's mission is to improve the quality of life of people living with brain injury through evidence-based programming, shared experiences, and support in a welcoming community. 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.*

*Brain injury survivors often experience difficulty returning to their previous roles at work, home, and in the community. Krempeles Center offers opportunities for social connection, skill building, and exploration of new life interests both in-person and online. In this vibrant learning community, survivors heal through shared experiences, peer support, and therapeutic programming. Research in partnership with the University of New Hampshire has shown Krempeles Center members have higher quality of life, lower stress, and stronger social connectedness than typical brain injury survivors.*

Visit [www.krempelescenter.org](http://www.krempelescenter.org) to find out more about Krempeles Center or call 603-570-2026 ext. 227 for more information on how to become a member.

# INSIGHTS

Life Perspectives From a Brain Injury Survivor, David A. Grant



## IS IT SAFE TO FINALLY EXHALE?

Living day-to-day life as a brain injury survivor comes with a full compliment of challenges. Add a global pandemic to the mix and the results can be magnified exponentially.

Over the last few weeks, our COVID case numbers have dropped to the lowest point in years. In Salem, as of this writing we have five active cases. A couple of short months ago, that number was closer to five hundred. For the first time since very early 2020, life is beginning to feel normal. But like life after a brain injury, it's more of a "new normal."

My wife Sarah and I recently went to a local cinema for a mid-afternoon matinee. It was our first such trip to the movies since 2019. I still find it odd when normal feels surreal. We sat in an almost-empty theater happily snacking on overpriced popcorn. Neither of us wore masks though they were still within arm's reach. It was exhilarating – and a bit scary, but we did it.

The global pandemic has affected anyone with a heartbeat, but I've seen its impact on the brain injury community firsthand. Local face-to-face support groups were the first to go. Support group meetings were a vital part of my early recovery. Just to "be" in the presence of others who understood was a veritable game-changer. There is never a shortage of gratitude in my world. I'm grateful that I had many years of learning to live as a brain injury survivor before our world forever changed.

Though online meetings quickly filled the gap, I found them to be not the same. Gone were the subtle nuances of communication that come with being with someone. Gone were the hugs and joy that come with seeing friends in person. Gone was the time spent lingering after a support group meeting in the lobby of the meeting host, just catching up on daily life with others.

But it doesn't stop with support groups. Conferences – long a mainstay for sharing information, experiences, and resources all quite understandably – followed the same virtual path. It's not my intent to sound like I am downplaying how much the move to virtual filled the gap – but it's not the same. The connections that fire when we share our humanity with each other in real time, seems less.

And here we find ourselves in 2022 using five words that so many of us dreamed about: The End of the Pandemic. It feels a bit like waking up after one long, never-ending period of darkness. 2021 seems like yesterday while most of 2020 remains a blur lost in a haze of food deliveries, fear, and isolation.

Moving into a new year, I have both unbridled hope, as well as justified concern. Let's talk about hope first. I have a reasonable hope that we will continue our new path toward life as we once knew it. I fully expect to keep a mask close at hand for a while. I don't expect that feeling of discomfort that comes from being around people to be with me forever – but it's still there. I am hoping that face-to-face support group meetings resume again sometime this spring. And most importantly when that person, brand new

to brain injury, reaches out – I am hoping to be part of a human response to their need for help.

And my concern...

Over the last couple of years, long COVID has shown to have significant neurological consequences. Many of them, at least at first glance, sound remarkably familiar. Who within the brain injury community isn't familiar with brain fog, word-finding problems, and slow processing speeds – the very challenges those with long COVID face. Those of us within the brain injury support community may face an unexpected onslaught of others needing support. I only hope that we can meet the need.

And so I'll circle back to where I started. Over the last couple of weeks, I've felt like life has been one long exhale, like the toughest of times are behind us. And that we can start to live in relative safety again at long last.

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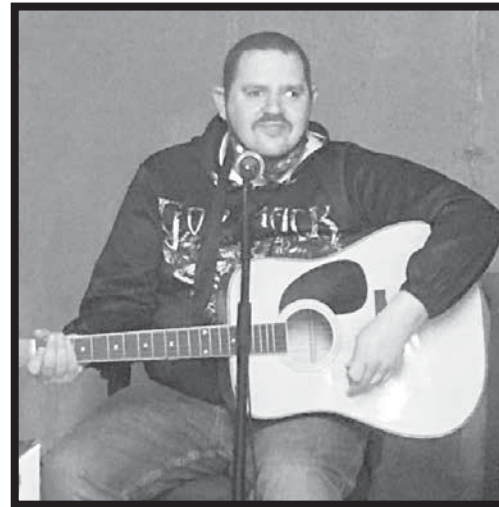


# NCIL SPRINGING INTO SPRING!

By the time, this edition of HEADWAY is in your hands, it will be SPRING with a different outlook than we have had over the past two years! Coming out of another winter during the COVID pandemic had challenges but somewhat different than last year at this time. Activities are beginning to open for the NCIL residents with many events being planned and looked forward to as well. Residents continue to enjoy attending the North Conway Community Center weekly where basketball, board games, and dancing are offered with everyone participating in their choice of activity. Dining out, movies, bowling, concerts, and the gym are a few of the past activities that were curtailed during the pandemic; the restrictions are being relaxed somewhat but still with caution to avoid large crowds. New opportunities for employment and volunteerism have found individuals more than ready to take part in a more normalcy of life prior to COVID. Two of the annual volunteer activities that NCIL has participated with over the past many years are favorites among the residents. The first community activity planned is the annual Valley Pride cleanup day which is now scheduled on May 7<sup>th</sup>. All residents along with staff take an assigned route to pick up litter and celebrate with a picnic and barbeque at the end of the day. Another long-time favorite of everyone is the annual Walk by the Sea at Hampton Beach on Sunday, June 5<sup>th</sup>, which benefits the Brain Injury Association of NH, NCIL has been a sponsor and supporter of this event every year. This is a day of camaraderie, exercise, and seeing friends for a very special cause, many of the residents have plans in motion for fundraising.

NCIL has made a few management changes, congratulations to Terrie Ayres a long-term employee who has now taken on the role as the Program Manager for the Barrington Residence. Terrie most recently had overseen the Cranmore View Residence and the Village Residence in North Conway and brings with her years of experience, positivity, and a “can do” attitude. NCIL welcomes two of the newest House Coordinators as Skyler Collins has taken on the Cranmore View Residence and Kayla Damon has taken on the Village Residence having both served as residential advisors with experience providing quality services to the NCIL residents. We at NCIL wish everyone the best in their new roles and career path with NCIL.

It is the hope that everyone remains safe, and we return to a sense of normalcy.




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## Walk by the Sea to Support Individuals Living with Brain Injury

Sunday, June 5, 2022

### REGISTER NOW!

To Register Online: visit [www.bianh.org](http://www.bianh.org) or go to [www.walkbythesea.org](http://www.walkbythesea.org).

Come join our Walk by the Sea along Hampton Beach. It is the one time during the year when the whole brain injury community comes together to celebrate our accomplishments and share a fun day at the shore. This annual event helps us to continue our efforts to create more public awareness about the "silent epidemic" and ultimately fulfill our mission.

If you are interested in organizing a team, it is an easy and fun way to participate. Your team can be as few as 3 and can include family, friends, neighbors and co-workers. You can quickly and easily create your own or your Team's fundraising page that can be shared on all of your social media.

Be creative! There is a team prize for the most original name. Each team must raise a minimum of \$300 to receive t-shirts.

Prizes will be awarded only to pre-registered teams and will be based upon only money collected and turned in by the day of the walk.

## 2022 SPONSORSHIP OPPORTUNITIES

### Why should you be a sponsor?

The annual walk has gone from being just a fundraiser to a favorite time for brain injury survivors, family members and the whole brain injury community to come together to celebrate our accomplishments and share a fun day. Your sponsorship will go a long way to help us continue to provide a fun event for all and show your support!

#### T-shirt Sponsor - \$3000

(only one t-shirt sponsorship available) Includes:  
Logo on t-shirt  
Signage at walk  
Corporate representative to address participants  
Prominent recognition in post event newsletter  
Free business card ad in post event newsletter  
Logo & link on Walk registration page

#### Annual Picnic Sponsor - \$2000

(Sponsorship of post walk picnic lunch) Includes:  
Logo on t-shirt  
Signage at walk  
Prominent recognition in post event newsletter  
Free business card ad in post event newsletter  
Logo & link on Walk registration page

#### Walk Thank You Sponsor - \$1500

Includes:  
Logo on t-shirt  
Placement on thank you post card sent to all walkers post-event  
Prominent recognition in post event newsletter  
Logo & link on Walk registration page

#### Prize Sponsor - \$500

Includes:  
Logo on t-shirt  
Recognition in post event newsletter  
Logo & link on Walk registration page

Please contact Lori Sandefur for your sponsorship - [lori@bianh.org](mailto:lori@bianh.org) or (603) 568-8817



The Brain Injury Association of NH is pleased to announce that we will be a part of NH Gives this year. Hosted by the NH Center for Nonprofits, NH Gives is the state's largest day-of-giving – bringing together hundreds of nonprofits and tens of thousands of donors to raise funds and as much awareness as possible for the causes served by NH's nonprofit sector. We are proud to be a part of this 24-hour event and hope that you will consider making a donation. Beginning at 5 PM on Tuesday, June 7 until 5 PM on Wednesday, June 8 you can go to [www.NHGives.org](http://www.NHGives.org) click on donate and select Brain Injury Association of NH.



## SAVE THE DATE

SUPPORT US AND  
GIVE ON JUNE 7-8<sup>TH</sup>

## NH GIVES

[NHGIVES.ORG](http://NHGIVES.ORG) #NHGIVES



39TH ANNUAL GOLF TOURNAMENT  
**WEDNESDAY, AUGUST 10, 2022**  
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**TO REGISTER ONLINE**

<https://bianh.salsalabs.org/39golf>

*With Keynote Speaker: Jason Schreck, Survivor*

Please choose either Package 1 or Package 2

**PACKAGE 1 - Registration/Buffer Meal - \$150/person**

**PACKAGE 2 - Registration/Buffer Meal - \$180/person**

includes: 1 Cheat Bag; 15 Raffle Tickets; 15 50/50 Tickets

**OTHER CONTESTS THROUGHOUT THE DAY**

*Air Cannon Gun - \$20.00/ticket*

*Putting Contest - \$5.00/ticket*

Additional 50/50 and prize raffle tickets will also be available to purchase



*The tournament provides support for brain injured veterans and their families, helping vets to access brain injury services in the civilian system of care, to expand upon the services provided by the Veterans Administration. The Tournament also supports the NH THINKFIRST program. This helps prevent brain injury by featuring young brain injury survivor speakers telling their story at middle and high schools – how one poor decision can change a life forever.*

**SPONSORSHIPS AVAILABLE!**

*Presenting Sponsor - \$5,000 (2 available)*

*Team and Hole Sponsor - \$2,000*

*Team Sponsor - \$1,500*

*Corporate Sponsor - \$3,500*

*Cart Sponsor - \$2,000*

*Hole Sponsor -- \$750*

*Other Sponsorship (please specify) - \$1,500*

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Golf Ball Sponsor (sponsor's logo imprinted on golf balls)

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*For more information: Renee Fistere - [renee@bianh.org](mailto:renee@bianh.org) or call 603-225-8400*



## "Beauties" Bowling for Brain Injury

Hosted by:  
Brooke Mills,  
Miss Rockingham County



# Save the Date!

**Sunday, October 1, 2022**

**1:00—3:00 pm**

Boutwell's Bowling  
152 North State Street  
Concord, NH

\$30.00 suggested donation/player  
Register: [www.bianh.org](http://www.bianh.org)



Beauties Bowling for Brain Injury is a fundraiser to assist the Brain Injury Association of NH (BIANH) with their Concussion Program.

Currently, BIANH's Program covers over 18,000 NH High School Students. Besides education & training, the program covers the baseline testing and expert review of the results.

We look forward to seeing you on the lanes!

### NH Brain and Spinal Cord Injury Advisory Council

C/o Brain Injury Association of New Hampshire  
52 Pleasant Street, Concord, NH 03301  
603-225-8400

#### NOTICE OF PUBLIC HEARING

#### ZOOM Statewide Brain and Spinal Cord Injury Advisory Council PUBLIC HEARING ON UNMET NEEDS

Date: Tuesday, May 10, 2022

Time: 6:30 pm – 7:30 pm

Location: Virtual Atkinson/Derry

Brain Injury Support Group Meeting

Online Registration: <https://bianh.salsalabs.org/atkinsonderry>

The Brain and Spinal Cord Injury Advisory Council is seeking input from stakeholders (survivors, family members, caregivers, friends, services agencies) with respect to the unmet needs of individuals with brain and/or spinal cord injuries.

Based upon the information gathered and as part of the Council's statutory charge from the New Hampshire Legislature, the Council will subsequently submit a report to Governor Sununu and the Legislature that contains findings and recommendations on how New Hampshire can better meet the needs of individuals with brain and/or spinal cord injuries.

We look forward to meeting you and learning about your questions and concerns.

For additional information contact Ellen at 603.834.9570 or e-mail address [Ellen@bianh.org](mailto:Ellen@bianh.org).

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# PREVENTING FALLS IN THE HOME



Falls have been a leading cause of injury for older Americans for decades, and the data on this problem is startling. As a Physical Therapist with Pemi-Baker Hospice & Home Health for nearly 12 years now, I can attest to the number of home health patients we treat annually due to a fall. Research compiled by the CDC finds:

- In 2018, approximately 36 million falls occurred among people aged 65 and over in the US, and of that number, there were roughly 8 million injuries.
- One out of every 5 falls among older adults causes a serious injury, such as a broken bone or a head injury.
- In fact, falls are the most common cause for traumatic brain injuries (TBI).
- If you are curious about the cost of all this falling to the healthcare system, annually it totals close to 50 billion dollars for non-fatal falls, and another 750 million dollars for fatal falls.
- NH actually has a higher than average rate of deaths due to falling, with a rate of 109 deaths per 100,000 falls annually. The national average is 66-68 deaths per 100,000 falls.

The WHO has reported that people over the age of 75 tend to fall more frequently in their homes, while those younger than age 75 seem to fall outside more often. Prior surveys found that around 30% of falls in the home happened in the living room, while another 30% were occurring in the bedroom. 19% of falls from this data set took place in the bathroom.

As for the reasons why people fall, there are numerous contributing causes. Many times, a person who falls will have several issues that weigh in against them. The evidence shows the likelihood of falls can be influenced by many factors including:

- A prior fall. This is often the single strongest predictor of further falls.
- Weakness of the leg or hip muscles. This can contribute to poor balance and slower reaction times, making it harder to stop a fall if a person stumbles or bumps into something
- Poor vision, which also influences balance
- Use of medications such as sedatives, some pain killers, or anti-depressants. Some of these may cause drowsiness or slower reactions.
- Joint pain, especially in the feet, ankles, knees or hips.
- Trip/slip hazards in the home such as clutter, objects lying in hallways, poor lighting, high thresholds, liquid spilled onto floors.

*By: Ernest Roy PT DPT, Quality Director, Pemi Baker Hospice & Home Health*

*Reprinted with permission by Pemi-Baker Hospice & Home Health and Ernest Roy*

Fortunately, there are some effective options available to help reduce the chances of falling. The CDC has published a manual titled “*A CDC Compendium of Effective Fall Interventions*”. The first item they go over is exercise. Studies have repeatedly shown that specially designed exercises aimed at weak muscles and poor balance can be effective for many people in reducing falls.

The second item in the CDC Compendium effective for reducing falls was modification to the living environment. This might consist of things like making sure there is adequate lighting, getting rid of broken down old footwear, installing color contrasting tape on stairs, or getting a shower chair and hand-held shower attachment in place.

For over 55 years, Pemi-Baker Hospice & Home Health has been providing services exactly as I have described above, to people in Grafton County, right in their homes. Our agency has highly trained, caring Occupational and Physical Therapists who can bring their expertise to your home and give you the right guidance on what you should do to reduce your chances of a fall. We can create custom home exercise programs and recommend practical, effective ways to modify your living environment for better safety. While our outpatient OT and PT service has now transitioned to operating thru the Mid-State Health Center, Pemi-Baker Hospice & Home Health continues to provide top quality in-home OT, PT, and Nursing care. For more details, call or check our website [www.pbhha.org](http://www.pbhha.org).

References:

1. <https://www.cdc.gov/falls/index.html>
2. [https://www.cdc.gov/homeandrecreationalafety/pdf/falls/cdc\\_falls\\_compendium-2015-a.pdf](https://www.cdc.gov/homeandrecreationalafety/pdf/falls/cdc_falls_compendium-2015-a.pdf)
3. <https://www.who.int/news-room/fact-sheets/detail/falls>

With over 55 years of experience, serving clients from 29 towns in central and northern New Hampshire, Pemi-Baker Hospice & Home Health is committed to creating healthier communities. Services include at-home healthcare (VNA), hospice and palliative care, and Community Programs including: American Red Cross CPR/AED/FA, Caregiver Support Groups and Grief and Bereavement Support Groups. Providing compassionate care with experienced staff who are trained, certified professionals in the business because of their hearts. *In your time of need, we're right where you need us.*

*Pemi-Baker is located at 101 Boulder Point Drive, Suite 3, Plymouth, NH. To contact us please call: 603-536-2232 or email: [info@pbhha.org](mailto:info@pbhha.org) Like our Facebook Page: [@pemibakerhospicehomehealth](https://www.facebook.com/pemibakerhospicehomehealth)*

# PREVENT PEDESTRIAN CRASHES:

## Parents and Caregivers of Elementary School Children

Elementary school children are very active and impulsive. Although they are learning and growing, school-age children 10 and younger still need guidance and supervision when playing and walking near traffic.

### Did you know?

- Fatalities among young pedestrians most often occur during the after school hours.
- The majority of the young pedestrian fatalities are boys.

Here are some common myths that children may believe about being a pedestrian. Make sure your child knows the facts.

**Myth:** A green light means that it is safe to cross.

**Fact:** A green light means that you should stop and search for cars. Before you step off the curb, look LEFT-RIGHT-LEFT for traffic, and if it is safe to do so, cross and keep looking left and right as you do so. Be alert for vehicles making a right turn on red.

**Myth:** You are safe in a crosswalk.

**Fact:** You may cross at a crosswalk but before you do: stop at the curb and look LEFT-RIGHT-LEFT for cars. When it is clear, cross and keep looking left and right for cars.

**Myth:** If you see the driver, the driver sees you.

**Fact:** The driver may not see you. Make certain the driver stops before you cross the street.

**Myth:** The driver will stop if you are in a crosswalk or at a green light.

**Fact:** The driver may not see you. The driver may run a traffic light illegally. The driver may turn without looking for pedestrians.

**Myth:** Wearing white at night makes you visible to drivers.

**Fact:** White does not make you more visible at night. You must carry a flashlight and/or wear retro-reflective clothing to be more visible to drivers. Always walk facing traffic.

### When crossing a street your child should always:

- Cross at the corner or at an intersection.
- Stop at the edge of parked cars, the curb, or other vehicles.
- Look LEFT-RIGHT-LEFT for moving cars.
- Cross when clear, and keep looking left and right.
- Walk, don't run or dart, into the street.
- Look for signs that a car is about to move (rear lights, exhaust smoke, sound of motor, wheels turning).
- Walk alertly; use your eyes and your ears to increase your safety.

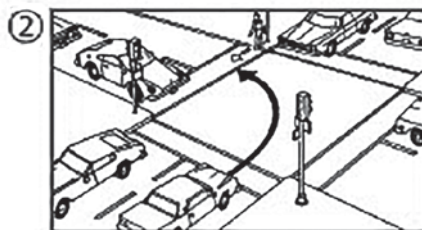
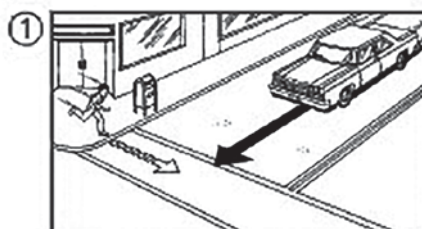
## Common Types of Collisions Between Young Pedestrians and Motorists

### WHAT HAPPENS

**① Child darting out into street at corner or mid-block.** This type of crash commonly occurs in neighborhoods where children are playing. A ball might roll into the street and the child runs to chase after it. Teach children to ask an adult for help before retrieving a ball or any object in the street.

**② Vehicle turning into path of a child.** Children may assume that a green light or WALK signal clears them from danger. It is important to teach children to be responsible and cautious regardless of signs or signals.

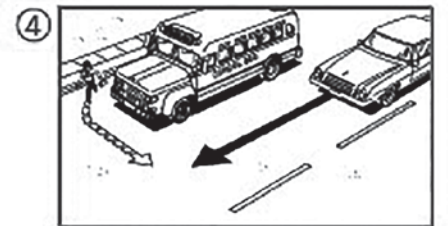
### WHAT IT LOOKS LIKE



**③ Child hidden from view by an ice cream truck.** Anxious and excited children near ice cream trucks may not be aware of their surroundings and run into the street. Cars should stop before slowly passing the ice cream truck.



**④ Child hidden from view by bus – driver does not stop.** All States require traffic in both directions to stop on undivided highways when students are getting on or off a school bus. Children who must cross the street after exiting the bus should walk to the edge of the bus, look left-right-left, and cross when it is clear and the bus driver has signaled it is safe to cross.



**⑤ Vehicle backing up in roadways, driveways, or parking lots.** Children should be taught to look for people in the driver's seat and illuminated reverse tail lights before walking behind vehicles. Treat driveways like other intersections — stop at the edge and look LEFT-RIGHT-LEFT for cars pulling into or backing out of driveways.



## Parents and Caregivers of Preschool Children

As you probably know, preschool children move quickly and are often unaware of danger. Each year, many children are injured or killed when they suddenly dart into the paths of cars. Did you know that: (1) most preschoolers are injured near their homes, on their own streets or even in their own driveways, and (2) most traffic crashes involving preschoolers occur in fair and warm weather.

### This Is How You Can Prevent These Tragedies:

**Supervise preschoolers at all times.** Preschoolers should NOT be allowed to cross the street alone. Teach them who can help them cross the street safely (generally adults or siblings over the age of 12). Always hold the hand of a preschooler when crossing the street. Avoid making your driveway a "playground." If you do allow children in this area, make sure that it's only when there are no vehicles present.

To further protect children who may be outside playing, separate the driveway from the roadway with a physical barrier to prevent any cars from entering. Ensure your children are properly supervised at all times, especially wherever motor vehicles are present. Teach children not to play in, around, or under vehicles – ever.

**Teach by explaining.** Explain to your child the safe way you cross a street. Say, "When I cross a street, I always stop at the curb. I look and listen for cars. I look left for any traffic coming, and then I look right for traffic coming that way. Then I look left again for any traffic coming. When it is clear, I cross the street, and keep looking left and right and listening for cars coming." You can also explain how you look and listen for vehicles where they may be backing up (out of a driveway, parking lot, etc). Say: "Sometimes I can hear trucks backing up because they make a loud beeping sound to warn me. I also can look for a car or truck moving backward, and I can look and see white lights in the back of the car that tell me the driver is getting ready or is going backwards." Use life as a teaching opportunity; quietly point out to your child when you notice others using safe pedestrian and unsafe pedestrian behavior. This reinforces your message and is also helpful for visual learners.

**Teach by example – be a role model.** Your child watches and notices your actions as an adult. They think if you do the behavior it must be correct. Always do the right thing and show safe behavior.

#### When walking, always:

- Walk on the sidewalk, if one is available.
- Walk facing traffic if no sidewalk is available.

#### When crossing the street, always:

- Cross at a corner or crosswalk with the walk signal.
- Stop at the curb.
- Exaggerate looking LEFT-RIGHT-LEFT for traffic in all directions before and while crossing the street. Explain you are looking for either no traffic or that traffic has stopped for you to cross safely.
- Hold your child's hand when crossing the street.
- Cross when it is clear.
- Keep looking for cars as you cross.

#### Encourage your child.

As you both safely cross the street together, praise the child for copying your safe actions or words. Practice what you teach at ALL times.

# 5K YOUR WAY FOR BRAIN INJURY

By Katie MacKinnon, Krempels Center



Every May, over a thousand runners and walkers lace up their sneakers for a great cause. The Cisco Brewers Portsmouth 5K, which benefits Krempels Center, is one of the largest and longest standing road races on the New Hampshire Seacoast, celebrating 25 years in 2022. After going fully virtual for two years due to the pandemic, this popular road race is back live and better than ever. The event will

take place in-person on Sunday, May 29<sup>th</sup> at Cisco Brewers Portsmouth in Portsmouth, NH, beginning at 11am. Post-race festivities will feature a brand new BBQ feast sponsored by Lonza, serving up delicious summer delights catered by Cisco Brewers.

For those unable to take part in the live event this year, Krempels Center will also host a virtual race event that will kickoff Sunday, May 22<sup>nd</sup> for a full week of fun from your own neighborhood. Participants can choose from either the VIP or Standard virtual race options to earn sweet swag and support a great cause.

The Cisco Brewers Portsmouth 5K is one of Krempels Center's largest community fundraisers, having raised over a million dollars for the nonprofit. Krempels Center is dedicated to improving the quality of life of people living

with brain injury. Over 80% of members receive financial aid from Krempels Center to attend programs, with 50% attending for free. All proceeds from race registrations and fundraising go directly towards programming to help survivors with skill building and social connection to improve quality of life following brain injury. Support is needed from the community now more than ever to make this year a success for Krempels Center and its members. If you would like to get involved, visit [www.krempelscenter.org/5K](http://www.krempelscenter.org/5K).

## SELF-ADVOCACY AND BRAIN INJURY

What is self-advocacy?

*Self-advocacy is the ability to communicate what your needs are...*<sup>1</sup>

Individuals feel they are the best resource to have a say in their own lives. Self-advocacy is asserting your needs and taking action to meet those needs while being mindful of the rights of others. It is an opportunity for self-advocates to gain the knowledge they need to succeed and to make informed decisions about their own lives. Historically, people living with Developmental Disabilities had no voice or option to make these decisions for themselves. They had no control over their financial situation, services, where to live, their hobbies or careers. Self-advocacy takes place in the community, in the home, the workplace, at a school or a healthcare facility. Self-advocacy can be used anywhere.

Self-advocacy has three key elements:

- **Understanding** your needs
- **Knowing** what kind of support might help
- **Communicating** these needs to others

There are generally thought to be three levels of self-advocacy. First, there is a personal level where you are advocating specifically for meeting your own needs. Such as: writing down questions before an appointment; communicating your needs to your doctor; asking a stranger for help in a grocery store; giving instructions to a personal care attendant, or sending a follow-up email to document a meeting.

Second is on the community level where you are advocating to meet needs in your neighborhood or town in order to make it a better place for individuals who have experienced a brain injury or another disability. Examples: Use your voice to change something that can benefit the community. Network together to solve problems such as advocating for accessible sidewalks, or an improved entrance to public facilities (library, town office, or for a local park); or assist in hosting community events in areas where everyone can participate.

Third, and equally important is advocating on a systems or policy level; striving to change state or federal legislation or budget allocations so that the needs of many people are met. Advocacy requires understanding the legislative process and educating policymakers about the real experience of living with certain rules and laws.

Advocacy Means:

- Taking risks
- Stepping outside of your comfort zone to express needs
- Being persistent
- Follow up to be sure your needs were heard and understood
- Communicating to your supports what you need
- Help from supports by giving advice and help with problem solving

Most of us were going along in our regular lives, minding our own business and not thinking a single thing about brain injury, or services needed or the "system of care and support." Then one day an awful event happened. The most fortunate among us had loving and caring family and friends who stood by us and helped us to navigate this difficult time.

For others, however, those with intellectual disabilities and their families find that they need to get supports and services starting with the school system. They had some knowledge, either favorable or unfavorable, of the "system."

And yes, we can certainly strive for balance in the needs and wishes of survivors. We do not always make the wisest decisions; we can make decisions that put ourselves at risk, but we could all make gains and progress by telling the people around us what our needs and preferences are and the kinds of support we need to have to live a fulfilling and meaningful life.

Maybe someday we will extend to the system of care and support the resources that it needs to ensure that the people who directly support us receive the value and respect that they deserve. And maybe someday survivors will also receive the value and respect that they deserve!

<sup>1</sup> <https://www.understood.org/articles/en/the-importance-of-self-advocacy>

## INDEPENDENT SERVICE COORDINATION/ CASE MANAGEMENT

The Brain Injury Association of New Hampshire offers these **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!**

BIANH is a non-profit, advocacy organization founded by New Hampshire Families in order to strengthen individual and state-wide systems.

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  
Phone: 603-225-8400 Helpline: 1-800-773-8400

**Save the Date!**

**2022 Virtual Caregiver's Conference Listening Series  
Thursday, May 26<sup>th</sup>, 6:30 pm – 7:45 pm**

**“Family Dynamics in Caregiving”**

Family relationships are complex and navigating the dynamics of these relationships while caregiving can be challenging. In this workshop we will explore how roles change overtime and the emotions that accompany these changes.

**Guest Presenter Mandy Graves, LICSW**

Mandy is a hospice social worker with Granite VNA. She supports patients who transition to end-of-life care as well as their caregivers.

Online Registration at <https://coalitionofcaring.org/monthly-listening-series>

**Upcoming Listening Series Presentations**

Thursday, June, 23, 2022, 6:30 pm

Thursday, July 28, 2022, 6:30 pm

Thursday, August 25, 2022, 6:30 pm

**Lead Sponsors:** Bureau of Developmental Services &  
New Hampshire Family Caregiver Support Program

**Sponsor:** Brain Injury Association of New Hampshire

For more information contact: Ellen Edgerly, 603-834-9570 or [Ellen@bianh.org](mailto:Ellen@bianh.org).  
visit the Coalition of Caring's website at [www.coalitionofcaring.org](http://www.coalitionofcaring.org)  
Facebook: <https://www.facebook.com/CoalitionofCaring/> Twitter <https://twitter.com/coalitionofcaring>



# BRAIN INJURY COMMUNITY SUPPORT PROGRAM (BICSP)

*Are you a survivor in need of  
financial assistance?*

The *Brain Injury Community Support Program* provides short-term financial assistance for people living with brain injury, stroke, MS, or Huntington's Disease

## BICSP Requirements:

- survivor must have received injury between 22 and 60 years of age with significant cognitive decline
- does not have other assets that can be accessed
- individuals supported through the Acquired Brain Disorder Waiver (ABD-CCW) may apply for dental assistance only

## One-time funding is available for:

- assistive technology
- dental work
- respite
- overdue monthly bills
- home safety items



For more information, please call BIANH - 603-225-8400

# YOUTH SURVIVORS NETWORK



**Occurs on the second Wednesday of each month.**

A virtual networking opportunity for youth and young adults (16-25) with acquired and traumatic brain injuries in Maine and New Hampshire to share their experiences and build a community of self-advocates.

If you have any questions, please reach out to [dcampbell@mpf.org](mailto:dcampbell@mpf.org)

**Register Here**

[https://us02web.zoom.us/join/register/tZ0lcOmvqT8vH9NeQ8v9Yokb\\_woX0tWWuvJC](https://us02web.zoom.us/join/register/tZ0lcOmvqT8vH9NeQ8v9Yokb_woX0tWWuvJC)



# SUPPORT GROUPS IN NEW HAMPSHIRE

Revised March 2022

Times and places may change without notice—please call in advance

## VIRTUAL SUPPORT GROUPS

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

**Virtual Statewide Peterborough Brain Injury Support Group - Meets the 1st Tuesday of the month 6:00 pm-7:30 pm**  
register at: <https://bianh.salsalabs.org/peterborough>

**Virtual Statewide Atkinson/Derry Brain Injury Support Group - Meets the 2nd Tuesday of the month - 6:30 pm-7:30pm**  
register at: <https://bianh.salsalabs.org/atkinsonderry>

**Virtual Statewide Concord Brain Injury Support Group- Meets the 3rd Tuesday of the month - 6:30 pm-8:00pm**  
register at: <https://bianh.salsalabs.org/concord>

**Virtual Statewide Brain Injury Caregivers Support Group, Meets the 4<sup>th</sup> Tuesday of the month, 6:30 pm – 7:30 pm**  
register at: <https://bianh.salsalabs.org/bicsg>

Please check the website at [www.bianh.org](http://www.bianh.org) for online registration.

If you have any questions, please email John Richards at [richardsjw@comcast.net](mailto:richardsjw@comcast.net) or call at 603-303-0119.

**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 AND STROKE INJURY:

**Concord:** Virtual Community Stroke Support Group,  
3<sup>rd</sup> Tuesday of the month, 4:30pm, Encompass Health (formerly Healthsouth),  
Contact: Shandra Plourde Phone: (603) 226-9812

**Dover:** Wentworth Douglass Hospital Stroke Support Group.  
3<sup>rd</sup> Thursday of every month; 2:00-3:00 (currently via Zoom) Contact:  
Lindsey Wyma,  
Phone: (603) 609-6161 x2731  
Email: [Lindsey.wyma@wdhospital.org](mailto:Lindsey.wyma@wdhospital.org)

**Kennebunk, ME:** Currently Suspended - 1<sup>st</sup> 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

**Lebanon:** Virtual Stroke Support Group, 1<sup>st</sup> Friday of even-numbered months  
(Feb, Apr, Jun, Aug, Oct, Dec), 10:00 - 11:30 am, DHMC Aging Resource  
Center, Lebanon, NH

Contact: Shawna Malynowski, Phone: (603) 653-1117  
Contact: Sarah Braginetz, Phone: (603) 650-5104  
Contact: Aging Resource Center Phone: (603) 653-3460

**Nashua:** Currently Suspended— 1<sup>st</sup> Wednesday of the month, 6:00-7:30pm,  
4<sup>th</sup> Floor, St. Joseph Hospital, 172 Kinsley Street, Nashua, NH  
Contact: Patti Motyka  
Phone: (603) 882-3000 ext: 67501

**Salem:** Northeast Rehab Virtual Statewide Mild Brain Injury Support Group;  
Meets the 2<sup>nd</sup> Wednesday of the month, 5:00 pm - 6:00 pm (currently via Zoom)  
Contact: Barbara Capobianco  
Phone: 603-681-3220  
Email: [bcapobianc@northeastrehab.com](mailto:bcapobianc@northeastrehab.com) for online registration information.

**Salem:** Currently Suspended — 1<sup>st</sup> Wednesday of the month, North-east Rehab  
Hospital, Family Conf. Room, 70 Butler Street, Salem, NH  
Phone: (603) 893-2900

### BRAIN TUMOR:

**Derry:** For Appointment Only Due to COVID-19.  
Contact: Urszula Mansur  
Phone: (603) 818-9376

# 2022 MEMBERS AND DONORS

Thank you to all our members and donors!  
(This list reflects donations received from January 1, 2022 to present)

DONORS AND MEMBERS

Anonymous  
Eveleen Barcomb  
Paul Blackford  
John & Betty Brown  
Rosemary Garretson  
Darryl & Erin Hall  
Rosalie Johnson  
Dave & Linda Madden

Peter & Fin McElroy  
Vivian Nash  
Phyllis Otto  
Karen Pizzoferrato  
Helen Skeist

IN HONOR OF ANTHONY  
FERTITTA  
Johanna Ghossein

IN MEMORY OF DIANNE  
BURELLE  
Gilbert Burelle

IN MEMORY OF ADA JOY  
JENNINGS  
Brian Metcalf

IN MEMORY OF GREGORY W.  
THOMAS  
James Bernard  
Erin Borglund



**BRAIN INJURY  
ASSOCIATION**  
OF NEW HAMPSHIRE

## ANNUAL FUND

**Gift Amount:**     \$1000     \$500     \$100     \$50     \$25     Other \$\_\_\_\_\_

**Gift Frequency:**     Monthly     Quarterly     Annual     One-time gift

**What your donation can do -**

\$25 help with groceries

\$50 help cover a utility bill

\$100-200 help purchase mobility, adaptive equipment, or assist with medical procedures not covered by insurance

\$500 assist with dental bills, necessary home modifications, or computer needs

\$1000 offers assistance with technology or specialized equipment not covered

**MY GIFT IS A TRIBUTE —**

IN MEMORY OF \_\_\_\_\_

IN HONOR OF \_\_\_\_\_

**Donate Online** — You can easily donate online; go to [www.bianh.org](http://www.bianh.org) and use the DONATE tab.

**Bill Me** — We will invoice you based on your gift frequency designated above.

**Check Enclosed**

NAME \_\_\_\_\_

ADDRESS, CITY, ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**YOUR DONATION IS FULLY TAX DEDUCTIBLE. OUR TAX ID IS 02-0397683**