



**BRAIN INJURY
ASSOCIATION
OF NEW HAMPSHIRE**

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**THE VOICE OF BRAIN INJURY –
Help, Hope and Healing
ISSUE #83, WINTER 2022**

THE BRAIN INJURY ASSOCIATION OF NEW HAMPSHIRE

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NEWSLETTER



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BIANH Program Updates:

Pilot Program with St. Joseph Hospital, Coalition of Caring Conference & Neuro-Resource Facilitation Program

By Sarah Kilch Gaffney

BIANH & St. Joseph Hospital Pilot Program

In early December 2021, BIANH and St. Joseph Hospital launched a pilot program for identifying brain injury in patients with Substance Use Disorder (SUD). The program kicked off with a training session led by Dr. Deepak Vatti, MD, Chief of Emergency Medicine at St. Joseph Hospital. “It is important for us to be able to identify patients with brain injury early on, because they need a different treatment plan than traditional patients,” says Dr. Vatti. “The sooner we can identify these patients, the sooner we can get them the help they need to speed their recovery process.”

Using the screening tool developed by Dr. John Corrigan, Director of the Ohio Valley Center for Brain Injury Prevention and Rehabilitation, Dr. Vatti’s training session focused on educating providers, non-providers, case managers, and social workers about the process for



identifying patients with a brain injury. “The identification of a potential TBI secondary to a Substance Use Disorder has been limited to individual provider experience and training,” says BIANH’s Senior Director, Erin Hall, MS, CBIST. “BIANH is very pleased to be part of this

project to help educate providers in identifying these patients so that they can receive the appropriate services.” The training also reviewed the process St. Joseph Hospital care providers will go through to refer patients with brain injury to BIANH for additional help and resources.

The pilot program, which is funded by the Foundation for Healthy Communities, will run for 22 months. During this time period, St. Joseph Hospital will work with BIANH brain injury neuro-resource facilitator who will serve as a liaison between BIANH and St. Joseph Hospital and help direct patients to appropriate resources for their individual situations. To measure the effectiveness of the program,

Continued on Page 3

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PRESIDENT'S MESSAGE

LOOKING BACK, LOOKING FORWARD

by Robin O. Kenney, Ed.D.



Over the past two years, COVID has forced many human service organizations across the state to cut back their programs and ability to reach out to citizens in need – sometimes due to financial shortfalls, sometimes to lack of adequate staffing, often to both.

Throughout this difficult period, however, the Brain Injury Association of New Hampshire has persevered and thrived in spite of the unprecedented challenges. Everyone associated with BIANH can be proud of what we have accomplished with Steve Wade at the helm and a team effort by a talented and determined staff. A partial list of BIANH accomplishments over the past 20 months includes:

Continuing to coordinate, without interruption or reduction, the care and support of 700 vulnerable clients...Leading the development of the New Hampshire Interagency Task Force to address the issue of brain injury among people who have survived opioid overdose...Launching

a new financial assistance program for our clients who have been impacted by the COVID pandemic... Leading a statewide coalition aimed at reducing suicide within the disability community...Successfully transitioning our two major conferences (Brain Injury and Family Caregiver) and, when necessary, some of our case management activity to virtual format... Making significant progress toward establishing a brain injury clubhouse/drop-in facility, working in partnership with the Bureau of Developmental Services.

I feel proud to have participated in this important work. And I feel confident that 2022 will see us successfully navigating the changing landscape of the pandemic to build on this impressive record of accomplishment, to move current projects forward to completion, and to continue to seek creative ways to serve the brain injury community.

EXECUTIVE DIRECTOR'S MESSAGE

THE NEW YEAR AHEAD

by Steven D. Wade, BIANH Executive Director



All of us in the brain injury community remain hopeful that 2022 will bring a return to a live format for most of our major annual events. The annual conference in May, the annual Walk by the Sea in June, and the Caregiver Conference in October will hopefully transition from a virtual format back to live events.

As you are reading this, 2021 is now in the rear view mirror and the New Year is underway. This past year has been a challenging one for the brain injury community with the continuing COVID pandemic. All of our major activities in 2021 – the walk, conferences, volunteer committee meetings, monthly trainings, and most of the support groups continued under a virtual format, which is not always ideal for persons living with brain injury.

Survivors of brain injury are uniquely vulnerable to neuro-inflammatory issues

often associated with COVID. We are also learning much more about the brain-injury related conditions from what is now being described as “long-COVID.”

Despite the challenges of the past year, our team – staff and volunteers – remain ready and able to help individuals and families impacted by the COVID-related neurological issues. Throughout 2021, our team continued to coordinate the on-going care and support for over 700 of our state’s most vulnerable persons.

The first of our planned 2022 statewide events is our annual brain injury & stroke conference scheduled for Wednesday, May 11th. As of now, we are still planning to return to a live event. A final decision on this will have to wait for March, but we remain hopeful that in the year ahead will begin to see a return to normal.

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: BIANH Program Updates: Pilot Program with St. Joseph Hospital, Coalition of Caring Conference & Neuro-Resource Facilitation Program

St. Joseph Hospital will track the number of patients identified with brain injury and the number of families who used the brain injury resources offered through BIANH. Training participants will complete a brief pre- and post-training survey that will help improve the training program for future use.

This pilot program is a step towards ensuring all individuals from New Hampshire with co-occurring brain injury and SUD receive the treatment and support they need. “It is our hope that this program will be adopted by other NH hospitals in the future,” says Karen Bradshaw, St. Joseph Hospital Grants Manager, who is coordinating the program.

For more information about the pilot program, please contact Karen Bradshaw at kbradshaw@sjnh.org.

2021 Coalition of Caring Caregiver Conference

The Coalition of Caring hosted the 15th Annual Statewide Virtual Caregiver’s Conference on November 10, 2021. The morning began with Steven Wade, BIANH’s Executive Director, welcoming attendees and reading Governor



Aaron Blight, Ed.D.

Sununu’s Proclamation that November is recognized as Family Caregiver Month.

The welcome was followed by an inspiring keynote presentation, “Building Caregiver Resilience: A Framework for Care,” given by Aaron Blight, EdD, caregiver, author, and speaker. Dr. Blight’s passion for supporting caregivers is rooted in his personal experience as a family caregiver, in his professional work as the owner of a home care company, and as a leader at the Centers for Medicare and Medicaid Services. His thoughtful and inspiring presentation drew upon research to explain caregiving as a phenomenon of social science. Dr. Blight also shared some of his own personal experiences as a caregiver, and he invited attendees to share some of their own challenges and rewarding experiences as well.

Two more presentations were offered in the afternoon. The first was given by Ann Butenhof, Esquire, CELA, who presented on “Preparation and Expectations for Caregivers Named as an Agent under Power of Attorney Documents, a Health Care Surrogate, or a Guardian.” Butenhof is a founding partner of Butenhof & Bomster, and she specializes in estate planning, elder law, and planning for the future care and financial security of children with special needs and individuals with disabilities. Dr. Blight then wrapped up the day with a presentation that focused on the importance of caregivers caring for themselves when they are also caring for others.

The goals of the Coalition of Caring’s annual conference are fourfold: provide caregivers with practical skills that can be used in daily caregiving responsibilities; provide current information on supportive services and resources; offer the opportunity for emotional support and recognition of family and unpaid caregivers; and raise community awareness and outreach on caregiving issues.

The Coalition of Caring would like to recognize and thank its 2021 sponsors: Well Sense Health Plan, New Hampshire Bureau of Developmental Services, New Hampshire

Bureau of Elderly and Adult Services, New Hampshire Council on Developmental Disabilities, AARP of New Hampshire, and BIANH. For more information about the Coalition of Caring, please visit coalitionofcaring.org.

BIANH’s Neuro-Resource Facilitation Program: A Core Service

BIANH continues to provide a vital service to New Hampshire brain injury survivors and families through its Neuro-Resource Facilitation Program. Through one-on-one support from Neuro-Resource Facilitators, this program helps individuals identify and navigate community brain injury services, resources, and supports.




The Neuro-Resource Facilitation process is multifaceted and includes identifying needs, planning goals, and assisting individuals with self-advocacy. Neuro-Resource Facilitation is provided by BIANH at no cost to the individual or their family, and it is supported with funding from the New Hampshire Bureau of Developmental Services, which is the lead state agency for persons with acquired brain disorders in New Hampshire.


The funding and state support for the Neuro-Resource Facilitation Program was developed through statewide advocacy efforts undertaken by survivors, families, and caregivers working proactively through the state legislative process to secure funding. Many of BIANH’s member families shared their stories with their state legislative representatives, and effective grassroots legislative advocacy by BIANH was the key to securing funding for this important brain injury service.

To learn more about BIANH’s Neuro-Resource Facilitation Program, please visit bianh.org.

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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.



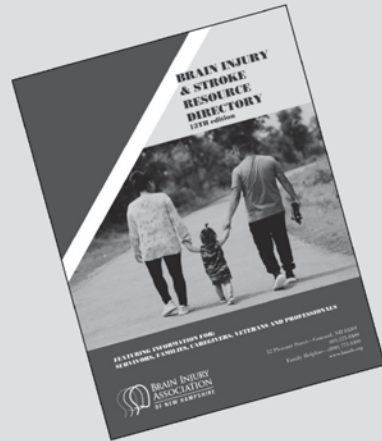

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RESOURCE DIRECTORIES and INFORMATION GUIDES

The Brain Injury Association of New Hampshire has published the 13th edition of their Resource Directory.

We have also made available the Brain Injury Information Guide as a separate resource of information on the effects of and managing life after brain injury.

Call or email to request these directories to be sent to you
 603-225-8400 or mail@bianh.org



VIRTUAL BRAIN MATTERS 2022

February 23 ~ Challenging Behaviors through Cognitive Reconnections Training

Presented by Gina England, MA, CCC-SLP

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

8:30am – 12:30pm (4 contact hours)

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

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

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 26 ~ 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

June ~ The Intersection of Substance Use Disorder and Brain Injury

Presented by Deepak Vatti, MD, FACEP

NOTE: Date & More Information To Come

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)

Thursday, 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

DISABILITY RIGHTS CENTER



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

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Know Your Employment Rights



Have you ever wondered what employment discrimination really means, what you should do if you are asked about your disability during an interview, or what you should do if you are retaliated against for requesting an accommodation at work? Samuel did.

Watch as Samuel Habib, college student, documentary filmmaker, newspaper columnist, and disability advocate asks DRC-NH employment law expert, Jen Eber, about these and other employment related questions at <https://drcnh.org/video-topics/employment/>.

Check out our Employment related resources:

- Watch our new Know Your Employment Rights video series at drcnh.org/video-topics/employment
- Accessing an Inclusive and Safe Work Environment flyer:
drcnh.org/employment/accessing-an-inclusive-and-safe-work-environment
- Requesting an Accommodation – The Three Step Process flyer:
drcnh.org/employment/requesting-an-accommodation-the-three-step-process
- Learn more about your employment rights anytime at drcnh.org/issue-areas/employment, on twitter by following [@DRCNH](https://twitter.com/DRCNH), and on Facebook.

Sign up to receive our monthly e-newsletter at drcnh.org.

Keep up with the latest in Disability Research, Advocacy, Policy, and Practice (the Disability RAPP) at drcnh.org.

Each issue of the Disability RAPP focuses on a different topic and how it relates to disability.

The Fall 2021 issue, *Meaningful Transitions: Setting a Higher Standard*, explores how students with disabilities can actively plan for their futures and ensure that they leave high school with the necessary skills and experiences to make a successful transition into adulthood.

SPOTLIGHT ON KREMPELS

Passing the Programming Torch at Krempeles Center

Barb Kresge has been working for Krempeles Center for 15 years; the longest serving staff member. Prior to that, she was a lecturer and Admissions Chair at the Boston School of Occupational Therapy at Tufts University. Barb joined Krempeles Center as a Program Coordinator in 2006, then became Program Director several years later to guide the program through maturing and expansion phases. Early in 2021, Barb was considering retirement, however Krempeles Center had other ideas. Now as the new Director of Strategic Program Initiatives, Barb is heading the effort to research, develop, and implement a new online program as an extension of Krempeles Center's offerings, building upon the success of the online program launched as a response to the pandemic.



Barb Kresge OTR/L, CBIS, Director of Strategic Program Initiatives at Krempeles

To fill the Program Director position, Krempeles Center launched an extensive search and hit the jackpot when Heather Gilbert jumped at the opportunity. Heather was a graduate level occupational therapy intern in 2014 at Krempeles Center. During her internship, she led a series of groups for members that resulted in the first annual Krempeles Center Craft Fair. Throughout her experience, she gained a tremendous appreciation for the community-based model and its focus on more than just the traditional medical model of rehabilitation. Heather went on to work in various nontraditional settings as an occupational therapist in management roles and ultimately left her position as the Division Director of Developmental Disability and Brain Injury Services at Eliot Community Human Services in MA, bringing along her previous five years of experience in working in mental health. She joined the Krempeles Center team eager to get to work on supporting the transition back to in-person programming that took place in 2021.

Both Barb and Heather are alumni of Tufts University's Boston School of Occupational Therapy and share the values of their profession to help people meet their personal goals to do the things they want and need to do and live more fulfilling lives. Heather's initial focus will be on how Krempeles Center evaluates the ongoing effectiveness of its program's offerings and maximizing the use of technology to better support interns and enhance the overall program. Barb will be at the helm of navigating the organization through the next



Heather Gilbert MS, OTR/L, Program Director at Krempeles Center

iteration of online programming with the hope that this new, robust component of Krempeles Center's services can reach brain injury survivors from around country. Together, Krempeles Center's programming leaders are excited to serve the greater brain injury community.

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 to find out more about Krempeles Center or call 603-570-2026 ext. 220 for more information on how to become a member.

INSIGHTS

Life Perspectives From a Brain Injury Survivor David A. Grant



UP AND DOWN THE COGNITIVE LADDER

One of the many unexpected things that has happened since my brain injury over a decade ago was being invited to be a staff writer for Brainline.org. Brainline was one of the first online informational resources that my wife and I came to depend on after my 2010 brain injury. A PBS/WETA organization, their information was accurate, trustworthy, and helped us along during the abysmally tough time right after my injury.

Fast forward to today, and I am the longest-tenured writer in the history of Brainline. No one is more surprised than I am.

It has not been an easy path. Several years ago, with all the kindness that she could muster, one of my editors said that all my work was beginning to sound the same. Taking it as the constructive criticism that it was, I ruefully admitted that she was right. From that point forward, I took a new approach to writing. Centering myself, I would ask, “What is going on – right here, right now?” It was a veritable game-changer.

But, what happens when “right here, right now,” is the same as it was a year ago? Here in New Hampshire, it certainly feels a lot like it did a year ago. Daily, the news is full of ominous warnings about the pandemic. Our North Country hospitals are full to capacity – and more. The National Guard has been called out to assist. Cases are at an all-time high and continue to climb, and the pandemic drumbeat drones on.

I can say with certainty that I am not the only one who feels like it is 2020 all over again.

As we learn more about COVID-19, the data is showing that many COVID Long Haulers now live with significant neurological problems that sound eerily similar to those that accompany brain injury. As a result, brain injury survivors no longer hold exclusive rights to brain fog, neuro-fatigue, slower processing times, and other cognitive dysfunction. Our COVID cousins now live with many challenges long-familiar to those with brain injury.

Therein lies my biggest fear; in fact, I find it terrifying. My brain injury knocked me down the cognitive ladder more than a few rungs. Sure, I have rebounded a bit. A decade of working hard on my recovery has led to meaningful gains, but I will never make it back to my pre-injury baseline. Thankfully, I am okay with that today – though it took a long time for that acceptance to set in.

However, the very thought of taking another cognitive hit is terrifying.

My wife Sarah and I have developed our personal pandemic mantra – “To thine own health be true.” I have long since given up trying to be a change agent for others. People are going to do what people are going to do.

Nevertheless, for us, our day-to-day decisions remain largely unchanged. Out in public? We mask up. Indoor events with lots of people? Sorry, we are going to take a pass. Perhaps next year. Two shots and a booster? Anything less is akin to playing Russian roulette with our lives. It is not just about us. Decisions we make have the ability to affect others. If it is sounding like I am preaching a bit, perhaps a bit of a brow-beating is in order.

If you have ever lived with an incident that led to a cognitive decline, you know how life changing that can be. If you have not had a cognitive decline event, trust me on this: You do not want one. I will continue to do all that I can to prevent a second cognitive strike. I owe it to my wife, to my family, to those I love – and to myself.

Circling back to the decisions of others: they are free to make whatever choices they deem fit. I can only hope that choices that can lead to a cognitive decline are few, and that common sense prevails.

You can conquer almost any fear if you will only make up your mind to do so. For remember, fear doesn't exist anywhere except in the mind.

— Dale Carnegie

Many of life's failures are people who did not realize how close they were to success when they gave up.

– Thomas Edison

*We make a living by what we get,
We make a life by what we give.*

- Sir Winston Churchill

NCIL LOOKING BACK AND AHEAD!

What a beautiful Fall we had weatherwise! It seemed nicer than usual with warmer temperatures and the ability to get out and about on the trails and viewing the season's happenings around the area. The Pumpkin People made a return to the North Conway and Jackson area; our residents enjoyed the scenic rides and viewing of the colorful splendor.

Thanksgiving was enjoyed by all residents and employees; it seemed a bit more joyful as many went home to celebrate with family after being fully vaccinated.

The annual NCIL resident Christmas party was held on December 13th at the North Conway Community Center with a feast of Chinese food brought in from a local restaurant. Residents and staff were feeling the Christmas spirit when they congregated to enjoy music, games, and presents. Even though every face was masked during the event you could see the smiles in everyone's eyes as they enjoyed each other's company for the first time in quite a while. Before filling up on some delicious food and seasonal desserts, everyone was visited by Santa who was delivering gifts and holiday cheer -- to the great dismay of the Grinch who attempted to thwart Santa's efforts in spectacularly comic fashion.

Two NCIL residents were recognized for their accomplishments during the past year: Brandon P. who has been with NCIL for seven years was given the award for Personal Growth, and Darcy N. was recognized for The Spirit of Giving award. Brandon has made such strides with his speech, sign language, and patience thanks to his aide, Chris. Darcy has always been a person who gives back while also being a valued employee of Cranmore Mountain Resort, she continually receives compliments from her employer and staff alike.

As NCIL moves into the depths of winter while still under the pandemic, we continue to follow all safe practices and hope for the warmth of spring to renew our faith that everyone will come through healthy and successful after another winter with battling COVID.

Wishing all a very healthy and Happy New Year!



ncil NORTH COUNTRY
INDEPENDENT LIVING

Providing an alternative to institutionalized and campus living for persons with an acquired brain injury and other neurological disorders

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- Home Based Rehabilitation
- Comprehensive Day Treatment Programs
- Employment Services

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2022 BRAIN INJURY AND STROKE CONFERENCE

WEDNESDAY MAY 11, 2022



-Keynote Speaker- Stacia Bissell



Heartfelt and informative, this keynote presentation features Stacia G. Bissell, M.Ed. talking about unwelcome consequences from her invisible brain injury from a bicycle accident ten years ago, and how she started learning to accept, adapt, manage and eventually thrive. She will share her TBI story, personal and professional challenges she encountered, and insights gained throughout the different stages of her TBI journey. Through public speaking, coaching and mentoring other survivors, Stacia's story, experiences and learned techniques have helped many find direction, hope and harmony between their pre and post-TBI selves.

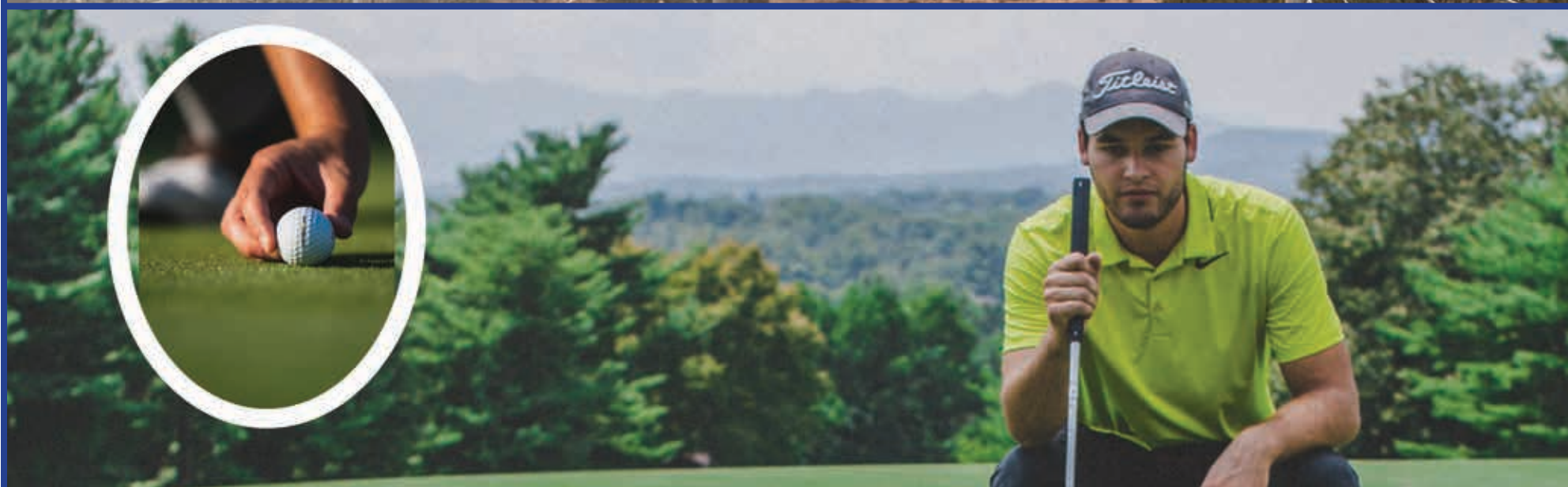
A native of Berkshire County in Western Massachusetts, Stacia G. Bissell, M.Ed., is passionate about education. Much of her career was spent as a middle school math teacher and high school business teacher until taking on roles in administration and academic coaching. In 2011, she became a licensed middle and high school principal with aspirations of running her own school in the near future. However, a bicycle accident that same year left her with a traumatic brain injury and her career as a public school educator came to an end.



SAVE THE DATE

SUNDAY, JUNE 5, 2022
HAMPTON BEACH STATE PARK

We are planning for this year's Walk to be an in-person event with a virtual option. A final decision will be made by March 1st.



39TH ANNUAL GOLF TOURNAMENT

WEDNESDAY, AUGUST 10, 2022

THE OAKS GOLF COURSE
SOMERSWORTH, NEW HAMPSHIRE

FOR MORE INFORMATION, CONTACT RENEE@BIANH.ORG



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
- overdue monthly bills
- home safety items
- respite



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

ALCOHOL USE AFTER BRAIN INJURY



Alcohol use and brain injuries are closely related. Up to two thirds of people living with a brain injury have a history of alcohol abuse or risky drinking. Between 30% - 50% of individuals living with a brain injury were injured while they were drunk and about one-third were under the influence of other drugs. Around half of those who have a brain injury cut down on their drinking or stop altogether after the injury, but some living with a brain injury continue to drink heavily, which increases the risk of having negative outcomes or acquiring another brain injury.

After a brain injury, many individuals notice their brains are more sensitive to the alcohol. Drinking increases the chances of getting injured again, makes cognitive (thinking) problems worse, and increases chances of having emotional problems such as depression. In addition, drinking can reduce brain injury recovery. For those reasons, staying away from alcohol is strongly recommended to avoid further injury to the brain and to promote as much healing as possible.

ALCOHOL AND BRAIN INJURY RECOVERY

- Recovery from brain injury continues for much longer than we used to think possible. Many notice continued improvements for many years after injury.
- Alcohol slows down or stops brain injury recovery.
- Avoiding alcohol is one way to give the brain the best chance to heal.

ALCOHOL, BRAIN INJURY, AND SEIZURES

- Traumatic brain injury puts survivors at risk for developing seizures (epilepsy).
- Alcohol lowers the seizure threshold and may trigger seizures.
- Avoiding alcohol can reduce the risk of developing seizures.

ALCOHOL AND THE RISK OF HAVING ANOTHER BRAIN INJURY

- Drinking alcohol puts survivors at an even higher risk of having a second brain injury. (Coordination and balance are affected by both.)
- Avoiding alcohol can reduce the risk of having another brain injury.

ALCOHOL AND MENTAL FUNCTIONING

- Alcohol magnifies some of the cognitive problems caused by brain injury.
- The negative mental effects of alcohol can last from days to weeks after drinking stops.

ALCOHOL AND MOODS

- Depression is about 8 times more common in the first year after a brain injury than in the general population.
- Alcohol is a “depressant” drug, and using alcohol can cause or worsen depression.
- Alcohol can reduce the effectiveness of antidepressant medications. People who are taking antidepressants should not drink alcohol.

HOW MUCH ALCOHOL IS “SAFE” AFTER A BRAIN INJURY?

After injury, the brain is more sensitive to alcohol. This means that even one or two drinks may not be safe, especially when you need to do things that require balance, coordination, and quick reactions such as walking on uneven surfaces, riding a bicycle or driving a car. The fact is, there is no safe level of alcohol use after a brain injury.

ALCOHOL AND MEDICATIONS

Alcohol is especially dangerous after a brain injury, if taking prescription medications. Alcohol can make some medicines less effective and can greatly increase the effects of others, potentially leading to overdose and death. Using alcohol along with anti-anxiety medications or pain medications can be highly dangerous because of the possible multiplying effect.

WHAT ABOUT USING OTHER DRUGS?

Alcohol is a drug. Almost everything mentioned above about alcohol applies equally to other drugs. If the choice of drug(s) is something other than alcohol – such as marijuana, cocaine, methamphetamine or prescription drugs, anti-anxiety medications or pain medication – many of the same principles apply. In addition, use of illegal drugs or misuse of prescription drugs can lead to legal problems. There is a higher risk of addiction and overdose if one is using multiple drugs such as alcohol and marijuana or alcohol and pain pills. The combination of alcohol and pain medications may be life threatening; contact a doctor if the individual is using prescription drugs and drinking.

WHAT SHOULD BE DONE?

The stakes are higher when people choose to use alcohol after having a brain injury. Some people continue drinking after a brain injury and don’t have any desire to change that behavior. Others know they should stop or reduce alcohol use, but don’t know how, or have not been successful.

There are many ways to stop using alcohol or other drugs and many ways to reduce the potential for harm. The great majority of people who have stopped having alcohol problems did it on their own. They didn’t get professional help or counseling and did not use Alcoholics Anonymous (AA). Don’t underestimate the ability to change.

THERE ARE MANY WAYS TO CHANGE, CUT DOWN OR STOP DRINKING

The key ingredients to changing drinking are: (1) find people who will support these efforts to change this lifestyle; (2) set a specific goal; (3) make clear how to meet the goal; (4) identify situations or emotions that can trigger drinking, and figure out ways to cope with those triggers ahead of time, and (5) find ways to reward yourself for sticking to the plans and meeting goals.

Other helpful information:

- Take a confidential on-line drinking assessment: <http://www.alcoholscreening.org>
- Talk to a physician and ask about medications that can help to resist relapse or reduce cravings for alcohol.
- Psychologists or other counselors who are knowledgeable with brain injury rehabilitation programs can help to get the right kind of treatment program.
- Alcoholics Anonymous (AA) has helped millions of people. There are meetings in most towns and cities – <http://www.aa.org>.
- Moderation management (<http://www.moderation.org>) and Smart Recovery (<http://www.smartrecovery.org>) are alternatives to AA that do not use the 12-step model.
- Substance Abuse and Mental Health Services Administration (SAMHSA) is a federal program that can help to find a treatment facility (<http://findtreatment.samhsa.gov>. (800) 662-4357).
- Private treatment: seek a counselor for substance abuse, chemical dependency counselor, or addiction treatment.

For those who don’t want to stop drinking, it is still possible to reduce some harm from drinking:

- Eat food and drink water before drinking alcohol. This helps reduce the sharp spike in blood alcohol level that can cause nausea, vomiting, falls, blackouts, and alcohol poisoning.
- Have a non-drinking designated driver. Avoid drinking and driving.
- Sip drinks slowly (no more than one per hour). Drinking too fast can make the pleasant feelings of alcohol go away.
- Limit drinking to no more than two drinks per day, or cut back on certain days of the week, such as weeknights.
- Take a drinking “holiday” (for days, weeks, or decide to not drink at all).

HOW FAMILY MEMBERS CAN HELP

No one can force another person to stop using alcohol or drugs, but can have an influence. Attending Al Anon meetings can be good source of support for a friend or family member of someone who abuses alcohol or drugs, and it can help promote change. Planning an “intervention” where family and friends confront the person may also help.

SUBSTANCE USE AND BRAIN INJURY



The use of legal or illegal drugs increases the risk of an acquired brain injury. Substance use disorder (SUD) is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication. It results when addiction causes changes in the brain's wiring, causing people to have intense cravings for the drug, making it hard to stop using the drug, despite life-threatening consequences.

Individuals with traumatic brain injury are at an increased risk for substance use disorder (SUD) as they have exposure to multiple risk factors:

- High rates of chronic
- Higher risk for pre and post substance abuse
- Injury related behavioral changes
- Over prescribing of opioids
- Treatment barriers

Due to these risk factors, individuals with traumatic brain injury are 11 times more likely to die of accidental poisoning or overdose. Professionals recognize that there is an increased risk for addiction or relapse post brain injury. Cognitive issues, depression, and decreased socialization can make these individuals more vulnerable. (Excerpted from TBI and Opioid Overdose: An Unrecognized Relationship, presented by Lance Trexler, Ph.D., FACRM, a BIAA Webinar, October 13, 2020.)

COMMONLY MISUSED SUBSTANCES CAN INCLUDE:

- Opiates and other narcotics, including heroin, fentanyl, oxycodone, opium, codeine, and narcotic pain medications that may be prescribed by a doctor or purchased illegally
- Stimulants, including cocaine, methamphetamine, and amphetamines
- Depressants, including alcohol, barbiturates, benzodiazepines, chloral hydrate and paraldehyde (LSD ("acid"), psilocybin ("mushrooms"), and PCP ("angel dust"))
- Marijuana

NON-LETHAL OPIOID OVERDOSE AND ACQUIRED BRAIN INJURY

It has been suggested that the opioid crisis is a nationwide public health emergency; an epidemic that is the deadliest drug crisis in American history. Opioids are the leading cause of death for Americans under 50 years of age. The 2018 data showed that each day, more than 140 Americans lost their lives due to overdoses. (Excerpted from Brain Injury Association of America: Non-Lethal Opioid Overdose and Acquired Brain Injury: A Position Statement of the Brain Injury Association of America, 2018.)

Non-lethal overdose can result in permanent brain damage. Opioids (or opiates) are depressants, slowing down a person's breathing and heart rate; in other words, an overdose causes the body to forget to breathe on its own. When that happens, an individual can sustain either a hypoxic brain injury (not enough oxygen) or an anoxic (no oxygen) brain injury. These types of brain injuries can cause a multitude of side effects, including loss of short term memory, difficulty concentrating, vision and/or hearing loss, loss of coordination and balance, issues with sequencing, problems with communication, and behavioral changes. The longer the brain is deprived of the oxygen it needs, the higher the risk for more permanent brain damage. (Excerpted from the Brain Injury Association of Virginia: Opioids and Brain Injury, 2018.)

TREATMENT STRATEGIES

A number of treatment models for addressing substance use/misuse have been proposed. Best practices for treatment of substance use/misuse within the brain injury population include:

- Abstinence
- Patient and family education
- Incentives to encourage participation and retention in programs
- Modification of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) to make it more concrete and understandable
- Use of motivational interviewing techniques

Interventions that support adaptive coping

- Use of community resources to maximize social interaction and minimize boredom
- Matching materials and interventions with cognitive deficits stemming from injury

Treatment for substance use disorders should be integrated into the treatment process as seamlessly as any other form of brain injury therapy and counseling. Other common rehabilitation strategies include:

- Small groups
 - Journaling
 - Role-play
 - Presenting information in smaller chunks with repetition to allow for delayed processing time
- (Excerpted from Brain Injury Association of America: Non-lethal Opioid Overdose and Acquired Brain Injury: A Position Statement of the Brain Injury Association of America, 2018.)



TRAUMATIC BRAIN INJURIES:

HOW ATTORNEYS DECIDE THE LIFETIME VALUE OF A CASE

By Emma Ascott, Top Class Actions

Reprinted with permission from The Challenge! – Summer 2021 –

What is a traumatic brain injury?

A traumatic brain injury (TBI) is defined as brain dysfunction caused by an outside force, such as impact to the head. People commonly sustain TBIs from falling, firearm-related injuries, motor vehicle crashes, or assault.

TBIs can have both minor and more chronic consequences that lead to permanent disabilities, which can reduce life expectancy. The consequences of a TBI can result in various conditions, such as seizures, sleep disorders, neurodegenerative diseases, and psychiatric problems. Changes caused by a TBI can persist for months or years after the initial injury and can significantly affect a person's quality of life.

According to the Centers for Disease Control and Prevention, TBIs account for 30% of all injury-related deaths in the United States each year. In 2019, there were approximately 61,000 TBI-related deaths in the U.S., and nearly 5.3 million survivors are now living with permanent disabilities as a result of brain injury.

Any type of trauma to the head or neck can result in a brain injury if it causes the brain to swell, bleed, bruise, or tear. A TBI can impair

a person's cognitive abilities or physical functioning. Many people are not able to fully recover from a TBI – they may have problems moving and regulating their emotions or may experience a change in personality. These effects can cause costly and significant changes to a person's life.

According to the Brain Injury Law Center, after a traumatic brain injury, pursuing damages through a lawsuit is the most productive way to ensure the best medical attention without draining all personal financial resources.

How do attorneys decide the lifetime value of a traumatic brain injury case?

The compilation of economic damages in a TBI case is a complicated process requiring multiple experts and multiple records.

To make the vitally important decision concerning the value of a TBI in a potential lawsuit, Personal Injury Lawyer Frank Verderame, Plattner Verderame, P.C., said that he first collects all related medical records. He then contacts the doctors who are the primary treating physicians

Continued on next page

Continued from previous page: *Traumatic Brain Injuries: HOW ATTORNEYS DECIDE THE LIFETIME VALUE OF A CASE*

for the patient's long-term problems related to the brain. Verderame explained that there are experts nationally who interview all doctors involved and price out the cost of the medical care for the cost of treatment needed.

"You combine the testimony of the doctor about the patient's need with the testimony of the expert about the cost of the care and what it's going to be over the lifetime. Then, you hire an economist to evaluate the long-term cost of that care," Verderame told Top Class Actions.

Another aspect to consider is the affected individual's earning capacity. "There's a lot of components to it, depending on what they did for a living and what kind of benefits they got from their job, like health insurance, disability insurance, pension, and profit sharing plans – all those things that they lost," Verderame said.

According to Newsome Melton Law Firm, which specializes in brain and spinal cord injury lawsuits, there are three types of damages from a TBI:

Loss of Earning Capacity:

A vocational expert will testify about how much of the injured party's expected lifetime earnings will be lost due to the injury.

Life Care Costs:

A life care planner will assess the injured party's possible future needs and testify about them to the jury. Physical therapy, medications, and help with daily activities need to be considered.

Pain and Suffering/Loss of Enjoyment of Life:

Hedonic damage experts will use economic studies to show that the injured party's quality of life has been reduced by a certain percentage. An attorney will take these factors into consideration when deciding whether a case is worth pursuing.

Diane Marger Moore, a triple board-certified personal injury attorney at Baum Hedlund Aristei & Goldman, P.C., said that, when deciding the lifetime value of a TBI, objective and subjective testing by a highly competent neuropsychologist will help define the scope and extent of the injury, and newer radiological testing may also be employed. "Once a diagnosis is obtained, the deficits may be identified. Since some brain injuries may resolve, retesting a year later is critical. Thereafter, looking at the life tables, a life care plan may be developed for more severe cases. A forensic economist will help evaluate the financial loss based upon accepted economic principles," Moore told Top Class Actions.

A life care plan is only a snapshot of what the individual needs in terms of cost, and awarded damages for a TBI can sometimes reach eight figures, according to Michael Kaplen, Professorial Lecturer in Law at The George Washington University Law School and personal injury attorney at De Caro & Kaplen law firm. "The life care plan is two parts," Kaplen told Top Class Actions. "One part is what they need, and number two is how much those services will cost. Then, we take it a step further because those are just the costs today; they have to give that plan to an economist to predict the costs into the future."

Future loss of earnings isn't just a calculation of past loss of earnings multiplied by current income loss and number of years; it's the capacity to earn money in the future, which has been lost. This consideration is dependent on the plaintiff's age, education, experience, and number of years in the labor force. This can dramatically affect future earning calculations. Consideration must be given to career advancement or inability to advance because of injury and inability to find future employment because of disability. Inflation and fringe benefit losses are also analyzed.

Damages for mild-to-moderate TBIs frequently exceed \$100,000. When a person is severely affected and will need lifetime care (e.g., rehabilitation, ongoing caregiving, specialized equipment), it's not uncommon for the settlement to reach into the millions of dollars. If the vocational, life care planner, and hedonic damage experts have made a good case, a significant amount in damages could be awarded.

An example of possible awarded damages:

Medical costs:	\$50,000
Earnings loss capacity:	\$740,000
Lifetime care costs:	\$350,000
Life enjoyment:	\$740,000
Pain and suffering:	\$740,000
Total damages:	\$2,960,000

The economic cost of brain injuries in the U.S. is estimated to be \$76.5 billion, including \$11.5 billion in direct medical costs and \$64.8 billion in indirect costs, such as lost wages, lost productivity, and other nonmedical costs.

To receive the deserved compensation for high medical bills, lost wages, and other expenses, hiring an experienced TBI lawyer and pursuing damages is recommended. For more information about lawyers who understand brain injury, visit biausa.org/attorneys.

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

Register Here

https://us02web.zoom.us/join/register/tZ0lcOmvqT8vH9NeQ8v9Yokb_woX0tWWuvJC





VIRTUAL SUPPORT GROUP MEETINGS

for Brain Injury and Stroke Survivors, Families & Friends

5 WAYS THAT SUPPORT GROUPS COULD HELP SURVIVORS AND FAMILY MEMBERS

1. Virtual Support Groups help people feel less isolated.
2. Virtual Support Groups provide practical knowledge, resources, and networking.
3. Virtual Support Groups answer questions that doctors cannot.
4. Virtual Support Groups provide comfort for families and Caregivers.
5. Virtual Support Groups help individuals living with a brain injury regain a sense of identity.

Remember--you are not alone

Support groups provide hope, information, friendship, sharing, self advocacy, problem-solving skills, as well as opportunities for personal growth.

For more information about Virtual Support Groups, visit our website: www.bianh.org

For more information - John Richards - johnr@bianh.org



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

SUPPORT GROUPS IN NEW HAMPSHIRE

(Times and places may change without notice – please call in advance)
Revised September 2021

APHASIA:

Manchester: Currently suspended; Catholic Medical Center –
Out Patient Rehab – Speech Therapy, 769 South Main Street, Suite 201,
Manchester, NH
Phone: (603) 665-7472

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

**The Brain Injury Association of New Hampshire will be hosting three
statewidemonthlysupportgroupsthatwillbeheldthroughaZOOMVirtual
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>**

**Please check the website at www.bianh.org for online registration.
If you have any questions, please email John Richards at
richardsjw@comcast.net or call at 603-303-0119.**

CAREGIVERS SUPPORT GROUP (CAREGIVERS ONLY):

Caregivers Support Group

Virtual: <https://bianh.salsalabs.org/bicsg>

4th Tuesday of each month, 6:30 pm-7:30 pm

Contact: Sarah Grant

Phone: 603-225-8400

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

STROKE AND BRAIN INJURY:

Northeast Rehab Virtual Statewide Mild Brain Injury Support

Group: Meets the Second Wednesday of the month, 5:00 pm - 6:00 pm

Contact Barbara Capobianco at 603-680-3220 or

bcapobianc@northeastrehab.com for online registration information.

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

Currently Suspended 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

Currently Suspended 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

Currently Suspended 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: For Appointment Only Due to COVID-19.

Contact: Urszula Mansur

Phone: (603) 818-9376

STROKE:

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

Lebanon: Virtual Stroke Support Group, 1st Friday of even-numbered
months (Feb, Apr, Jun, Aug, Oct, Dec), 10:00 - 11:30 am, DHMC Aging
Resource Center, Contact: Shawna Malynowski, Phone: (603) 653-1117

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

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

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

2021 MEMBERS AND DONORS

Thank you to all our members and donors!
(This list reflects donations received from October 15, 2021 to present)

DONORS AND MEMBERS

Abraham Burtman Charity Trust
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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 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