

New Hampshire Brain Injury & Stroke Conference

the
HOUSE
WE LIVED IN



Tod & Tim O'Donnell
Keynote Speakers

Wednesday, May 10, 2023

Grappone Conference Center, Concord, New Hampshire



To Register:

<https://bianh.salsalabs.org/2023bisc>



**BRAIN INJURY
ASSOCIATION**
OF NEW HAMPSHIRE



Embracing Change with Tod and Tim O'Donnell (brain injury survivor and filmmaker) of the award winning documentary film "The House We Lived In"

Keynote Speakers – father & son Tod & Tim O'Donnell, will share the story of Tod's brain injury and the important role his family played in his recovery.

Tim O'Donnell is an Emmy-nominated filmmaker and the director of a new documentary *The House We Lived In*. A decade in the making, Tim confronts family, memories, and addiction as he chronicles his father's journey to recover lost memories following a traumatic brain injury. Tim's work has appeared on ESPN, NBC, PBS, OutsideTV, the Sundance Film Festival and events around the world.

Tod O'Donnell is a brain injury survivor and advocate. He is the subject of the documentary *The House We Lived In*, as well as the inspiring short ESPN film *No Quit*. Tod has spoken at Harvard Medical School, Spaulding Rehab, Supportive Living Inc, Krempels Center, ESPN and many more creating positive conversation surrounding brain injuries.

Specialty Track: *Substance Use Disorder & Brain Injury*

Peter Fifield, EdD, MLADC, LCMHC ~ Substance Use Disorder Program Manager
Behavioral Health Department, Wentworth Douglas Hospital
SUD 101: Levels of Care, Diagnosis and Effective Engagement

Daniel R. Seichepine, PhD ~ Associate Professor of Neuropsychology, University of NH,
Neuropsychologist/Owner Next Step Neuropsychology, PLLC
How Opioids, Such as Heroin, Work on the Brain

Krystal L. Chase, LICSW, CBIS ~ Director of Programs and Services, Brain Injury Association of NH
Brain Injury: The Silent Partner in Substance Use Disorder & Strategies to Assist Those Impacted

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

8:15 Welcome									
8:30-9:30 Embracing Change with Tod and Tim O'Donnell (brain injury survivor and filmmaker) of the award winning documentary film "The House We Lived In"									
TRACK A		TRACK B		TRACK C		TRACK D - SLP		TRACK E	
Session I 9:45-10:45	Advances in Brain Injury Markers Francesca Gilli, PhD, MS ADV/ALL	From Necessity to Opportunity: The Impact of an Online Community Program for Brain Injury Survivors Jay Lancaster MS, CCC-SLP Kelly Redwine DiPierre MS, OTR/L, CBIS BEG/ALL	SUD 101: Levels of Care, Diagnosis and Effective Engagement Peter Fifield, EdD MLADC, LCMHC BEG/PRO	Somatosensory Symptoms After BI: Using Tracking to Help Support Cognitive Rehabilitation Katya Bowen, MS, CCC-SLP, CBIS ADV/PRO	Building Resilience and Strategies for Self-Care Donna M. White RN, PhD, CARN, CADC II, LADC I BEG/ADV/ALL				
10:45-11:00 Break-----Please visit Exhibitors -----									
Session II 11:00-12:00	Exercise as Medicine: The Benefits of Cardiovascular Fitness for Stroke Survivors Sarah Durante, MD, FAAPMR ADV/ALL	Craniosacral Therapy and Brain Injury: An Experiential Introduction Sarah Chevretil, OTR/L, CBIS, NTMTC; Michelle Smith, PT INT/ALL	How opioids, such as heroin, work on the brain Daniel Seichepine, PhD BEG/ALL	Breath Practices: Easy and accessible activities for self-care Cheryl M. Lundgren, MS, CCC-SLP BEG/ALL	Survivor Panel Sandra Chandler BS, SLP-A George Matthews BEG/ALL				
12:10 - 1:15 Lunch---- Please visit Exhibitors-----									
Session III 1:20-2:20	Spasticity Management: Evidence and Ideas Lisa Doyle, PT, DPT, MS, NCS ADV/PRO	Expanding One's Environment: An Introduction to Virtual Reality Charles Douglas Simmons, PhD, OTR/L, FAOTA, FNAP BEG/ALL	Brain Injury: The Silent Partner in Substance Use Disorder & Strategies To Assist Those Impacted Krystal L. Chase, LICSW, CBIS BEG/ALL	Innovating Cognitive Rehabilitation by Understanding How the Injured Brain Relearns Amy Ramage, PhD, CCC-SLP BEG/ALL	Depression, Suicide and Concussion: Prediction, Mechanisms, and Management Shawn R. Eagle, PhD, ATC, CSCS ADV/ALL				
2:20 -2:40 Break-----Please visit Exhibitors -----									
Session IV 2:45-3:45	Assessment and Management of Mild Traumatic Brain Injury in the Pediatric Population Suzanne Vance, MS, RN, CPNP BEG/PRO	Assessments and treatments for "dizziness" Hannah Zajac, PT, DPT, NCS BEG/SUR/FAM	Being an Expert Witness in a Brain Injury Lawsuit: Helping Clients with Brain Injury Receive an Equitable Settlement Donald Robin, PhD, CCC-SLP ADV/ALL	Error Detection and Correction in Object Naming in Individuals with Aphasia Anne O'Donnell, MS, CCC-SLP BEG/PRO	(continued) Depression, Suicide and Concussion: Prediction, Mechanisms, and Management Shawn R. Eagle, PhD, ATC, CSCS ADV/ALL				

Time Schedule & Session Descriptions

7:45 - 1:00

Registration

7:45 - 3:00

Exhibitors

8:15

Welcome

8:30 - 9:30

Embracing Change with Tod and Tim O'Donnell (brain injury survivor and filmmaker)

of the award winning documentary film "The House We Lived In" Disclosure: Mr. Tod & Tim O'Donnell will be receiving a speaker's fee today. They have no further relevant financial or non-financial disclosures to make.

9:45-10:45

SESSION I

A. Advances in Brain Injury Markers ~ Francesca Gilli, PhD, MS, Dartmouth Hitchcock Medical Center ~ Biomarkers can be broadly defined as qualitative or quantitative measurements that convey information on the physiopathological state of a subject at a certain time point or disease state. In Traumatic Brain Injury (TBI), especially mild TBI (mTBI) or concussions, biomarkers represent critical tools to monitor whether the neurons are damaged. A variety of proteins detectable in the blood and cerebrospinal fluid (CSF) have been investigated as biomarkers for mTBI. This review focuses on five of the most studied biomarkers for mTBI: glial fibrillary acidic protein (GFAP), neurofilament light chain protein (NF-L), ubiquitin C-terminal hydrolase-L1 (UCH-L1), tau, and S100B. Interestingly, UCH-L1 and GFAP were recently approved by the FDA as the first blood-based biomarker, Brain Trauma Indicator™ (BTI™), via the Breakthrough Devices Program. This presentation will discuss (i) TBI diagnosis and treatment challenges, (ii) known unknowns in brain injury biomarker biology, and (iii) the process behind the FDA approval of biomarkers.

B. From Necessity to Opportunity: The Impact of an Online Community Program for Brain Injury Survivors ~ Jay Lancaster MS, CCC-SLP & Kelly Redwine DiPierre, MS, OTR/L, CBIS, Program Coordinators, Krempels Center ~ The Covid-19 pandemic challenged all of us to rethink how we stay connected. This presentation will explore how Krempels Center -- a nonprofit organization that offers specialized programs to engage brain injury survivors in meaningful and productive experiences -- made the leap from in-person to virtual service delivery, launched an official pilot of the online program, and evaluated its impact on program participants. This presentation will also assist therapy practitioners in integrating their professions' domains of practice into a virtual community-based model.

C. SUD 101: Levels of Care, Diagnosis and Effective Engagement ~ Peter Fifield, EdD, MLADC, LCMHC, Substance Use Disorder & Integrated Health Program Manager ~ This session is designed to introduce the basic concepts relative to understanding substance use disorders. We will discuss the American Society of Addiction Medicine's (ASAM)'s levels of care, the criteria included in substance use disorder diagnosis, and lastly, the concepts of stigma, harm reduction and connection; how all three of these matter in maximizing interactions with people who use drugs.

D. Somatosensory Symptoms After BI: Using Tracking to Help Support Cognitive Rehabilitation ~ Katya Bowen, MS, CCC-SLP, CBIS, Berkshire Medical Center ~ Somatic/sensory symptoms such as headache, light sensitivity, sound sensitivity, and fatigue can interfere with a brain injury survivor's ability to participate in cognitive rehabilitation. These symptoms can also leave survivors feeling "out of control". Using symptom tracking can help survivors learn to more effectively manage these symptoms and return a sense of control to survivors while supporting cognitive training and goals. Disclosure: Ms. Bowen is not being compensated for this presentation. She has no further relevant financial or non-financial disclosures to make.

E. Building Resilience and Strategies for Self-Care ~ Donna M. White, RN, PhD, CARN, CADC II, LADC I ~ People who care for others, often have limited knowledge of the impact of Compassion Fatigue and Secondary Stress. The core domain of those who do this work is the caring of humanity. But in doing their specialized work, they may unknowingly, neglect personal self-care skills needed to employ for everyday resilience. This presentation is designed to explore the Theory of Caring and the conditions of compassion stress and fatigue with the resultant effects on human physiology and emotions. The goal is to equip caregivers and families with the knowledge and skills needed to identify their experiences and create prevention and personal intervention plans. For attendees, the goal is to renew a sense of wellness and restorative wholeness in their work and life patterns.

10:45 - 11:00

Morning Break – Please visit Exhibitors

11:00 - 12:00

SESSION II

A. Exercise as Medicine: The Benefits of Cardiovascular Fitness for Stroke Survivors ~ Sarah Durante, MD, FAAPMR, Director of Stroke Rehabilitation, Dartmouth-Hitchcock Medical Center ~ The topic of this presentation is inspired by many a patient's family members who have asked me "What would you do if this was your [family member]?" Shifts in healthcare utilization and limits in staffing and bed availability in post-acute care settings (acute rehab facilities, skilled nursing facilities) during the COVID-19 pandemic have created challenges and delays in accessing formal rehabilitation following a life-changing stroke or brain injury. Healthcare teams, patients and families need to be creative when traditional rehabilitation pathways are out of reach or postponed. While every person's rehabilitation journey is unique, adherence to a cardiovascular fitness program has been shown to improve functional outcomes, enhance quality of life, reduce symptoms of depression and risk of recurrence following stroke.

B. Craniosacral Therapy and Brain Injury: An Experiential Introduction ~ Sarah A. Chevrefils, OTR/L, CBIS, NTMTC, Assistant Academic Fieldwork Coordinator, MCPHS University & Michele Smith, PT, Lighthouse Physical Therapy ~ Craniosacral therapy can be a wonderful adjunctive treatment strategy for individuals who have experienced traumatic brain injury. In this one-hour session, we will explore the mechanisms of the craniosacral system, discuss craniosacral rhythm and how to palpate this rhythm, explore the evidence base behind CST, discuss case studies of individuals with TBI who have benefitted from CST, and consider the utility of CST in brain injury recovery.

C. How Opioids, Such as Heroin, Work on the Brain ~ Daniel R. Seichepine, PhD, Associate Professor of Neuropsychology, University of New Hampshire ~ For the past 6 years, the U.S. Department of Health and Human Services has declared the opioid crises a public health emergency. In 2021, approximately 107,000 Americans lost their lives due to drug overdoses, with most of these deaths being caused by opioids (~80,000). This represents a 51% increase since the start of the COVID-19 pandemic. This presentation will discuss how opioids, such as heroin, fentanyl, and prescription medications, work on the brain. We will begin with a review of current trends in the ongoing opioid epidemic, which will then be followed by a review of basic neuroanatomy with a focus on brain structures affected by opioids. Finally, we will discuss how opioids are absorbed by the body, used by neurons, and are eliminated by the body. This presentation will be interactive, and we will be using tools such as Styrofoam wigs heads to review neuroanatomy.

D. Breath Practices: Easy and Accessible Activities for Self-Care ~ Cheryl M Lundgren, MS, CCC-SLP, Department of Rehabilitation Medicine, Dartmouth-Hitchcock Medical Center ~ Breathing is an autonomic and necessary function for every living being. It is not uncommon for us to cue one another to "take a breath" as a means of achieving calm. But what does it mean to take a breath? And if breath is automatic to us, why should we even need to consider it?

Disclosure: Ms. Lundgren is not being compensated for this presentation. She does have relevant financial and non-financial disclosures to make.

E. Survivor Panel ~ George Matthews and Sandra Chandler BS, SLP-A ~ Experiencing a brain injury can be a lonely and isolating experience. Join us as George and Sandra share their personal experiences in navigating the ups and downs of life after a brain injury.

12:10 - 1:15 Lunch – Please visit Exhibitors

1:20-2:20 SESSION III

A. Spasticity Management: Evidence and Ideas ~ Lisa Doyle, PT, DPT, MS, NCS, Assistant Professor of Physical Therapy, Franklin Pierce University ~ This presentation will provide an overview of what spasticity is and how it impacts patient's function and quality of life. We will review current options in medically based spasticity management as well as therapy based strategies and emphasize the inter-professional nature of proper management. We will also consider evidence and lack of evidence in this clinical situation.

B. Expanding One's Environment: An Introduction to Virtual Reality ~ Charles Douglas Simmons, PhD, OTR/L, FAOTA, FNAP, Professor and Program Director, School of Occupational Therapy, Massachusetts College of Pharmacy and Health Sciences ~ This one-hour workshop will introduce the audience to virtual reality and its use as a therapeutic tool and extension of rehabilitation services. Virtual Reality will be discussed related to enhancing motor skills, process/cognitive skills, and social skills. Audience members will use a case study example to facilitate discussion and ideas for use/treatment and will be able to experience or view rehabilitative virtual reality software and equipment. A short discussion on the current research evidence and future use of virtual reality will conclude this workshop.

C. Brain Injury: The Silent Partner in Substance Use Disorder & Strategies to Assist Those Impacted ~ Krystal L. Chase, LICSW, CBIS, Director of Programs and Services, Brain Injury Association of New Hampshire ~ In this session, attendees will have an increased understanding of how brain injury, substance use disorder, and overdoses are interrelated with examples of best practice treatment and counseling, including the use of harm reduction strategies. Attendees will learn brain injury basics and how this can impact the effectiveness of SUD treatment, as well as compensatory strategies for individuals receiving treatment to have more favorable outcomes. Attendees will learn about initiatives at the Brain Injury Association of New Hampshire including work through various grants to meet the needs of this growing population.

D. Innovating Cognitive Rehabilitation by Understanding How the Injured Brain Relearns ~ Amy E. Ramage, PhD, CCC-SLP, Assistant Professor and Research Coordinator, Department of Communication Sciences and Disorders, University of New Hampshire ~ Rehabilitation for cognitive-language impairments following acquired brain injury requires relearning, as behavioral interventions train restorative or compensatory skills to improve performance. However, little is known about how the damaged brain relearns. We have learned about favorable brain-based biomarkers of recovery from acquired brain injury (ABI), but not how rehabilitation efforts lead to or enhance brain changes to result in recovery of function. Thus, a model of learning, both for neural and behavioral outcomes, is needed to inform approaches to rehabilitation and to optimize interventions. We will discuss a model of learning that encompasses a shift in cognitive demand from controlled to automatic processing as a learned skill is acquired and mastered. Such a shift is a key marker of learning and is likely necessary for retrieval and employment of that skill in everyday activities for individuals with ABI. Unfortunately, most interventions employed in current cognitive rehabilitation do not achieve that shift as evidenced by only modest generalization and limited maintenance. The lack of understanding about learning in ABI and whether that relates to the relatively poor cognitive intervention outcomes in this population remains unclear. In this presentation, we will explore a type of learning that tends to encourage the shift from controlled to automatic – implicit or statistical learning – and evidence for its utility in individuals with ABI. We will consider how this type of learning may be maximized in rehabilitation practice to optimize relearning.

Disclosure: Dr. Ramage is not being compensated for this presentation. She has no further relevant financial or non-financial disclosures to make.

E. Depression, Suicide and Concussion: Prediction, Mechanisms, and Management ~ Shawn R. Eagle, PhD, Research Assistant Professor, Department of Neurological Surgery, University of Pittsburgh ~ In this presentation Dr. Eagle will review the latest peer-reviewed evidence for increased risk for depression and suicidal behavior after concussion, identify time periods and individuals at greatest risk, and implications for monitoring, prevention, treatment and future research.

2:20 - 2:40 Afternoon Break – Please visit Exhibitors

2:45 - 3:45 SESSION IV

A. Assessment and Management of Mild Traumatic Brain Injury in the Pediatric Population ~ Suzanne Vance MS, RN, CPNP, Elliot Pediatric Neurology Headache and Concussion Clinic ~ This presentation will discuss head injury in the pediatric patient, differences in concussion in the pediatric population, evaluation, treatment options for symptoms management, and plans for return to play and return to learn.

B. Assessments and Treatments for “Dizziness” ~ Hannah Zajac PT, DPT, NCS, Doctor of Physical Therapy, Board Certified Specialist in Neurological Physical Therapy, Dartmouth Health, Inpatient Rehabilitation ~ Did you know that some forms of dizziness are treatable? Dizziness or vertigo is a common impairment after many types of brain injury and can range from mild to debilitating. Some types of vertigo can be cured and most can be managed with the right types of treatment to allow you to resume doing the things you love to do. This course is geared for the brain injury survivor, their families and anyone else that struggles with dizziness. This course will cover general types of “dizziness”, a framework for how they are assessed, their treatment options, and steps to take when trying to find a provider to help.

C. Being an Expert Witness in a Brain Injury Lawsuit: Helping Clients with Brain Injury Receive an Equitable Settlement ~ Donald A. Robin, PhD, CCC-SLP, Professor & Chair, Dept. of Communication Science and Disorders, Professor Interdisciplinary Program Neuroscience & Behavior, University of New Hampshire ~ Joined by his students, Lilah Read and Tierney Hass, Dr. Robin will provide the audience with an overview of the role of health care professionals in acting as an expert witness in brain injury cases including how to engage during a deposition and factors associated with being a trial witness including how to address juries, how to respond to questions from the defense as well as the plaintiff, and how to present evidence in the courtroom.

D. Error Detection and Correction in Object Naming in Individuals with Aphasia ~ Anne E O'Donnell, MS, CCC-SLP, Speech Language Pathologist, Dartmouth-Hitchcock Medical Center ~ Aphasia is a neurogenic communication disorder that occurs following a left hemisphere stroke and commonly co-occurs with apraxia of speech (AOS). Individuals with aphasia typically make errors in their lexical retrieval and have difficulties detecting and correcting them. While there is ample research in how errors occur, few researches go as far as to look at error detection and subsequent correction in this population. Given this need for research, we took a pre-existing data set of 23 individuals with aphasia grouped for presence of AOS (nine with comorbid AOS) and coded their spoken responses on the Object Naming subtest of the Western Aphasia Battery – Revised to characterize the type of errors made, as well as whether those errors were detected and corrected. Groups did not differ for total number of errors; however, participants with AOS produced more late-stage errors than participants without AOS, meaning they made errors that occurred after the level of lemma selection (i.e., phonemic paraphasias and neologisms). In this sample, people with aphasia were generally able to detect their errors, though the presence of AOS impacted their ability to correct.

Disclosure: Ms. O'Donnell is not being compensated for this presentation. She has no further relevant financial disclosures to make but does have a relevant non-financial disclosure to make.

E. Depression, Suicide and Concussion: Prediction, Mechanisms, and Management Cont'd from III E ~ This is a 2-hour presentation.

CONTINUING EDUCATION UNITS

Application has been made for the following CEU's and Continuing Education Credits:
ASHA, CCM, NASW, CDMSC, CCMC, CRCC



ASHA CE
APPROVED PROVIDER

New Hampshire Speech,
Language & Hearing Association
Intermediate Level: Professional Area
.5 ASHA CEUs

Circle One:

RN SLP PT OT SW CDMSC CCMC CRCC Psych CBIS Other _____

The New Hampshire Speech-Language-Hearing Association is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

This program is offered for up to 0.5 ASHA CEUs (Intermediate level; Professional area). **ASHA CEUs are available for the Keynote session and sessions I-D, II-D, III-D, IV-D.**

Psychologists: Will receive a Certificate of Attendance for 5 contact hours.

Social Workers: 5 CEUs pending approval from NASW NH

Nurses: Will receive a Certificate of Attendance for 5 contact hours.

All other healthcare and social service professionals: This program will provide 5 contact hours.

Certificates of attendance will be provided after the conference and upon receipt of your evaluation.

Conference Objectives: Participants will be able to identify advances in prevention, diagnostic assessment and rehabilitation, coping strategies, holistic approaches, recreation and leisure, and community support. They will also be able to identify ways to support collaboration and hope among participants, while developing a clearer vision of how we can better meet the needs of survivors and families in the community.

LOCATION: Courtyard by Marriott & Grappone Conference Center--70 Constitution Avenue-- Concord, NH (603) 225-0303

DIRECTIONS & RESERVATION INFORMATION

From I-93 North or South: Take Exit 15 West. Turn right at the first stoplight onto Commercial Street and follow Commercial Street 1/4 mile to Constitution Avenue.

A block of rooms has been reserved for \$139.00 (Single and Double Rate). You must reserve before 4/18/2023 to guarantee rate.

For Hotel reservations call 1-800-321-2211 and specify BIANH Brain Injury & Stroke Conference. If you have any questions about this conference, please call BIANH at (603) 225-8400.

Thank You to Our Sponsors!

KEYNOTE SPONSOR

Abramson, Brown
& Dugan

A T T O R N E Y S

LEAD SPONSOR

New Hampshire Bureau of

Developmental Services



CONFERENCE REGISTRATION FORM

Wednesday, May 10, 2023



ONLINE REGISTRATION PREFERRED - GO TO: <https://bianh.salsalabs.org/2023bisc>

If unable to register online, use conference registration form below.

Name: _____

Address: _____

City, State, ZIP _____

E-Mail _____ Phone _____ FAX _____

Organization _____ Address _____

Position _____ Phone _____ FAX _____

SURVIVOR \$70.00

FAMILY MEMBER \$120.00

ALL OTHER (Professionals) \$165.00

Please note we do not send out confirmations.

There are a limited number of survivor scholarships available, please email lori@bianh.org for more information.

If you cannot attend and someone is coming in your place, we need to be notified of the substitution no less than 48 hours prior to conference

Please check back one week prior to the conference for any session handouts that may be posted at: <https://bianh.org/bianh-conference-handouts>

Please Check:

____ Check Check # _____ Employer _____

All cancellations will incur a \$25.00 processing fee. We cannot refund cancellations made after April 21, 2023

Please return this form and your check to: Brain Injury Association of New Hampshire
52 Pleasant Street
Concord, NH 03301

Diet Preferences/Restrictions: _____ **Vegetarian** _____ **Gluten Free** _____ **Other:** _____
(you must ask server for your meal) (please specify)

WORKSHOP CHOICES:

Wednesday, May 10, 2023

First Choice Second Choice

Session I	Track _____	Track _____
Session II	Track _____	Track _____
Session III	Track _____	Track _____
Session IV	Track _____	Track _____



Brain Injury Association of New Hampshire
52 Pleasant Street
Concord, NH 03301

CHANGE SERVICE REQUESTED

NON PROFIT ORG.
U.S. POSTAGE
PAID
Concord, NH 03301
Permit No. 1665



39th Annual Conference Brain Injury & Stroke