

# THE *Challenge!*

Brain Injury Association of America

Fall 2009

Volume 3, Issue 4

EMPOWERMENT



*THE Challenge!* is published by the Brain Injury Association of America. We welcome manuscripts on issues that are important to the brain injury community. Please send submissions in a standard Microsoft Word® document to [publications@biausa.org](mailto:publications@biausa.org).

For more information regarding advertising in *THE Challenge!*, please visit the sponsorship and advertising page at [www.biausa.org](http://www.biausa.org).

#### Association Staff & Volunteers:

- Marianna Abashian
- Greg Ayotte
- Carol Bray
- Xenia Chavez
- Susan Connors
- Robert Demichelis
- Sarah D’Orsie
- Anne Forrest
- Jessica Kerney
- Wendy Leedy
- Mary S. Reitter
- John Richards
- Jenny Toth

#### Postmaster:

Periodicals postage is paid at Vienna, VA 22181

Send address changes to:

*THE Challenge!*  
1608 Spring Hill Rd., Suite 110  
Vienna, VA 22182

Copyright 2009 BIAA.  
All rights reserved.

No part of this publication may be reproduced in whole or in part without written permission from the Brain Injury Association of America.

E-mail requests to [publications@biausa.org](mailto:publications@biausa.org).

Publication designed by Eye to Eye Design Studio LLC  
E-mail: [eyetoeyedesignstudio@gmail.com](mailto:eyetoeyedesignstudio@gmail.com)



## From My Desk

Susan Connors, President/CEO  
Brain Injury Association of America

To tell you the truth, I’ve never liked the word empower. It means “to give power or authority.” Frankly, the idea that one person could empower another person gives me the willies. It ignores the part of the U.S. Constitution that says we are all created equal and have certain inalienable rights.

Recently I discovered a definition for empowerment that I can live with. (Never mind that is buried in the third screen of a Wikipedia article—at least it’s out there!) The definition is: “The process that allows one to gain the knowledge, skill-sets and attitude needed to cope with the changing world and the circumstances in which one lives.”

This definition strips away one-up/one-down images. It focuses on the action an individual can take to get control over his or her life. You’ll notice that I didn’t say, “an individual with a disability.” That’s because it’s not just people with brain injury who feel powerless.

Every day, a whole new crop of family members are thrust into the difficult and scary role of caregiving. Nothing could prepare a loved one for that middle-of-the-night call from the ER much less the physical, emotional or financial toll that comes with the lifelong job of caregiving. Even our most experienced clinicians become as helpless as newborn babies when regulations and red tape block the treatment they know is needed. Researchers, teachers, lawyers, case managers—it seems everyone is squashed by one bureaucratic bottleneck or another.

The Brain Injury Association of America can’t empower anyone because empowerment is something that comes from within an individual. We can facilitate the empowerment process. We can help people improve their knowledge and skills, learn ways to cope with the situations they face, find their voice, make their own decisions, and become accountable for the choices they make.

This issue of *THE Challenge!* profiles several individuals who empowered themselves and includes an update on BIAA’s federal public policy work. Suggestions for coping with the holiday blues are also included.

Like so many other nonprofit organizations, BIAA has been hurt this year by our tough national economy. Now more than ever we sincerely thank our supporters and urge everyone to contribute as generously as possible. It is the only way we can keep BIAA’s critical programs and services going.

*I wish you a happy and safe holiday!*

*Susan H Connors*

## Contents

2009 Young Investigator Award .....	2
Self Advocates Journey to Empowerment .....	3
Caregivers Make Miracles Possible .....	5
Honor Roll of Donors .....	9
Advocacy Update .....	11
Coping with the Holiday Blues .....	13
State Affiliates .....	18

# Young Investigator Award Presented

By: Susan H. Connors  
Brain Injury Association of America

Michelle C. LaPlaca, Associate Professor of the Wallace H. Coulter Department of Biomedical Engineering at the Georgia Institute of Technology and Emory University, is the 2009 recipient of the Brain Injury Association of America's Young Investigator Award. The award and a small honorarium were presented by Dr. Edward Hall of the University of Kentucky at *Neurotrauma 2009: The Second Joint Symposium of the International and National Neurotrauma Societies*, which took place Sept. 7-11, 2009, in Santa Barbara, Calif.

Dr. LaPlaca's research interests include, but are not limited to, cognitive impairment associated with brain injury and aging. Working with Dr. David Wright of Emory University, Dr. LaPlaca developed the Display Enhanced Testing for Cognitive Impairment and Traumatic Brain Injury (DETECT™) system. This portable computerized tool shows agreement with "gold standard" neuropsychological tests and is capable of identifying subtle deficits in patients with mild cognitive impairment.

Dr. LaPlaca and Dr. Wright received the 2008 Healthcare Heroes Innovation Award from the *Atlanta Business Chronicle* for this work. Dr. LaPlaca also received a National Science Foundation CAREER award and was inducted into the Fellows of the American Institute for Medical and Biological



MICHELLE C. LAPLACA

Engineering in 2009. She serves on the *Journal of Neurotrauma* editorial board, supports women in neurotrauma research, and promotes translational research in her own lab and among pre-clinical and industrial institutions. Her research is funded by the National Institutes of Health, National Science Foundation, U.S. Air Force and private foundations.

Dr. LaPlaca is a member of the National Neurotrauma Society, Women in Neurotrauma Research, the Society of Neuroscience, the American Society for Neural Therapy and Repair, the American Physiological Society, and the Biomedical Engineering Society. She earned her undergraduate degree in Biomedical Engineering from The Catholic University of America in 1991 and her M.S.E. (1992) and Ph.D. (1996) in Bioengineering from the University of Pennsylvania.

In accepting the Young Investigator Award, Dr. LaPlaca said, "The Brain Injury Association does a wonderful job helping those with brain injury. Together, we are all making a difference—one phone call, one letter, one research paper at a time." ■

## SELF-ADVOCATES JOURNEY TO EMPOWERMENT

By: Sarah D'Orsie,  
Brain Injury  
Association of America

EM  
POWER  
MENT

EM  
POWER  
MENT

EM  
POWER  
MENT

This summer, the Brain Injury Association of America (BIAA) embarked on a pilot program aimed at helping individuals empower themselves by becoming effective self-advocates. The program consisted of four parts: an orientation, a practice session, a day-long trip to Capitol Hill, and follow up activities. By gaining the skills to articulate their experience and the confidence to voice their opinions, the program participants empowered themselves. In doing so, they taught me important lessons on influencing public policy.

Molly Raymond used to be a nurse. She practiced her profession faithfully, devoted herself to the welfare of others, and got a lot of personal satisfaction from her job. In 2004, Molly's car was struck from behind by two drag racing teenagers. Suddenly, Molly became a patient and saw another side of health care.

The attorney representing the teens in Molly's lawsuit hired an independent medical examiner who diagnosed her as being depressed but with no evidence of a traumatic brain injury. This inaccurate diagnosis made it difficult for Molly to access the extensive rehabilitation she needed to regain control of her life. Molly was victimized twice: first by the car crash, then by the legal system. She was eager to participate in BIAA's self-advocacy program.

Unfortunately, Molly's experience is not unusual. Accident, health, Worker's Compensation and other insurance companies hire so-called experts who have the power to facilitate or impede recovery through their diagnosis, prognosis, and treatment decisions. By describing her personal experience, Molly helped congressional staff members understand that health care reform must also include insurance reform.

Josh Rouch also participated in the advocacy program. Long after conquering his learning disabilities as a youngster, Josh sustained a severe brain injury when he fell 18 feet from a forklift onto a concrete warehouse floor. After the injury, Josh had access to plenty of medical professionals, but many of them were not experienced in treating brain injury. For Capitol Hill staff, Josh's story illustrated the importance of being able to choose the right professionals.

Twenty-nine years ago, Barbara Pitts was hit so hard by a drunk driver she was ejected through the windshield and somehow landed underneath her Honda Civic. Barbara was in a coma for almost four weeks. When she awoke, she didn't know anything and had to learn to walk, talk, sit, and eat all over again. Barbara's story illustrated that brain injury is a lifespan issue.

All of the self advocates drove home the point that access to the right care at the right time is the key to thriving—not just surviving—after brain injury.



*Eddie Shoemaker, Jessica Kerney, Molly Raymond, Barbara Pitts, Abe Cribeiro, Mary Bergeson-Meller, Sarah D'Orsie and Josh Rouch on Capitol Hill.*

Capitol Hill staffers were able to meet people who didn't "look" like they had sustained a brain injury and to hear their challenges in making and keeping friends, returning to work and accepting that they may never be the parent, spouse or sibling they had once been.

A medical team put Mary Bergeson-Meller in a drug-induced coma while they worked to remove three-quarters of her large intestine, which had ruptured. While in coma, Mary was deprived of oxygen. The anoxic injury on the left side of her brain put Mary in another coma for more than three months. She almost died, twice. Eddie Shoemaker was enjoying a friend's birthday celebration when his ATV (all terrain vehicle) flipped over, leaving him with a serious brain injury in 2006. Mary and Eddie joined the other advocates on Capitol Hill to help illustrate that real people—not nameless, faceless folks in a crowd—sustain real disabilities and that with proper treatment, a good recovery is possible.

After the Capitol Hill day, Josh Rouch said he felt he felt the program participants were saying in chorus, "We are the many faces of brain injury. We have needs. Hear our voices. Know our struggle. Open up your hearts. We are not just a bunch of people who bumped our heads. We owe it to ourselves to take care of ourselves, to come together, to survive together, to thrive together. We need to act as the microphone for the brain injury culture/community, and we need BIAA to amplify our voices so that our stories don't fall on deaf ears and so that the change we need comes to fruition."

As BIAA's director of government affairs, one of the most important lessons I learned from this experience is the power of one person. BIAA relies on its strong grassroots network to accomplish its public policy goals. Hundreds of individuals with brain injury, family caregivers, clinicians,

researchers and other professionals answer the call each and every time support is needed for a federal legislative effort. As a group, we are effective because of our large numbers. Through this experience, I witnessed how powerful the personal stories of individuals are in influencing public policy. We all know that no two brains are alike; therefore, no two brain injury recovery experiences are alike. By telling the individual stories of those who have sustained brain injuries, we helped lawmakers understand the vast needs in our field.

The other valuable lesson I learned is that leaving the past and concentrating on the future can be very hard. After our day on Capitol Hill, Molly had the opportunity to speak about her brain injury at the hospital where she had once been a nurse. Molly explained, "It was scary to come face-to-face with my past, but I found the courage by embracing my future. My life is different—very different—after the brain injury, but it is still my life and I intend to live it!"

Molly and the other self-advocates empowered themselves. BIAA plans to arrange more self-advocacy programs in 2010. Watch [www.biausa.org](http://www.biausa.org) for more information. In the meantime, I'd like to thank Jessica Kerney from the BIAA staff and Abe Cribeiro from Brain Injury Services, Inc., for accompanying us on our Hill visit.

## Holding Standards High.





For over three decades Beechwood's interdisciplinary brain injury program has been competitively priced and is nationally recognized for its comprehensive community-integrated approach. As a not-for-profit rehabilitation program, Beechwood has demonstrated that it is possible to provide state-of-the-art treatment at a reasonable cost to the consumer.

**Services include:**

- Physical, occupational, speech, language and cognitive therapies and psychological counseling
- Case management
- Medical services including on-site nursing, neurological, psychiatric and psychiatric treatment
- Vocational services from sheltered employment through to community placement
- Residential services on a main campus, in community group homes and supported community apartments
- Outpatient services



**A COMMUNITY-INTEGRATED BRAIN INJURY PROGRAM**

An affiliated service of Woods Services, Inc. • Program Locations in PA  
1-800-782-3299 • 215-750-4299 • [www.BeechwoodRehab.org](http://www.BeechwoodRehab.org)

Beechwood does not discriminate in services or employment on the basis of race, color, religion, sex, national origin, age, marital status, or presence of a legally related medical condition or handicap.

# Caregivers Make Miracles Possible

By: Deborah Pollack  
(Internet pseudonym "Betsy")

My mother suffered a severe traumatic brain injury in November 1999 at the age of 72. Her brain was pushed forward and crashed into the front of her skull, causing major contusions, bleeding and swelling—a subdural hematoma. The doctors did not want to operate to try to save her life. They said it was hopeless and that most likely she would die. If she lived, they informed us, at best she would be a vegetable, especially because of her age. After some convincing, they reluctantly performed the surgery. Her brain then re-bled and had to be operated on a second time.

After the second operation, other doctors informed us that she would be in a vegetative state for the rest of her life and that we should put her in a nursing home where she would have custodial care until she died. She had a feeding tube inserted in her stomach. The doctors had seen the CT scans and thoroughly examined her; they were sure their prognosis was correct.

A year later, my mother was able to live at home with her husband. She was walking, talking, writing, feeding herself, dressing herself, joking, reading, paying bills, and making salad dressing. Some vegetable! She retained both short- and long-term memory. The doctors said, "It's a miracle." Well maybe, but maybe what I did helped her.

I want to lend my support to the loved ones of individuals who sustain brain injuries. I have been through it and know the pain, frustration and challenge that a family member can experience. I am not a health care professional. The things that worked with my mother may not work for others. By sharing my theories and information, I hope others can make a miracle happen too.

***In my opinion, family members and loved ones hold the key to a patient's recovery.*** You know your loved ones better than any doctor, therapist or nurse, and



they know you better than anyone. They are affected by your praise more than you can imagine, whether you are a husband, wife, father, mother, sister, brother or other loved one. In my opinion, you have the power to stimulate their brain and to help in healing it.

***In my opinion, individuals who survive brain injuries are highly suggestible, especially by a family member or loved one.*** If you consistently tell your loved ones they will recover and constantly tell them how well they are doing, I think they will do much better than if you are negative. Now that my mother is cognitive, she tells me that my praise meant everything to her and that she heard much of what I said when she was in a coma and in the "vegetative" (or non-responsive) state. Furthermore, my mother felt and reacted to pain during the vegetative stage. Families should be aware of this.

***In my opinion, one can exercise a brain as if it were any muscle.*** If a caregiver consistently works with a patient (of course only after a health care professional approves it), then "miracles" may happen. For instance, if the patient doesn't have strong short

term memory, mention in casual conversation things that happened 5 or 10 minutes ago. If the patient remembers, move to 20 minutes ago, then 30 minutes ago, and then on and on until they remember what happened an hour ago, a day ago, or a week ago. If they don't remember, repeat the exercise for the time period they did not remember until they do. It takes a lot of patience, but the payoff can be quite rewarding.

*In my opinion, patience from a family member or loved one is second in importance to positive statements.* It is difficult to wait until a loved one performs a task. To let your loved one do it, and not do it for him or her in order to get the job done, is the best gift you can give your loved one. I can't tell you how long I had to wait for my mother to accomplish something "new" at each step in her recovery, but as I let her do it for herself, she slowly progressed, taking less and less time each time she tried.

Described below are various techniques I used to help my mother in her recovery. Check with a health care professional before trying these suggestions. Every person is different and what is helpful to one may be harmful to another.

## Positive Reinforcement

I always told my mother that she was doing great—even if it was a slight move when she was in the vegetative stage or coughing when she had pneumonia. Anything was a reason to tell her how well she was doing. Progress should always be well rewarded. I was not above applauding, yelling with joy, doing a cheer or singing. My mother responded very well to this encouragement. From the first day she was in a coma, I told her that she was going to be fine. I repeated it in many ways, many times. I stressed any inkling of her progress over and over again. Compliments are everything. I always told her that I had 100 percent confidence in her and that she would make it because she was strong and brave.

## Beware of Negativity

I never, if I could help it, allowed negativity to be spoken in front of my mother. Even when she was in a coma and they said she couldn't hear, I would not let anyone say anything negative about her prognosis in her presence. If they did, I would emphatically state the opposite, even when a doctor said it. I can't tell you how many times that happened. My mother heard it all when she was comatose. A few times I actually asked doctors to step out of the room when they were saying negative things. If they said while they were


examining her that she would never use her right arm, I would say forcefully, "She certainly will use her right arm! She has moved her pinky finger a little bit, and if she can move that, she will move her whole arm!" And lo and behold she moves her arm fine now. This happened over and over again. Every time the doctors were proved wrong.

## Music and Movement Therapy

I moved my mother's arms and legs around to the music that she loved when she could not move them by herself. This is called range of motion therapy. (Make sure that you check it out with a therapist to see the right way to move the individual's arms and legs before making the attempt.) Make it a party. Have fun. I know it sounds difficult, but my theory is that they are there inside and waiting to come out to play. Of course, each time I encouraged her and complimented her on her progress as she became looser and looser, and then the payoff was when she started to help me move her. I did this therapy every day for about 3 ½ months until her progress went beyond that vegetative stage. Between myself and the therapists, she was having range of motion therapy three times a day.

(Continued on pg. 8)

**STARK & STARK**  
ATTORNEYS AT LAW



**Experience You Can Trust  
in Brain Injury Law**

Stark & Stark helps those who need it most. With over 21 years of experience in the area of head and brain injuries, nationally recognized attorney Bruce H. Stern devotes himself to obtaining the compensation his injured clients deserve and to providing them with personal guidance to coordinate and promote the healing process.

With offices in Princeton, Philadelphia, Marlton, New York and Newtown, Stark & Stark is a regional law firm with a national client base.

PRINCETON • PHILADELPHIA • MARLTON • NEW YORK • NEWTOWN  
WWW.BRAININJURYLAWBLOG.COM  
993 LENOX DRIVE • LAWRENCEVILLE, NJ • 08648 • 800.53.LEGAL



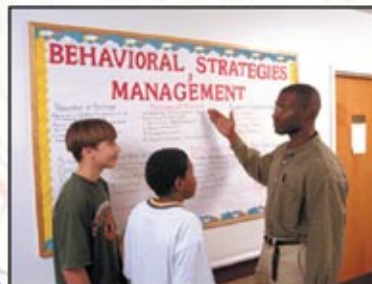
## "Imagine if Your Child Could Follow Instructions and Accept No"

When a child sustains a brain injury, traditional treatment sometimes isn't enough. It takes a transdisciplinary team approach that includes a strong behavior program in addition to educational, medical, pharmacological and restorative therapies. The behavior program is directed towards restoring the child's self-control and self-image.

At the FLORIDA INSTITUTE FOR NEUROLOGIC REHABILITATION, INC. (FINR), our sole concern is brain injury rehabilitation and our pediatric/adolescent services accredited school programs focus on the kids "Getting better and having fun again." Individual Education Plans are a primary tool used to aid the children in reaching their academic potential.

The kids begin to complete tasks and families learn techniques needed in order to ensure appropriate follow through once discharge occurs.

Traditional settings and therapies are sometimes not enough so please call us and we can provide you and your child with the resources and staff expertise to insure a successful outcome.



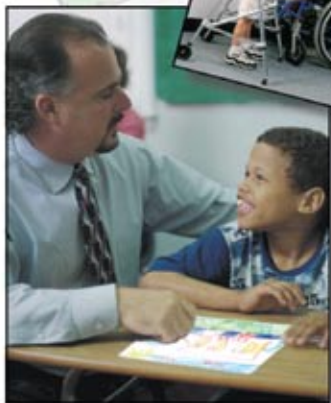
Please use our toll free number and call us at 1-888-TBI-FINR or log on to our website at [www.finnr.net](http://www.finnr.net).

Our qualified representatives are available nationally to conduct pre-screening field evaluations or schedule facility tours at no cost or obligation.



FLORIDA INSTITUTE FOR  
NEUROLOGIC REHABILITATION, INC.  
1-800-697-5390  
[www.finnr.net](http://www.finnr.net)

artwork provided by pediatric resident @ FLORIDA INSTITUTE FOR NEUROLOGIC REHABILITATION, INC.



(Continued from pg. 6)

## Language Therapy

When I spoke to Mom, I used the same expressions that she used before her injury. I assumed she heard everything I said, and even if I did not get any reaction, I continued a conversation with her about everyday things like nothing ever happened. Using her own frequent expressions seemed to register with her. When she was in a coma, I read aloud articles from the newspaper. I told her news, mentioning names of friends, relatives from the past. In the beginning, I was careful to ask only “yes/no” questions, not “either/or” questions so that she could answer them with a nod or shake of her head.

## Quiet Time

I talked for a while and then gave my mom quiet time in equal length so that she had stimulation and then rest, stimulation and then rest. It was very important to let everything sink in and to give her time to digest all that was given to her. In the beginning, I would say that she was resting and healing herself, and that sleeping was the right thing to do for now because that was how she healed herself.

Little by little, I would encourage her to open her eyes, but not make a big deal out of it. When she opened her eyes I would say calmly, “That is very good,” and then give her quiet time to let her brain adjust to the new sensation of seeing the world again. And when she closed her eyes I would say, “Do you think you could open your eyes for me for about 20 seconds?” And after that, 30 seconds, etc.

Quiet time was very important until she was wide awake, but I still would pause and give her peace once in a while even after she was fully cognitive. If more than one person spoke to her at a time, she would shut down. I tried to avoid two people talking to her at once or one person interrupting another person while they talked to her. That was very confusing and too much for her to handle.

## MASSAGE

I started massaging my mom from the beginning. I worked her feet and hands, and lightly stroked her face and forehead. I paid attention to her big toe on both feet as I was told the nerves there are connected to the brain. **Again, check with your health care professional before attempting this.** It was not until she was wide awake and preferred me not to rub her feet that I stopped. I also told my father to rub her feet when I was doing other things. I still rub her back, head and hands occasionally. I found that massage helped immensely, and made her feel that she was pampered and taken care of.

Incidentally, her feet did not respond for about one month and a half, and then her toes started curling when I rubbed her feet. That was a great moment!

## Therapeutic Center

We had to make the decision about sending my mother to a rehabilitation facility when the hospital and insurance company gave up on her. I researched all the places in the local area and chose the one with the most aggressive therapy I could find. It is very important that the center that one chooses has therapists who really care about the patient and not ones who just go through the motions. I think it comes across when a therapist has given up on the patient. I was very lucky that all of the therapists at the rehab facility who worked with my mother were marvelous, and fortunately, they were as positive as I was about her recovery.

## Work and Communicate with the Therapists

As my mother made more and more progress, I asked the therapists to include more challenges in her program. For instance, as I saw that she could maintain sitting balance, I had her physical therapist come up to the room and work with my mother to sit on the commode in order to free her from wearing diapers. I would take a cue (more about that later) from my mother and work with the therapists to try to guide her to another stage. If I thought she was able to handle a little something more, I would suggest it. I always depended on the therapists’ opinions and took into consideration the fact that they were the experts. The therapists seemed to respond to my suggestions, and the team effort worked again and again. Keeping a watchful eye to any progress is very important. I pounced on any progress and tried to make it flourish.

## Love

Of course everyone loves the family member or significant other who sustains a brain injury, but in a situation like this, I have noticed that some people are almost afraid to express affection. My dad showed my mother love and romance from the very beginning, and I was always hugging and kissing her. I would constantly repeat, “I love you so much, you are doing so great, you are the best mother anyone could ever have.”

(Continued on pg. 15)

June 30, 2009 – October 31, 2009

## HONORS

In Honor of Angela Betancourt  
*Mr. John Earley & Family*  
*Ms. Marilyn B. Kamp*

In Honor of BJ Berkhouse  
*Ms. Lindsay Bolar*

In Honor of Philip Garris Coward  
*Ms. Mary Coward*

In Honor of Cathy E. Crimmins  
*Ms. Martha S. Burnham*  
*Ms. Deborah Day*  
*Mr. & Mrs. Alan and Marcia Greenberg*  
*Mr. & Mrs. Frank and Lidia Hickman*  
*Mrs. Janet Holbrook*  
*Mr. Robert Messerschmidt*  
*Ms. Phyllis J. Reger*  
*Ms. Ruth Stein*  
*Mrs. Catherine J. Williams*

In Honor of Lisa Daniel  
*Ms. Pamela Carpenter*

In Honor of Everyone Affected by a TBI, Survivors & Family Members  
*Ms. Lisa M. Miller*

In Honor of Jerry & Jill Larsen  
*Ms. Emogene Gundersen*

In Honor of Ken Martin  
*Mr. Jeffrey Land*

In Honor of Peter Sekulow  
*Ms. Arianna Sekulow*

In Honor of Vinod Sharma  
*Ritu Sharm*

In Honor of West Central TBI Network  
*Ms. Jasmin Johnson*

In Honor of Bob Woodruff  
*Mr. & Mrs. James L. and Arline E. Baron*

## MEMORIES

In Memory of Jane Ackley  
*Mr. & Mrs. George C. Ackley*

In Memory of Mario Alvarez  
*Ms. Christine Swick*

In Memory of Braden (Brad) Gene Anderson  
*Ms. Alice S. Akers*  
*Mr. & Mrs. C. Vic and Jo Ann Allen*  
*Mrs. Maureen D. Anderson*  
*Cellusuede Products, Inc.*  
*Mr. & Mrs. Robert and Mary Dvorak*  
*Mr. & Mrs. John W. and Jean Greenlee*  
*Mr. & Mrs. Nicholas and Barbara Hawley*  
*Mr. & Mrs. E. Jerald and Faye Herrick*  
*Ms. Ellen M. Hogan*  
*Ms. Kathy Mund*  
*Ms. Alicia Neubauer*  
*Mr. & Mrs. Jeffery and Sharon Olds*  
*Mr. & Mrs. Glenn and Gail Palmer*  
*Mr. & Mrs. Dan and Lisa Pass*  
*Ms. Michelle L. Pozzi*

In Memory of Don Blotner  
*Mr. & Mrs. Steven B. Blotner*

In Memory of Douglas Cacchillo  
*Mrs. Marylois Tupper*

In Memory of Marie Clifford  
*Mr. Michael White*

In Memory of Kevin Scott Dalrymple  
*Mr. & Mrs. Richard W. and Kathleen M. Dalrymple*

In Memory of George Dunch  
*Ms. Lisa Dunch*

In Memory of Gustave Essig  
*Mr. Alex Oh*  
*Sunil Singh*

In Memory of Dr. Randy Evans  
*Mr. Earl Durant*  
*Individual, Couples, Family Therapy*

In Memory of Dr. Irving Feigenbaum & Jared Harlan Feigenbaum  
*Mrs. Shirley Feigenbaum*

In Memory of Jared Harlan Feigenbaum  
*Mr. & Mrs. Robert A. and Sharon S. Feigenbaum*

In Memory of Diana & Yvette Harden  
*Ms. Joan Brickhill*

In Memory of Gregory Harris  
*Dr. John R. Cole*

In Memory of Janine Johler  
*Mr. & Mrs. Jeff and Linda Davis*  
*Mr. John Handley*

In Memory of George R. Kucik  
*Ms. Emanuela Kucik*

In Memory of Phillip R. Lee  
*Ms. Carole Kinduell*

In Memory of Eugene Letsos  
*Mr. John Handley*

In Memory of J.P. Liggett  
*Mr. & Mrs. Joe E. and Joanne H. Long*

In Memory of Paul Mahoney  
*Mr. Timothy Brennan*

In Memory of David McDonald  
*Mr. & Mrs. Donald and Jeanne Roach*

In Memory of Joe More  
*Ms. Arlene Tuton*

In Memory of Michael Pasternak  
*Ms. Rebecca Pasternak*

In Memory of Eric Paterson  
*Ms. Judy Feldman*

In Memory of Karen A. Reitter  
*Ms. Mary S. Reitter*

In Memory of M. Bernice Reitter on Her Birthday  
*Ms. Mary S. Reitter*

In Memory of Louis M. Spagnuolo, Jr.  
*Mr. & Mrs. Joseph and Aidia Bilello*  
*Mr. Thomas M. Boyd*  
*Mr. & Mrs. John and Bette Brandt*  
*Ms. Grace Butts*  
*Mrs. Shirley Cropski*  
*Ms. Francis Dalonzo*  
*Mr. & Mrs. Louis and Livian Galban*  
*Ms. Annamaria Granato*  
*Ms. Esther Morina*  
*Mr. Anthony Nannetti*  
*Protocall*  
*Mr. & Mrs. John and Nancy Sullivan*  
*Ms. Evelyn Trzaska*

In Memory of Sally Sibulkin  
*Ms. Nadine Tarmy*

In Memory of Henry Stonnington, MD  
*Dr. & Mrs. Gregory J. and Allison O'Shanick*

## TRIBUTES

In Tribute to Scott Black  
*Mr. & Mrs. Robert and Denise Black*

In Tribute to Bryan Todd Dalrymple  
*Mr. & Mrs. Richard W. and Kathleen M. Dalrymple*  
*Kevin Scott Dalrymple Foundation*

In Tribute to Stephanie Gionta  
*Mr. Joseph T. Gionta*

In Tribute to Brian Hayes  
*Ms. Vicki McKee*

In Tribute to Joan A. Lengyel  
*Ms. Joan A. Lengyel*

In Tribute to Philip Morrissey, Jr.  
*Ms. Elizabeth B. Morrissey*

In Tribute to Jason Ragland  
*Mr. & Mrs. David and Elaine Nokes*

In Tribute to Tim Rocchio  
*Ms. Carolyn A. Rocchio*

In Tribute to Sarah Sasse for receiving her PhD  
*Mr. & Mrs. Larry J. and Suzanne Sharken*

In Tribute to Jack Suderman  
*Mr. John C. Schultz*

In Tribute to NE & CO Head Injury Groups  
*Mr. Justin J. Suhn*

In Tribute to Osmose Utilities Services "Wear Jeans on Monday" Program  
*Mr. Sean Abbey*  
*Ms. Nicole S. Chandler*  
*Mr. Chris Diliberto*  
*Mr. Tina Evans*  
*Mr. Jeffery J. Hobb*  
*Kai-Ting Huang*

Mr. Charlie F. Messer  
 Ms. Jessica Robarge  
 Ms. Karen Okelly  
 Ms. Trini Vargas

In Tribute to Head Injury Staff at  
 Woodrow Wilson Rehab Center  
 Ms. Rebecca Corbett

**GENERAL DONATIONS**

Ms. Lynne Albanese  
 Anonymus  
 Mrs. Betty Antonoff  
 Ms. Tiffany D. Barnes  
 Mr. Mathew H. Bassett  
 Ms. Bonnie Biddix  
 Ms. Marian Breckenridge  
 Mr. Thomas D. Byrnes  
 Ms. Betty Cadieux  
 Ms. Barbara Campagna  
 Mr. & Mrs. Bruce W. and Judy Clark  
 Mr. Philip H. Clarkson  
 Mrs. Louis F. Cocker, Jr.  
 Ms. Carol B. Conger  
 Mr. & Mrs. Richard A. and Patricia  
 Deichmann  
 Ms. Rebecca DeMarco  
 Mr. & Mrs. Stanley Dempsey  
 Mr. Dylan Devlin  
 Ms. Jessica Dowshen  
 Ms. Ana Durand Sanchez  
 Ms. Maureen L. Dutton  
 Mr. Robert Edwards  
 Mr. & Mrs. Steve and Joyce Fahl  
 Ms. Mary C. Faltesek  
 Ms. Irene Farkas-Conn  
 Ms. Lisa Focca  
 Mr. & Mrs. Carl and Julie Forderer  
 Mr. Nicholas Foti  
 Ms. Jillian E. Gallagher  
 Mrs. Ingrid L. Griffin  
 Ms. Stella Gullander  
 Ms. Nicole L. Gwaltney-Coombs  
 Ms. Shameka N. Harper  
 Mr. Kevin Harris  
 Mr. Daniel P. Healey  
 Mr. & Mrs. David G. and Carol Hevey  
 Mr. John Holing  
 Ms. Marcia Hughes  
 Ms. Carolyn James  
 Ms. Angela Jenkins  
 Ms. Amanda L. Jimolka  
 Ms. Gloria G. Johnson  
 Ms. Gale Johnson-Montgomery

Ms. Leslee Keene Lopez  
 Mr. Harold Kern  
 Ms. Rosalie Kleinberg  
 Mr. Gerry L. Lavigna  
 Ms. Virginia Lazzara  
 Ms. Donna M. Lazzarotto  
 B. L. Lindley Anderson  
 Mrs. Dorothy W. Loffer  
 Mr. Elliot Lubar  
 Ms. Sandra Magee  
 Ms. Lila A. Mann  
 Ms. Michelle D. Martin  
 Mr. Michael Mason  
 Ms. LeeAnn Mateffy-Horn  
 Ms. Dawnn T. McCleary-Evans  
 Ms. Linda McGlone  
 Ms. Crete A. Miller  
 Ms. Karen Moffitt  
 Mr. Carlos Moreno  
 Ms. Jennifer L. Mumau  
 Mr. Lee C. Murphy  
 Mr. Bruce H. Nelson  
 Ms. Mary E. O'Brien  
 Ms. Kimberly Phillippe  
 Ms. Teresa Reamer  
 Mr. James M. Reinsel  
 Ms. Carol Rice  
 Ms. Jeanette Roman  
 Ms. Sharon Rushton  
 Mr. & Mrs. Robert and Ann Schiebelhut  
 Ms. Alison M. Schiebelhut  
 Mr. James W. Schmitt  
 Ms. Melanie D. Schroeder  
 Mr. John C. Schultz  
 Mrs. Sally M. Simon  
 Mr. William Sloan  
 Mrs. Diane Smerechniak-Hayes  
 Ms. Lisa D. Staton  
 Mr. Joel K. Swadesh  
 Ms. Karen Swan  
 Ms. Faye Taber  
 Ms. Renee Taft  
 Mr. Robert K. Taylor  
 Mr. & Mrs. Lee Till  
 Ms. Jane Traynham  
 Mr. Roger A. Waha  
 Ms. Claude C. Wate  
 Ms. Grace S. Zaczek  
 Fahl Associates, Inc.  
 Health Care & Rehabilitation Services  
 I Do Foundation  
 Medtronic, Inc.  
 San Diego Brain Injury Foundation  
 Speech Pathology

**THANK YOU !**



An individual with a neurologic impairment, especially a traumatic brain injury, is the focus of **Success Rehabilitation's** programs.

Our goal is to help clients obtain a realistic, maximum level of independent functioning in the least restrictive community environment ~ one that advances individual productivity and well-being.

**Success Rehabilitation's** CARF-accredited, cost-effective brain injury programs include:

- Residential Rehabilitation
- Long-term Residential Rehabilitation
- Vocational Services

For the rehabilitation needs of your clients with a traumatic brain injury, call:

Phone 215.538.3488 • Fax 215.538.8692  
 email: [success@successrehab.com](mailto:success@successrehab.com)  
 web: [www.successrehab.com](http://www.successrehab.com)



**Substance abuse treatment**  
 for adults with cognitive disabilities

Highly-individualized program characterized by adaptation to learning styles, frequent one-on-one counseling sessions, and slower-pace with frequent repetition.

Residential and outpatient services available.



Phone: 763.479.3555  
[www.vinlandcenter.org](http://www.vinlandcenter.org)



# ADVOCACY UPDATE

*By Sarah D'Orsie, Brain Injury Association of America*

As the first session of the 111th Congress comes to an end, the Brain Injury Association of America takes stock of its accomplishments. Throughout the year, grassroots advocates answered the call to action on key legislative initiatives, which solidified BIAA as the voice of brain injury on Capitol Hill. For further information about BIAA's legislative activity, please visit us at [www.biausa.org](http://www.biausa.org).

## HEALTH CARE REFORM

This October, after lengthy consideration by the Education, Labor and Pensions Committee, the Ways and Means Committee and the Energy and Commerce Committee, House Democrats introduced their final consensus health care reform bill, the Affordable Health Care for America Act, H.R. 3962.

The consensus bill includes several provisions that are important for people with brain injury. For example, the bill prohibits insurance ratings based on health status or pre-existing conditions and prohibits annual or lifetime limits on medical spending. It also establishes important consumer protections, including internal and external appeal requirements, provider network adequacy requirements and greater transparency by insurance companies.

BIAA has strongly supported the House bill on Capitol Hill by circulating comments applauding the efforts of the committees responsible for designing health care reform that will improve patient care. We will continue to watch the progress of the bill as it is expected to be considered by the full House sometime in November.

In the Senate, the Congressional Budget Office (CBO) delivered its estimate of the Senate Finance Committee health care reform package. The bill is expected to cost less than the \$900 billion goal and would reduce the deficit by more than expected while covering millions more people who are uninsured. With this news providing momentum, the Senate Finance Committee is working with the Senate Health, Education, Labor and Pensions Committee (HELP) to meld their two drafts into one final leadership bill that can then be considered by the full Senate.

BIAA, as a part of the Consortium for Citizens with Disabilities (CCD) coalition, submitted a letter to Senate leadership asking to ensure that several provisions important to the brain injury community are included in this final version of the bill. These provisions include the need for private insurance reform, improvements to Medicaid and long term services and supports, as well as clarifications to the Medicare program. The letter also raises concerns about payment models that could limit patient choice if enacted.

## COGNITIVE REHABILITATION

On Thursday, July 23, 2009, the Senate passed its version of the Fiscal Year 2010 National Defense Authorization Act. During debate, Senator John McCain offered an amendment for Senator Lindsey Graham that authorizes the Secretary of Defense to carry out a pilot program for providing cognitive rehabilitation therapy services under TRICARE.

The amendment requires the Department of Defense to consult the Department of Veterans Affairs, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury and relevant national organizations with experience in treating traumatic brain injury. The amendment also requires the Secretary of Defense to submit a report to congress evaluating the effectiveness of the program and making recommendations on the appropriateness of including cognitive rehabilitation as a benefit under the TRICARE program. BIAA and the Wounded Warrior Project worked tirelessly to advocate for the inclusion of this amendment.

*(Continued on pg. 17)*

THE MIDWEST REGION'S NEURO-REHABILITATION EXPERTS

When a comprehensive approach to neuro-rehabilitation is needed ...

Turn to **Rainbow.**

**Rainbow's Continuum of Care**

For over 25 years, Rainbow's team of experts has been providing quality rehabilitation services for adults and children who have sustained life-altering injuries.

Our innovative interdisciplinary approach to neuro-rehabilitation includes a full complement of rehabilitative services, medical care and behavior modification programming.

For more information, call us or log on to ...

[www.rainbowrehab.com](http://www.rainbowrehab.com)

**1.800.968.6644**



Behavior Modification



Comprehensive Therapies



Residential Options



Medical Care



# Coping with the Holiday Blues

*It is normal to feel sad or depressed during the holidays or around other special dates—anniversaries, birthdays and special occasions. Holidays and special dates can trigger intense feelings of loneliness, depression and melancholy if one is still in an active grieving process. The holiday season can be particularly difficult for individuals who have sustained brain injuries and their families, whether this is the first or the umpteenth holiday you've faced with the "new normal." This article provides 20 suggestions for dealing with the "Holiday Blues." The ideas come from A Healing Place in CyberSpace. Many are just common sense suggestions for everyday life and ways of dealing with the blues...during the holidays and all year long.*

1. It's okay to cry.
2. Work on creating new rituals and traditions. Respect the old ones, but create new ones, perhaps even involving a new type of remembrance.
3. Especially if you are grieving, don't try to be all things for all people. Learn to set realistic limits on your energies.
4. Find time or make time to indulge yourself. Get a massage, try a new hair cut or take a bubble bath.
5. Call, visit, write or e-mail a long-lost friend, someone who is house-bound, or an elderly relative.
6. Get plenty of sleep and exercise.
7. Try to minimize alcohol intake. During periods of "the Blues," excessive eating and drinking will contribute to feelings of depression and guilt.
8. Spend time with people who care about you and who are nurturing and supportive. Try to limit the amount of time spent with people who drive you crazy.
9. Enjoy free activities: Walk in the Community park, watch the sunset, smell baking bread, browse through books or magazines, window shop without buying, listen to outdoor Christmas concerts, enjoy Christmas carolers.
10. Volunteer to help others.
11. Keep daily expectations manageable. Remember the adage of taking "one day at a time." Set realistic goals, decide what you can comfortably handle, what you can do and cannot do. Let your family and friends know about your limitations.
12. Realize that each holiday, birthday or anniversary is only one day. Take them one occasion at a time.
13. There is no right or wrong way to deal with certain occasions. Decide what will work and then let people know. Try and keep things open if you feel like joining at the last minute. Try not to spend time alone if it will make you more depressed. Remember, if spending time alone is less stressful than dealing with crowds, that's okay too.

14. It's okay to enjoy yourself. It's okay to laugh and have fun. Laughter is healing and is not a sign of disrespect. Think about the people you have lost and try to imagine asking them the question, "Is it okay for me to enjoy myself?" You will discover the answer is, "Yes!"

15. Blow bubbles (it makes you feel like a kid again)!

16. Attend a poetry reading. See a play at your local high school or community college. Rent an uplifting movie. Some of the ones that always make me feel better are:

- "It's a Wonderful Life"
- "The Miracle on 34th Street"
- "Sleepless in Seattle"
- "Forest Gump"
- "Apollo 13"
- "The Princess Bride"
- "Bed of Roses"
- "It Could Happen to You"
- "Sleeping Beauty"
- "The Sound of Music"
- "The Wizard of Oz"
- "The Full Monty"
- "Ever After"

17. Buy a live tree or plant, create a ceremony and plant it afterwards in honor of your "new normal."

18. Attend a church service. This can be helpful for those who are dealing with a loss, but providing an extra place for support. This may be beneficial to people of all ages, including singles. Many of the churches are becoming good places for singles activities.

19. Join a health club, YMCA or local Community Park and Recreation Department for exercise classes.

20. Try to keep a cheerful disposition with sales clerks, people waiting in lines, and people walking their pets in the park. Genuine compliments given to others will put a smile on someone else's face and bring one to your own.



**Rehabilitation for the  
WHOLE PERSON**

mind ————— body

spirit ————— heart

**special tree**  
THE SCIENCE OF CARING SINCE 1974

**Specializing in  
Brain Injury & Spinal Cord  
Injury Rehabilitation**

**One of the Midwest's  
Premier Rehabilitation Providers**  
www.specialtree.com | 800-648-6885  
Over 25 Michigan Locations

(Continued from pg. 8)

## More Encouragement and Confidence

As my mother improved, I allowed her to do things for herself. I know this seems rather simple, but you would be surprised by how many people will not let patients do things for themselves and are always doing things “to help them.” I started with a Kleenex, giving it to my mom and telling her to wipe her own nose, guiding her hand to her nose, and then little by little, letting her do it, *no matter how long it took*. I also found that a small mirror on a stand helped. Then she could see how far off she was when she could not find her nose with the tissue. Later, I sat in front of her and showed her, almost as if I were her mirror image, how to clean and blow her nose. She re-learned that pretty easily, for the next day when I saw her, she was doing it for herself, albeit slowly.

When my mother started feeding herself, it took time, sometimes many minutes to put the spoon in her mouth. *I let her take the time and do it without doing it for her.* When I suggested she put her glasses on for the first time, it took a long time, but I did not help her except for holding up a mirror so she could see where the glasses went. A few

more times like this would occur, and then she was doing it like it was not a problem. If I always helped her do it, she would not have the opportunity to do it herself, and then eventually, would not do it for herself—maybe not ever.

## Empathy

I would put myself in my mother’s position a lot, and would think, what would she like to accomplish for herself, or what is making her uncomfortable or embarrassed? Then I would try to remedy it. Sure enough, later when she was able to talk, she told me that the things I had sensed were true. She gave me other cues too. For example, she would try to do something and fail. Overcoming the failure would become the assignment for the week.

## Scent Stimulation

My mother loves lavender so when I was allowed, I would spray the scent in her room. I also would use her favorite perfume on her. If the patient has a favorite food that has cinnamon or vanilla in it, those scents are now available in spray form. Sometimes I would get her to close her mouth by holding a fragrant flower under her nose, and say, “Close your mouth so you can smell the beautiful flower.”

### Our Newest Residence - Douglas House Openings Now Available

- 15 studio-style units with private baths
- Common areas include parlor, dining room, kitchen, tv room, outdoor patio and deck
- Located in the center of historic Lexington, MA, convenient to public transportation and cultural amenities
- 24/7 staff with supports tailored to each individual’s needs and wishes

For more information, contact Supported Living, Inc. at 781.937.3199 or visit our websites at [www.supportivelivinginc.org](http://www.supportivelivinginc.org) + [www.advocatesinc.org](http://www.advocatesinc.org)



Supportive Living, Inc.

**ADVOCATES**

*Together, raising the quality of life  
for survivors of brain injury*



**The shared goal of Supported Living, Inc. and Advocates, Inc.** is to provide affordable, accessible housing with individualized supports so that survivors of brain injury can reach their highest level of independence in the community. Our partnership is founded on the belief that with the right blend of supports, survivors of brain injury can achieve their hopes and dreams as productive, active members of society.

## Vanity

Most people have some vanity, and I appealed to my mother's vanity. Sometimes, to get her to close her mouth when she was not responding to anything else, I would say, "Close your mouth, Mom, the beauty lotion goes on much better that way," or "Close your mouth, you look so much prettier that way," and sometimes she would for a few moments. I never forced her to do anything. If she didn't respond to flattery, I didn't pressure her. When she was just coming out of the non-responsive stage, she would open her eyes and react whenever anyone complimented her on how pretty she looked in the photos we had hanging about.

## Presents and Rewards

Recognition of accomplishments is very important. I frequently brought presents and showed her the gift, emphasizing it strongly. In the beginning, she would sometimes only open her eyes to look at the gift, but that was at least something. Later on, I gave her medals and awards for her achievements. This made her feel great and encouraged her to strive for more.

## Mental Stimulation and Memory Stimulation


As Mom progressed, I tried to stimulate her cognition by encouraging her make her own decisions, asking her to write down suggestions, reading interesting articles to her, and later, giving her interesting articles to read, and testing her on what she read. I stimulated her memory by saying constantly, "Remember when..." referring to an event that happened 15 minutes ago or 15 years ago. She did not always remember, but little by little she remembered more and more, long and short term. To stimulate memory, try the simple card game, "Concentration," in which you turn over cards and back again until there is a matching card. Then the patient has to remember where that matching card is located. Start with only a few pairs of cards and add more as the memory gets sharper.

## Honesty

I tried to tell my mother the truth at all times, without being brutally honest. While she was in a coma, I didn't say "You're in a coma." I said, "You're sleeping in order to heal yourself." I talked to her during her coma stimulation program. For example, I said, "You might feel a feather on your face or smell something funny. That is a therapist looking for a reaction. Don't be afraid, just react." I informed her of exactly what stage she was in.

While she was in the vegetative stage with eyes closed and no reactions, I still informed her. Later, I told her when she was in the agitated stage so she understood exactly why she was feeling the way she was. Subsequently, as physical hurdles had to be overcome, I would frankly tell her the details of her difficulty. If I didn't, she wouldn't be aware of it. Certain things might be embarrassing for a family member to tell a loved one, but I didn't care. I cared about communication and about my mom surpassing these unmentionable difficulties. When she was walking and talking but resistant to re-learning tasks like dressing herself, I told her that it was normal and natural for someone in her condition to be resistant to try "new" things again, and that she should try to overcome those feelings of negativity. These conversations made her aware of why she was feeling the way she was. I showed her brain injury literature when she was able to read, treated her like the intelligent, mature woman that she is, and told her all the while that she would overcome this and be fine.


The techniques described above are based on my own theories and personal experience with my mother. The ideas may or may not work for others. All of you who have been touched by brain injury have my sincerest blessings and best wishes for strength and courage to deal with this. I hope that a miracle happens for you, too. ■



**Brain Injury Family Guide & DVD**

No family can ever adequately prepare for a loved one suffering a brain injury. Often, once the initial medical crisis is over, families are faced with a myriad of behaviors and problems that can be difficult to understand. The home environment can be a positive catalyst, helping to foster continued long-term recovery. The CORE Family Trainer is a resource to improve your quality of life.

**Topics covered in the CORE Family Trainer include:**  
 Verbal Aggression • Lack of Self Initiation • Impulsivity • Lack of Cooperation  
 Eloping from Home • Low Frustration Tolerance • Poor Self Awareness  
 Special discussions about friendships, dating, money management, time management/personal responsibilities & driving

 **CORE**  
 HEALTH CARE  
 Center of Rehabilitative Excellence

(866) 683-1007 • [www.corefamilytrainer.com](http://www.corefamilytrainer.com)

(Continued from pg. 11)



## ADVOCACY UPDATE

The amendment was adopted by unanimous consent. Shortly thereafter, a representative from the Congressional Budget Office contacted BIAA for information regarding the cost and duration of cognitive rehabilitation therapy. This information is needed in order to formulate a cost estimate for the pilot program.

In September, the House and Senate met to debate the differences in the two versions of the defense bill. At BIAA's request, Congressman Bill Pascrell, Jr. and Congressman Todd Platts, co-chairs of the Congressional Brain Injury Task Force, sent a letter to members of the House Armed Services Committee describing the importance of the amendment for returning service members and urging lawmakers to preserve it in the final bill.

On October 7, 2009, the House and Senate Armed Services Committees announced that it had reached an agreement on a conference report to H.R. 2647, the Fiscal Year 2010 National Defense Authorization Act. In a major victory for the brain injury community, the report included the amendment. BIAA is thrilled to have contributed to this important step toward providing better access to care for returning service members.

This fall, the Senate Veterans Affairs committee favorably reported, S. 252, the Veterans Health Care Authorization Act of 2009. Among other things, the legislation authorizes the Department of Veterans Affairs (VA) to provide care to veterans with traumatic brain injury through contracts with non-VA providers when necessary. BIAA was influential in securing this provision and will continue to see the bill through Senate floor passage. This measure is vital to ensuring our returning service members with brain injury get access to the care they deserve.

## OTHER INITIATIVES

### VETERANS CAREGIVER LEGISLATION

On October 28, 2009, the House Judiciary Committee held a hearing on legal issues relating to brain injuries sustained while playing football. Testimony was provided by the National Football League, Commissioner Roger Goodell, retired players Tiki Barber and Merrill Hoge, as well as Congressional Brain Injury Task Force Co-Chairman Congressman Bill Pascrell, Jr. and the Co-Director of the Center for the Study of Traumatic Encephalopathy at Boston University and BIAA Board member Christopher Nowinski.


### SPORTS CONCUSSION MANAGEMENT


The Committee investigated the findings of a recent study by the University of Michigan regarding the prevalence of brain injuries among former football players. The study raised significant health concerns about concussions and how they may contribute to lasting effects starting at both the professional and amateur levels. BIAA is committed to assisting in the awareness campaign to educate coaches, parents, and players regarding the dangers of concussion.

### APPROPRIATIONS


Consideration of an appropriations measure that would fund labor, health and education programs for Fiscal Year 2010 continues to stall in the Senate. Congress has cleared a continuing resolution that will fund the federal government at the FY2009 levels through December 18, 2009. BIAA will continue to monitor progress on the appropriations measure that will fund programs authorized through the TBI Act and those included under the National Institute of Disability and Rehabilitation Research.

YOU'LL FIND IT IN THE BOOKSTORE





**LIVING WITH BRAIN INJURY:**  
*A Guide for Adults with Moderate to Severe Brain Injury*



**LIVING WITH BRAIN INJURY:**  
*A Guide for Families with a Child with a Brain Injury*

Visit Brain Injury Association of America's  
online bookstore for the best sellers in brain injury  
[www.biausa.org](http://www.biausa.org)

## CHARTERED STATE AFFILIATES

Brain Injury Association of Arizona	602-508-8024 ~ 888-500-9165	Brain Injury Association of Montana	406-541-6442 ~ 800-241-6442
Brain Injury Association of Arkansas	501-374-3585 ~ 800-444-6443	Brain Injury Association of New Hampshire	603-225-8400 ~ 800-773-8400
California Brain Injury Association	661-872-4903	Brain Injury Association of New Jersey	732-745-0200 ~ 800-669-4323
Brain Injury Association of Colorado	303-355-9969 ~ 800-955-2443	Brain Injury Association of New Mexico	505-292-7414 ~ 888-292-7415
Brain Injury Association of Connecticut	860-721-8111 ~ 800-278-8242	Brain Injury Association of New York	518-459-7911 ~ 800-228-8201
Brain Injury Association of Delaware	800-411-0505	Brain Injury Association of North Carolina	919-833-9634 ~ 800-377-1464
Brain Injury Association of Florida	850-410-0103 ~ 800-992-3442	Brain Injury Association of Ohio	614-481-7100 ~ 866-644-6242
Brain Injury Association of Georgia	404-712-5504 ~ 800-444-6443	Brain Injury Association of Oklahoma	405-513-2575
Brain Injury Association of Hawaii	808-791-6942	Brain Injury Association of Oregon	503-740-3155 ~ 800-544-5243
Brain Injury Association of Idaho	208-342-0999 ~ 888-374-3447	Brain Injury Association of Pennsylvania	866-635-7097
Brain Injury Association of Illinois	312-726-5699 ~ 800-699-6443	Brain Injury Association of Rhode Island	401-461-6599 ~ 888/824-8911
Brain Injury Association of Indiana	317-356-7722 ~ 866-854-4246	Brain Injury Alliance of South Carolina	803-731-9823 ~ 877-824-3228
Brain Injury Association of Iowa	515-244-5606 ~ 800-444-6443	Brain Injury Association of Tennessee	615-248-2541 ~ 877-757-2428
Brain Injury Association of Kansas and Greater Kansas City	913-754-8883 ~ 800-444-6443	Brain Injury Association of Texas	512-326-1212 ~ 800-392-0040
Brain Injury Association of Maine	207-861-9900 ~ 800-275-1233	Brain Injury Association of Utah	801-484-2240 ~ 800-281-8442
Brain Injury Association of Maryland	410-448-2924 ~ 800-221-6443	Brain Injury Association of Vermont	802-244-6850 ~ 877-856-1772
Brain Injury Association of Massachusetts	508-475-0032 ~ 800-242-0030	Brain Injury Association of Virginia	804-355-5748 ~ 800-334-8443
Brain Injury Association of Michigan	810-229-5880 ~ 800-772-4323	Brain Injury Association of Washington	253-238-6085 ~ 800-523-5438
Brain Injury Association of Minnesota	612-378-2742 ~ 800-669-6442	Brain Injury Association of Washington, DC	202-659-0122
Brain Injury Association of Mississippi	601-981-1021 ~ 800-444-6443	Brain Injury Association of West Virginia	304-766-4892 ~ 800-356-6443
Brain Injury Association of Missouri	314-426-4024 ~ 800-377-6442	Brain Injury Association of Wisconsin	262-790-9660 ~ 800-882-9282
		Brain Injury Association of Wyoming	307-473-1767 ~ 800-643-6457

## SAVE THE DATE!

### 2010 BRAIN INJURY BUSINESS PRACTICE COLLEGE

February 22-24, 2010  
San Antonio, TX

### THE EIGHTH WORLD CONGRESS

ON BRAIN INJURY  
March 10-14, 2010  
Washington, DC

### BRAIN INJURY LITIGATION STRATEGIES 2010

April 29-30, 2010  
Las Vegas, NV

Visit [www.biausa.org](http://www.biausa.org) for more information



## Brain Injury Business and Professional Council

*Promoting Access to Brain Injury Health Care*



**IT'S YOUR BUSINESS, YOUR  
PROFESSION, YOUR FUTURE –  
EVERY VOICE MATTERS!**

*Join the BIAA Business & Professional  
Council and have a stake in the future  
of brain injury health care.*

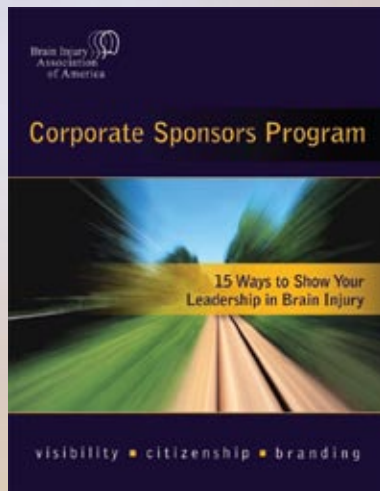
[www.braininjurycouncil.org](http://www.braininjurycouncil.org)

# Brain Injury Association of America

1608 Spring Hill Rd., Suite 110  
Vienna, VA 22182

Non-Profit  
US Postage  
PAID  
Pittsburgh, PA  
Permit No. 5605

The Corporate Sponsors Program gives rehabilitation providers, long-term care facilities, attorneys and other leaders in the field as many as 15 ways to support the Brain Injury Association of America's advocacy, awareness, information and education programs. BIAA is grateful to the Corporate Sponsors for their financial contribution and the many volunteer hours their companies devote to creating a better future in brain injury.



For more information on how to become part of Brain Injury Association of America Corporate Sponsors Program, please visit the sponsorship and advertising page at [www.biausa.org](http://www.biausa.org) or contact Jenny Toth at 703-761-0750 x621 or [jtoth@biausa.org](mailto:jtoth@biausa.org)

