RELATIONSHIPS after brain injury
MARCH 2022

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.

For information regarding advertising in THE Challenge!, please visit biausa.org.

Association Staff & Volunteers:
Sarah Augustoski
Greg Ayotte
Robbie Baker
Christine Chen
Stephanie Cohen
Susan H. Connors
Tiffany Epley
Sara Fowdy
Amy Goulston
Maya Horowitz
Stephani Kelly
Laura Ksycewski
Kelly Marker
Heather Matty
Carrie Mosher
Mary S. Reitter
Rula Tareq

Subscriptions:
Send address changes to publications@biausa.org.

Copyright © 2022 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. Email requests to publications@biausa.org.

Publication designed by Eye to Eye Design Studio, LLC
eyetoeyedesignstudio@gmail.com.

Please recycle this issue.

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Should I Stay or Should I Go? Healthy vs. Unhealthy Relationships</td>
</tr>
<tr>
<td>7</td>
<td>My Unconventional Caregiving Journey</td>
</tr>
<tr>
<td>10</td>
<td>Friendship Is a Sheltering Tree</td>
</tr>
<tr>
<td>12</td>
<td>BIAA Awards Third Annual Research Grants Through Brain Injury Research Fund</td>
</tr>
<tr>
<td>14</td>
<td>Intimate Relationship After Brain Injury</td>
</tr>
<tr>
<td>16</td>
<td>Honor Roll of Donors</td>
</tr>
<tr>
<td>22</td>
<td>BIAA Celebrates the Life and Legacy of Mark Davis</td>
</tr>
<tr>
<td>24</td>
<td>Advocacy Update</td>
</tr>
<tr>
<td>26</td>
<td>State Affiliate News</td>
</tr>
<tr>
<td>30</td>
<td>News &amp; Notes</td>
</tr>
<tr>
<td>30</td>
<td>Upcoming Webinars</td>
</tr>
</tbody>
</table>
This message begins with a great big thank you to all of the organizations and people who support the Brain Injury Association of America (BIAA)! While the pandemic continued to test us, 2021 was one of the strongest years in our history thanks to a generous bequest from Mark Davis. Please be sure to read about his legacy in this issue of THE Challenge!

We are just a few weeks into the new year, and BIAA has already produced an impressive array of accomplishments. In January, we hosted two webinars: “Pseudobulbar Affect” for clinicians and “How to Fight for What You Need” for survivors and families. We also produced the two-day Brain Injury Business Practices College virtual conference for non-clinical staff of rehabilitation facilities. In February, BIAA presented a half-day virtual symposium, “COVID-19: Long Term Neurological Impact and Nuances,” in collaboration with Albert Einstein College of Medicine-Montefiore Medical Center.

March is Brain Injury Awareness Month. Again this year, BIAA will honor all those affected by brain injury – whether traumatic or non-traumatic – with our #MoreThanMyBrainInjury campaign. We are again teaming up with the National Association of State Head Injury Administrators to assist the Congressional Brain Injury Task Force in holding a virtual briefing March 16. Please visit biausa.org for awareness month materials and more details on the briefing. Our hard-working affiliates have lots of events planned for March, too, so be sure to check out their news in this issue.

BIAA was proud to serve as a reviewer for the newly released “Traumatic Brain Injury: A Roadmap for Accelerating Progress” written by the National Academies of Science, Engineering, and Medicine under contract to the U.S. Department of Defense.

The publication presents the current landscape of research and identifies gaps and opportunities to accelerate improvement. The report calls for a transformation of attitudes, understanding, investments, and care systems for TBI. Copies are available free download when you search TBI at nationalacademies.org.

Last fall, BIAA said goodbye to long-time employees Marianna Abashian, Christine Chen, and Dianna Fahel. We miss these talented women very much, but now we are pleased to welcome Maya Horowitz, director of marketing and communications; Laura Ksycweski, education program coordinator; and Sara Fowdy, director of certification, training, and testing.

BIAA is off to a good start in 2022; let’s hope the weather warms up some time before spring!

Susan H. Connors, President/CEO
Brain Injury Association of America
We have many different types of relationships: romantic, parent-child, sibling, friendship, and work relationships. Knowing if your relationship is healthy or unhealthy can be a challenge. While there are signs that make it easy to know if you are in a healthy relationship, such as open communication, it is harder to know if you are in an unhealthy relationship. Many feel confused about whether their relationship is really that bad. The purpose of this article is to help you learn the red flags or signs of unhealthy relationships and give you some ideas about how to end them.

The Four C’s of Healthy Relationships

Consider the four C’s – communication, caring, conflict resolution, and cultural differences – when looking for red flags. The things you say (verbal communication) and the way you say them (non-verbal communication) both matter when communicating. The first two communication red flags to look for are lying and expressing criticism toward you or the relationship. If your loved ones make frequent comments that blame you for their feelings or attack you with harsh words, this is a sign that your relationship is unhealthy. Non-verbal communication that is harmful to relationships includes intimidating posture, eye rolling, and hostile facial expressions (e.g., showing boredom or aggression).

Paying attention to communication is very important during conflict resolution. When people begin to talk to each other in ways that are critical, defensive, disrespectful, mocking, or completely shut down, communication becomes destructive and should be considered a red flag. Respect is the foundation for communication in healthy relationships, and people in healthy relationships will take responsibility for their feelings and actions during conflict. Caring feelings are also notable in conversations when people in healthy relationships are talking with each other.

Cultural differences shape communication, conflict resolution, and how to show care within relationships. Culture includes how people experience the world through, for example, their race, ethnicity, socioeconomic status, sexual orientation, nationality, or religion. Culture also includes how these experiences help form a person’s beliefs, values, and worldviews. Navigating cultural differences is destructive when a person’s behavior becomes judgmental, attacking, or rejecting. If you experience prejudice, discrimination, or pressure to change...
your culture within a relationship, this is considered a red flag. It is a sign of a healthy relationship when people invest their time and energy into learning about each other’s cultures. Cultural differences can enrich the relationship when people remain open, curious, and nonjudgmental. It’s important to remember that abuse within a relationship is a critical red flag that should never be overlooked.

Abusive Relationships

Abusive in relationships can be psychological, emotional, or physical. It is abusive to coerce, control, or maintain power over people in relationships. Abuse includes emotional and physical violence such as hitting, slapping, insulting, demeaning, or exerting sexual pressure. Control can also be abusive. Some examples of control within a relationship include managing the finances in the household without discussion, refusing to provide money for necessary expenses, or pressuring a loved one to use alcohol or drugs. Isolation often happens in violent and controlling relationships. If your loved one prevents or discourages you from spending time with friends, family, or peers, this may be a red flag. Getting help and support is very important when ending an abusive relationship. Flip to the end of this article for resources that help with ending a relationship when you are concerned about your safety.

Ending Unhealthy Relationships

Taking a close look at your relationships is hard. The four steps below can help you get started.

**Step One: Examine the Relationship**

Unhealthy relationships are not always dangerous, but staying in an unhealthy relationship can lead you to dismiss red flags that might be detrimental. So, how do you know when it’s time to end a relationship? Consider what is keeping you in the relationship and what is making you think about ending it. Try to envision your life without the person or relationship and how that change might impact you. Ask yourself if you are willing to work with your loved one to address any red flags in the relationships as this will take effort from both partners. If you do not believe change can occur within your relationship or if you need assistance in making a decision, consider speaking with a professional counselor to help provide an unbiased perspective.

**Step Two: Find Support**

Building a support system is the next important step when deciding to end a relationship. A support system could include family, friends, or neighbors who you trust. Professional counseling can be an additional source of support when making a decision about your relationship. Contact the Brain Injury Association of America’s National Brain Injury Information Center at 1-800-444-6443 to help you learn about community resources in your area.

**Step Three: Have Self-compassion**

You may blame yourself or feel ashamed, guilty, or hopeless about the issues in your relationship. Forgiving yourself for your actions can help you move forward and end an unhealthy relationship. Accepting how you feel without judgment is helpful as you begin the healing process. You may need to practice self-care and work toward having compassion to help you cope. Self-care can include activities that calm your senses (e.g., soothing smells or sounds), ground yourself in the present moment (e.g., practicing mindfulness, meditation, yoga), increase your emotional awareness (e.g., journaling, drawing, art), or distract yourself from the problem (e.g., puzzle, TV, music).
Step Four: Improve Communication and Set Boundaries

Utilizing clear communication and setting firm boundaries are essential tools when ending a relationship. It is important to leave no doubt about what you will or will not do when ending a relationship. Staying firm in your intentions to end the relationship might be difficult if the other person tries to convince you to stay. Remember, focusing on how we say something as well as what we are saying is important! See the table below for examples.

<table>
<thead>
<tr>
<th>Effective Communication</th>
<th>Ineffective Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I feel worthless when we are doing chores, and you tell me I can’t do anything right.”</td>
<td>“You make me feel worthless.”</td>
</tr>
<tr>
<td>“I feel unheard.”</td>
<td>“You’re not listening.”</td>
</tr>
<tr>
<td>“I feel unappreciated and unimportant when you use your phone at dinner time.”</td>
<td>“You’re always on your phone. You must care more about talking to other people.”</td>
</tr>
</tbody>
</table>

You can also try the responses below to help uphold your boundaries:

- “I remember things differently.”
- “If you continue to speak to me this way, I can no longer continue this conversation.”
- “I am not open to further discussion. I have made my decision and I no longer want to be in this relationship.”

Ending Relationships When There is a Safety Risk

It is important to gauge if your safety is at risk when ending a relationship. It may be smart to meet in a public setting or to avoid ending the relationship in person. Consider making a safety plan, which consists of creating a personalized plan that prioritizes your safety after leaving a relationship. This may include having an emergency bag of important items such as birth certificates, social security cards, medications, medical records, insurance documentation, cash, clothes, etc. If you feel your safety is at risk, please review the resources below:

- Battered Women’s Justice Project, 1-800-903-0111 www.bwjp.org
- Legal Momentum, 1-212-925-6635 www.legalmomentum.org
- National Domestic Violence Hotline: 800-799-SAFE (7233) or text “START” to 88788
- National Resource Center on Domestic Violence: 1-800-537-2238 | www.nrcdv.org
- National Runway Safeline: 1-800-RUNAWAY or 1-800-786-2929 | www.1800runaway.org

For references and other resources, visit biausa.org/unhealthyrelationships.
My Unconventional Caregiving Journey

By Rachel Michelberg

My caregiving journey is not heroic. I didn’t rise to the challenge or overcome my ambivalence about taking care of my husband. When confronted with the reality of becoming his caregiver after his small plane crashed, I had to grapple with the fact that my life, too, was being utterly altered. David was 45 years old and had suffered a traumatic brain injury. I was 44, and I couldn’t picture spending the rest of my life as a caregiver to a man who was seizure-prone, incontinent, irrational, and susceptible to angry outbursts. My decision not to devote the rest of my life to his care horrified his family and many of our friends, all of whom assumed I should shoulder that responsibility. It was the ethical thing to do. Isn’t that what I’d promised? In sickness and in health, right?

Most of us don’t sign up to be unpaid caregivers – our change in identity and role just happens, sometimes slowly, sometimes like a thunderbolt. There is a disease (e.g., Alzheimer’s, dementia, cancer or stroke) or an accident (e.g., a car or motorcycle crash, a fall or a severe sports injury) that, in an instant, changes a life forever – changes many lives forever. In my family’s case, it was a plane crash.

Most people don’t survive plane crashes, but David did. We’d been married ten years when the small plane in which he was flying crash-landed into a vineyard on the central coast of California. David sustained severe spine, pancreatic, and head injuries. His spine healed, as did his pancreas, but the damage to the frontal lobe of his brain was so devastating that he would never regain normal functioning. In the best-case scenario, David would have the mental capacity of a seven-year-old.

Our marriage had been on shaky ground at the time of the accident. We were in counseling. I’d been struggling with a strong attraction to another man, but I was determined to make my marriage work. Then David fell out of the sky, and our rocky relationship became an impossible one. In an instant, I became his caregiver, our family’s sole decision-maker, and a single parent to our six and seven-year-old children.

In the months following the crash, David remained hospitalized, suffering seizures and undergoing multiple surgeries. I was in survival mode, melting down on a
regular basis while endeavoring to preserve some sense of normalcy for our children. My health deteriorated: an old eating disorder recurred and a serious abdominal condition resulted in my own hospitalization. With the help of caring therapists, social workers, and my “village” of loving friends and family, I slowly came to accept the realization that I was not equipped to bring David home and take on the role of full-time caregiver.

For years afterward, I struggled with the guilt and shame of that decision. But it was my truth, a clear understanding of my capabilities.

Though I decided not to care for David at home, I was determined to ensure that he receive the best care available. When his physical condition stabilized, I had him moved to a residential facility that specialized in brain injury half an hour away. Every day I worried about David’s happiness and his quality of life. Was he bored? Was he lonely? Was he aware of the enormous losses he had suffered? Once his overall health stabilized, I worried that he was frustrated sexually, though I knew I could no longer satisfy that need.

My therapist encouraged me to focus on what I could do, rather than on what I couldn’t. That sage advice gave me permission to focus on possibilities for David, rather than my own deficiencies. I made the commitment to bring the kids to visit their father at least once a week. We took David to restaurants, tried horseback riding as a family, and made an event out of each Target or Best Buy shopping excursion. The residential facility provided drivers to bring David to the kids’ school events, dance and theater performances, and to our home where he could attend birthday parties or simply hang out with us. It didn’t matter what we did. With his substantial cognitive impairment, David was no longer able to be a father in any conventional sense of the word, but I could provide an environment that enabled some kind of relationship between David and his children.

I did what I could and continued to face pressure from David’s extended family to bring him home. I continued to resist that pressure. Am I proud of that decision? No. I wish I’d been the kind of person who could rise to the challenge and overcome my resistance to the all-consuming role that had been suddenly thrust upon me. I am in awe of those who can take on caregiving like that, but I just wasn’t capable. And the truth is that I didn’t want to. I wanted more for myself than just being David’s caregiver. I had a choice to make, and I made it.

My family’s situation was unique. We were fortunate that, due to a large financial settlement, we had options. So many do not. No one plans – emotionally or financially – for a trauma so severe and debilitating that familial roles are altered in an instant.

I wrote my story to give voice to those who find themselves in similarly devastating circumstances and are doubting their capacity to fulfill that role. I want to give caregivers permission to question the expectations heaped on them and to stay true to their understanding of their capabilities and desires. Because if your own health suffers and you are incapacitated, too, no one wins.

Rachel Michelberg grew up in the San Francisco Bay Area and still enjoys living there with her husband, Richard, and their two dogs, Nala and Beenie. She earned her Bachelor of Music degree in vocal performance from San Jose State University and has performed leading roles in musicals and opera. When Rachel isn’t working with one of her twenty voice and piano students, she loves gardening, hiking, baking sourdough bread, and making her own bone broth. “CRASH: How I Became a Reluctant Caregiver” is Rachel’s first book. Learn more at https://rachelmichelbergauthor.com.
Avanir Pharmaceuticals is a pharmaceutical company focused on bringing innovative medicines to patients with central nervous system disorders of high unmet medical need.

To learn more, visit Avanir.com.
Do you feel that something is missing from your life that used to be there before? My first “before” and “after” was big: brain injury. But now there’s a second: the pandemic. Both came with loss, with something missing that I had to accept, work around, and learn to live with in the best way I could.

Somehow, getting used to the first made the second one harder. Being alone because of brain injury was like retreating from the world, but the social isolation of COVID-19 felt like the world retreating from me. One on top of the other left me struggling, my cognitive and behavioral deficits creeping back. I was unable to be productive and I wanted to sleep all day. I longed for human contact and wondered what happened to my friends, but I never thought of calling them.

For a long time, I denied the friendships I’d lost because I always kept busy and ignored how sad solitude can be. After a while, I realized how much I needed to be part of the world, how the social isolation was hurting me, and that what really mattered was keeping friends.

So, I’ve been working to reach out, open up, advocate, and even accept help in order to find my way back to life. As you can imagine, it’s not easy. I get scared, but try to reason with my fears. I get depressed, but go take a nap, and, when I’m really lonely (or really excited), the best thing I can do is turn up the music and dance!

The funny thing is that my life seems to be a dance, too; from having expectations to sustaining a TBI, from being struck down to climbing up, from feeling fearless to crashing, rebuilding, and so on. I know my experience is not unique – we’ve all been navigating this pandemic in our own ways. Read on for strategies to help you stay connected with loved ones as you try to find your new normal yet again.
How Do You Avoid Getting Stuck in Social Isolation?

**Focus on Others, Not Yourself**

**CONNECT.** My most important tip is to reach out—don’t wait for someone to reach out to you. Keep a list on your fridge of everyone you might call and set up a regular call with a friend. Add to your calendar as a “repeat” event and set your alarm so you don’t forget. To reduce stress in conversations, I avoid politics and COVID-19 complaints (unless they’re personal).

**SHARE.** Sending funny photos, videos, or pet pictures are all fair game when you’re communicating with friends. Check out the newspaper for cultural events like museum tours, concerts, fashion shows, and invite a friend to come along if you feel safe.

**CREATE.** Try some group activities. Some examples include making a story circle, where each person takes a turn adding a twist or surprise, or picking a play and letting each person act a part. Do you like cooking? Consider cooking for two or more, having an outdoor picnic, delivering a meal to someone’s front door, or dining with a few friends virtually.

**DISCOVER.** Keep an eye out for activities where you can meet people like art openings, outdoor movies, exercise classes, or neighborhood tours. Use these as reasons to get moving, relax your mind, or strengthen your body with a friend. Other fun things to try include online chair yoga, tai chi, meditation, exercise, or dance. Getting outside helps minimize your risk of infection, so try exploring a neighborhood together, taking a stroll, or jogging in the park.

**GIVE BACK.** Help is always needed. Find a cause you care about, make contact with the organizer of an upcoming event or initiative, and ask how you can help.

**DO.** The best medicine for isolation is being active in the company of others, physically or virtually. In this COVID-19 world, we need each other more than ever—even if we think we have the answers and can go it alone.

So do your friends a big favor: keep an eye on them and offer help when they need it. And you’ll be doing yourself an even bigger favor by thinking of them first. You’ll learn that you are capable of more than you realized, have grown stronger and more generous than you were, and have become a better friend. Your trust of them, and theirs of you, will grow as will your hope for the future—because friendship really is a sheltering tree.

---

“Friendship is a sheltering tree” is a line from the poem “Youth and Age” by Samuel Taylor Coleridge.
BIAA Awards Third Annual Research Grants Through Brain Injury Research Fund

By Stephani Kelly, Director of Education Programs, Brain Injury Association of America

The Brain Injury Association of America (BIAA) announced the winners of its 2021 Brain Injury Research Fund competition. Michael Williams, Ph.D., University of Houston, and Khalil Mallah, Ph.D., Medical University of South Carolina, are awarded seed grants of $25,000 each. Naomi Gaggi, CUNY School of Medicine, and Hannah Mitchell, East Tennessee State University, are awarded dissertation grants of $5,000 and $3,675, respectively.

The Brain Injury Research Fund offers financial support to studies contributing to our understanding of brain injury as a chronic disease. “This third year of BIAA Research Awards was again marked by many deserving applications from highly talented researchers, both young investigators and seasoned scholars. They are proposing diverse, creative approaches to the challenge of curing the chronic effects of brain injury,” said BIAA Research Committee Chair John D. Corrigan, Ph.D. “We could not be more pleased with the interest shown in our research program and the quality of proposals we have had the privilege to support. As BIAA’s Research Fund grows, we will be able to fund more applications.”

BIAA established its research grant program in 2019. Through the Brain Injury Research Fund, BIAA offers two types of funding: Dissertation Grants, funded between $3,000 to $5,000, and Seed Grants, funded up to $25,000. Thanks to the generosity of donors of all kinds, BIAA can fund more investigators who are working to increase our understanding of brain injury as a chronic condition.

“BIAA has a 40-year history of advocating on behalf of the brain injury community and fighting for funding to support research,” offered Susan Connors, BIAA’s president and chief executive officer. “We’re thrilled to advance research through our own awards and hope to grow the Brain Injury Research Fund with continued support from the public.”

BIAA would like to extend a special thank you to its Research Committee Members:

• John Corrigan, Ph.D., Ohio State University (Chair)
• Lisa Brenner, Ph.D., VA/Rocky Mountain MIRECC, University of Colorado
• Susan Connors, Brain Injury Association of America
• Wayne Gordon, Ph.D., Icahn School of Medicine at Mt. Sinai
• Jasmeet Hayes, Ph.D., Ohio State University
• Brent Masel, M.D., University of Texas Medical Branch
• Stacy Suskauer, M.D., Kennedy Kreiger Institute, Johns Hopkins University
• Michael Whalen, M.D., Harvard/Mass General
• Zachary Weil, Ph.D., West Virginia University

The Association will accept Letters of Interest (LOIs) for the 2022 awards this spring.

Funded Projects

Complement Mediated Cognitive Decline and Neuroinflammation Chronically Post Repetitive Brain Injury

Seed Grant of $25,000
Grantee: Khalil Mallah, Ph.D., Medical University of South Carolina
Mentor: Stephen Tomlinson, Ph.D.
Project Summary: Traumatic brain injury (TBI) is a change in brain function due to a blow to the head. TBI can result in harmful consequences years after initial insult which include cognitive deficits with symptoms like those seen in Alzheimer’s disease. The changes that occur in the brain after TBI which are responsible for these deficits are not well understood. In this proposed work, I hypothesize that the complement system (a major part
of the neuroimmune response after injury) is a major contributor to this phenomenon and inhibiting this system would prevent such deficits seen years after TBI.

**Using Mobile Technologies for Research Engaging Persons with Traumatic Brain Injury and Chronic Pain**

**Seed Grant of $24,977.70**
**Grantee:** Michael W. Williams, Ph.D., University of Houston  
**Mentor:** Angelle M. Sander, Ph.D.  
**Project Summary:** Chronic pain is common among people with traumatic brain injury (TBI). Typical clinic-based evaluations of pain may not fully capture patients’ experiences. This pilot study will evaluate the utility and benefit of new mobile technologies to assess pain and related person factors in their natural environment, which may enhance pain assessments and treatment monitoring post TBI. Trait mindfulness (dispositional nonjudgmental, present-moment awareness) will also be assessed as a potential intervention target in a future intervention study using mobile technologies to monitor treatment responses.

**Neurocognitive Effects of Transcranial Photobiomodulation in Chronic TBI**

**Seed Grant of $5,000**
**Grantee:** Naomi Gaggi, CUNY School of Medicine  
**Mentor:** Junghoon J. Kim, Ph.D.  
**Project Summary:** This project will investigate the cognitive efficacy and underlying hemodynamic effects of a single treatment of transcranial photobiomodulation (tPBM) on prefrontal cortex in adults with chronic moderate-severe traumatic brain injury (cmsTBI). We predict that tPBM will improve local cerebral blood flow, network-level functional connectivity, and executive function in our participants. The findings and insights gained from this work will ultimately lead to the identification of novel therapeutic targets for neurodegeneration and cognitive decline that are prevalent in chronic TBI patients.

**The Implications, Magnitude, and Development of TBI for Individuals Undergoing Treatment for OUD**

**Dissertation Grant of $3,675 supported by Dr. Lance and Laura Trexler**
**Grantee:** Hannah Mitchell, East Tennessee State University  
**Mentor:** Meredith K. Ginley, Ph.D.  
**Project Summary:** Despite the high rate of prescribing opioids for pain management following a traumatic brain injury (TBI) and the epidemic of opioid use disorder (OUD) in the U.S., little research has analyzed the impact of TBI on OUD treatment. The present study will explore the impact of TBI on OUD treatment outcomes. The chronological trajectory between TBI and opioid initiation and behavioral health correlates of TBI among patients with OUD will also be evaluated. These findings may provide meaningful insight into patients’ prognosis and opportunities to tailor treatment appropriately.

**Brain Injury Research Fund Honor Roll**

Our thanks to the following Research Champions for their generous support of brain injury research:

- Dr. Barry Aron  
- Chaikin, Sherman, Cammarata and Siegel, P.C.  
- Dr. Julieen Crane  
- Mary and David Gerhart  
- Dr. Juliet Haarbauer-Krupa  
- Jennifer and Eric Kirk  
- Stephanie Rivard Lane  
- Michael’s Mission in memory of Michael Leo Seguin  
- Janis Moskowitz  
- Dr. Linda Redmann  
- John Rivard  
- Ira Sherman, Esq.  
- Dr. Lance and Laura Trexler  
- Angela Caveness Weisskopf

For more information about the Brain Injury Research Fund or becoming a Research Champion, please contact Robbie Baker, Vice President & Chief Development Officer, at (703) 761-0750 ext. 648 or rbaker@biausa.org.
Sustaining a moderate to severe brain injury is a life-changing, sometimes devastating, event for an individual who is injured and for his or her family. For many, brain injury can profoundly affect a marriage or relationship. A spouse who was once head of household may now become dependent. The partner you once knew might experience fundamental personality and behavioral changes. The individual may appear immature, aggressive, unappreciative, and self-centered. It may seem as if the partner who said “I do” has vanished or presents only a glimpse of the person they used to be. The attraction or connection between partners may have changed. It is natural for partners to feel loss and grieve for the former version of their loved one with brain injury as well as to grieve for all the plans that might have been.

Intimacy, sexual attraction, and emotional expression between a couple may be gone. When so many aspects of the relationship have changed, it is common for the spouse without a brain injury to experience “stranger syndrome” – the feeling of being married to a stranger.

Sex and Intimacy
Changes in sexual behavior are a common consequence of brain injury and can present many problems. Your loved one may be unable to perform for physical reasons. Damage to vital control areas of the brain often result in impaired emotional responses, touch, inability to benefit from feedback, and physical impairment. Caregivers may no longer be attracted to their spouses. Discovering how important sex is to you may help you decide what to do next. Such decisions for spouses vary from person to person and are likely to change over time.

What you can do:
• Discuss your concerns with a doctor or counselor as well as your partner’s physiatrist and neuropsychologist for options that may help restore physical performance and enhance physical pleasure.

Couples reestablishing intimacy may want to seek guidance from a licensed family and marriage counselor who is familiar with brain injury.
• Learn ways to communicate with your spouse.
• Gain a realistic view of your spouse’s strengths and weaknesses from a brain injury professional.
• Get support for yourself. Remember, brain injury affects the whole family.

Sexual Disinhibition
Sexual disinhibition is particularly apparent when the injury affects the frontal lobes of the brain. A variety of inappropriate behaviors with sexual overtones are possible, such as fantasizing, flirtatiousness, impulsiveness, lewd verbal responses, disrobing or masturbating in public, attempts to hug and kiss, and unwarranted flirtatious advances. Behaviors condoned before injury may intensify after injury, and it may be difficult for your loved one to understand how things have changed.

Frontal lobe injuries can “turn off the filter” in a person’s brain. Persons with sexual disinhibition often need cues from other people to avoid social gaffes. It is important to remember that inappropriate sexual behavior is a type of behavior to manage just as any other unwanted behavior might be. Ask your physiatrist or neuropsychologist for
specific suggestions. It is hard for others to understand that brain injury can affect self-monitoring skills. Families and friends may be more tolerant of this type of behavior than they were pre-injury because they are more aware of the causes of such behavior. At the same time, your loved one may be less aware of subtle nuances, have lower ability to benefit from feedback, and may repeat mistakes. Keep in mind that brain injury often results in undesirable changes that require intervention and ongoing management. The behavior is not willful.

Sexuality is an area that is often difficult for families to discuss within and outside the family circle. However, the family needs to communicate about inappropriate behaviors of any kind and about problems related to inappropriate sexual behavior in particular. Learning how to help your loved one monitor sexually inappropriate behavior will save you from embarrassing or unsafe situations.

What you can do:

• Try to become more comfortable with the subject of sexuality and have frank discussions about it with the whole family.

• Make sure all family members learn behavior modification/redirection techniques to ensure consistency.

• Assure your loved one that sexual feelings are appropriate and establish ground rules to protect the rights and privacy of others.

• Identify issues of consent. Is the individual competent to consent? Is the individual vulnerable to others? Are others at an increased risk of unwanted sexual advances from the person with the brain injury? Discuss these issues with your medical team.
HONOR ROLL OF DONORS

October 1, 2021 – December 31, 2021

HONORS

In honor of George Alvarado III
Mr. Jorge Alvarado

In honor of Robbie Baker
Ms. Mary McCusker

In honor of Emma Best
Mr. & Mrs. Daniel and Nancy Best

In honor of D.J. Bitonti
Ms. Alexandra Bitonti

In honor of John H. Calior
Mrs. Gabriele Calior

In honor of Caregivers
Mrs. Andrea Mikulenas

In honor of Bethany Chatham
Mr. Robert Gebelein

In honor of Bernadette Conley
Rev. Kevin Conley

In honor of Linda Corcoran
Friends of Linda

In honor of Anthony Curtis
Active Autobody, Inc.

In honor of Darshna Davé
Rytes Company

In honor of John F. Del Cecato
Ms. Jennie Macgoy

In honor of Thomas D. Delangis
Mr. & Mrs. Derek and Carolyn Sands

In honor of Dylan Flynn
Ms. Latoria Hudson McDonald

In honor of Judy Gerry
Ms. Michele Woonton

In honor of George Gosling
Charlotte, Cynthia and Julianna Gosling

In honor of Cathy Grochowski
Mr. & Mrs. Ted and Arlene Grochowski
Mr. & Mrs. Brian and Paula Hirt
Mr. & Mrs. Daniel and Suzanne Mangin
Dr. Rey Martinez
Mr. & Dr. Jack and Anne Reichel
Mr. & Mrs. Kenneth and Cindy Starzyk
Ms. Karen Wartenberg

In honor of Kay Ann Hartmann
Mrs. Lois Hartmann

In honor of Nancy Hays
Mr. & Mrs. Charles and Joann Hays

In honor of Mr. & Mrs. Irwin Herz
Dr. & Mrs. Brent and Ann Masel

In honor of Friends of Denny Howell
Ms. Jeanine Howell

In honor of Brendan Patrick O. Kelly
Mr. Jeffrey Kelly

In honor of Agnes Kim
Mr. & Mrs. Michael and Kimberly Curia

In honor of Eva-Kim Laurent
Mr. & Mrs. Charles and Joann Mizutani

In honor of Mark Lesser
Ms. Linda Trappasso

In honor of Jay Levitan
Mrs. Dian Levitan

In honor of Mr. & Mrs. Stephen Lewis
Dr. & Mrs. Brent and Ann Masel

In honor of Taylor Maggi
Ms. Stephanie Rose

In honor of Dr. Brent Masel
Mr. & Mrs. Lewis and Fredell Rosen

In honor of Cedric McKinney
Mrs. Joyce McKinney

In honor of Robert Melton
Ms. Page Melton Ivie

In honor of Keith Mitchell
Mr. & Mrs. Scott and Beverly Mitchell

In honor of Molly Mittler
Mrs. Nora Ronnai

In honor of Greg Mosher
Ms. Carrie Mosher

In honor of Joseph K. Mugler
Ms. Marita Mugler

In honor of Congressman
Markwayne Mullin
Ms. Meredith Blanford

In honor of Lauren Nevil
Mr. Steven Nevil

In honor of Henry Gilman Nichols V
Mr. Henry Nichols

In honor of Justine Nicolados
Mrs. Heidi Connors

In honor of Michael Pannone
Mr. Anthony Pannone

In honor of Zoe Park
Mr. Andy Park

In honor of Todd Payne
Mrs. Kristen Campbell

In honor of Kellie Pokrifka
Ms. Hannah Todd

In honor of Fortunato Procopio
Ms. Claire Procopio

In honor of Drs. Ben and Sharon Raimer
Dr. & Mrs. Brent and Ann Masel

In honor of Kerri L. Hatch Reed
Mr. & Mrs. David and Audrey Hatch

In honor of Kerri Ritchie Reed
Mr. & Mrs. David and Audrey Hatch

In honor of Michael Richardson
Ms. Hope Dickinson

In honor of Laurie Rippon
Ms. Beth Gelfond

In honor of Mr. & Mrs. Lewis Rosen
Dr. & Mrs. Brent and Ann Masel

In honor of Melanie Schorr
Mrs. Alana Reever

In honor of Paul E. Shadlich V
Ms. Carol Wilson

In honor of Stephen R. Shepard
Ms. Peggy Hetrick

In honor of Ira Sherman
Mr. & Mrs. Peter and Janice Brock

In honor of Ira and Maryjo Sherman
Dr. John Williams

In honor of Charles Shoaf
Mrs. Tammy Shoaf

In honor of Preston Walker Smith
Mrs. Shelley Otey

In honor of Vicki & Todd Smith
Mr. & Mrs. Chet Parker

In honor of Marilyn Spivack
Ms. Joanne Finegan
Dr. Juliet Haarbauer-Krupa

In honor of Ryan Stoller
Mr. & Mrs. John and Andrea Smith

In honor of Travis Szostak
Mr. & Mrs. John and Maureen Szostak
In honor of TBI and Young Stroke Staff, Peace Rehabilitation Center
Dr. Sheldon Herring
In honor of Chelsea Fowler and Alexis Toegler
Ms. Victoria Rehkugler
In honor of Stan Travis III
Dr. & Mrs. Stanley and Louise Travis
In honor of Stanley Travis
Mr. Paul Owens
In honor of Thomas Waggoner
Mrs. Margie Wright
In honor of James Steven Williams
Mrs. Judy Williams
In honor of Ann Anderson and Pat Welsh
Dr. & Mrs. Brent and Ann Masel
In honor of Joseph Yarsawich
Ms. Catherine Axel

MEMORIES

In memory of John A.J. Adamo
Dr. & Mrs. Arthur and Andrea Adamo
In memory of Butch Alterman
Mr. & Mrs. Greg and Peggy Alterman
Mrs. Maureen Alterman
Mr. Matthew Beckerson
Mr. & Mrs. Dennis and Katherine Wagester
In memory of Andrea Bader
Dr. Enid Kumin
In memory of Bob Baker
Mr. Larry Buttermore
In memory of Michael-Anne Belford
Ms. Mary S. Reitter
In memory of Peter Gabriel Bourgeois III
Mrs. Karen Gahn
Dr. Katherine Hunt
Mr. & Mrs. Darrelle and Maydie Rodrigue
Ms. Christina Smith
In memory of Mary and Martin Bratman
Mr. J. Robert Bratman
In memory of John H. Brodie
Mr. James Hutton
In memory of Clara M. Burton
Ms. Barbara Clay and Ms. Stacie Clay
In memory of Michael Christopher Carey
Ms. Rosemary Carey
In memory of Wanda Coldiron
Coldiron Family Foundation
In memory of Christopher Conklin
Mr. & Mrs. Thomas and Joanne Walker
In memory of Richard Constantin
Mr. & Mrs. Stephen Snider
In memory of Lloyd S. Corley, Jr.
Ms. Jeanette Corley
In memory of Ed D’Avanzo
P.M. Vogt
In memory of Irene DiPanagrazio
Mr. & Mrs. Robert and Roberta Feigenbaum
In memory of David Dreselly
Matt’s Friends at the Hartford
In memory of Ian Roy Elliot
Ms. Ann Geiger
In memory of Jared Harlan Feigenbaum
Mr. & Mrs. Robert and Roberta Feigenbaum
Mrs. Shirley Feigenbaum
In memory of Dr. Irving Feigenbaum
Mrs. Shirley Feigenbaum
In memory of Jesse Fiorini
Ms. Susan Brorein
In memory of John Hunter Fulghum
Ms. Cynthia Mynatt
In memory of Janine T. Giles
Mr. & Mrs. Thomas and Janine Giles
In memory of Ronald S. Goode
Ms. Sandra Crawley
In memory of Mark Graber
Ms. Kay Graber
In memory of Keith Michael Gratkowski
Dr. Holly Gratkowski
In memory of Mary Ann Great
Mr. Ronald Great
In memory of Kent N Hamilton
Ms. Heather Hamilton
In memory of Bill Hopple
Mrs. Susan Orton
In memory of Charles G Houchen
Mr. & Mrs. Scott and Debi Newlander
In memory of Ruth Spencer King
Ms. Marian Spencer
In memory of Jason Lee
Mr. & Mrs. Michael and Nancy Brown
In memory of Sky Leio
Ms. Sally Anderson
In memory of Wanda Coldiron
Coldiron Family Foundation
In memory of Christopher Conklin
Mr. & Mrs. Thomas and Joanne Walker
In memory of Richard Constantin
Mr. & Mrs. Stephen Snider
In memory of Lloyd S. Corley, Jr.
Ms. Jeanette Corley
In memory of Ed D’Avanzo
P.M. Vogt
In memory of Irene DiPanagrazio
Mr. & Mrs. Robert and Roberta Feigenbaum
In memory of David Dreselly
Matt’s Friends at the Hartford
In memory of Ian Roy Elliot
Ms. Ann Geiger
In memory of Jared Harlan Feigenbaum
Mr. & Mrs. Robert and Roberta Feigenbaum
Mrs. Shirley Feigenbaum
In memory of Dr. Irving Feigenbaum
Mrs. Shirley Feigenbaum
In memory of Jesse Fiorini
Ms. Susan Brorein
In memory of John Hunter Fulghum
Ms. Cynthia Mynatt
In memory of Janine T. Giles
Mr. & Mrs. Thomas and Janine Giles
In memory of Ronald S. Goode
Ms. Sandra Crawley
In memory of Mark Graber
Ms. Kay Graber
In memory of Keith Michael Gratkowski
Dr. Holly Gratkowski
In memory of Mary Ann Great
Mr. Ronald Great
In memory of Kent N Hamilton
Ms. Heather Hamilton
In memory of Bill Hopple
Mrs. Susan Orton
In memory of Charles G Houchen
Mr. & Mrs. Scott and Debi Newlander
In memory of Ruth Spencer King
Ms. Marian Spencer
In memory of Jason Lee
Mr. & Mrs. Michael and Nancy Brown
In memory of Sky Leio
Ms. Sally Anderson
In memory of Wanda Coldiron
Coldiron Family Foundation
In memory of Christopher Conklin
Mr. & Mrs. Thomas and Joanne Walker
In memory of Richard Constantin
Mr. & Mrs. Stephen Snider
In memory of Lloyd S. Corley, Jr.
Ms. Jeanette Corley
In memory of Ed D’Avanzo
P.M. Vogt
In memory of Irene DiPanagrazio
Mr. & Mrs. Robert and Roberta Feigenbaum
In memory of David Dreselly
Matt’s Friends at the Hartford
In memory of Ian Roy Elliot
Ms. Ann Geiger
In memory of Jared Harlan Feigenbaum
Mr. & Mrs. Robert and Roberta Feigenbaum
Mrs. Shirley Feigenbaum
In memory of Dr. Irving Feigenbaum
Mrs. Shirley Feigenbaum
In memory of Jesse Fiorini
Ms. Susan Brorein
In memory of John Hunter Fulghum
Ms. Cynthia Mynatt
In memory of Janine T. Giles
Mr. & Mrs. Thomas and Janine Giles
In memory of Ronald S. Goode
Ms. Sandra Crawley
In memory of Mark Graber
Ms. Kay Graber
In memory of Keith Michael Gratkowski
Dr. Holly Gratkowski
In memory of Mary Ann Great
Mr. Ronald Great
In memory of Kent N Hamilton
Ms. Heather Hamilton
In memory of Bill Hopple
Mrs. Susan Orton
In memory of Charles G Houchen
Mr. & Mrs. Scott and Debi Newlander
In memory of Ruth Spencer King
Ms. Marian Spencer
In memory of Jason Lee
Mr. & Mrs. Michael and Nancy Brown
In memory of Sky Leio
Ms. Sally Anderson
(continued on page 18)
In memory of Harold John O'Leary
Mr. James W. Whalen

In memory of Christine M. Parisi
Anonymous (3)
Mr. & Mrs. Thomas and
Maureen Abbenante and Jason
Ms. Donna Baum
Mr. & Mrs. Robert and Michelle Bernard
Ms. Felicia Bucciferro
Ms. Angel Cicerone
Ms. Carol Crincione
Jean Collins
Dr. Cassandra Denefrio
Mrs. Mary-Jo Denefrio
Ms. Donna Futia
Ms. Barbara Harris
Ms. Patricia Izzo
Thomas Johnson
Mr. & Mrs. Maylon and Sharon Luft
Ms. Jamie Maddaloni
Ms. Jean Maddaloni
Mr. & Mrs. Thomas and
Elaine Middleton
Mr. & Mrs. Carvel and Gloria Mowery
Mr. Philip Mueller
Mr. Eric Parisi
Mr. & Mrs. Matthew Parisi
Mr. Erik Posner
Ms. Dianne Roos and Ms. Linda Keeley
Dr. & Mrs. Lawrence and
Rise’ Routenberg
Mr. Joseph Ruzzo
Mr. & Mrs. Richard and Michele Ruzzo
Mr. & Mrs. Donald and Rayma Simmons
Daniel Tommasone
Mr. & Mrs. Anthony and Claudia Torre
U.S. Water Ski Show Team
Mr. & Mrs. John and Dolores Varriale
Mr. & Mrs. Matthew and
Elizabeth Walker and Family
Mr. & Mrs. Scott and Linda Williams
Mr. & Mrs. Douglas and Kathleen Wood
Mr. & Mrs. Edmund and Ruth Zalewski
Mr. & Mrs. James and Tammy Zalewski

In memory of Brian Peppard
Mr. Kenneth Bloom
Ms. Cynthia Huffman
Dr. Annette Peppard

In memory of Chetan S Phadnis
Mrs. Deborah Phadnis

In memory of Nathan Pincus
Ms. Wendy Pincus

In memory of Anthony Prisco
Dr. & Mrs. Joseph Platt

In memory of Frank and
M. Bernice Reitter
Ms. Mary S. Reitter

In memory of Karen A. Reitter
Ms. Linda Bryant
Ms. Mary S. Reitter
Mrs. Sheila Sferrella

In memory of Tim Rocchio
Mrs. Carolyn Rocchio

In memory of Burton Satzberg
Ms. Jan Albert
Mr. & Mrs. Mark and Jamie Benjamin
Mr. Robert Bernstein
Mr. & Mrs. Edward and Rona Casel
Dr. & Mrs. Irv Cohen
Ms. Lorraine Cowan and Family
Mr. & Mrs. Jon and Lisa Ellis
Dr. & Mrs. Stuart and Carol Feldman
Mr. & Mrs. Martin and Roxy Freedman
Ms. Natalie Galatianos
Mr. & Mrs. Ken and Bonnie Green
Mr. & Mrs. Joe and Robin Greitzer
Mr. & Mrs. Richard and
Constance Grossman
Mr. & Mrs. Arthur Hausman
Mr. & Mrs. Russell and Linda Jones
Mr. & Mrs. Robert and
Carol Kaplan and Family
Mr. & Mrs. Seth and Sandy Keller
Ms. Nina Kitnick
Mr. & Mrs. Norman and Phyllis Levin
Mr. & Mrs. Roy and Janet Levy
Samuel P. Mandell Foundation
Mr. Jerry Novick
Mr. William Novick
Dr. & Mrs. Samuel O’Mansky
Ms. Karen Rosenberg
Mr. & Mrs. Martin and Barbara Rosinsky
Dr. & Mrs. Ronald Ross
Ms. Marcy Sanders
Mr. & Mrs. Jacob and Sandra Schwalb
Mr. Clifford Seresky
Mr. & Mrs. Ray and Judie Shapiro
Mr. David Sidransky
Mr. Rick Solomon
Mr. & Mrs. Dan and Susan Swett
Mr. & Mrs. Joni and Michael Zavis
Mr. George Zolot

In memory of Michael Leo Seguin
Michaels Mission

In memory of
Dr. Lynn Lazarus Serper
Mrs. Sylvia Strauss

In memory of Joseph P. Serra
Mrs. Dianne McGaunn

In memory of Reed Sibley
Mrs. Kathy Carolan
Mr. & Mrs. David Corsini
Ms. Paula Goode
Mr. Matthew Somerville
Ms. Stephanie Welton

In memory of Morris Smith
Ms. Laura Kelley

In memory of Tom Soules
Mrs. Janie Swanson

In memory of Adam Michael Strode
Mr. Daniel Cumberland

In memory of Douglas Swindell
Mr. Sam Roberts

In memory of Joy Vaughn
MX. J9 Vaughn

In memory of Jerry Verrill
Mrs. Sharon Gardiner

In memory of Brian Walley
Mr. Eric Tellez

SUPPORT

In support of BIAA-KY
Ms. Joyce Fister-Daley
Mrs. Mary Hass

In support of BIAA-ME
Mr. Richard Brown

In support of Giving Tuesday
Dr. Kathy Aligene
Mr. Leonard Amaral
Mrs. Jodi Attar
Mr. Robbie Baker
Ms. Jolanta Baranowski
Jhumur Bhattacharya
Ms. Cristabelle Braden
Mr. & Mrs. Marty and Amy Brown
Ms. Makenna Clark
Ms. Stephanie Cohen
Mr. & Mrs. David and Mary Crighton
Ms. Shana De Caro
Mr. & Mrs. Steve and Marsha Dunaway
Mr. Cecil Dinunno
Mrs. Denise Dupont
Mr. Paul Elam
Ms. Dianna Fahel
Ms. Rose Feher
Mr. & Mrs. Michael and
Karen Hrabowski
Mr. & Mrs. Patrick and Cindy Hyland
Ms. Linda Fox
Mrs. Claudia Garnett
Ms. Katherine R. Giordano
Dr. Juliet Haarbauer-Krupa
Ms. Page Melton Ivie
Dr. Vicki Jacobsen
Mrs. Sharon Keith
Mr. Scott Kern
Ms. Peggy Kreinest
Mr. Tom Kurosaki
Ms. Judi Lachenmyer
Mr. Morris Lener
Mr. Jeffrey Liebowitz
Ms. Sarah Mandes
Ms. Carol Mayesky
Dr. Michelle Mead
Mr. Timothy Nash
Ms. Sabrina Nedell
Mrs. Flora Nodine
Dr. & Mrs. Owen and Sheila Perlman
Ms. Michelle Pirkle
PRA Group, Inc.
Mr. Charles Reynolds
Mr. Gabriel Rubinstein
Ms. Nicole Smithback
Mr. David Strickler
Mrs. Jill Zohab
In support of Guy Pilote’s Appalachian Trail Hike
Anonymous
Mr. John Alward
Mr. & Mrs. Dave and Diane Beaule
Ms. Megan Boggs
Ms. Crystal Bond
Mrs. Delia Bouchard
Mr. & Mrs. Mark and Lu Carrera
Charities Aid Foundation of America
Mr. Reggie Cote
Mr. Bob Doucette
Ms. Cindy Duguay
Ms. Sarah Gaffney
Ms. Natalie Griswold
Mrs. Renee Hage
Mr. & Mrs. Mark and Lisa Haskell
Mr. William Healey
Ms. Lisa Hird
Rev. Peter Ilgenfritz
Katahdin’s Four Season Vacation Rentals
Ms. Joan Keefe
Mr. Peter Kurtz
Mrs. Carrie Lacasse
Mrs. Lisa Laliberte
Mrs. Cathie Langelier
Mrs. Kate Levesque
Mrs. Rebecca Lilley
Miss Karen Martin
Mr. Tom Mayer
Ms. Juli McNeely
Mr. & Mrs. Robert and Debra Murch
Mr. & Mrs. Robert and Lynda Nailor
Mrs. Michelle Raber
Miss Rebecca Richardson
Ms. Jacqueline Romney
Mr. Neil Rouda
Ms. Laura Walsh
Mr. Steve Wilmer
Mrs. Cynthia Wornick
Ms. Terri Wright
In support of Pass the Bass
Anonymous
Sir Nicholas McIntosh
In support of Research Fund
Ms. Janis Moskowitz

FACEBOOK FUNDRAISERS

The Brain Injury Association of America (BIAA) is grateful for the individuals listed below who held fundraisers benefitting BIAA through Facebook.

Justin Abbott
Amanda Ashley
Thomas Aube
Debbie Beach
Chris Beaverdam
Brenda Bell
Christine D. Bentley
William Bill
Lauren Brashear
Megan Buse
Erin Campbell
Laura Canady
Dale Cash
Joe Catalano
Jovanna Cedeno
Nicki Daley
Sarah Deberry
Shana De Caro
Giara Doherty
Bennet McDougall Edwards
Joe Ferrara
Susan Fletcher
Alexy Gatica
Jenny Molstre Fd Gemsio
Nicole Gessner
Anthony Tone Gorham Jr.
Aaron Grossman
Rachel Harperree
Raylene Courson Hickle
Jeffrey Huber
Devon Jackson
Robyn Jamison
Lisa Jandt
Steven Lane
Eva-Kim Laurent
David Lavoie Jr.
Jennapher Frankie Lawson
Susan Swedenborg Lazirko
Jeff LeBlanc
Jennifer Lee
Tamitha Cravens Lott
Kayla Marie Lowe
Cam Marie
Jason Martorano
Erin McDaniel
Betty Mestre
Sue Meyers
Randal Keith Milholland
Kit Mitzel
Mario Montagnino
Frank Morrissey
Lisa Masella Murphy
Teresa Neel
Ashley Nichole
Lannie O’Brien
Lyn Patton
Kim Quill
Kurtis Riale
Michele Scarlet Ridenour
Karrie Robidoux
Jon Rodgers
Leah Samaniego
Amanda Scaramella
Bonnie Jagger Schmeisser
Annette Schuler
Henry Seekins
Franc Silveria
Marian Speaks
Kevin Spears
Marilyn P. Spivack
Debbie Squier
Greg Stanforth II
Brian Stavig
Pam Munson Steadman
Christopher Cody Taylor
Marcy Thompson
Jesse Torres
Sarah Toth
Lisa Tower
Dayle Tracey
Kimberly Tracy
Alaisha N Tyler
Alejandra Vera
Mac Weir
Rosanne Westgate
Danny White
James David Widtfeldt
Alicia Wilbur

(continued on page 20)
Allie Yanta
Debbie Leger Ybarra
Jessica Lynn Valvo-Mohn Yocum
Karla Kaye Yoder

**GENERAL DONATIONS**

Anonymous (17)
Mr. Ronald Abraham
Elizabeth Ackerson and Alan Mdlhenny
Dr. Kathy Aligene
Mr. Alan Altman
Mr. Leonard Amaral
AmazonSmile
Ms. Carol Anderson
Dr. Nicole Andreatta
Aqualia International Foundation
Dr. & Mrs. Guillermo and Enid Arbona
Ms. Kathryn Atkinson
Mrs. Jodi Attar
Mr. Robbie Baker
Mr. Frank Baldwin
Ms. Jolanta Baranowski
Mr. & Mrs. Elliott and Eileen Berkman
Ms. Karen Johnson Bey
Dr. Jennifer Bogner
Mr. Glenn Bowen
The Mark L Brant Revocable Trust
Mrs. Carrie Brescia
Mr. & Mrs. Robert and Kathleen Brezovec
Mr. & Mrs. Anthony and Patricia Brissette
Mr. & Mrs. Marty and Amy Brown
Mr. Richard Brown
Mrs. Marybeth Bryant
Mrs. Angela Buchanan
Mr. Braden Busch
Mr. & Mrs. Robert and Susan Butani
Ms. Yevette Butler
Caplin Foundation
Centre for Neuro Skills
Dr. Hsiao-Ling Mao Chin
Mr. & Mrs. David and Gretchen Christenson
Mrs. Gaillouet Clark
Mr. & Mrs. William and Rita Joan Clark
Ms. Stephanie Cohen
Ms. Roslyn Coleman
Ms. Ann Colvard
Ms. Allison Cook
Mr. & Mrs. Matt and Babie Coronado
Dr. Suzanne Crandall
Mr. & Mrs. David and Mary Crighton
Mr. & Mrs. Francis and Betsy Cruice
Mr. & Mrs. Dave and Maureen Cunningham
Ms. Allyson Currie
Mr. & Mrs. Christopher and Brenda Cutler
Estate of Mark W. Davis
Ms. Shana De Caro
Ms. Linda Dean
Mr. John Del Cucato
Delta Foundation for Rehabilitation and Research
The Corwin D Denney Foundation
Dr. Ramon Diaz-Arrastia
Mr. Gregor Digigio
Mr. & Mrs. Steve and Marsha Dunaway
Mrs. Denise Dupont
Mr. Steven Eckardt
Mr. Charles Ehart
Mr. Lawrence Eiden
Ms. Deborah Einhorn
Mr. Paul Elam
Mr. Scott Eller
Ms. Dianna Fehel
Fahl Associates, Inc.
Ms. Rose Feher
Mr. Brian Filano
Ms. Naureen Fisher
Ms. Linda Fox
Fraternal Order of Eagles
Nassau Aerie 3128
Mr. & Mrs. Milton and Tamra Fry
Ms. Sonya Galicki
Ms. Beth Gardner
Mrs. Claudia Garnett
GE Foundation
Mr. & Mrs. Harold and Bunny Ginsburg
Ms. Katherine R. Giordano
Dr. Mel Glenn
Ms. Nicole Godaire
Ms. Laura Goldberg
Mr. & Mrs. Scott and Shari Goldstein
Mr. Peter Gorman
Charlotte, Cynthia and Julianna Gosling
Ms. Susan Grolla
Mr. Joseph Greenberg
Ms. Barbara Greenfield
Mr. & Mrs. Kirt and Catherine Grochowski
Ms. Barbara Guidos
Dr. Juliet Haarbauer-Krupa
Ms. Jessica Hall
Ms. Julie Hamby
Mr. Kenneth Handwerger
Hannaford Bloomin’ 4 Good Program
Ms. Sandra Hassenplug
Mr. Kent Hayden
Febie Hermansyah
Mrs. Danielle Hetland
Mr. & Mrs. William and Patricia Hoare
Mr. Scott Holstad
Mr. & Mrs. Michael and Karen Hrabowski
Mr. & Mrs. Patrick and Cindy Hyland
Ms. Peggy Ingle
Mr. Steven Israel
Dr. Cindy Ivanhoe
Mrs. Lelia Ivery
Ms. Page Melton Ivie
Dr. Vicki Jacobsen
Mr. Kellen James
Mr. & Mrs. Edward and Mary Jelinek
Mr. Cole Joos
JPMorgan Chase & Co.
Mr. & Mrs. Jim and Sharon Judd
Mrs. Sharon Keith
Mr. Vincent Kelso
Dr. Hendrika Vande Kemp
Ms. Renee Kendrick
Mrs. Mary Kenney
Mr. Scott Kern
Mr. & Mrs. Walter and Susan Kilcullen
Mr. & Mrs. John and Melinda Kimes
Mr. Joshua Kirchmeier
Dr. Mary Knill
Ms. Denise Koning
Mr. David Korros
Mr. & Mrs. David and Nancy Krause
Ms. Peggy Kreinest
Mr. Tom Kurosaki
Ms. Judith Lachenmyer
Mr. Forest Landis
Ms. Amy Lee
Mr. Morris Lener
Ms. Laurie Leong
Mr. Craig Leres
Ms. Linda Lesaski
Mr. Jeffrey Liebowitz
Ms. Anne Lindner
Mr. Brian Mackey
Mrs. Shirley Madden
Mr. Thomas Malone
Ms. Sarah Mandes
Mr. Jeffrey Marks
Mr. Clarence T. Masuo
Amanda and Thomas McGannon
Family Foundation
Mr. David McGlone
Dr. Michelle Mead
Mr. William Meier
Ms. Sandra Milton
Mr. Carlos Moreno
McLeod Family
Mr. & Mrs. Todd and Linda Morning
Ms. Jennifer Morris
Dr. Michael Mozzi
Dr. Drew Nagele
Mr. & Mrs. Donald and Nancy Nagle  
Naomi Chapter #25 Order of the Eastern Star  
Mr. Timothy Nash  
Mrs. Flora Nodine  
Mr. & Mrs. Dave and Elaine Nokes  
Ms. Elizabeth Olson  
Ms. Margaret Olson  
Ms. Melissa Ortman  
Ms. Ana Oscoz  
Mr. Andrew Palmer  
Ms. Karen Park  
Ms. Rebecca Patterson  
Ms. Alyce Beman Pearsall  
Mr. Brian Pengra  
Mr. Nathan Penner  
Ms. Natasha Perkins  
Dr. & Mrs. Owen and Sheila Perlman  
Ms. Michelle Pirkle  
Mr. Jason Podobinski  
PRA Group, Inc.  
Progressive Health of PA, Inc.  
Mr. Thomas Quinlan  
Mr. Nile Ramsbottom  
Ms. Christine Randal  
Dr. Tim Requarth  
Mr. & Mrs. John and Carol Richards  
Ms. Laurie Rippon  
Howard Robins Family Living Trust  
Mr. R. Craig Roney  
Ms. Stephanie Rose  
Ms. Elizabeth Rouse  
Mr. Gabriel Rubinstein  
Ms. Christina Salla  
Mr. Domenic Sanginiti  
Ms. Adeline Scaglirini  
Dr. Steven Schneider  
Ms. Melanie Schroeder  
Mr. & Mrs. Paul and Judith Schwartz  
Ms. Linda Schwarz  
Ms. Linda Seamans  
Ms. Nina Serranone  
Mr. & Mrs. Jim and Ann Sexton  
Mrs. Maria Sharafeddin  
Mr. & Mrs. Wally and Jacqueline Shaw  
Mrs. Christiane Shepherd  
Ms. Monique Shrader  
Mr. David Simons  
Ms. Margo Smith  
Mr. Michael Smith  
Mrs. Sally A. Smith  
Ms. Nicole Smithback  
Ms. Katherine Soverel  
Mr. & Mrs. James and Diana Spearman  
Ms. Pam Steadman  
Mr. & Mrs. John and Marlene Stebbings  
Mr. Andy Steinhubl  
Kim S. Storey and Douglas I. Katz Fund  
Mrs. Sylvia Strauss  
Dr. Tony Strickland  

Dr. Whitney Sunderland  
Ms. Sandra Sussman  
Ms. Karen Swan  
Dr. & Mrs. Thomas and Andrea Tatlock  
Allen and Elizabeth Ann Taylor Charitable Fund  
Dr. Michael Teodori  
Ms. Jean Maddaloni  
Mr. David Toal  
Ms. Hannah Todd  
Tuft the World  
Ms. Yvette Valiente  
Ms. Julie Venable  
Mr. & Mrs. Mike and Linda Verzal  
Mrs. Barbara Walker  
Mrs. Mary Ann Ward  
Mr. Ron Ward  
Mr. Craig Wellnitz  
Mrs. Keri Wells  
Dr. John Whyte  
Mr. Bobby Windham  
Mr. & Mrs. William and Christine Wixted  
Mr. & Mrs. Benji and Gwen Wolken  
Mrs. Louise Zeile  
Ms. Janice Zimmerman  
Mrs. Jill Zohab  
Mr. Stanley Zube  

THANK YOU!

To learn more about becoming a BIAA Amplifier, visit biausa.org/biaa-amplifier.
Mark had lifelong passions for food, wine, art, the mountains, life on the water, and helping people. Friends and family knew him to be reliable, trustworthy, genuine, outspoken, and generous while not looking for anything in return. “Mark was one of my favorite people,” says Mark’s niece, Abby Reid. “He loved helping people to love food. Everything he had me try was always spot on, whether it was anchovies when I was five or escargot when I was older.”

Abby and her brother, Curtis Reid, believe that some of their first lessons about the importance of helping others came because of Mark’s generosity. “Every birthday or holiday gift from Mark was a gift to help someone else out,” says Curtis, “I would open the cards to find he had sponsored a family in Africa in my name or bought a cow, a goat, or horse for someone in need.”

A renowned chef who got his start at New York City’s famed Carlyle Restaurant, Mark spent many years teaching at the New England Culinary Institute in Burlington, Vermont. He loved his students, and the feeling was mutual. If Mark knew a student was unable to go home for the holidays, he extended an invitation to his own gathering. If a student had trouble affording a textbook or other class resource, Mark made sure it was available at no cost.

“We couldn’t get enough of him, his knowledge, and his willingness to share it,” shared one former student. “Mark opened my eyes and palette to wine for the very first time,” another student shared. Mark’s lessons went well beyond food and wine as yet another student noted, “His teaching on customer service stuck with me across multiple careers and business ventures.”

“I always felt the love in the room when you were with him.”

In 2021, BIAA received a gift of $1.3 million from the estate of Mark W. Davis. This contribution is the largest planned gift in BIAA’s forty-year history. Thanks to Mark’s extraordinary philanthropy, BIAA will be able to advance a number of critically important projects, increasing service to the brain injury community for years to come. For those who knew Mark best, this gift is consistent with who he was – a person who was always thinking about others and how to better the world.
Thanks to careful estate planning, Mark Davis was able to make gift that will affect BIAA’s long-term ability to provide more services and supports, extend educational programming, and reach more survivors at the time of their injury. Bequests provide the resources for BIAA to invest in new lines of services and meet the ever-evolving needs of the brain injury community. For more information about how you can include BIAA in your will or estate plan and be recognized as a member of the Futures Fund Legacy Society, contact Robbie Baker, Vice President & Chief Development Officer at (703) 761-0750, ext. 648 or rbaker@biausa.org.

Surgery for a brain tumor followed by a brain injury ended his teaching career. Mark lost his sense of smell and, with that, his ability to continue to work as a professional chef. During his recovery, he became familiar with BIAA's work and was grateful for not only the services and supports, but also the investment made in brain injury research. After a lifetime of supporting others through his giving, Mark realized he was now the person who needed help.

He filled his time involving himself in his family business, Davis Publications, which specializes in arts education materials. Mark volunteered for a local hospice and the Vermont Association for the Blind, where he met his friend Walter. Understanding that Walter needed day-to-day assistance managing his home, Mark stepped in to help as a surrogate partner.

“Family and friends were so important to Mark,” explained Curtis. “You always felt the love in the room when you were with him.” Mark’s legacy of kindness and generosity extends to the entire brain injury community.

“Mark was extremely grateful to BIAA,” shared Curtis. “Helping others was really important to him, which is something he directly experienced after his injury.”

The philosophy of Beechwood NeuroRehab is to maximize each individual’s ability to participate in meaningful roles within their community. We accomplish this by providing specialized, brain injury rehabilitation for people who have sustained any kind of acquired brain injury. Beechwood NeuroRehab uses a person-centered, interdisciplinary approach, utilizing innovative treatment concepts, applied technology, and evidence-based research to help each individual to achieve a fulfilling life.
The Brain Injury Association of America (BIAA) and brain injury advocates across the nation have our work cut out for us as the second half of the 117th Congress begins. In addition to funding for brain injury programs and services, a big challenge for BIAA is to ensure that people who sustain brain injuries have access to the rehabilitation therapies they need to recover as much function as possible while also ensuring there are adequate home and community-based services and supports available for the long term.

Appropriations
On March 9, the U.S. House of Representatives approved an historic, bipartisan bill to fund the federal government for the current fiscal year, which ends September 30, 2022. Of interest to brain injury advocates are programs operated by agencies within the U.S. Department of Health and Human Services (HHS).

The Administration on Community Living (ACL) TBI State Grant Program, which helps states improve access to services and supports for individuals with TBI throughout the lifespan received $15.321 million, an increase of $4 million from FY21.

Congress allocated $8.75 million for TBI programs within the Centers for Disease Control and Prevention, including a $2 million set-aside for a national concussion surveillance first authorized by the TBI Reauthorization Act of 2018. Congress included funds to increase annual grants awarded to TBI Model Systems centers, and specifically allocated a $100,000 increase for the TBI Model Systems National Data and Statistical Center.

For the military, the Omnibus bill allocated $60 million for peer-reviewed brain injury and neurological disease prevention research and $170 million for peer-reviewed TBI and psychological health research within the Defense Health Program. Policymakers noted the increasing prevalence of deployment-related TBIs and the continued need to provide adequate long-term specialty care for Veterans who sustain severe TBIs. In the Report accompanying the Omnibus legislation, appropriators direct the VA to (1) ensure an adequate number of long-term residential care facilities tailored to care for Veterans with severe TBIs are available and (2) consider entering into agreements to provide long-term specialty care for Veterans suffering from severe TBIs where VA-provided direct care is not available.

BIAA is delighted with the results of the Fiscal Year 2022 funding allocations. We are grateful to the members of the Congressional Brain Injury Task Force, especially co-chairs Reps. Bill Pascrell, Jr. (D-N.J.) and Don Bacon (R-Neb.) for their leadership.

Build Back Better Act
The House of Representatives passed the Build Back Better Act by a very narrow margin in November 2021. The bill provides $2.15 trillion to fund a broad array of education, labor, child care, health care, taxes, immigration, and environmental programs. BIAA is most interested in the part of the bill dealing with Medicaid Home- and Community-Based Services (HCBS). The bill allocates $400 billion to address challenges in the HCBS workforce, which has led to severe staff shortages that brought about crucial gaps in service availability, lengthy waiting lists, service line closures, and additional obstacles to achieving a high quality of life for workers and people with disabilities alike. Since the Senate failed to pass the Build Back Better Act before the end of 2021, advocates are now lobbying policymakers to incorporate HCBS provisions into other bills being considered by Congress.
Access to Inpatient Rehabilitation Therapy Act

The Centers for Medicare and Medicaid Services (CMS) uses an intensity of therapy requirement to determine, in part, which Medicare beneficiaries qualify for treatment in an inpatient rehabilitation facility (IRF). The so-called “Three-Hour Rule” requires a patient to participate in, and benefit from, at least three hours of rehabilitation therapy per day, five days per week (or 15 hours per week if documented appropriately). Since 2010, CMS has only allowed physical therapy, occupational therapy, speech therapy, and orthotics/prosthetics to count under the rule. BIAA believes other therapies – such as recreational therapy, psychological services, neuropsychological services, and respiratory therapy – should count as part of an intensive rehabilitation program, even if they are delivered after admission. The proposal has several champions in the House and the Senate, so bills are likely to be introduced soon.

Stabilizing Medicare Access to Rehabilitation and Therapy Act

The Stabilizing Medicare Access to Rehabilitation and Therapy (SMART) Act, H.R. 5536, seeks to improve access to treatment by reducing the impact of the payment cut imposed by the 2022 Physicians Fee Schedule for services furnished under Medicare Part B by physical therapy assistants (PTAs) and occupational therapy assistants (OTAs). The SMART Act would (1) temporarily suspend the payment cut for all PTAs and OTAs until January 1, 2023; (2) permanently eliminate the cut for therapy assistants who work in rural and underserved areas; and (3) amend Medicare so that the rules for supervision of therapy assistants are the same regardless of setting of care. The SMART Act was introduced by Rep. Bobby Rush (D-Ill.) in October 2021 and was referred to the Energy and Commerce Committee and the Ways and Means Committee in the House. No companion bill has been introduced in the Senate yet.

Improving Seniors’ Timely Access to Care Act

The Improving Seniors’ Timely Access to Care Act House (S. 3018/ H.R. 3173) has 11 cosponsors in the Senate, 250 cosponsors in the House, and more than 450 endorsing organizations. In short, the legislation would push back against the ever-increasing efforts by Medicare Advantage (MA) plans to limit access to care through prior authorization mechanisms. Specifically, the bill would streamline the prior authorization process, ensure requests are reviewed by qualified medical personnel, and protect beneficiaries from disruptions in care as they transition between MA plans. Overall, the legislation would increase the transparency around prior authorization requirements and their use.

Join Us Virtually for Brain Injury Awareness Day on Capitol Hill

Please visit BIAA’s website to learn more about the plans for our virtual Brain Injury Awareness Day March 16. A briefing, sponsored by Congressional Brain Injury Task Force Co-Chairs Bill Pascrell, Jr. (D-NJ) and Don Bacon (R-Neb), is expected to take place in the afternoon. Visit biausa.org for event details along with advocacy fact sheets to use in virtual or local district meetings with your senators and representatives!
Indiana

The Brain Injury Association of Indiana (BIAI) has had a wonderful few months, full of new collaborations, initiatives, and plans for 2022 and beyond. BIAI hosted two educational online events in the last quarter of 2021. In August, BIAI and Love Your Brain Yoga presented on their evidence-based brain injury yoga program, which is held nationally and in two locations in Indiana. In November, BIAI partnered with IU Health Physiatrist Dr. Ruth Stanton for a livestreamed presentation, “COVID-19: Effects on Long Haulers and those with History of Brain Injury.” Dr. Stanton spoke about local services, resources, and supports for those with COVID-19 and brain injury. To learn more about this topic or services available in Indiana, contact us at biassociationofindiana@gmail.com.

BIAI is excited to announce its partnership with the Sons of the American Legion, a patriotic service organization made up of men whose fathers served in the Armed Forces. Together, BIAI and the Sons of the American Legion are working to raise awareness of brain injury and provide support and information to those in need. BIAI would like to thank Right Hemisphere Designs (RHD) for their recent generous donation. Created by two dedicated and passionate brain injury professionals, RHD creates and sells beautiful jewelry, stationary, apparel, tumblers, glassware, and more, donating 100% of profits from all sales to non-profit organizations like BIAI. Visit righthemispheredesigns.com to see their merchandise. On behalf of all of us at BIAI, thank you RHD!

Be on the lookout for some exciting FUNdraising events, educational opportunities, and more from BIAI in 2022!
Michigan

The Brain Injury Association of Michigan (BIAMI) is proud to have been selected by the State of Michigan as one of several key strategic partners in its Covid Vaccination for Underserved Populations Program. Working with the Michigan Department of Health and Human Services and other community partners, BIAMI will be rolling out a three-phased approach designed to:

- foster an understanding of existing and perceived barriers and establish an Outreach Advisory Committee;
- create/enhance relationships with community health care providers to help connect people to vaccinations; and
- educate and inform our community about the importance and safety of the vaccine, help individuals schedule their vaccine appointment(s), and arrange for transportation to get them to and from the appointment.

BIAMI will also seek to reach out to other constituency groups whose members may have likely sustained a brain injury but may not have an official diagnosis. These groups include veterans, and survivors of domestic violence and sexual assault, and BIAMI will collaborate with veterans service organizations and domestic violence programs to reach them. To learn more, visit biami.org.

New Hampshire

In December, the Brain Injury Association of New Hampshire (BIANH) and St. Joseph Hospital launched a pilot program to identify brain injury in patients with Substance Use Disorder (SUD). The program launched with a training led by Deepak Vatti, M.D., 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 SUD 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 focused on educating providers, non-providers, case managers, and social workers about the process for identifying brain injury in their patients. The pilot program, funded by Foundation for Healthy Communities, will run for 22 months. St. Joseph Hospital will work with a neuro-resource facilitator to help direct patients to appropriate resources. This program is a step toward ensuring that individuals from New Hampshire receive the treatment and support they need. To learn more, visit bianh.org.

Maine

In early 2022, the Brain Injury Association of America – Maine Chapter (BIAA-ME) published the sixth edition of its Maine Brain Injury and Stroke Resource Directory in both print and digital formats. BIAA-ME is in the process of distributing the directory across the state. To download a digital copy, visit biausa.org/maine.

The State of Maine’s Office of Aging and Disability Services (OADS) recently received a five-year TBI Partnership Grant through the Administration for Community Living. Through this grant, OADS is partnering with BIAA-ME to strengthen systems and services of support for Maine’s underserved brain injury populations. BIAA-ME is also collaborating with Speaking Up For Us – Maine (SUFU) to provide outreach and education around brain injury and self-advocacy through a two-part virtual presentation series.
Rhode Island

In 2021, the Brain Injury Association of Rhode Island (BIARI) created a new part-time position at the organization called the Brain Injury Navigator. This staff member will be able to better assist the brain injury community by supporting survivors, families, and caregivers through ongoing communication and referral to available resources as they “navigate” the system. Through the program, BIARI will promote quality of care and cost-effective outcomes to assist survivors in bettering their wellness and functional ability. The Brain Injury Navigator works with hospitals, primary care physicians, rehabilitation professionals, in-patient rehabilitation units, community-based service providers, neurologists, neuropsychologists, emergency departments, insurance case managers, and discharge planners. We hope this program will expand opportunities to address service gaps in the system and allow BIARI to reach more survivors and families. In working closely and collaboratively with health professionals on behalf of the client, the Navigator aims to help survivors have better outcomes.

Colleen McCarthy has taken on this exciting addition to the BIARI staff. McCarthy, a social worker by training, was previously employed as vice president of programs and services at Sargent Rehabilitation Center. McCarthy also serves as vice president of BIARI’s Board of Directors. Many thanks to the Brain Injury Association staff who provided input to McCarthy as she was identifying best practices for her new position.

South Carolina

The Brain Injury Association of South Carolina (BIASC) was proud to continue its work on the Brain Injury Safety Net (BISN), a program focused on youth with concussions. BISN was made possible by a three-year grant, which ended in December, from the BlueCross BlueShield of South Carolina Foundation. One goal of the program was to create a state-specific resource, the SC REAP Manual, which is a color-coded resource to help adults provide support to a young person with brain injury in the typical 28-day recovery period after concussion.

The program’s other major goal was to provide education to professionals and communities. BIASC hosted presentations and trainings on concussion best practices and created the “Get Schooled on Concussions – Teacher Acute Concussion Tool” resource. During the three-year grant period, the BISN program provided more than 5,074 professionals with concussion education and information through 61 conferences and training opportunities – a more than 256% increase from the number of professionals we had hoped to reach! We also distributed 8,409 SC REAP Manuals to professionals and caregivers over the grant period. Funding through the state will allow this program to continue through the end of 2022. Visit braininjurysafetynetsc.com to learn more.
Vermont

The Brain Injury Association of Vermont (BIAVT) held Vermont’s 33rd annual Brain Injury Conference in October, hosted by Stacia Bissel and Dr. Michael Hall. There were more than two hundred attendees at the virtual conference, which included an online silent auction and virtual exhibitor hall. We are especially excited to be planning for 2022 as we’ll be hosting our first in-person event since 2020! This June, we will host our immensely popular annual “Walk-and-Roll” fundraiser.

For information on past conferences, upcoming events, and how you can support BIAVT, contact us at support@biavt.org. You can also visit our website at biavt.org or follow us on social media to stay up-to-date. Find us on Facebook and Instagram at @biavermont on Facebook and Instagram or @BrainInjuryVT on Twitter. As always, our helpline is open Monday through Friday, 9 a.m. to 4 p.m. (ET) for information and referrals.

Virginia

In November, the Brain Injury Association of Virginia (BIAV) was able to host its 21st annual Making Headway Conference in person in Roanoke! Our keynote address, “Look Closer, My Brain Injury is Invisible” was presented by Stacia G. Bissell, M.Ed. Bissell shared her TBI story and discussed challenges and insights gained, both personally and professionally, throughout her TBI journey. Other sessions included: “Coping with Anxiety and Depression after Brain Injury,” “Utilizing Creative Arts Processes,” and “Making the Invisible Visible: Virginia’s Domestic Violence and Traumatic Brain Injury ‘Screen and Intervene’ Project.”

The “Screen and Intervene” project session was presented by Maria Altonen, rape prevention and education director and violence prevention coordinator at the Virginia Department of Health (VDH), and Amy Smith, OTD, clinical liaison at BIAV. This session explored how BIAV and VDH’s partnership worked with brain injury and domestic violence service providers to pilot a program fostering community collaborations, introducing screening tools, and collecting critical data to shine a light on this hidden epidemic. The project summary for year one showed that 75% of clients reported being hit in the head, choked, or strangled, and 51% of their brain injuries were due to an assault or fight. More than 60% of clients who were hit in the head, choked, or strangled reported problems in their daily life as a result of their injuries. In year two, we have extended our partnership to more areas of the state and to more organizations. To learn more about BIAV and its programs, please visit biav.net.
BIAA WELCOMES NEW OFFICERS AND DIRECTORS

The Brain Injury Association of America (BIAA) announced the election of new directors and officers for the term beginning January 1, 2022. Shana De Caro, J.D., partner in the New York-based firm of De Caro & Kaplen, LLP, will continue as the Association’s chairwoman and Page Melton Ivie, owner and manager of The Source Group, LLC, will continue as the vice-chair. The secretary will be Eleanor Perfetto, Ph.D., M.S., recently retired executive vice president of the National Health Council. Nicole Godaire, chief executive officer of the Brain Injury Association of Massachusetts, will serve as BIAA’s treasurer.

New directors include Kevin Bingham, ACAS, CSPA, MAAA, chief results officer of Subsidiary Initiatives at Chesapeake Employers’ Insurance Company and president and CEO of the company’s corporate venture capital subsidiary iCubed Ventures, LLP; Chris Brisbee, president of the property casualty division of USI Northwest; and Owen Perlman, M.D., founding partner of Associates in Physical Medicine & Rehabilitation, P.C. Learn more about BIAA’s new volunteer leaders at biausa.org/board.

RAISE AWARENESS THIS MARCH

BIAA is entering the second year of its wildly popular, survivor-focused More Than My Brain Injury awareness campaign. The three-year initiative aims to destigmatize brain injury and empower survivors to share their lived experiences with others. Join us for one of our virtual events during Brain Injury Awareness Month this March, get involved on social media, or contact a local BIAA State Affiliate for information about in-person events in your state. For posters, public services announcements, at-home activities, and other resources, visit biausa.org/raiseawareness.

DO YOU WANT TO DO MORE FOR BRAIN INJURY?

With your help, BIAA can do more for people living with brain injury. This is an opportunity for everyone who wants to get involved: survivors, family, friends, relatives, co-workers – any member of your community. Fundraising is simple and easy, so step up and sign up! Visit biausa.org/domore or email development@biausa.org to get started.

UPCOMING WEBINARS

Mitchell Rosenthal Research Webinar – Self-Advocacy after Brain Injury: An Evidence-based Model of Empowerment
March 31, 2022, 3 p.m. ET/12 p.m. PT
Lenore Hawley, MSSW, LCSW, CBIST

Robert Sbordone Concussion/mTBI Webinar – Concussion Symptoms: Thinking Beyond Headaches
April 6, 2022, 3 p.m. ET/12 p.m. PT
Lori Boyajian-O’Neill, D.O.

Mitchell Rosenthal Research Webinar – Life after TBI in a Remote World: How mHealth Technology Can Support Individuals with TBI in their Community
May 19, 2022, 3 p.m. ET/12 p.m. PT
Shannon Juengst, Ph.D., CRC and Amanda Rabinowitz, Ph.D.

To register, please visit shop.biausa.org/livewebinars.

ADVERTISER INDEX

<table>
<thead>
<tr>
<th>Advertiser and Website</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avanir.................................................................</td>
<td>9, 31</td>
</tr>
<tr>
<td>avanir.com</td>
<td></td>
</tr>
<tr>
<td>Beechwood Rehabilitation Services....................</td>
<td>23</td>
</tr>
<tr>
<td>beechwoodneurorehab.org</td>
<td></td>
</tr>
<tr>
<td>The Lighthouse Neurological Rehabilitation Center...</td>
<td>15</td>
</tr>
<tr>
<td>lighthouserehab.com</td>
<td></td>
</tr>
</tbody>
</table>
Avanir Pharmaceuticals is a pharmaceutical company focused on bringing innovative medicines to patients with central nervous system disorders of high unmet medical need.

To learn more, visit Avanir.com.
The Corporate Partners Program gives rehabilitation providers, long-term care facilities, attorneys, and other leaders in the field a variety of opportunities to support the Brain Injury Association of America’s advocacy, awareness, information, and education programs. BIAA is grateful to the Corporate Partners for their financial contributions and the many volunteer hours their companies devote to spreading help, hope, and healing nationwide.

For more information on how to become part of the Brain Injury Association of America Corporate Partners Program, please visit biausa.org/corporate or contact Carrie Mosher at 703-761-0750, ext. 640 or cmosher@biausa.org.