

BRAIN INJURY ASSOCIATION OF AMERICA | Volume 16, Issue 4

THE CHALLENGE!



SECONDARY EFFECTS OF BRAIN INJURY



DECEMBER 2022

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Publication designed by
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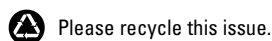


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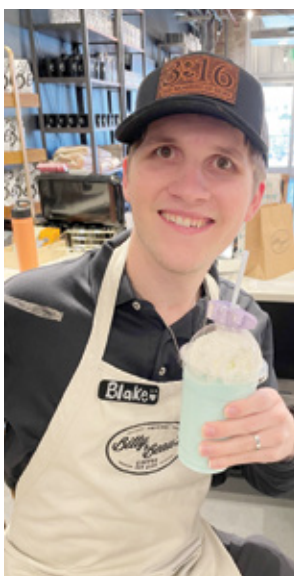
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FROM MY DESK

An English poet named Geoffrey Chaucer conceived the idea of “All good things must come to an end.” Some scholars believe Chaucer was grieving a loss. Others claim he was referring to natural cycles that begin and end. With my retirement looming, I can see it both ways.

I am proud to have served as the president and chief executive officer of the Brain Injury Association of America (BIAA) for the past 17 years. BIAA’s highly qualified and dedicated staff have worked hard every day to deliver top notch programs and services. Together we have built a strong reputation and a solid financial foundation. I want to mention Mary Reitter and Greg Ayotte, who returned to BIAA in 2006 having served the National Head Injury Foundation in the 1990s. These long-tenured employees and the fresh faces who joined the organization more recently provide tremendous value. For years now, BIAA has benefited from outside professionals who ably served the Association, including our lobbyists Peter Thomas, the late Bobby Silverstein, and Joe Nahra; our state policy consultant Susan Vaughn; and graphic designer Suzani Pavone.

BIAA is fortunate to have had extraordinary board chairpersons, especially Maureen Alterman, Mark Ashley, and Joe Richert, who held us together in the lean years and celebrated our victories later on. Our volunteer medical directors, Greg O’Shanick and Brent Masel and their research counterparts, Dave Hovda and John Corrigan, also deserve special mention. Deb McMorrow, Heidi Reyst, Bud Elkind, and Sheldon Herring strengthened BIAA’s Academy of Certified Brain Injury Specialists. I hope our federal partners and congressional champions – especially Bill Pascrell, Jr. – remain steadfast in their commitment to our community.

The 27th Annual Affiliate Leadership Conference, held Oct. 24-26, 2022, featured both laughter and tears as I said goodbye to the network of professionals who lead BIAA’s chartered state affiliates. I will always be grateful to Anne McDonnell, who walked through fire for us. I will miss all of the talented and hardworking affiliate leaders who stuck with BIAA through thick and thin and

became longtime friends. The state executives taught me valuable lessons, as did my predecessors Marilyn Spivack, George Zitnay, and Allan Bergman.

Over the years, BIAA’s supporters have been integral to our success. Abbott, Avanir, Centre for Neuro Skills, Ipsen, Nolan Law Group, Pate, Rainbow, and Special Tree have been great corporate partners. During my tenure, we received sizable bequests from the estates of Robert Sbordone, Linda Redmann, and Mark Davis that allowed BIAA to build a solid infrastructure and start new programs, including our research grants initiative. I cannot list all of the Facebook fundraisers and annual donors, but I hope they know their help ensured BIAA’s National Brain Injury Information Center remained ready and able to assist the next individual or family who face this life-altering injury. Please continue your generosity in the coming years.

Finally, I cannot depart BIAA without acknowledging the individuals with brain injury, family members, researchers, clinicians, and advocates who were essential to my career. They taught me about the brain, the benefits of rehabilitation, insurance and public payers, access to care, and civil rights. Mostly they taught me that all people are worthy of my time, attention, affection, and respect. On the 20th anniversary of his injury, one friend said I had made a “permanent, positive impact” on his life. A leader cannot ask for more than that.

Thank you all from the bottom of my heart.



Susan H Connors

Susan H. Connors, President/CEO
Brain Injury Association of America

Lifelong Adjustment and Behavioral Changes with TBI/ABI

By Leif E. Leaf, Ph.D.

Life after a brain injury is different, but worth living! The changes that happen after a brain injury often result in lifelong consequences and challenges. As the physical recovery becomes more stable, the cognitive and behavioral challenges remain. The progress and gains made in physical therapy, occupational therapy, speech therapy, and adaptive functioning can help with a person's recovery. The cognitive and behavioral challenges, however, continue to impact one's success in reentering community and evolving into the new "person."

The impact of changes to behavior after brain injury

The neurobehavioral consequences of a brain injury can have a long-term impact on adjustment, relationships, social interaction, vocational reentry, and life satisfaction. Like it or not we live in a social oriented society and culture. As social beings, we need interaction, support, feedback, and positive regard from those we care about.

When we think of behavior, we need to recognize how complicated it is to manage all the changes in life. One way to understand the challenges of behavior issues after a brain injury is to break behavior down into three separate parts.

The first part to remember is that behavior is controlled by the command center, that three-pound universe called the brain. A major influence on behavior will be the type of injury, severity, and integrity of the brain. Damage to the frontal and temporal lobes is common in traumatic brain injuries and often involved with acquired brain injury, and behavioral issues can arise due to the injury to the brain's communication. Control issues with the primary areas of self-management can arise as well. Our frontal-temporal areas have been shown to be critical for integrating and assessing cognitive, emotional, and social events in one's world. Damage to these areas can result in disinhibition,

emotional discontrol, and reduced ability to manage everyday life. It is important to remember that a lack of insight, confusion, or inability to recognize the effects of their actions along with poor motivation may have an organic basis that is misattributed to intentional behavioral incidents. The person is not intentionally being disagreeable.

Secondly, the person injured has a history and a personality, and nothing happens outside the realm of who they are and what they were like at the time of the injury. The person's social style, personality style, and their sense of self are critical in assessing and intervening with behaviors. A family member who has lived with the person has insight into their values and how they managed anger and frustration before the injury. Generally, after an injury the person will be like their old self only at times exaggerated.

Finally, the environment where a behavior occurs can be telling. From a management perspective, the environment is generally the easiest factor to control. You may see certain behaviors in some settings but not in others, be aware of these. The person may have sensitivities to how differing settings impact them. Knowing this can go a long way to reducing behavioral incidents. After a brain injury, a person may easily be overstimulated by an environment that is too active. If so, they can be removed or redirected. This is where knowing the person's preferences can be helpful.

When dealing with behavior, be aware that what may be labeled inappropriate behavior may in fact be the residual deficits from the injury. Understanding the changes in the brain and awareness of the cognitive, personality and social history of the person can help in managing the behavior and creating a safe environment.

Addressing behaviors

In looking at some specific situations in which behavior may be an issue there are some important fundamentals to review. The first is not to take behaviors personally. The situation, the person's injury, and how you respond all need to be considered. The person's pre-injury personality will generally be exaggerated from their pre-injury personality style. They may feel anxious, agitated, and angry that they are different without appreciating the severity of their injuries.

Always try to remain calm and in charge of your emotional responses. When dealing with the person, try and maintain the 3 C's: stay cool, calm, and in control (of yourself). In the hospital or rehabilitation center,

the person with a brain injury was in a controlled environment with staff that are trained to assist and manage behavioral issues. In the community that responsibility falls on the person and the family or significant others.

After a brain injury, new learning may be difficult due to memory changes, poor attending, concentration skills, lack of awareness of deficits and limited insight. The inability to see the other person's point of view or to recognize one's own responsibility is common with frontal-lobe injuries. Taking it slowly and intentionally is critical to helping the person learn new and effective strategies for self-control.

When addressing behaviors, try not to make it a control issue. You want the person to participate willingly to achieve the desired outcome. Talk to the person, discuss the situation if able. Starting here allows you to move on by working together to find a solution. Always listen and treat them with respect.

One way to encourage participation is to offer choices. This gives a sense of control and not being forced to do something. As with most brain injuries, cognitive skills can be a challenge. Try to avoid arguing and reasoning when emotions are high, they can't process what you are saying. Take a timeout and redirect the person, come back to it after things have cooled.

Remember, we all like to feel good and needed, and it is critical that you reinforce the good and whenever possible ignore the bad. When you can catch them doing it right, it will go a long way to building positive self-management.

The key to behavior management is to understand the injury, the person and control the environment. Treat a person according to their potential, not their disability. •



Neuroendocrine Disturbances Following Traumatic Brain Injury

*By Stefanie N. Howell, Ph.D., CBIS, Centre for Neuro Skills, and Brent E. Masel, M.D.,
Centre for Neuro Skills and University of Texas Medical Branch*

Traumatic brain injury (TBI) is a major cause of disability, with an estimated 5.3 million people living with disabilities secondary to a TBI in the U.S. alone. Often, survivors may seem to make a full physical recovery while being left with more subtle, “invisible” disabilities, which are likely to impact daily functioning. Examples include disturbed affect, hypervigilance, cognitive deficits, fatigue, and autonomic dysregulation. These chronic symptoms may be tied to brain injury induced dysregulation of the neuroendocrine system and may ultimately contribute to posttraumatic morbidity.

The impact of brain injuries to the neuroendocrine system

Biomechanical forces at the time of a TBI frequently impact the diencephalon, an area located deep within the center of the brain, just above the brainstem. Two main structures in the diencephalon, the hypothalamus and pituitary gland (the hypothalamic-pituitary system (HPS)), comprise a feedback loop which sends signals from the hypothalamus (releasing hormones) to the pituitary gland, which then releases/distributes hormones to a variety of other bodily systems, including the adrenal and thyroid glands, reproductive organs, skin, bone, and muscle. Dysregulation of this system may have widespread effects on mood, memory, metabolism, muscle mass, energy, stress, libido, and reproduction.

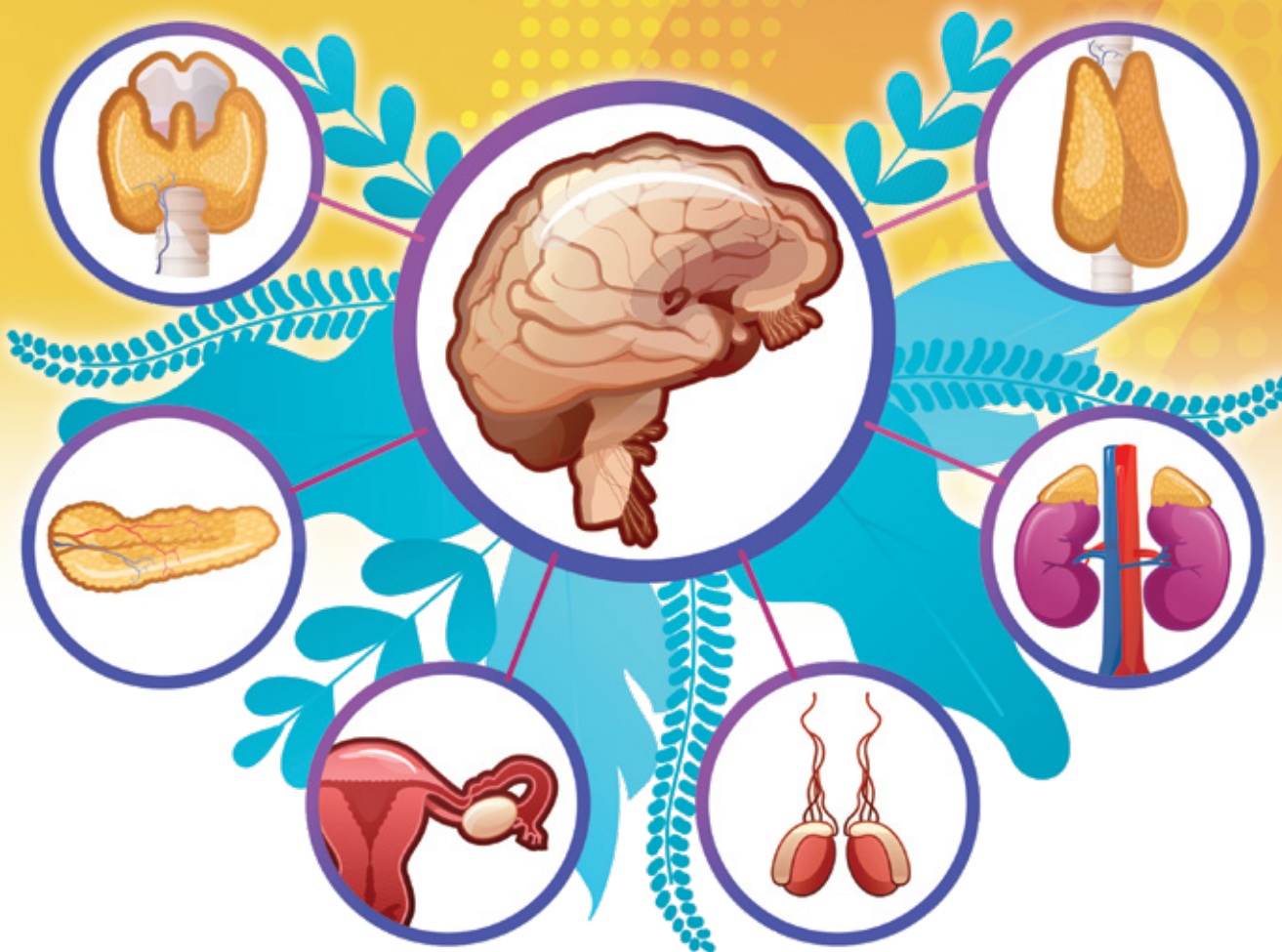
This “post-traumatic hypopituitarism” (PTHP) has been increasingly recognized as a common sequelae of TBI, which requires close monitoring due to the potential for

symptoms to be overlooked as possible side effects of medications, and the possible transient, permanent, or fluctuating nature of the brain injury itself.

While PTHP does occur in mild injuries, it is more common in moderate to severe injuries and may evolve or resolve over time. In the acute phase after TBI, hormonal changes may be attributed to the body and the brain’s response to the injury, while alterations that persist into the subacute to chronic phase are more likely to reflect hypothalamic pituitary dysfunction. The exact timing of the development of PTHP cannot be predicted and may surface more than one year post-injury.

The hypothalamic-pituitary system: Why is it vulnerable?

The HPS is particularly vulnerable to TBI due to its vascular and anatomical characteristics. The pituitary, a pea-sized gland attached to the brain by a fragile stalk, is located in a bony enclosure, the sella turcica. Trauma may damage the HPS directly or cause secondary damage by inducing hemorrhage, increasing intracranial pressure, and/or producing changes in cerebral blood flow (ischemia), metabolism, cytotoxicity, or inflammation. The pituitary, with its anterior and posterior lobes, is also at high risk due to its blood-supply. The anterior pituitary, which releases the majority of pituitary hormones, receives no direct arterial blood-supply. Instead, it receives the bulk of its supply from long hypophyseal vessels, which are more susceptible to damage.



Hypothalamic-Pituitary System Axis dysfunction

There are several different ways that dysfunction can occur in the hypothalamic-pituitary system:

Hypothalamic-Pituitary Somatotrophic Axis:

Disruption of the HPS axis may result in Growth Hormone (GH) deficiency. Synthesized in the anterior pituitary gland, GH stimulates the production and release of insulin-like growth factor-1 (IGF-1) and has been identified as crucial in nervous system development, neuroprotection, and neuro-regeneration, as well as in the regulation of appetite, cognitive function, energy, memory, mood, sleep, and general well-being. GH receptors have been found on the surface of most cells, indicating that levels of GH will impact nearly all tissues and organs either directly, or via growth factors. The prevalence of GH deficiency (GHD) post-TBI is highly variable, which may be attributed to the timing and method of diagnosis. However, 30-45% of patients

with chronic TBI have been diagnosed with GHD. Individuals with TBI presenting with GHD often have issues with decreased muscle mass and bone density, fatigue, impairments in memory, attention, and cognitive flexibility, and ultimately a substantial decrease in quality of life.

Hypothalamic-Pituitary Gonadal Axis:

Dysregulation of this axis involves alterations in hypothalamic release of gonadotropin releasing hormone (GnRH) and/or damage to the pituitary cells responsible for the gonadal hormones, and therefore, may impact sex hormones such as estradiol, progesterone, and testosterone. In men, hypogonadism is typically associated with low levels of testosterone and in women, with decreases in estradiol. Hypogonadism presents acutely following TBI and has been found to persist in up to 37% of male patients. In females, delayed resumption of menses or even cessation of menses is well known following a TBI.

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Hypothalamic-Pituitary Adrenal Axis:

One of the roles of this axis, which functions through a negative feedback loop, is to regulate our stress response. When we experience something stressful in our environment, the hypothalamus releases corticotropin-releasing hormone (CRH), which triggers the release of adrenocorticotrophic hormone (ACTH) from the pituitary gland. This signal then travels to the adrenal glands where cortisol is released. Cortisol initiates several changes in our body that help us deal with stress, i.e., our “fight or flight response” for example, increasing blood pressure and heart rate. In a functioning feedback loop, high cortisol levels in the blood trigger the hypothalamus to decrease the release of CRH, thereby stopping the stress response. Hyperresponsiveness to stress and dysregulation of this axis has been reported following experimental TBI, the duration of which appears to be dependent upon TBI severity. This hyperresponsiveness has been implicated in depression, anxiety, mood swings, irritability, and impaired learning/memory.

Hypothalamic-Pituitary Thyroid Axis:

Although observed less frequently following TBI, given the widespread metabolic effects of thyroid hormones, persistent disruption of this axis can have substantial consequences. Also functioning through a negative feedback loop, dysregulation of thyroid hormones has been shown to impair cognition, mood, and energy levels. In addition to this axis being disrupted by the injury itself, thyroid hormone activity is influenced by other endocrine signals and compounds, such as cortisol and gonadal hormones.

Pediatrics

Certainly, children can develop PTHP, with reported incidences of 8-29% at one-year post-injury. Children may have altered fat distribution, impaired growth, altered school performance, and delayed puberty. Children with suspected PTHP should be referred to a pediatric endocrinologist.

Diagnosis of PTHP

The following tests can be obtained by any medical provider:

Growth hormone: Insulin-like Growth Factor 1

Gonadotropins:

Males—LH, FSH, Prolactin and morning free Testosterone

Females—FSH, LH, Prolactin and estradiol.
(No testing needed if having normal menses)

Adrenals: morning cortisol

Thyroid: TSH and free T4

Although there are varying opinions on the timing (due to potential spontaneous recovery), if PTHP is suspected, patients should be screened no sooner than 6-12 months post injury. Patients with abnormal testing (and/or a high index of suspicion for PTHP) should be referred to an endocrinologist.

Treatment of PTHP

Any medical provider may initiate hormone replacement; however, it is best that someone with PTHP be treated by an endocrinologist knowledgeable in this field. Depending on the abnormality, treatment may be as simple as taking a daily pill. Diagnosis and treatment of GHD is more complex, and replacement requires a daily injection. Most patients with PTHP see an improvement in their symptoms with appropriate replacement.

Conclusion

Due to the high prevalence, the association with poor outcomes, and the relative ease of treatment, dysregulation of the neuroendocrine system is frequently becoming an area of early identification and treatment in order to prevent long-term neurological consequences. Symptomatic individuals with chronic TBI should strongly be considered for pituitary diagnostic testing and treatment.

For references, visit biausa.org/PTHP.

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Traumatic Brain Injury, Seizures, and Epilepsy

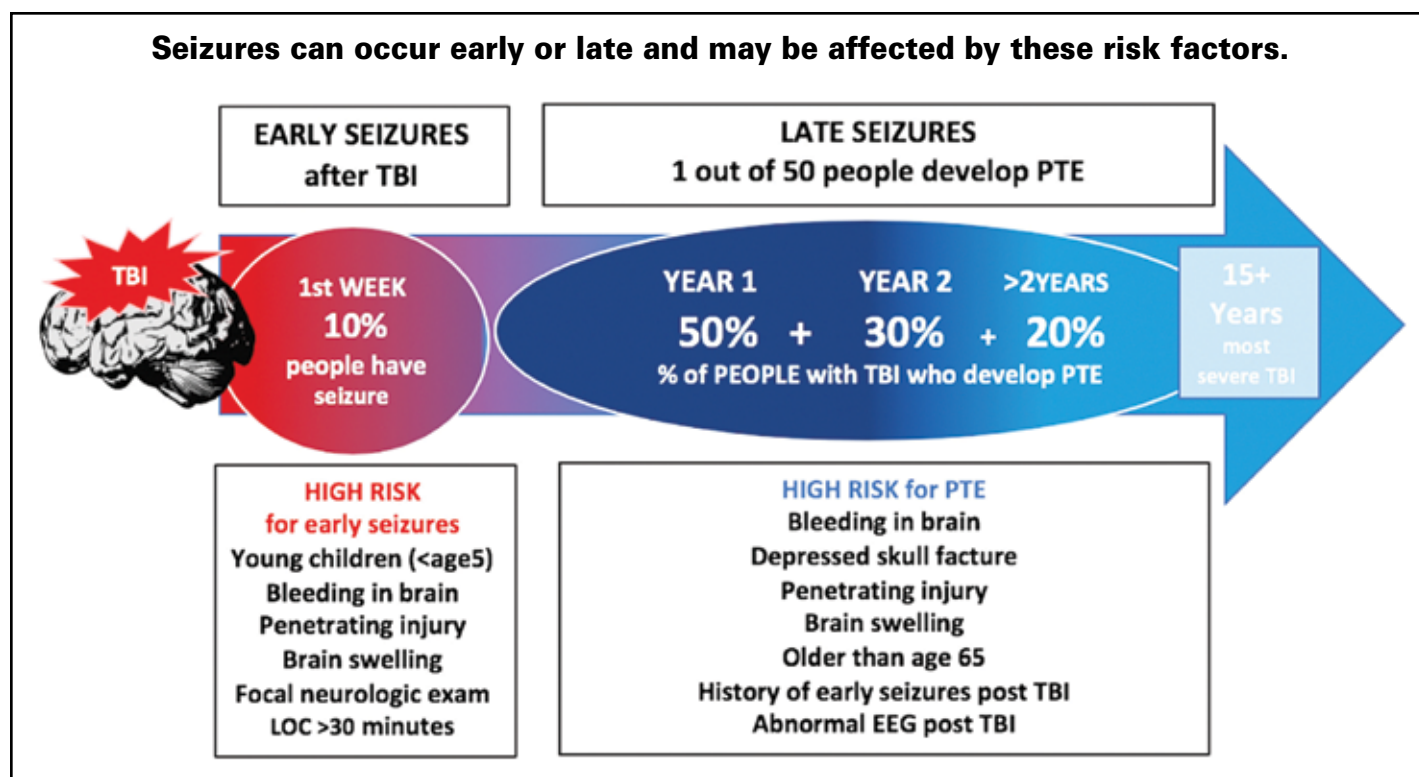
By Elaine Kiriakopoulos MD, MSc, Epilepsy Foundation

Traumatic brain injury (TBI) is a well-recognized cause of seizures and epilepsy. Traumatic brain injuries can range from mild, to moderate, to severe, and as a result, the spectrum of impact on any individual can vary. Mild trauma to the brain may affect brain cell function for hours, days, or weeks. More severe brain injuries often have more long-term effects and can result in significant disability or death. A range of both physical cognitive and psychiatric symptoms can be present after a traumatic brain injury. In addition, changes in movement, sensation, vision and hearing are possible and seizures and epilepsy are a relatively frequent complication of TBI.

The area of the brain affected by the injury, the extent of the brain injury, and the age and general health of a person before the injury will determine how a person is impacted.

What do we know about seizures and TBI?

Seizures can occur **early** (within the first week of the brain injury), or **late** (more than a week after brain injury). Seizures which occur early after a traumatic brain injury are felt to be a symptom of the recent injury. Seizures which occur in the late period after TBI are more likely to recur and result in epilepsy.



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Early seizures in TBI

People who have head injuries that are more serious that cause brain swelling or blood on the outside of the brain, or involve the brain being penetrated by a foreign object, or are accompanied by an extended period with loss of consciousness (>30 minutes) are more likely to have early seizures.

In some cases, even if a head injury is “mild” and a person has no evidence of injury to the brain on brain imaging with CT or MRI, a seizure may still occur.

People with early seizures after a brain trauma are at higher risk for developing post-traumatic epilepsy.

What are late seizures?

Seizures which occur more than a week after a traumatic brain injury are considered late seizures. Most often when this happens, it is because there has been more serious injury to brain cells and the chemical environment around the cells has also changed. Late seizures are more likely to lead to the complication of post-traumatic epilepsy.

Post-Traumatic Epilepsy (PTE)

A person with post-traumatic epilepsy (PTE) is someone with risk for recurrent seizures as a result of a brain injury. About 1 in 50 people who have traumatic brain injuries will go on to develop PTE. There is a spectrum of severity of PTE that ranges from well-controlled seizures to disabling seizures that are resistant to treatment.

What types of seizures do people with post-traumatic epilepsy have?

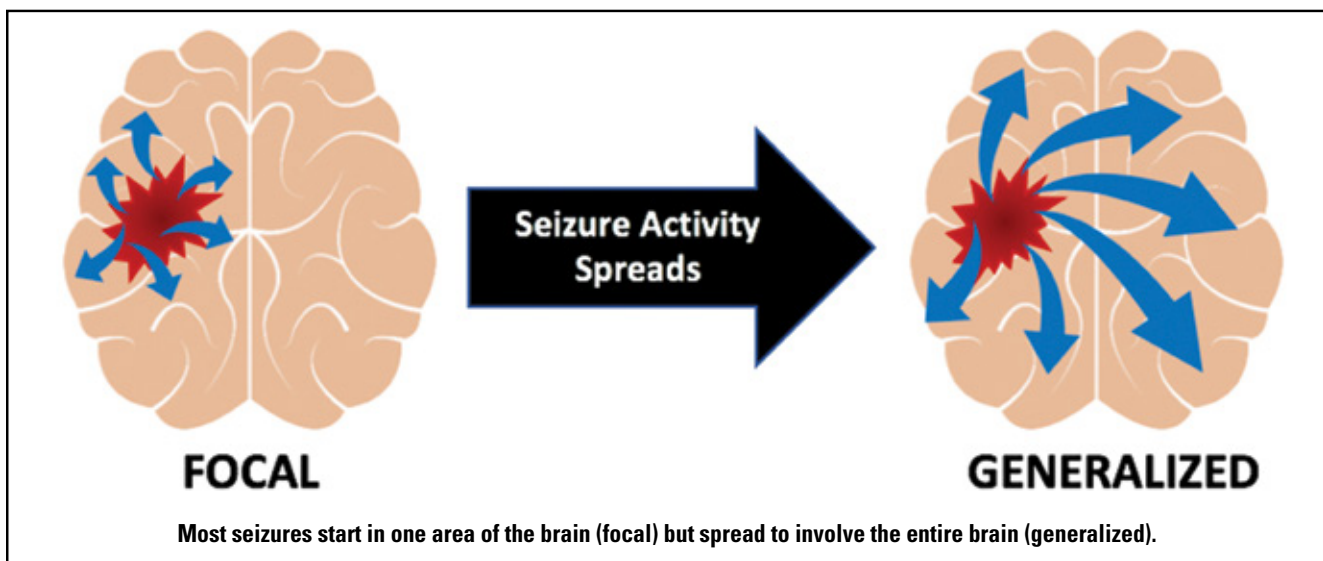
Most seizures (8 out of 10 people) in post-traumatic epilepsy are focal and may spread to become bilateral tonic clonic seizures. This means that they start in one area of the brain (focal) but spread to involve the entire brain (generalized). Sometimes the beginning of these seizures (focal onset) can be determined and relates to the area of the brain injured, other times it is harder to determine where a seizure begins. A person may have focal aware or focal impaired awareness seizures but these are less frequent (occur in about 2 out of 10 people).

In one out of two people, post traumatic epilepsy occurs within one year of their brain injury. The more severe the head injury the longer a person is at risk for developing epilepsy. Risk for PTE developing decreases substantially with time but can extend out to 15 years after the original traumatic injury for people with the most severe brain injuries.

What changes in the brain can cause seizures after a TBI?

The structural, chemical, and functional changes that result in seizures after TBI are still being studied. It is known that the type of changes that occur in brain tissue after a TBI depend on the type of trauma.

- Closed head injury can result in bleeding in the brain (hemorrhage), bruising of brain (contusions), shearing injury to the white matter tracts in



the brain (diffuse axonal injury), brain swelling (edema), and a lack of blood flow to brain tissue (ischemia).

- Chemical changes in the brain which influence how brain cells function are also known to occur after a TBI.
- Penetrating injuries can result in a scar forming in brain tissue, or cause a scar to form that involves the outer layer of the brain (cortex) and its coverings (meninges).
- Electrophysiologic and imaging biomarkers are being studied as potential tools to better understand the brain changes related to seizures after TBI.
- Blood and cerebrospinal fluid (CSF) biomarkers being studied may also make it possible to better understand the changes that occur leading to post-traumatic epilepsy.

How are seizures treated in TBI?

Antiseizure medication (ASM) is first-line therapy used to treat seizures after TBI. Treatment with ASM is typical if a person experiences even a single seizure early after TBI. Early treatment with ASM is started to help lower the likelihood of progression to status epilepticus.

Controlling seizures quickly is important to lower risk for further injury to the brain. The length of treatment (weeks, months) with antiseizure medication is weighed carefully for each individual depending on extent of injury and likelihood for recurrent seizures. In late seizures, there is a high, about 8 out of 10 people, recurrence rate for seizures.

Because of the high rate for repeat seizures, long-term anticonvulsant treatment is recommended for people who have even one late (more than one week after TBI) seizure. The choice of antiseizure medication will be based on the type of seizures a person has, and their individual medical history (co-morbid illness, medication tolerance).



Preserving access to lifesaving flights

FACTS

Since 2010, more than 130 rural hospitals have closed, putting more distance between veterans and the nearest trauma center.

Air ambulances fill this critical gap in rural America by transporting patients quickly and safely.

The SOAR Campaign

is committed to preserving access to emergency air medical services for 85 million Americans who live more than an hour away from trauma centers best suited for treating brain injuries. This includes many of our nation's veterans.

Unfortunately, the Department of Veterans Affairs is proposing to cut the reimbursement rate for air medical providers, putting this lifesaving service at risk.

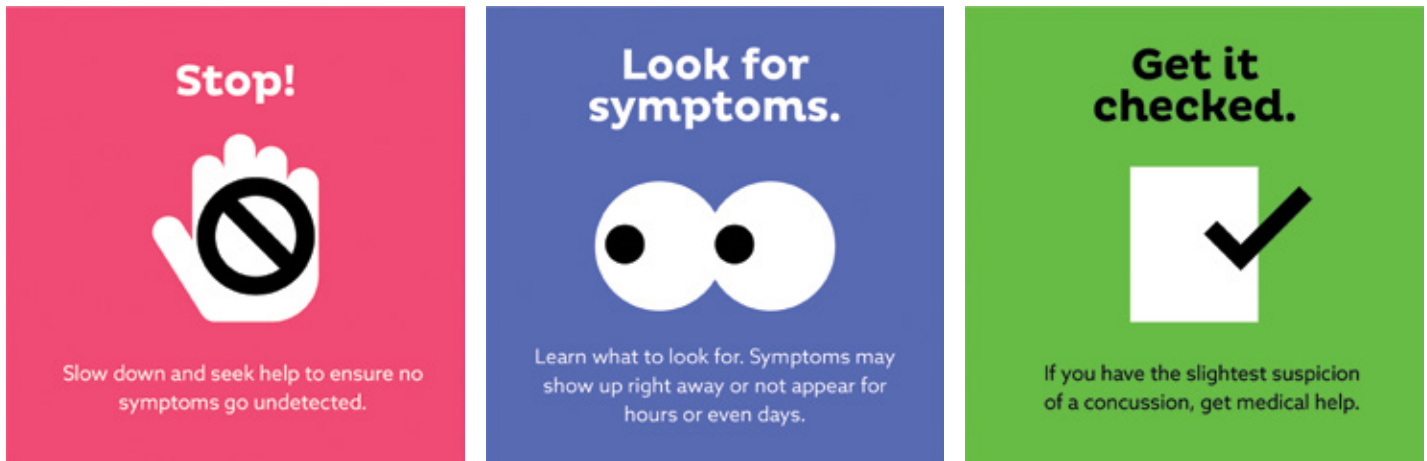
The SOAR Campaign is working hard to protect access to health care for those who bravely served our country.

Visit soarcampaign.com today to learn more.



@SOARCampaign

BIAA and Abbott Launch Concussion Awareness Now



The Brain Injury Association of America and Abbott have cofounded a coalition of nearly 20 advocacy groups, and are teaming up with acclaimed actress, comedian, writer, and producer Rebel Wilson to raise awareness of the seriousness of concussions.

The coalition, called Concussion Awareness Now, will produce educational campaigns and other awareness efforts focused on seeking care for a possible concussion. According to a recent coalition survey, over half of people who suspect they have a concussion never get it checked. With blows to the head, phrases like “tough it out” and “walk it off” are the norm. And while that kind of direction may be appropriate for a skinned knee, it’s never the answer for a potential brain injury.

Wilson is sharing her personal concussion story as part of the coalition’s debut campaign. She suffered a concussion after slipping on wet grass while filming a movie.

“People often believe only athletes and stunt doubles get concussions,” Wilson said. “But in reality, concussions are almost always everyday accidents like whacking my head when I fell down a hill.”

Wilson did seek care after her injury on set and is passionate about raising awareness about the importance of concussion care.

“With Concussion Awareness Now, we have no small goal,” said Susan Connors, chief executive officer of the Brain Injury Association of America. “We want to change the societal norm about concussions so that when you sustain a potentially serious hit or jolt to your head, or your loved one does, you won’t hesitate to get it checked and get on the right path to the best possible care.”

To learn more about the coalition and its cause, please visit ConcussionAwarenessNow.org.



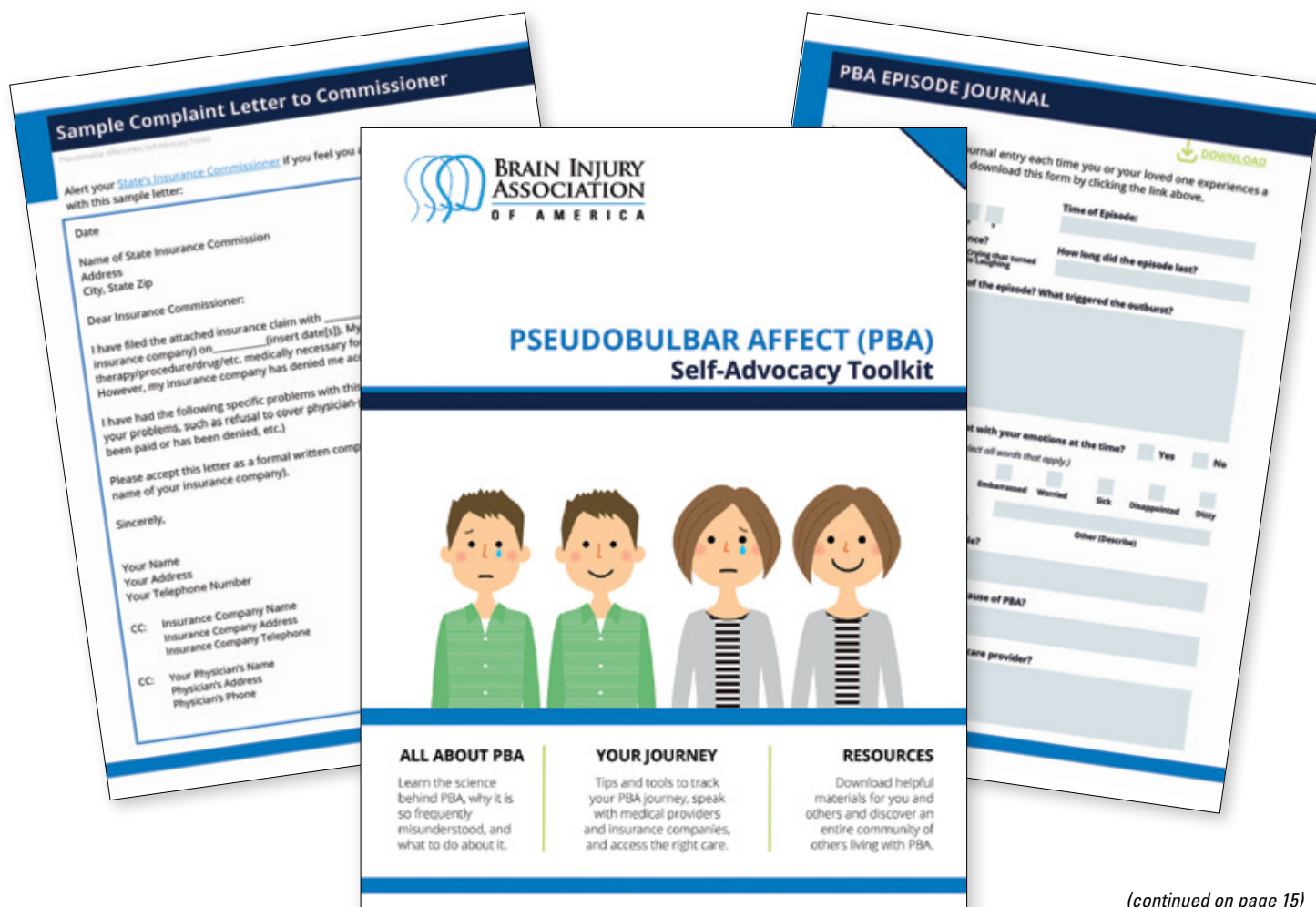
Pseudobulbar Resources You Can Use

By Susan Connors, President and CEO, Brain Injury Association of America

This fall, the Brain Injury Association of America (BIAA) released three new resources for individuals living with pseudobulbar affect (PBA). PBA is a neurological condition secondary to traumatic brain injury and stroke that causes sudden, frequent, uncontrollable crying, and/or laughing that does not match how the person feels. PBA is often misdiagnosed. It may be hard to find a clinician who understands PBA or to get insurance coverage for the right treatment. BIAA's new resources address these issues.

The Association published its Pseudobulbar Affect Self-Advocacy Toolkit in September. The toolkit, a booklet presented in PDF format, defines PBA, describes the signs and symptoms, offers suggestions for talking with healthcare providers, explains treatment options, and includes tips and tricks for advocating with insurance companies. The tools in the kit include a PBA episode journal, a self-administered Center for Neurologic Study-Lability Scale (CNS-LS), and a sample complaint letter to send to your state's insurance commissioner.

Download the PBA Toolkit from BIAA's website at biausa.org/pba.



(continued on page 15)



PBA Voices

Pseudobulbar Affect Voices

LAUGHING AT A
FUNERAL. CRYING
UNCONTROLLABLY FOR
NO REASON.

It's hard to understand if you don't know that it could be Pseudobulbar affect (PBA) – a neurological condition involving involuntary, sudden, and frequent episodes of laughing or crying.

PBA IS OFTEN MISUNDERSTOOD AND MISDIAGNOSED – BUT IT DOESN'T HAVE TO BE.

Awareness, education, and treatment can help people better manage PBA in everyday life. Find webinars, personal stories, and our self-advocacy toolkit at pbavoices.org to help.



Learn more at
pbavoices.org



“Great information! Thank you.
We are at Craig Hospital with our
son who has a TBI. I love soaking
up as much info as possible!”

Former employee William Dane, who authored the toolkit, presented an overview of its contents during a Carolyn Rocchio Caregivers Webinar held Oct. 18, 2022. The webinar, *Taking Charge: Self-Advocacy and Brain Injury*, featured suggestions for ensuring individuals with brain injury or family members can advocate for the highest level of care possible. To view a recorded version of the webinar, visit: biausa.org/pba-webinar.

BIAA's Volunteer Medical Director Emeritus Greg O'Shanick, M.D., joined BIAA's Director of Consumer Services Greg Ayotte in a Facebook Live event on Oct. 21, 2022. During the highly informative conversation, O'Shanick emphasized that PBA is not a psychiatric disorder but a neurologic disorder. He explained that PBA stems from a change in the brain's ability to send signals back and forth to the cerebellum. Signal disruptions are visible when a person's hands shake as he reaches for an object. Similarly, a person who experiences PBA has difficulty modulating or smoothing out emotions. Minor feelings of depression, anger, joy, or irritability are exaggerated.

O'Shanick reported that PBA has been diagnosed at some point after injury in 48% of TBI survivors and 28% of stroke survivors. He explained that adolescents who sustain concussions may experience PBA in the first few weeks after injury. In young people, PBA may be misdiagnosed as “teenage emotionality.” He explained that healthy habits – good nutrition, adequate sleep, appropriate exercise, and plenty of hydration – can help contain a PBA episode but doing so requires massive amounts of cognitive energy. The episodes can be emotionally isolating and difficult to manage.

O'Shanick explained, “Nobody has ever been able to control PBA by being told to do so.” He suggested that changing the environment or removing the trigger might help with management. He urged individuals to take the CNS-LS scale, talk with a clinician to confirm a PBA diagnosis, and develop a course of treatment. He suggested talking with a board-certified brain injury medicine physician, neurologist, or psychiatrist.

One attendee exclaimed, “Great information! Thank you. We are at Craig Hospital with our son who has a TBI. I love soaking up as much info as possible!” Readers can view the Facebook conversation at facebook.com/BrainInjuryAssociationofAmerica.

In December, BIAA updated the PBA Voices website with stories of individuals who experience PBA. Visit PBAvoices.org for more information.





HONOR ROLL OF DONORS

July 1, 2022 – September 30, 2022

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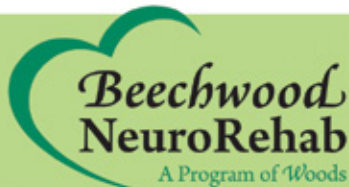
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Blake Hyland: Sharing Smiles...and HOPE!

By Robbie Baker, Vice President and Chief Development Officer, Brain Injury Association of America



In many ways, Blake Hyland is a typical twenty-something. He will soon graduate from college and is planning for a career as a child life specialist in a hospital. He works part-time at a coffee shop to have extra spending money, and he dreams of having a family down the road.

Blake is also eight years into his recovery from a severe brain injury, after experiencing the equivalent of a head-on collision at 60 miles per hour when he hit his head on exposed concrete during a gymnastics routine. Blake's parents, Pat and Cindy, were told repeatedly that he would neither wake from his coma, nor, if he did, ever live independently.

Today, as Blake prepares to graduate magna cum laude from Texas Tech University majoring in communications with a minor in child life development, he is celebrating the nationwide release of documentary that follows his recovery: *Hi I'm Blake*. His goal is to inspire others to have hope.

"People living with a brain injury are the same as everyone else," says Blake. "We should be embraced for what we can do."

"If you take the time to know people with brain injury, you get to know they are the same person as they were before, just trapped inside their body," says Blake. "I may sound and look different, but that has nothing to do with the person I am."

While Blake has made enormous strides in his recovery, there are still lingering effects of his brain injury. He is still regaining the coordination in his right hand, arm, and foot, and he had to learn how to write with this left hand. His short-term memory deficit continues to improve as does his situational awareness, recognizing what to say and what not to say.



Blake Hyland working at Bitty & Beau's Coffee near Baylor University. If you are in the area, make sure to say hi to Blake.

"I was given less than 50% chance of living. Now I am getting ready to graduate college."

None of this has stopped Blake who, according to family, friends, and Blake himself, has "never had bad day," always maintaining a positive and happy spirit.

“You can talk to people and, educate them, but unless they feel, it does not resonate,” says Pat. “We want people to understand the emotional side. Blake is able to be that voice for disabilities to provide that needed emotional connection. He can articulate what he has been through and the results.”

A Need for Advocates

The Hylands recognize Blake’s ability to inform the public about what people living with brain injury need.

“During Blake’s recovery, we realized we had to fight for his care,” says Pat, “people with brain injury need advocates, otherwise, they give up and go home. So much more is possible when a survivor has access to rehabilitation.”

Cindy knows this all too well. She pushed the school district where Blake resided during inpatient rehab to continue his schooling. As a result, Blake was able to graduate school on time with his classmates.

The Hylands believe connecting with BIAA was an important step. “BIAA explained to us that a state mandate required insurance companies to pay for any and all medically-necessary brain injury treatment, says Pat, “this gave us hope.”

Now, through *Hi I’m Blake*, Blake and his family want to pay that hope forward.

“I want to give people hope,” says Blake, “I was given less than 50% chance of living. Now I am getting ready to graduate college. It was the grace of God and strong mother who advocated for me that everything to do with it.”

Blake’s long-term goals are to live independently, get married, have a family with “at least one boy,” and to have a fulfilling career, both as a public speaker and working in a hospital setting.

Hi I’m Blake is streaming on a number of different services. Visit hiimblake.com for more details. A portion of the proceeds from sales and rentals have been donated to BIAA.

The Voice of Brain Injury

The Brain Injury Association of America is the country’s oldest and largest nationwide brain injury advocacy organization. Our mission is to advance **awareness, research, treatment, and education** and to **improve the quality of life for all people affected by brain injury**. We are dedicated to increasing access to quality health care and raising awareness and understanding of brain injury.



Learn more at biausa.org



ADVOCACY UPDATE

By Susan L. Vaughn, Policy Consultant, Brain Injury Association of America

The second session of the 117th Congress convened in January with a laundry list of “to-dos.” The Brain Injury Association of America (BIAA) published its Legislative Issue Briefs for 2022 and launched a new Legislative Action Center to help advocates contact their members of Congress. Throughout the year, BIAA participated in a number of coalitions representing patient groups, people with disabilities, research, and injury prevention.

BIAA joined with others to advance brain injury policies and support the Congressional Brain Injury Task Force (CBITF) Co-chairs, Reps. Bill Pascrell, Jr. (D-N.J.) and Don Bacon (R-Neb.), in hosting more than 1,000 people for a Brain Injury Awareness Briefing held (virtually) March 16 on “The Importance and Value of Advocacy: Engaging with Policy Makers.” In observance of Brain Injury Awareness Month, the U.S. Administration for Community Living (ACL) held a virtual webinar on March 8 that featured survivor engagement strategies.

BIAA weighed in on a number of proposed rules issued by the administration the Administration relating to rehabilitation, therapies, and healthcare. The issues BIAA addressed included proposals by the Centers for Medicare and Medicaid Services (CMS) relating to network adequacy for qualified health plans; prior authorization for post-acute care for Medicare Advantage (MA) plans; health care disparities for children and adults with disabilities with regard to dental care; and Medicare coverage for seat elevation and standing systems in power wheelchairs.

Appropriations

On March 28, 2022, President Biden released his proposed budget for Federal Fiscal Year 2023, which runs Oct. 1 to Sept. 30. The President's budget did not include new funding for brain injury programs at the Administration for Community Living or the Centers for Disease Control and Prevention. Both the House and Senate Appropriations Committees, however, have recommended additional funding for TBI programs within these agencies, as well as an expansion of the research capacity within the National Institute on Disability, Independent Living, and Rehabilitation Research. At the time of this article, Congress passed yet another continuing resolution to fund the federal government from Oct. 1 through Dec. 17.

Legislation Enacted

On Aug. 16, President Biden signed H.R. 2992, the “Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act,” that requires the U.S. Department of Justice to establish crisis

intervention training tools for first responders who encounter individuals with brain injuries and PTSD. Rep. Bill Pascrell, Jr. (D-N.J.) sponsored the legislation along with Reps. John Rutherford (R-Fla.), Don Bacon (R-Nebr.), and Val Demings (D-Fla.).

President Joe Biden also signed the Inflation Reduction Act, which included provisions to lower healthcare costs for those enrolled in the Affordable Care Act (ACA) marketplace and for Medicare to negotiate the costs of prescription drugs. In July, the president signed the H.R. 3967, “Honoring our PACT Act of 2022,” to provide health care benefits to veterans exposed to toxic substances while deployed overseas. These warriors are at risk for Glioblastoma, an aggressive type of cancer that can occur in the brain or spinal cord. In June, the President signed the Safer Communities Act following the mass shootings in Buffalo, New York, and Uvalde, Texas. It is the first major gun safety legislation to pass since the banning of manufacture for civilian use of assault rifles and large capacity magazines in 1994, which expired a decade later.

What is Left?

When Congress returns after the November election, there are several issues to address, including the spending bill. There may be opportunities to include legislation that has yet to pass. BIAA supports the following pending bills:

- H.R.1219 and S. 331, the “ABLE Age Adjustment Act” to increase from 26 to 46 the age threshold for tax-favored ABLE (Achieving a Better Life Experience) accounts.
- H.R. 3173 and S. 3018, the “Improving Seniors’ Timely Access to Care Act” to reform the use of prior authorization in the Medicare Advantage (MA) program to help protect patients, including those in need of rehabilitative care, from unnecessary delays in care due to the overuse and misuse of prior authorization in MA.
- H.R. 6698, the “Stop Unfair Medicaid Recoveries Act of 2022,” to eliminate estate recovery in order to protect the assets of people with disabilities and older adults who are deceased and were Medicaid beneficiaries.
- H.R. 7180, the “Brycen Gray and Ben Price COVID-19 Cognitive Research Act” to support interdisciplinary research on the disruption of regular cognitive processes associated with both short-term and long-term COVID-19 infections.
- H.R. 7301 and S. 3963 to authorize the U.S. Department of Health and Human Services (HHS) to collect data on prevalence of brain injuries resulting from intimate partner violence (IPV) and sexual assault.
- H.R. 7309 to reauthorize the “Workforce Innovation Opportunity Act (WIOA),” which includes the vocational rehabilitation program, for six years.
- H.R. 8800, the “Supporting Medicare Providers Act of 2022” to mitigate pending Medicare physician payment cuts by providing a 4.42% positive adjustment to the Medicare Physician Fee Schedule (MPFS) conversion factor (CF) for CY 2023.
- H.R. 8163, the “Improving Trauma Systems and Emergency Care Act,” to improve emergency medical services and trauma care in rural areas.
- H.R. 8746, the “Access to Inpatient Rehabilitation Therapy Act of 2022,” to expand expanded access

to skilled rehabilitation therapies for Medicare patients to ensure that all inpatient rehabilitation hospital patients can continue to benefit from a patient-centered, interdisciplinary care plan.

- H.R. 9028, the “21st Century Assistive Technology Act,” to reauthorize the assistive technology (AT) program.
- S. 4102, the “Savings Penalty Elimination Act” to update the asset limits for Supplemental Security Income (SSI) beneficiaries, which would enable beneficiaries to have more savings in case of an emergency without affecting their benefits.

Administration

Under the American Rescue Plan (ARP) Act, which became law on March 11, 2021, States were eligible to receive a 10-percentage point increase in federal matching funds for Medicaid Home and Community-Based Services (HCBS) from April 1, 2021, through March 30, 2022. The match was later extended to March 31, 2025. The new funds must supplement the level of state HCBS spending.

States have used the enhanced rate to increase provider rates for HCBS programs and to add benefits, such as expanding capacity for brain injury services in unserved and underserved areas. States have also funded workforce development, caregiver training, neuro-resource facilitation, clubhouse programs, and nursing home transition and diversion to community programs for individuals with brain injury. One state addressed its waiting list while another developed a falls prevention training for long-term care facilities.

Next Congress

Traditionally the party that occupies the White House fares poorly in midterm elections, but we may not know for some time which party will control one or both chambers of congress at the time of this writing. Regardless of who is in power, a new congress is the perfect time to educate policymakers on issues that are important to the brain injury community. Please enroll in BIAA’s weekly e-newsletter, Policy Corner, to stay up to date on federal policy issues. And remember, Helen Keller said, “Alone we can do so little; together we can do so much.” ●



STATE AFFILIATE NEWS

Delaware



Erik Galinsky is a TBI survivor living in Delaware.

Face of Courage, A Survivor's Story – Erik Galinsky

“When you wake up in the morning, you never think that today is the day that my life will change forever. You never think that this could be my last day on earth, and I never gave any thought to how my life would end.” Erik Galinsky had been a volunteer firefighter for eight years. “As a firefighter, I felt invincible, but we all do in our 20s. I never thought that one moment, just one split second, could change everything but I found out the hard way that, we are not guaranteed anything in life.”

In 2016 at the age of 40, Erik was in a motorcycle accident and suffered a traumatic brain injury (TBI) when his head hit off the guardrail. Erik was hospitalized and upon discharge was instructed to follow up with a neurologist. The day after he was released from the hospital, an aneurysm ruptured in Erik's brain. “I had a Grand Mal Seizure and a stroke, which caused me to stop breathing. I was airlifted back to the R. Adams Cowley Shock Trauma Center at the University of Maryland for emergency surgery. My family was told that there was a good chance I would not survive, and they should prepare for the worst.”

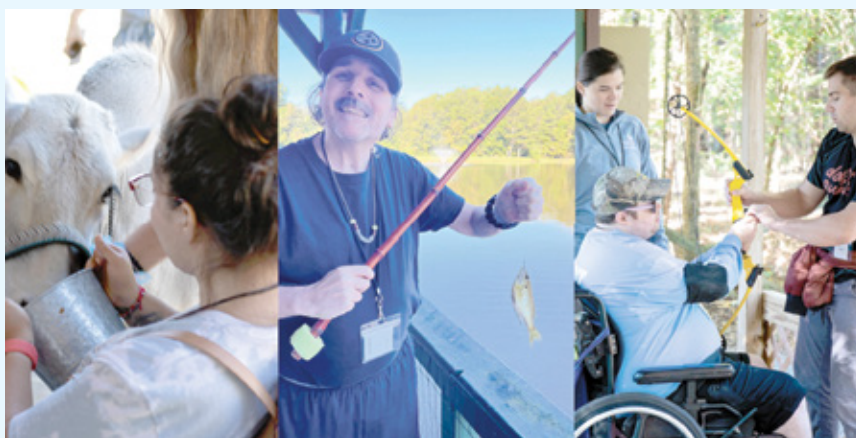
Erik beat the odds and is a TBI Survivor. Erik lives in Delaware with his wife and works in sales. “Since my TBI, I have had several mini-strokes and spent a few days in the hospital. My short-term memory is not what it used to be, so notes are my best friend because I write a lot of notes to myself. However, I am still here and surviving with a TBI and there are a lot of people who do not make it.”

Brain injury is not an event or an outcome but the start of a misdiagnosed and underfunded neurological disease. The Brain Injury Association of Delaware is the voice of survivors and their families. We remember those we have lost to brain injury and celebrate survivors like Erik who are an inspiration to us all.

Georgia

The Brain Injury Association of Georgia (BIAG) is excited to see in-person events and support groups at hospitals begin again.

Aug. 1 began the second year of our Resource Facilitation grant program. Plus, we're thrilled to report our Camp BIAG was held at Camp Twin Lakes in September to rave reviews by attendees! Please be sure to see the photos shared from that event, which paves our path forward for next year.



Campers at Camp BIAG enjoyed the paddleboats, giant swing, archery, and visiting the farm.

Indiana

The past few months have been a very exciting time for the Brain Injury Association of Indiana (BIAI)!

In September, BIAI held our second live educational presentation in our 2022 educational series. Dr. Catherine Pittman provided the first of a two-part live webinar on “Anxiety in the Brain.” It was well-attended and a great discussion was had after the presentation. This video is available for our members upon request. Part two of Dr. Pittman’s series is scheduled for December. Be on the lookout for the details on when it will occur and the link to attend.

BIAI was super excited to hold our first wiffle ball tournament on October 29, 2022. This fun-filled day raised funds to support the mission of the BIAI including upcoming projects and hosted activities aimed at increasing awareness, advocacy, and support for individuals with brain injury in Indiana. Activities included silent auction, fall-themed contests, and crafts for all.

BIAI put out our third edition of the BIAI Brain Beat Newsletter. If you are interested in receiving our newsletter, email BIAI at biassociationofindiana@gmail.com or call BIAI at (317) 410-3532.

On behalf of BIAI, we wish everyone a beautiful, happy and healthy winter season! We look forward to seeing you in 2023!

Kansas

The Brain Injury Association of Kansas and Greater Kansas City (BIAKS) recently hosted the 14th annual Beyond Rehab: Succeeding at Life conference for professionals working with those who have experienced brain injury. Held in person at Kansas University Edwards Campus in Overland Park, Aug. 4 and 5, the event attracted over 150 individuals from throughout the region. Conference highlights included presentations on the common effects of a brain injury, the role of caregivers in rehabilitation, social isolation, and the role of the community on quality of life and long-term effects of COVID.

Attendees also heard from two brain injury survivors: Tyler Moss, who received a near-fatal brain injury when shot in the head in an early morning incident the summer of 2020, and Blake Lehmkuhl, a recent high school graduate who was severely injured during a boating accident when he was 14.

Other fall professional development offered by BIAKS included a one-day conference in Wichita, Kansas, Friday, November, Nov. 18. This first-time event focused on identifying safe and ethical behavioral strategies for managing patient behavior, research-based benefits of adaptive gaming following brain injury, and insight on touch exercises that can be used to rebuild confidence and communication following medical trauma.

Louisiana

The Brain Injury Association of Louisiana (BIALA) hosted two recreational events over the past few months to bring individuals with brain injuries and spinal cord injuries together for some fun and fellowship. Roll and Bowl, an evening of bowling, was held in Kenner, Louisiana, and was sponsored by Hollister. A craft making event was held in Baton Rouge, Louisiana, and was enjoyed by many families.



Participants at our Roll and Bowl event enjoying some fun and fellowship

(continued on page 26)

(continued from page 25)

Due to the success of the resource backpacks provided to rehabilitation hospitals around the state for newly injured individuals in 2021, a charitable gift from the Oscar J. Tolmas Charitable Trust was secured. An additional 225 resource backpacks are being assembled and will start being distributed in the next few months.

Lastly, BIALA was awarded a grant by the Craig H. Neilsen Foundation that will allow for a statewide ambassador program to be created. The goal of this program is to broaden our outreach and ensure that we connect individuals impacted by brain and spinal cord injuries to pertinent resources, peer support, successful programs and services, and social opportunities in their communities. With our ambassador program, we hope

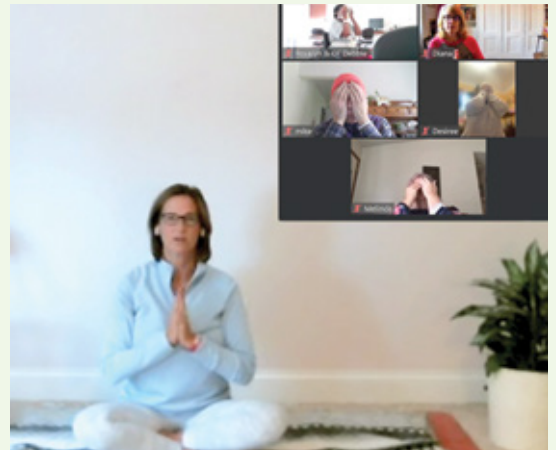


Family fun was held at a craft making event where all participants created their own candle to take home.

to broaden our presence statewide so that everyone impacted by brain and spinal cord injuries has the ability to connect with our organization and benefit from our established programs and services.

Ohio

The Brain Injury Association of Ohio (BIAOH) has been super busy this last quarter! We launched our new Healthy Minds program; a free virtual program that offers brain injury survivors and their caregivers the opportunity to focus on their health and wellness. Certified instructors are leading our participants through adapted yoga, meditation, mindfulness, healthy eating, and creative expressions.



Our Healthy Minds program is led by a certified instructor.



We had such an overwhelming response we closed registration early and we are looking to add an additional session in January. Participants have shared that the program is helping them to focus on their wellness goals, reduce stress, and feel connected to others.

BIAOH also hosted our first annual Cere-bration Walk, Roll, Run on October 16, 2022. The day was a fantastic celebration our brain injury community with amazing weather, fun family activities and great prizes. We had 100 registered participants and raised almost \$15,000. It was a fantastic event that brought survivors, caregivers, and advocates together to help raise awareness about brain injury in Ohio.

A family at the finish line of BIAOH's first annual Cere-bration Walk, Roll, Run.

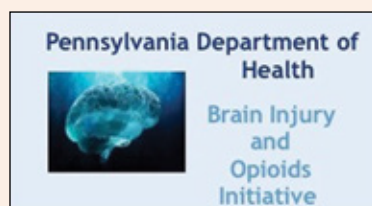
Pennsylvania

The Brain Injury Association of Pennsylvania (BIAPA) has some exciting programs underway! This fall, BIAPA is proud to highlight the following two initiatives.

Brain Injury and Opioids Misuse Initiative

In partnership with the PA Department of Health, BIAPA has been providing training to substance abuse providers on the intersection of brain injury and opioid misuse. These trainings are built around the following core components:

- Opioid use disorder increases the risk for anoxic and hypoxic brain injury.
- Growing evidence suggests that individuals with brain injury may be uniquely susceptible to opioid use disorder.
- Individuals with cognitive challenges associated with brain injury are likely to need accommodations to benefit from substance abuse treatment.



In addition to the training component, we launched an awareness campaign, including the creation of multiple format

Public Service Announcements currently in use and videos that are in development.

Caregiver Initiative

BIAPA is focusing attention on enhancing supports to caregivers. To better understand the needs of caregivers, we completed a caregiver survey at our conference in June, and we recently hosted a focus group during which caregivers discussed their needs, goals, and interests. Based on feedback from attendees, we planned a monthly statewide virtual support group, which will be a time for caregivers to share their unique experiences, learn from others, and focus on coping. BIAPA Board



member Tim Muller and Program Coordinator Meghan Walsh-Farrell will support the group, including coordinating presentations on topics of interest. The first group will be held on January 11, 2023.

In addition, the Caregiver Initiative includes plans to expand the caregiver resources section on the BIAPA website to include educational videos and information on topics identified by the caregivers who participated in the caregiver survey and focus group.

Rhode Island

Our evening was one for the record books.

- Most ever guests – 300+
- Most ever chef/restaurant partners, vintners, craft brewers – 23
- Most ever pre-event revenue – \$88K
- Most ever “night of” event revenue – \$64K
- Most ever gross revenue – \$153K
- Most ever net revenue – \$130K

Guests floated through Aldrich Mansion from 6 – 8 p.m., enjoying fabulous tastings from Rhode Island’s finest chefs, bidding on wine, silent, and super silent auctions.

Set change at 8 p.m. (Meet Joe Black was filmed here) to a 4,500 square foot fairy-lit tent for awards – Corporate Leadership, Founders’ and Outstanding Philanthropic Citizen Awards – Live Auction and Fund The Mission (\$33K+ raised.)

So, start with a dollop of laughter, add soupçons of fabulous food and wines, mix in wonderful donors and auctions, whip up an incredible venue, and the recipe is complete for a perfect evening to support Rhode Island’s brain injury survivors, families, and caregivers. Two hundred words barely scratches the surface. We’ll let the numbers do the talking for this evening of superlatives.

Now onward to Hidden Treasure Gala 2023 and our 40th anniversary year.

(continued on page 28)

South Carolina

The Brain Injury Association of South Carolina (BIASC) was fortunate to receive non-recurring appropriations from the SC Legislature again this year, which will allow BIASC to expand programs and services for our constituents.

Last year, BIASC received \$100,000 in non-recurring appropriations and this year BIASC received the full amount requested, \$374,500. BIASC's members, volunteers, board members, and advocates were key to the funding received. Brain injury advocates were diligent in meeting with their state legislators and telling their personal stories of struggles and successes.

BIASC provided a 2022 State Legislator of the Year Award to SC Representative Chip Huggins for his work in securing state funding in 2021 and 2022. Rep. Huggins is retiring from the legislature in Nov. 2022, and he will be dearly missed.

The additional funds will be used to develop programs for veterans, domestic and interpersonal violence victims, and opioid abuse.

mindfulness applied
BRAIN INJURY LEADERSHIP
ACADEMY

**The Conscious Therapist Workshop:
Mindfulness Applies**

An introduction to mindfulness for providers in the field of neurorehabilitation; an opportunity for significant personal exploration and growth.

**April 14-15, 2023
Greenville, South Carolina**

Designed for PT, OT, ST, Nursing, Social Work, Psychology and others, the workshop aims to provide a mindfulness based model that will help navigate the many personal challenges of neurorehabilitation.

For more information, visit

<http://www.braininjuryleadership.com>

Virginia

Fall is not only the prettiest season in Virginia, but also a busy one! This September, The Richmond Area Bicycling Association (RABA) hosted their annual Heart of Virginia Bike Festival where over 400 cyclists biked from 50 to 100 miles! RABA has partnered with the Brain Injury Association of Virginia (BIAV) on this event for many years, and RABA graciously donates 50% of the proceeds to BIAV.

BIAV rallied over 30 volunteers to set up rest stops, cheer on cyclists, give them some treats, and share



more about what BIAV does. We are so appreciative of this continued partnership and already can't wait for next year!

BIAV had their annual Making Headway conference in October. This conference was an opportunity for all members of the brain injury community to learn and connect. The educational event brings together



persons with brain injury, caregivers, family members, professionals, and policymakers. This year's conference sessions covered a wide range of brain injury-related topics, from sleep to COVID-19.

To learn more about us and what we have coming up, please visit biav.net!

Caregiving: All the World's a Stage

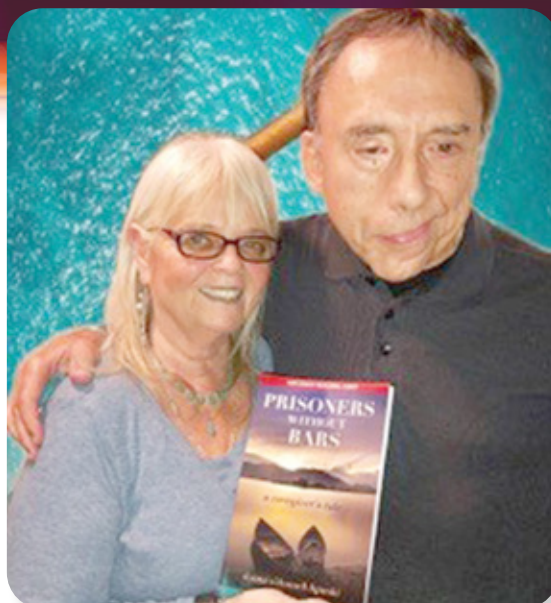
by Donna O'Donnell Figurski

When people become seriously unwell from any number of illnesses or unfortunate events, the focus of their family and friends is on them, as it should be. The essential caregiver remains in the background.

When my husband, David, had a brain injury in 2005, that's exactly what happened. He was the center of attention, not only from me, the paramedics, the hospital staff, and his medical personnel, but he also took center stage with his children, his father, his brothers and their families, and his friends and colleagues. Everyone wanted to know what happened, how he was doing, and what his expected outcome would be. We were all hanging on David's every breath.

Survivors of brain injury tend to take the leading roles, though they've never auditioned for their parts. David's medical team, all the people I mentioned above, and I made up the cast. We were all unexpectedly playing in *The David Show*. This show, unlike all the shows I've worked on in the theater, did not have a set production run or an opening night. It was unrehearsed, and there were no do-overs.

The David Show was an ongoing production of life that had not been performed with the usual rules of theater. The original medical cast has moved on to other stages with other main characters. The family-and-friend supporting cast has left the stage too, as they returned to their normal lives. David and I are the only actors left on this stage—our stage—our life. As survivor and caregiver, we stumble through life together, making up our lines and our parts as we go. Improvisation is our skill of choice. Though David has had twenty-one years of schooling, he was never trained to be a survivor of brain injury. As a mother of two children and a teacher of about 400 students, I had an idea of what a caregiver is, but I was completely out of my element as the caregiver for a very sick man.



When David's insurance coverage ended and he was released from the hospital, I was completely in charge of his every need. I was completely responsible for all his life-needs without so much as an introduction to 'Caregiving 101.' My responsibilities for David's needs have lasted weeks, months, and even years. And, remember, I never had a script.

In the early stages of my caregiving, a comatose David had no idea what I was doing on a daily basis helping to keep him alive. More than seventeen years later, he marvels at my tenacity, my patience, and my persistence. Frankly, I don't know where my strength came from. I just put one foot in front of the other and loved my soulmate, whom I met when I was 16 years old.

Caregiving is truly not for the faint of heart. It's a darn hard job! So caregivers have to love themselves too. They need to exit the stage. Without a timeout, burnout will surely happen, and their show will be a bust.

I know from experience! After five years of total and complete concentration in *The David Show*, I went back to the theater and started a new show called *The David and Donna Show*. It is ongoing, and we have yet to know when the final curtain will signal the end. But we do hope for a standing ovation!

Let's Stay in Touch



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- **ADVOCACY** – Action alerts and our weekly Policy Corner newsletter
- **EDUCATION** – Information about upcoming webinars, conferences, and other learning opportunities
- **GENERAL** – Brain injury resources, BIAA updates, and even digital copies of *The Challenge!*
- **RESEARCH** – The latest information about brain injury research, including our own grant program



biausa.org/signmeup

UPCOMING **WEBINARS**



**Brain Injury Business Practice College
Conference – Virtual Policy Day**
Jan. 25, 2023, 12:30 p.m. – 5 p.m. CT



**David Strauss Clinical Webinar – Assessment
and Management of Neuropsychiatric
Disturbances after Traumatic Brain Injury**
Jan. 26, 2023, 3 p.m. ET/12 p.m. PT
Durga Roy, M.D., FACLP

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Center for Neurologic Study-Lability Scale (CNS-LS) for Pseudobulbar Affect (PBA)

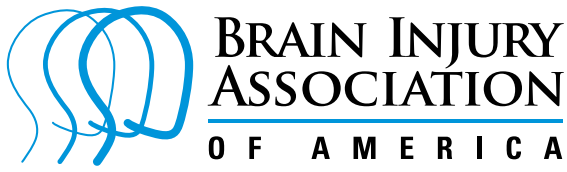
The CNS-LS is a short questionnaire that can help individuals with neurologic illness or injury identify the presence of PBA symptoms and their frequency. After a week of tracking, patients can share the questionnaire with their physicians.



Patient assessment	Applies never	Applies rarely	Applies occasionally	Applies frequently	Applies most of the time
There are times when I feel fine one minute, and then I'll become tearful the next over something small or for no reason at all	1	2	3	4	5
Others have told me that I seem to become amused very easily or that I seem to become amused about things that really aren't funny.	1	2	3	4	5
I find myself crying easily.	1	2	3	4	5
I find that even when I try to control my laughter, I am often unable to do so.	1	2	3	4	5
There are times when I won't be thinking of anything happy or funny at all, but then I'll suddenly be overcome by funny or happy thoughts.	1	2	3	4	5
I find that even when I try to control my crying, I am often unable to do so.	1	2	3	4	5
I find that I am easily overcome by laughter.	1	2	3	4	5

Source: Moore, SR et al. *J Neurol Neuro J Neurol Neurosurg Psychiatry*. 1997;63(1):89-93.

NOTES:



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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.

