



Brain Injury
Alliance

NEW JERSEY



2017 ANNUAL PROFESSIONAL SEMINAR

MAKING NEW CONNECTIONS FOLLOWING BRAIN INJURY

Thursday, May 18, 2017
iPlay America Event Center
110 Schanck Road
Freehold, NJ

Keynote Speaker Kristen Dams-O'Connor, PhD
Director of Brain Injury Research at Mount Sinai
Health & Neurodegeneration: A Continuum of Aging

EVENT BROCHURE

New Jersey's Premier Seminar for Professionals

Occupational Therapists · Cognitive Rehabilitation Therapists

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Behavioral Healthcare Specialists · Rehabilitation Counselors

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Physical Therapists · Speech Language Pathologists · Professional Counselors



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FACULTY



KEYNOTE

Kristen Dams-O'Connor, PhD, is the Director of Research at the Mount Sinai Injury Control Research Center, a clinical neuropsychologist and Associate Professor in the Department of Rehabilitation Medicine at Icahn School of Medicine at Mount Sinai in New York, NY. She completed a post-doctoral fellowship in clinical neuropsychology at Mount Sinai Medical Center, and a predoctoral internship in neurorehabilitation at the Rusk Institute of Rehabilitation Medicine at New York University Medical Center. She received her PhD from the University of Albany.

Dr. Dams-O'Connor has published over 50 peer-reviewed manuscripts and chapters on traumatic brain injury (TBI) treatments and outcomes, and has presented her research internationally. Her primary fields of clinical and research expertise are in long-term outcomes after brain injury, neuropsychological assessment, and cognitive rehabilitation for individuals with neurological diseases.

Current projects focus on applying modern psychometric and statistical techniques to measure individual difference in trajectories over time among survivors of TBI. Her research is currently supported by federal grants from the National Institutes of Health, National Institute for Disability and Rehabilitation Research, and Centers for Disease Control. She is also Director of Research in the Mount Sinai Injury Control Research Center, and a co-investigator in the New York Traumatic Brain Injury Model System.

FACULTY

Ryan Bush, MA

Horizon NJ Health

Carol Cianfrone, RN, BSN

Horizon NJ Health

Kristen Dams-O'Connor, PhD

Mount Sinai Injury Control Research Center

David Glazer, MD

Center for Brain Injuries at JFK Johnson Rehabilitation Institute

Jay Gordon, PhD

Neuropsychology and Associates

Thomas F. Grady, MPA, ACG, ALB

Brain Injury Alliance of New Jersey

Brian D. Greenwald, MD

Center for Brain Injuries at JFK Johnson Rehabilitation Institute

Stephen Hampton, MD

Rutgers Medical School

Steve Holfelder, OTR/L

ReMed

Lauren Jacobs, MSW

Horizon NJ Health

Kristina Lagzdins, PT, DPT, CSRS, CBIS

Center for Brain Injuries at JFK Johnson Rehabilitation Institute

Ann Marie McLaughlin, PhD

ReMed

Gillian Murray, DSW, LSW, CBIS

Drucker Brain Injury Center at MossRehab

Drew Nagele, PsyD, CBIST

Beechwood NeuroRehab

Scott Peters, MS, OTR/L

ReMed

S. Moshe Roth, OD, FCOVD

Private Practice

Kristen Shreier, MA-CCC-SLP, CBIST

HealthSouth Rehabilitation of Tinton Falls

Sharon Suk

Horizon NJ Health

Pamela Tamulevicius, MSR, CCC-SLP

Kessler Institute for Rehabilitation

Carolyn Tassini, PT, DPT, NCS, CBIS

Bancroft NeuroRehab



WORKSHOPS

The overall objective of this seminar is to provide an educational opportunity to professionals working with individuals affected by brain injury through workshops related to research, clinical innovations and strategies, rehabilitation, and advocacy.

7:30 - 8:30 *Registration, Exhibits, and Continental Breakfast*

8:30 - 9:15 *Opening Remarks and Awards Presentation*

9:15 - 10:30 *Keynote Presentation*

Health and Neurodegeneration: A Continuum of Aging

Kristen Dams-O'Connor, PhD

Studies on the medical, physical, cognitive, psychological, and social outcomes suggest increased vulnerability in many of these areas as people age following traumatic brain injury (TBI). There is evidence for decline in body function and structure, activity level, and participation. Studies are mixed with respect to the risk of dementia in people with TBI. New information is emerging on the relationship of the pathological findings to emotional, behavioral, and cognitive disorders. Life expectancy is decreased in people with TBI, and studies indicate that there are dramatic increases in risk for certain causes of death in particular. However there are medical, rehabilitation, and lifestyle interventions that can address many of these areas of vulnerability. It is therefore important that clinicians who treat people with TBI be aware of the scientific evidence base with respect to the above areas of risk and the opportunities for intervention. Following this session participants will be able to identify common trajectories of long-term psychosocial and functional outcomes after brain injury, discuss existing literature about the relationship between brain injury and dementia, and describe the implications of living with chronic brain injury and strategies for health management.

10:30 - 10:45 *Break and Exhibits*

10:45 - 12:00 *Morning Workshops*

1. Home and Community Based Treatment: Addressing Client Goals and Family Needs

Steven Holfelder, OTR/L and Ann Marie McLaughlin, PhD

This session will describe significant activity, behavioral, and problem solving issues which present barriers to community re-entry for clients with brain injury and their families. A model of home and community based treatment will be described which supports meaningful goal achievement even years after brain injury. Issues and trends related to funding for services will be addressed. Specific interventions which support client safety and satisfaction will be reviewed. Approaches related to medical management, substance use, sexuality, and depression will be highlighted. Important issues related to family education and support will also be outlined including through case presentations. Following this session participants will be able to identify two challenging behaviors that impact community re-entry, describe community based treatment to support a stable activity plan, discuss approaches to family education, and discuss ways to manage complex issues.

2. Vestibular Rehabilitation--What's New?

Carolyn Tassini, PT, DPT, NCS, CBIS

Individuals with brain injury often experience dizziness, instability, falls and loss of functional independence due to disruption in the vestibular system which may lead to stress, anxiety and strain on social and family relationships. This session will address the basic physiology of the vestibular system as well as dysfunctions of the system including benign paroxysmal positional vertigo, post concussive syndrome, Meniere's disease, and vestibular neuritis concluding with the current evidence-based treatment of these conditions through vestibular rehabilitation. The relationships among members of an interdisciplinary team to best care for some of these challenging cases will be discussed. Following this session participants will be able to describe the role of the vestibular system, identify two signs of vestibular dysfunction and discuss rehabilitation for individuals with vestibular dysfunction.



WORKSHOPS

3. Behaviors: Challenging for the Patient, Challenging for the Team

Jay Gordon, PhD and Kristen Shreier, MA-CCC-SLP, CBIST

Have you been a part of an interdisciplinary team working with patients who have trouble regulating their behaviors and emotions? This may impact your ability to deliver care. This workshop will provide guidance to implement a plan to assist in improving patient safety, by tracking the success rate of interventions, and taking into account the challenges that may occur when working in a larger healthcare setting. The ABC Model (antecedent, behavior, consequence) for behaviors, as well as the injuries that may lead to executive functioning disorders, will also be reviewed to assist with behavior planning. Following this session participants will be able to describe the steps of a behavioral analysis; steps to set up a transdisciplinary behavior plan; and list two issues particular to developing a plan for an individual with brain injury.

4. Autonomic Dysfunction After Brain Injury

Brian D. Greenwald, MD

Recent research has found elevated rates of re-hospitalization and mortality after traumatic brain injury (TBI) due to cardiac, pulmonary, neurologic, gastrointestinal and infectious causes. The search for a link between central nervous system injury and later onset medical problem has included autonomic nervous system (ANS) dysfunction. This session will review the pertinent literature regarding the association of traumatic brain injury (TBI) on autonomic dysfunction. Short term and long term consequences will be reviewed. Current research on the incidence of ANS dysfunction and the association with functional improvement will be reviewed. Following this session participants will be able to describe the role of the autonomic nervous system, discuss increased incidence of morbidity and mortality after traumatic brain injury, and the association of the traumatic brain injury and autonomic dysfunction.

12:00 - 1:00 Lunch

1:00 - 1:15 Break and Exhibits

1:15 - 2:30 Afternoon Workshops

5. Managed Long Term Services and Supports and the Member with a Brain Injury

Ryan Bush, MA; Carol Cianfrone, RN, BSN; Thomas F. Grady, MPA, ACG, ALB; Lauren Jacobs, MSW; Sharon Suk

This workshop will review who is eligible for Managed Long Term Services and Supports (MLTSS), reviewing financial and clinical requirements, who makes the determination on eligibility, the process for referring a member for those on Medicaid and those in the application process. Members with brain injury have specialized needs that MLTSS can accommodate with additional services and supports focused on allowing members abilities' to be maintained and continue to work on gains. An overview of the MLTSS program, including services and supports available, will be provided. Following this session, participants will be able to identify clients that could qualify for MLTSS, describe the process to refer a client for MLTSS, and list three services available to members with TBI who qualify.

6. Research Panel: Traumatic Brain Injury Patients and Deep Vein Thrombosis; Current State of Brain Injury Research with Smartphones; Length of Stay and Functional Outcomes in the ABI Population- 10 Year Retrospective Study

David Glazer, MD; Stephen Hampton, MD; Kristina Lagzdnis, PT, DPT, CSRS, CBIS

This research panel will provide findings from clinical research on ways to prevent, diagnose, and treat deep vein thrombosis in patients with brain injury; determine the correlation between length of stay and functional outcomes for the acquired brain injury population in a specialized, subacute setting; approaches to address ethical concerns and practical tools for developing smartphone-based research projects for interested individuals and institutions. Following this session participants will be able to describe the unique benefits and ethical considerations of using smartphones for research, describe findings regarding correlation between length of stay in a specialized, subacute setting and functional outcomes, and list ways to diagnosis and treat Deep Vein Thrombosis in patients with brain injury.



WORKSHOPS

7. Brain Injury in the Corrections System: Implications of Misdiagnosis or Underdiagnosis

Drew Nagele, PsyD, CBIST

This session will focus on the long-term consequences of mild brain injury, and what can happen when it is not appropriately diagnosed, treated, and followed up. Unexpected consequences can involve learning difficulties in school, behavior problems, emotional difficulties, problems in relationships, and problems being successful in work. In some cases, this under-identification/lack of treatment can lead to psychiatric hospitalization, homelessness, misuse of drugs/alcohol, and involvement with the justice system. Preliminary data from pilot projects in corrections systems for identifying inmates with brain injury will be presented. Strategies for screening, testing, and assuring access to cognitive and physical rehabilitation will be discussed. Following this session participants will be able describe how to diagnose mild brain injury, identify long term consequences of undiagnosed mild brain injury, and identify two screening tools for mild brain injury.

8. Relationships and Sexuality After Brain Injury

Ann Marie McLaughlin, PhD

Brain injury can alter relationships, sexual behaviors, and sexual functioning. In this session, the impact of cognitive, communication, neurological and emotional difficulties on sexual functioning and relationships will be reviewed. Perceptions of partners and caregivers will be discussed through a literature review. Sexually intrusive behaviors which may follow injury will be described and a staff survey regarding the relative stress of sexually intrusive behaviors in caregiver relationships will be reviewed. Comments from clients through video will highlight adjustment and coping issues. Models of treatment and support designed to reduce the client's experience of isolation or rejection will also be discussed. Following this session participants will be able to describe ways sexual functioning is impacted by changes in the brain, identify sexual dysfunction after brain injury, and list two approaches to support healthy sexual relationships after brain injury.

2:30 - 2:45 *Afternoon Snack Break and Exhibits*

2:45 - 4:00 *Afternoon Workshops*

9. Traumatic Brain Injury: Re-Integrating Vision, Speech, Hearing and Balance

S. Moshe Roth, OD, FCOVD

Children and adults with brain injury may have visual symptoms such as dizziness, difficulty focusing, difficulty tracking, poor reading comprehension, and inattention. They frequently have difficulty integrating vision input with motor output as they may have difficulty with expressive language and receptive language. Vertigo, dizziness, difficulty in gait and muscle coordination are a result of the mismatch of the visual and vestibular systems. Addressing the visual issues and the visual process enables improvement and facilitates other therapies such as physical, occupational, and speech. Following this session participants will be able to describe how difficulty concentrating relates to vision, describe treatment for visual symptoms, and list two ways visual problems and deficits impact schoolwork and learning.

10. Working Around the System: The Experience of Professionals Working in Brain Injury Rehabilitation

Gillian Murray, DSW, LSW, CBIS

Several research studies concluded the daily stress and emotional exhaustion experienced by professionals working in brain injury leads to burnout. One qualitative study utilized semi-structured interviews to explore what about working in brain injury rehabilitation is difficult, how professionals experience stress, and what strategies they utilize to reduce stress. An overview of the results of this study will be presented including information about the most stressful cognitive deficit to treat, causes of frustration, effects of work-related stress in the work environment and personal lives, and the importance of collaborating on an interdisciplinary team. Following this session participants will be able describe work-related stress using current terminology, identify factors and effects of work-related stress in brain injury rehabilitation professionals, and list two ways to reduce work-related stress.



WORKSHOPS

11. Maximizing Communication: Strategies, Techniques and Technology

Pamela Tamulevicius, MSR, CCC-SLP

Tony Robbins said, "To effectively communicate, we must realize that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others." The complexity of communication and impact on relationships is often a challenge for an individual after a brain injury. This workshop will discuss areas of communication and methods of assessment and treatment that can be implemented by an interdisciplinary team prompting positive communication exchanges. The importance of education to the individual and their support system will be explained with specific strategies that can be implemented throughout the continuum of care. Following this session participants will be able to describe methods of communication after brain injury, discuss ways to identify individuals with complex communication needs, and list three strategies for successful communication exchanges promoting positive relationships.

12. Brain Injury and Addiction

Scott Peters, MS, OTR/L

This session will provide an overview of the relationship between brain injury and substance use disorder and dependence. Identification, diagnosis and treatment implications including neuropsychiatric issues in addition to addiction will be discussed. Treatment modalities such as neuropharmacology, inpatient rehabilitation, intensive outpatient programs, individual counseling as well as AA and NA participation and education will be covered in the context of individual case examples. Following this session participants will be able to discuss issues of addiction and brain injury, identify two challenges patients with brain injury face, and describe treatment planning according to clinical implications.

SEMINAR COMMITTEE

Mary Sharlow-Galella, LCSW -- Chairperson - Center for Brain Injuries at JFK Johnson Rehabilitation Institute

Janet Gwiazda, RN, BSN, MBA -- Nurse Planner - Laurel Rehabilitation Services, Inc.

Alicia Bartlett, BA

Joanna Boyd, Public Education Coordinator, Brain Injury Alliance of New Jersey

Steven Benvenisti, Esq. - Davis, Saperstein & Salomon, PC

Brie Gallo - Allaire Nursing & Rehabilitation

Jaya George - Family Advocate

Julie Ann Glaz-Bopp, MPA, Administrative Assistant, Brain Injury Alliance of New Jersey

Sharon Gola- Bancroft NeuroRehab

Brian D. Greenwald, MD - Center for Brain Injuries at JFK Johnson Rehabilitation Institute

Laura Jacobs, MA, Education and Outreach Coordinator, Brain Injury Alliance of New Jersey

Marisa King, PT, DPT - Kessler Institute for Rehabilitation

Kimberly McGuire, PhD, ABPP - Brain Injury Advocate

Joy Melendez, MSW, Director of Education and Outreach, Brain Injury Alliance of New Jersey

Lois Mishkin, MA, CCC/LDTC - Mishkin Associates

Geraldine Pagaoa-Cruz, MS, OTR- Kean University

Bradford Ross, PhD - Children's Specialized Hospital

Kristen Schreier, MA-CCC-SLP, CBIST - HealthSouth Rehabilitation

Dianne Simmons-Grab, MA, CCM, CDMS, CLCP - Simmons-Grab & Associates, LLC

Chad Thompson, MS, BS, Brain Health Network Training Coordinator, Brain Injury Alliance of New Jersey



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Voorhees, NJ | cnnh.org

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Marlton, NJ | communityskillsprogram.com

Award Nominations: Each year the Alliance recognizes outstanding individuals for their dedication to our mission through their professional contributions, personal achievements, strength of character, and relentless work to support our constituency. [Click here to submit a nomination and view past award recipients.](#)



INFORMATION

Registration Fees:

Early Bird Registration	2/1 - 4/21	BIANJ MEMBER Early Bird	\$220	NON MEMBER Early Bird	\$240
Regular Registration	4/22 - 5/17	BIANJ MEMBER	\$240	NON MEMBER	\$260
On Site Registration	5/18	BIANJ MEMBER On Site	\$260	NON MEMBER On Site	\$280
Student Registration	2/1-5/18	BIANJ MEMBER Student	\$50	NON MEMBER Student	\$50

[Click Here to Register](#)

ACCREDITATION INFORMATION: Certificates will be awarded to those participants who attend the conference, sign the session rosters, and complete an evaluation form. The number of continuing education units (CEUs) awarded will be based upon the number of conference hours attended.

JFK Johnson Rehabilitation Institute is approved by the American Psychological Association to sponsor continuing education for psychologists. JFK Johnson Rehabilitation Institute maintains responsibility for the program and its content.



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



This course is offered for 0.5 ASHA CEUs (Intermediate level, Professional area).

The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA.

In compliance with the requirements of ASHA's Continuing Education Board concerning transparency in course planning, delivery, and marketing, please copy and paste the following link to review information on presenters' financial and non-financial interests relevant to the content of their session, or [click here to view.](http://bianj.org/wp-content/uploads/2017/03/2017-ASHA-Disclosure-to-Audience-BIANJ.pdf)
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Thank you to JFK Johnson Rehabilitation Institute for sponsoring the cost of the CEU applications.



This activity has been submitted to New Jersey State Nurses Association for approval to award contact hours. New Jersey Nurses Association is accredited as an approver of continuing education by the American Nurses Credentialing Commission on Accreditation.

Approval status does not imply endorsement by the Brain Injury Alliance of NJ, NJSNA, or by ANCC of any commercial products discussed/displayed in conjunction with the education activity.

Applications for CEUs have additionally been made to the following accreditation bodies:

- American Speech-Language Hearing Association
- American Psychological Association
- New Jersey State Board of Physical Therapy Examiners
- Certification of Disability Management Specialists
- Commission for Certified Rehabilitation Counselor
- Commission for Case Manager Certification
- The American Occupational Therapy Association
- The Professional Counselor Examiners of New Jersey
- NJ Social Work Continuing Education Collaborative (administered by NASW-NJ)

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Please contact Chad Thompson at 732-745-0200 or email at cthompson@bianj.org for information about continuing education credits for social work.

The Brain Injury Alliance of New Jersey (the Alliance) encourages all individuals with disabilities to attend and participate in its events, and follows the regulations outlined in the Americans with Disabilities Act. If you anticipate needing any type of accommodation or have questions about the physical access for this event, please contact Chad Thompson of the Alliance by phone at 732-745-0200 or email at cthompson@bianj.org prior to this program. If you need an accommodation after arriving please request to speak with Chad Thompson for further assistance. Every effort will be made to provide reasonable accommodations in an effective and timely manner.



ATTENDEE REGISTRATION FORM

	2/1-4/21	4/22-5/17	5/18
BIANJ Member	\$220	\$240	\$260
Non Member	\$240	\$260	\$280
Student	\$50	\$50	\$50

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Please choose one workshop per session that you would like to attend.

Morning (10:45 am - 12:00 pm)

- Home & Community Based Treatment (1)
- Vestibular Rehabilitation (2)
- Behavioral Challenges (3)
- Autonomic Dysfunction (4)

Afternoon 1 (1:15 pm - 2:30 pm)

- Managed Long-Term Services and Supports (5)
- Research Panel (6)
- BI in the Corrections System (7)
- Relationships and Sexuality (8)

Afternoon 2 (2:45 pm - 4:00 pm)

- Re-Integrating Vision, Speech, Hearing and Balance (9)
- Experience of Professionals (10)
- Communication Strategies (11)
- Brain Injury and Addiction (12)

Continuing Education Units (CEUs) Please note there is a flat rate of \$15.00 for CEUs Processing. Check with your employer about payment responsibility.

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Issues and Concerns: During the seminar attendees and participants can ask to speak with staff for the Brain Injury Alliance of NJ. Staff can be found at registration. After the seminar you can reach Training Coordinator Chad Thompson by phone at 732-745-0200 or email at cthompson@bianj.org

Special Needs and Accommodations: Please check this box if you will be in need of special assistance or an accommodation and we will contact you prior to the seminar. If you are in need of assistance the day of the seminar, please speak to staff for the Brain Injury Alliance of NJ.