2018 ANNUAL SEMINAR
FOR PROFESSIONALS

EXPLORING
DIVERSE ISSUES
IN BRAIN INJURY

Thursday, May 17, 2018
iPlay America Event Center
110 Schanck Road
Freehold, NJ

Keynote Speaker: Chris Nowinski, PhD
Founder and Executive Director of the Concussion Legacy Foundation
Concussions and CTE: Fact, Fiction and the Future of Sports

EVENT BROCHURE

New Jersey’s Premier Brain Injury Seminar for Professionals
Occupational Therapists · Cognitive Rehabilitation Therapists
Case Managers · Neuropsychologists · Social Workers
Behavioral Healthcare Specialists · Rehabilitation Counselors
Vocational Counselors · Nurses · School Professionals
Physical Therapists · Speech Language Pathologists · Professional Counselors

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KEYNOTE

Chris Nowinski, PhD, graduated from Harvard cum laude with a degree in sociology in 2000. Chris was a contestant and finalist on the MTV reality show, Tough Enough, and on June 10, 2002, he made his wrestling debut on WWE's Monday Night RAW. In 2003, his career ended due to symptoms he continued to experience from past concussions.

Following his wrestling career, Chris wrote Head Games: Football’s Concussion Crisis, which examined the long-term effects of head trauma among athletes. In the book, Chris draws on his own post-concussion experiences, having suffered at least six concussions from his wrestling and football days. He has also written several articles for sports and medical journals. Today, Chris is the Founding Executive Director of the Concussion Legacy Foundation (CLF), a non-profit organization dedicated to solving the sports concussion crisis through education, advocacy, and research. He serves as a co-director of the Center for the Study of Traumatic Encephalopathy at Boston University School of Medicine (BU CSTE). Chris also serves on the Ivy League Multi-Sports Concussion Committee, the National Football League Players Association Mackey/White TBI Research Committee and on the board of directors of the Brain Injury Association of America. He was named an Eisenhower Fellow in 2011, and has a PhD in Behavioral Neuroscience from Boston University School of Medicine.
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

Concussions and CTE: Fact, Fiction and the Future of Sports  
Chris Nowinski, PhD

This presentation will explore concussions and CTE in sports from the perspective of public health and improving patient outcomes. Dr. Nowinski, a former Harvard football player and WWE professional wrestler who retired from post-concussion syndrome, will explore this national conversation with insights from his 15-year journey from patient, to advocate, to researcher. With insights from the largest CTE brain bank in the world, which he co-founded in 2008, he will address the scope of the problem and meaningful solutions, while addressing fact and fiction in the national dialogue influenced by the interests of sports industry, advocates, and the media. Reviewing the latest research and exemplary case studies, participants will leave with clarity on what is known, what remains unknown, and where the best opportunities are for intervention to reduce the risk of bad outcomes. Following this presentation, participants will be able to describe the mechanism and etiology of concussion and chronic traumatic encephalopathy, integrate research on patient education to improve diagnosis and care and identify new methods and best practices in prevention, surveillance, and diagnosis.

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

**10:45 - 12:00**  
Morning Workshops

1. Agitation After Traumatic Brain Injury: Current Concepts of Pathophysiology, Assessment and Treatment  
Brian Greenwald, MD

This lecture will compare the commonly used Ranchos Los Amigos Scales to the changes seen at a brain level as recovery occurs after moderate to severe traumatic brain injury (TBI). The assessment and differential diagnosis will be reviewed. Agitation will be differentiated from aggression. Current concepts of non-pharmacologic treatment early on after TBI will be addressed. Risk and benefits of pharmacologic treatment for targeted agitation, aggression and irritability will be reviewed. Following this presentation, participants will be able to define agitation, discuss the definition of aggression and identify the risk and benefits of pharmacologic and non-pharmacologic treatment of behaviors seen early after moderate to severe TBI.

2. Under-Identification of Students with Long Term Disability from Moderate to Severe TBI in Schools  
Drew Nagele, PsyD, CBIST, CESP

This presentation will highlight the discrepancies between TBI hospitalization data, estimates of long-term disability due to TBI, and the number of students identified under the TBI category in each state. Traumatic Brain Injury (TBI) is a special education eligibility category under the Individual with Disabilities Education Act (IDEA). Unlike other special education categories (e.g., autism, specific learning disabilities), the numbers of students identified with TBI have not significantly increased over the years. Only 33% of the students projected to have moderate to severe TBI were represented in state child counts under the Special Education TBI category. Possible explanations include that students with TBI are not identified for special education services, are served under other special education categories, that communication between medical - school systems are inadequate, and that some students don't manifest problems until years after injury. Potential solutions to improve TBI identification for special education services will be presented. Following this workshop participants will be able to describe the estimated discrepancy between numbers of children getting moderate-severe brain injury and the numbers of children served in schools under the IDEA Special Education category of TBI, provide three for the under-identification of children with TBI in school and identify three potential solutions to improve identification of TBI in Special Education.
3. Research Panel: Paroxysmal Sympathetic Hyperactivity and Clinical Considerations in Rehabilitation Inpatients; Examining the Role of Menstrual Irregularity on Physical and Emotional Functioning in the Moderate-Severe Traumatic Brain Injury Population; Traumatic Cerebrovascular Injury: An Endophenotype of TBI

Alphonsa Thomas, DO; Ondrea McKay, MD; Erika Silverman

This research panel will detail findings from clinical research on three different, but equally significant topics:

The term “storming” is often been used colloquially to characterize brain injured patients who show signs and symptoms of elevated heart rate, blood pressure, respiratory rate, temperature and motor posturing. Recently the term paroxysmal sympathetic hyperactivity (PSH) has been urged to be used as the unifying term to describe these acute episodes of elevated sympathetic activity. There are various pharmaceutical and management options available, but no single drug or protocol has been deemed superior to the others. Prognosis and recovery out of acute care and into rehabilitation facilities is limited, but point toward poorer functional outcome and increased mortality. Overall the subject matter requires further research and development to help aide rehabilitative efforts so that patients can effectively participate in therapy and focus on their recovery.

Women remain an understudied population within brain injury. While menstrual irregularity is known to occur following a traumatic brain injury, few people have examined the extent in which it occurs and the role it may play in outcomes. The goal of this exploratory project is to examine menstrual irregularity in the moderate to severe traumatic brain injury population.

The failure of multiple Phase 3 clinical trials in Traumatic Brain Injury (TBI) has forced the field to re-think the approach to human clinical trials in order to find specific endophenotypes and biomarkers for more targeted therapies. Studies have shown a significant decrease in whole brain, gray and white matter cerebrovascular reactivity (CVR) among varying severities of TBI.

Following this panel discussion, participants will be able describe the key features associated with: paroxysmal sympathetic hyperactivity; identify issues regarding menstrual irregularity in female brain injury patients; and define potential endophenotypes of traumatic brain injury.


George Carnevale, PhD

This workshop will explore the recent research findings relevant to individuals who are aging with early history of TBI. There has been much concern in recent years regarding the possible link between single or repeated head injury, Post-concussion syndrome, TBI and later onset of early Dementia. Recent research has indicated a link between repeated head trauma and the development of Chronic Traumatic Encephalopathy (CTE) a progressive neurological disease found in the brains of some professional athletes. In addition, the workshop will examine the developmental challenges which typically emerge over the lifespan when caring for an individual with TBI and discuss strategies for caregivers to address emerging issues over time. Following this session participants will be able to: identify specific trauma characteristics which are related to increased onset of dementia with aging; define the characteristics of CTE; differentiate between signs and symptoms from the normal aging process and TBI; and identify common patterns of family response to member’s aging with TBI across levels of injury severity and helpful strategies for coping with these issues.

12:00 - 1:00  Lunch

1:00 - 1:15  Break and Exhibits

1:15 - 2:30  Afternoon Workshops
5. Interpretation and Discussion of Protracted Concussion Symptoms in Pediatric Populations: The Role of Neuropsychology and Psychoeducation in Clinical Care

Hilary Murphy, PhD

This workshop will focus on a review of research regarding cognitive recovery following concussion, risk factors related to protracted concussion symptoms, and current evidence based interventions. Pediatric concussion has become increasingly popular topic, both in the literature and the media. As a result, clinicians, educators, and other professionals are being called upon to treat children and educate families about this issue. In addition, techniques for interpreting and reporting findings from neuropsychological evaluations, including cases of non-credible performance and symptom exaggeration, will be discussed. Following this workshop participants will have an increased knowledge regarding neuropsychological evaluation of pediatric concussion including the importance of performance validity measures, identify potential risk factors for protracted concussion symptoms in pediatric concussion and recognize non-credible performance and list techniques to discuss these findings with families and demonstrate increased familiarity with evidence based interventions for reducing protracted concussion symptoms.

6. Complex Issues in Return to Work After Brain Injury

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

Individuals who have sustained a brain injury often struggle to successfully return to meaningful employment. Barriers to success have been identified including cognitive deficits, emotional issues, functional impairments, and systemic issues. Key ingredients for a successful return include self-awareness, empowerment, motivation and employer facilitation. This workshop will further delineate these concepts in the context of case vignettes. The practical pathway toward return to work, common obstacles, and job maintenance will be discussed. The importance of compensatory strategies and job coaching will also be highlighted. Use of natural supports through employer education and co-worker development will also be reviewed. Following this presentation participants will be able to identify various obstacles commonly encountered during a client’s return to work process, determine potential difficulties in maintenance of employment after a return to work for brain injured survivors and provide a recommended pathway to support return to work programs including development of strategies, potential adaptations to work duties for the individual and modifications to the work setting.

7. Domestic Violence and Brain Injury

Michelle Ballan, PhD

Intimate partner violence (IPV) is a common cause of brain injury, especially in women who constitute the majority of victims of severe physical violence. Intimate partner assaults frequently result in head, neck and facial injuries among victims. Studies of women in domestic violence shelters found that the vast majority had been hit in the head or severely shaken by their partners, most more than once (Jackson et al., 2002). And 90% of women reported sustaining a hit to the head or being strangled in five domestic violence programs and shelters in Nebraska (Reisher, 2017). Following this workshop, participants will be able to identify and utilize screening tools for IPV survivors with potential brain injuries, recognize signs and indicators of possible brain injuries among IPV survivors and adapt services and strategies to best meet the needs of IPV survivors with brain injuries.


Thomas F. Grady, MPA, ACG, ALB

The presentation will inform attendees of concussion-related legislation currently under consideration in the New Jersey Legislature. Summaries of the legislation will be communicated in addition to knowing which policymakers to contact at certain points in the legislative process. Practical tips on how to advocate will also be offered to attendees. At the conclusion of the workshop participants will be able to discuss what concussion-related legislation is currently under consideration in the New Jersey Legislature, identify which key policymakers to contact at certain points during the legislative process in order to effectively express viewpoints on such legislation, and describe practical tips on how to effectively express viewpoints on concussion-related legislation.
9. Visual Vestibular Integration Dysfunction
Joel Lehrer, MD, FACS and Vincent R. Vicci, Jr., OD, DPNAP
Drs. Joel Lehrer and Vincent Vicci, respectively a Neurotologist and a Neuro-Optometrist, will discuss the adverse effects on brain function that occur after injuries to the Vestibular (Balance System) and Visual Systems. Abnormalities in Spatial Orientation and Cognition that occur after head and neck injury have been found to be related to Inner Ear Injury and Visual System Dysfunction. These patients can best be managed by addressing all three systems in parallel, the Vestibular, the Visual and the Cognitive; as failure to address all of the injured systems will limit the effectiveness of management. Following this workshop participants will be able to discuss vision problems and understand the impact of those vision problems upon their intended goals for their appropriate patients, identify individuals who may benefit from visual interventions and recognize the problems associated with central visual-vestibular dysfunction and peripheral visual-vestibular dysfunction and the expected areas that treatment should be oriented towards.

10. Concussion: Topics in Research
Catherine Mazzola, MD
This workshop will review the most recent research in concussion diagnosis and management including clinical implications and promising solutions. At the completion of this workshop participants will be able to identify two challenges in concussion diagnosis and management, outline one concussion research project and describe two challenges in conducting concussion research.

11. Voice Activated Assistive Technology
Kristen Russell, OTR/L, ATP
The Amazon Echo (Alexa) is a newer and evolving technology that has many applications for people with brain injuries. This session will explore many of those ways including using it for organization, time management, relaxation/stress management, and daily life. Attendees will be provided with an overview of what the Amazon Echo can do, a review of the different versions of the Amazon Echo available, as well as a list to take with them of the voice commands that are particularly pertinent to people with brain injuries. This session will be helpful to people considering purchasing an Amazon Echo or those who are looking to more fully utilize one that they currently own. Attendees are welcome to share ways they use their Amazon Echo to increase independence and efficiency. Following this presentation attendees will be able to identify differences between Alexa devices to help determine the best fit for their needs, describe two ways to use the Amazon Echo to facilitate relaxation and stress management and distinguish two ways to use the Amazon Echo to assist with organization and time management.

12. Incorporating Trauma Informed Care Into Brain Injury Rehabilitation
Terry Page, PhD, BCBA-D
Trauma informed care is a concept that has been evolving for the past 10-15 years. Over the past several years, trauma informed care has been generalized to many different human service settings, including schools and residential services for individuals on the Autism Spectrum. Many individuals with disabilities have experienced some form of trauma in their lives, in some cases even multiple and ongoing traumatic experiences. Singular traumatic experiences can be events such as a car crash, fire or the death of a loved one. Ongoing episodes can consist in cases involving physical, psychological and sexual abuse. These traumatic events can happen to children, adolescents and adults. Following this workshop, participants will understand the rationale for trauma informed care, describe the weaknesses and strengths of trauma informed care, and specific policy and procedural prescriptive practices that will enhance the type and quality of trauma informed care in service delivery.
SEMINAR COMMITTEE

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Rehab Center at Wedgwood Gardens
Freehold, NJ | wedgwoodgardens.com
Registration Fees:

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Early Bird Registration: 2/15 - 4/21
Regular Registration: 4/22 - 5/16
On Site Registration: 5/17
Student Registration: 2/15 - 5/17

Click Here to Register: https://app.etapestry.com/cart/BrainInjuryAllianceofNewJersey/default/category.php?ref=1224.0.296545325

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 (CEU/CE) 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.

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:


Thank you to JFK Johnson Rehabilitation Institute for sponsoring the cost of the CEU applications.

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

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.

This activity is pending approval from the National Association of Social Workers–New Jersey (NASW-NJ)

Applications for CEUs have additionally been made to the following accreditation bodies:
- American Speech-Language Hearing 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)
- New Jersey Parks and Recreation Association (NJPRA)

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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

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

Morning (10:45 am - 12:00 pm)
- Agitation: Current Concepts (1)
- Students with Brain Injury (2)
- Research Panel (3)
- Aging with Brain Injury (4)

Afternoon 1 (1:00 pm - 2:15 pm)
- Pediatric Concussions and Neuropsychology (5)
- Return to Work (6)
- Domestic Violence (7)
- Concussion Legislation (8)

Afternoon 2 (2:30 pm - 3:45 pm)
- Vision/Vestibular (9)
- Concussion: Topics in Research (10)
- Voice Activated Technology (11)
- Trauma Informed Care (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.

- American Speech Language Hearing Association (ASHA)
- Commission for Case Manager Certification (CCM)
- Certification of Disability Management Specialist (CDM)
- NJ State Nurses Association (NJSNA)
- American Occupational Therapy Association (AOTA)
- Natl. Assoc. of Social Workers (NASW)
- Certified Rehabilitation Counselor (CRC)
- NJ State Board of Physical Therapy Examiners
- New Jersey Parks & Recreation Association (NJPRA)

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Questions? Contact Chad Thompson at 732-745-0200 or cthompson@bianj.org

Cancellations and Substitutes: Cancellations will be accepted in writing, postmarked no later than May 10, 2018. There is a $25.00 cancellation fee. You may transfer your registration to another person with 24 hour advance notice. If the seminar is cancelled in part or in its entirety for an unforeseen circumstance a partial or full refund will be provided. Cancellation information will be posted on bianj.org. For more information call 732-745-0200.

Complaints and Grievances: During the seminar attendees and participants can ask to speak with staff for the Brain Injury Alliance of NJ to file a complaint or grievance. Staff for the Alliance can be found at registration, and your complaint or grievance will be addressed immediately. After the seminar you may file a complaint or grievance by contacting Brain Health Network Training Coordinator, Chad Thompson by phone at 732-745-0200 or email at cthompson@bianj.org, who will provide a response within 48 hours.

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.