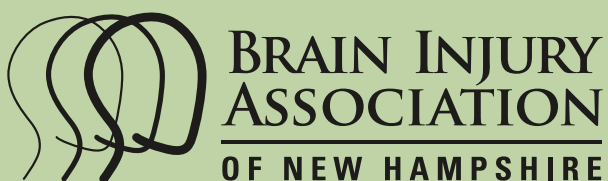


BRAIN INJURY & STROKE

RESOURCE DIRECTORY

12th Edition

FEATURING INFORMATION FOR
SURVIVORS, FAMILIES, CAREGIVERS, VETERANS AND PROFESSIONALS



Family Helpline: (800) 773-8400 (NH Only)

Information & Resources (only) (800) 444-6443

52 Pleasant Street
Concord, NH 03301
(603) 225-8400
www.bianh.org

BRAIN INJURY & STROKE RESOURCE DIRECTORY

12TH EDITION

CO-SPONSORED BY

BRAIN INJURY ASSOCIATION
OF NEW HAMPSHIRE
52 Pleasant Street
Concord, NH 03301
603-225-8400
www.bianh.org

STATE OF NEW HAMPSHIRE
BUREAU OF DEVELOPMENTAL SERVICES
105 Pleasant Street
Concord, NH 03301
603-271-5034
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ABOUT THIS RESOURCE DIRECTORY

The Brain Injury Association of New Hampshire (BIANH) has created this directory with the intent of providing information and resources that are available within the State of New Hampshire. BIANH attempts to maintain current and accurate information and disclaims any implied warranty or representation of accuracy or completeness. Further, it is the discretion of the user to make decisions about appropriateness of services. BIANH neither endorses nor implies a recommendation; BIANH is not liable or responsible for any claim, losses, or damages resulting from its use of the agencies or services listed within this directory.

BIANH does not claim that this Resource Directory encompasses all organizations in New Hampshire servicing individuals living with a brain injury.

- All information specified under the Providers section is self-reported by the provider.
- Organizations, individuals and services listed herein are subject to change without prior notice.
- Organizations listed in this directory may have closed, reorganized, or discontinued programs/services for people living with brain injuries.
- To obtain the most recent information on listings in this book, contact the establishment directly and ask questions about the programs and services offered and the type of payment accepted.

We are pleased to present this *Brain Injury & Stroke Resource Directory* for individuals and their families who have had a brain injury or stroke. We hope the information contained herein will be helpful and informative to you and your family.

The process of recovery has no time limit. No one can predict precise outcomes for any individual. We can understand and appreciate the many questions and frustrations you face in dealing with the unknown. There are many suggestions about where to turn and who can assist during these trying times.

For family members, the questions may be equally challenging. How do we locate the resources that the survivor needs to enable recovery? How can we offer the best supports? How can we pay for it all? Who is going to sustain and support us as we travel down this road?

For professionals, there are questions about where to find resources, what to look for, how to be most helpful to brain injury survivors and their families, and other unanswered questions.

This directory is our 12th coordinated effort to answer many of these questions. Co-sponsored with the Bureau of Developmental Services, and supported by a variety of local providers, this directory has endeavored to include as many possible supports to people with acquired brain disorders as we are aware. It is intended to be used as a tool to better acquaint you with both the programs and the professionals who are knowledgeable in the field of brain injury.

Please note that this is not a comprehensive list of all available New Hampshire resources. We will have overlooked people, organizations, and agencies; it is our intention to keep updating this directory. We recommend that you consult with your physician for further recommendations.

The Brain Injury Association of New Hampshire maintains updated information and resources in the State of New Hampshire. BIANH is the leading comprehensive source of support, sharing, education, and advocacy for people with acquired brain disorders, their families, and professionals in New Hampshire. We urge you to be in touch with our Family Helpline – 1-800-773-8400.

BRAIN INJURY ASSOCIATION OF NEW HAMPSHIRE

MISSION – To create a better future through brain injury prevention, education, advocacy, and support.

VISION – A world where preventable brain injuries are prevented, unpreventable brain injuries are minimized, and people who have experienced brain injury can maximize their quality of life.

HISTORY – The Brain Injury Association of New Hampshire was founded in 1983 by parents of brain injured children and teens who came together to help one another and work to assure that needed services and supports were available to New Hampshire citizens living with a brain injury and their family members. Today we remain a grassroots organization led by a dedicated team of parents, caregivers, and professionals.

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UNDERSTANDING BRAIN INJURY

If you are reading this, most likely you or someone you know is now living with a brain injury or stroke either as a survivor who has experienced brain injury first hand, as a friend, loved one, or professional working in the field of brain injury.

You are not alone. Each year an estimated 1.7 million people in America sustain a brain injury, and in New Hampshire there are currently over 15,000 individuals living with brain injury or stroke. Nationwide, traumatic brain injury is a contributing factor to 30% of all injury-related deaths in the United States. Every day, 153 people in the United States die from injuries that include TBI.¹ Although estimates across analyses vary, it is generally thought that 75% - 90% of these injuries would be classified as mild traumatic brain injury.²

Not all outcomes of brain injury are immediately obvious, earning brain injury the status of “The Silent Epidemic.” In the hopes of preventing brain injury, education and awareness are ongoing across the United States through the Brain Injury Association of America (BIAA) www.biaa.org, and among individual state associations, like the Brain Injury Association of New Hampshire: www.bianh.org.

Brain injuries can vary from mild to severe with outcomes of short-term symptoms to life altering effects -- and for some individuals, brain injury leads to death. Survivors of brain injury may experience the impact of not being able to fully participate in their normal life's activities. Difficulties in concentration, memory, organization, managing multiple tasks, and relationships may become daily challenges. Cognitive deficits can lead to decreased abilities to live the pre-injury life they once had. In addition, individuals may now have changed personalities and behaviors that alter relationships with family, friends, and business acquaintances.

Causes of brain injury include, but are not limited to, motor vehicle crashes, sports injuries or concussions, falls, stroke, blast injuries from war, shaken baby syndrome, violence, brain tumors, anoxia (loss of oxygen), encephalitis, meningitis, poisoning, seizures, and alcohol and/or drug abuse.

Although brain injury can happen to anyone, at any age, social or economic background, there are certain groups of individuals that are more prone to acquiring them. The 2013 Center for Disease Control (CDC) reports as follows: ³

Among TBI-related deaths in 2013:

- Rates were highest for persons 75 years of age and older.
- The leading cause of TBI-related death varied by age.
 - Falls were the leading cause of death for persons 65 years of age or older.
 - Intentional self-harm was the leading cause of death for persons 25-64 years of age.
 - Motor vehicle crashes were the leading cause of death for persons 5-24 years of age.
 - Assaults were the leading cause of death for children ages 0-4 years.

¹ For more information, please visit www.cdc.gov/traumaticbraininjury/statistics.html

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC557562>

³ www.cdc.gov/traumaticbraininjury/statistics.html

UNDERSTANDING BRAIN INJURY

Among non-fatal TBI-related injuries in 2013:

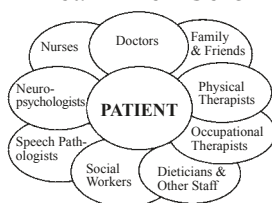
- Hospitalization rates were highest among persons 75 years of age and older.
- Rates of ED visits were highest for persons 75 years of age and older and children 0-4 years of age.
- Falls were the leading cause of TBI-related ED visits for all but one age group.
 - Being struck by or against an object was the leading cause of TBI-related ED visits for persons 15-24 years of age.
- The leading cause of TBI-related hospitalizations varied by age:
 - Falls were the leading cause among children 0-14 years of age and adults 45 years of age and older.
 - Motor vehicle crashes were the leading cause of hospitalizations for adolescents and persons 15-44 years of age.

Once a brain injury is identified, family and friends become an integral part in the life-long journey of supporting the survivor. Medical and rehabilitation terms are the new language that is spoken. Digesting information on the outcome of the brain injury, making the right decisions for accurate treatment for a successful recovery, acquiring benefits, planning for the future, and accepting this new situation can be very stressful on the survivors, their family, and friends. This directory lists resources which are available to New Hampshire families and survivors to use, as they navigate through the maze of services needed.

WHO WILL HELP AFTER BRAIN INJURY?

Members of the health care team will work together with the patient, family, and friends during the hospital stay. Care will be centered on the individual needs of the patient. Family and friends are important members of the team.

Team Members



Patient: The patient is the most important member of the team. Care will be planned based on how the patient responds to treatment.

Family and Friends: You provide emotional support to the patient. Family and friends also provide the health care team with important facts about the patient's past history and can help watch for changes. Other team members will show you what you can do to help with the recovery process.

Doctors: Neurosurgery doctors are specialists who help determine the type of brain injury and its treatment. They may perform surgery on the brain. They will work with other doctors if the patient is in intensive care or has injuries to other parts of the body.

Nurses: Nurses check patient's vitals (temperature, blood pressure, heart and breathing rate) and watch for changes in strength and thinking. They help with daily care such as eating and bathing. Nurses also coordinate care among the members of the health care team.

Social Workers: Social workers provide emotional support to help the patient and family adjust to being in the hospital. They coordinate discharge planning, referral to community resources, and answer questions about insurance or disability.

Physical Therapists (PT): Physical therapists evaluate and treat weaknesses in the patient's strength, flexibility, balance, rolling, sitting, standing, and walking. Treatment may include exercise or instruction in use of equipment such as walkers, canes, or wheelchairs.

Occupational Therapists (OT): Occupational therapists evaluate the patient's ability to perform dressing, bathing, homemaking, and activities that require memory and organization. They provide treatment and/or equipment needed for safe, independent living.

Speech Therapists: Speech therapists test and treat speech, language, thinking, and swallowing problems.

Neuropsychologists: Neuropsychologists test thinking, memory, judgment, emotions, behavior, and personality. This information can be used to help guide treatment. It will also help determine the amount of supervision that the patient needs when they leave the hospital.

Dieticians: Dieticians assess nutritional needs. They work with the patient and other team members to help the patient meet their nutritional goals.

Other staff members may work with the patient and family. These include:

- Respiratory Therapists
- Activity Therapists
- Clergy
- Child Life Therapists
- Patient Representatives
- Vocational Counselors
- Music Therapists
- Recreation Therapists

ABOUT THE BRAIN INJURY ASSOCIATION OF NEW HAMPSHIRE

The Brain Injury Association of New Hampshire is the leading state-wide organization in New Hampshire dedicated to brain injury and stroke support, prevention, education, and advocacy for survivors and caregivers. We are a chartered affiliate of the Brain Injury Association of America (BIAA).

INDIVIDUALS WE SERVE

We serve individuals who have sustained one of the following Acquired Brain Injuries (ABI):

- Traumatic Brain Injury (TBI) - (e.g., physical trauma due to accidents, falls, assaults, etc.)
- Stroke/young stroke
- Coma
- Brain tumors
- Aneurysm and arteriovenous malformation
- Concussion – mild traumatic brain injury
- Surgery
- Poisoning/Neurotoxic injury (includes alcohol, post chemotherapy cognitive impairment, heavy metal exposure, neurotoxins)
- Ischemia (restricted blood flow)
- Pediatric brain injuries (i.e., Shaken Baby Syndrome and lead paint poisoning)
- Anoxic injury to the brain (prolonged lack of oxygen)
- Hypoxia (decreased oxygen flow)
- Epilepsy or other seizure disorders
- Meningitis, encephalitis, and infections of the brain
- Hydrocephalus

WHAT IS THE DIFFERENCE BETWEEN A TRAUMATIC BRAIN INJURY AND AN ACQUIRED BRAIN INJURY?

A **Traumatic Brain Injury (TBI)** is defined as an alteration in brain function or other evidence of brain pathology caused by an external force. A TBI is an injury to the brain caused by an external force after birth. Common causes of a traumatic brain injury include gunshot wounds, motor vehicle crashes, assaults/violence, Shaken Baby Syndrome, falling and striking your head, or explosive blasts (e.g., Improvised Explosive Devices).

An **Acquired Brain Injury (ABI)** is an injury to the brain, which is not hereditary, congenital, degenerative, or induced by birth trauma. An Acquired Brain Injury is an injury to the brain that has occurred after birth, and includes all types of traumatic brain injuries, and also brain injuries caused after birth by cerebral vascular accidents (commonly known as stroke), tumors, seizures, brain aneurysms, toxic exposures, encephalitis/meningitis, and loss of oxygen to the brain (near drowning, anoxia, hypoxic brain injury).

Injuries to the brain present at birth or progressive in nature, such as Alzheimer's or Parkinson's Disease, are not considered a traumatic or acquired brain injury.

ABOUT THE BRAIN INJURY ASSOCIATION OF NEW HAMPSHIRE

FUNCTIONAL CHANGES CAUSED BY BRAIN INJURY

A brain injury may result in mild, moderate, or severe impairments in one or more of the following areas:

Cognitive Functions

- Short-term or long-term memory loss
- Impaired judgment and perception
- Trouble concentrating or paying attention
- Difficulty with language or speech production and thought processing (aphasia, receptive language, dysarthria)
- Spatial disorientation
- Difficulty organizing or problem solving

Physical Functions

- Seizures
- Sleep Difficulties (fatigue or insomnia)
- Sensory loss or impairment (vision, hearing, etc.)
- Headaches or migraines
- Trouble with balance and dizziness
- Difficulty swallowing
- Decreased motor abilities
- Dysfunction of previous abilities to participate in day-to-day activities

Emotional/Behavioral Functions

- Depression, grief over loss of ability or chemical changes caused by injury
- Anxiety, restlessness, agitation, frustration, impatience
- Lack of motivation
- Reduced level of self-esteem
- Mood swings
- Impulsiveness and lack of inhibition
- Personality changes
- Emotional flatness and passivity

BIANH SUPPORT & SERVICES

Specialized Care Coordination

Brain injury specific specialty care coordination/case management for the post acute and chronic stage of brain injury – often requiring life-time coordination of care and services.

Family Support

Family support is the Association's free Neuro-Resource Facilitation (NRF) service; helping families and survivors access needed services and supports in their own home and community.

Financial Assistance

Provide direct financial assistance for special needs not covered by other sources through the Brain Injury Community Support Program.

Community Care Waivers

Choices for Independence (CFI), Acquired Brain Disorder (ABD), Intellectual Developmental Disabilities (IDD), In Home Supports (IHS)

Provides home and community-based services that help people with disability to live independently in their own home and community.

Transition Program

Assisting individuals who have experienced a brain injury or stroke, and are able to transition from a facility back into the community.

Support Groups

Helping people with brain injury and their families to know that they are not alone and that there is a whole network of other families and resources within the New Hampshire brain injury community.

Helpline (800) 773-8400 – Information & Resources (only) (800) 444-6443

Our Helpline is available to persons with a brain injury, family members or friends, professionals, and the public.

Education

We provide a wide variety of educational services for persons affected by brain injury and their family caregivers.

Prevention

Prevention is the only cure for brain injury. Our prevention efforts are geared towards schools, teens, and young adults – those most at risk for traumatic brain injury.

Support for Family Caregivers

The annual Caregivers Conference provides respite, information, and sharing for caregivers statewide.

Advocacy

Individual advocacy for persons with a brain injury to help meet their needs in the community. Statewide advocacy; the brain injury community working together for persons living with a brain injury and their needs.

Veteran Supports

Provides service coordination through our NRF Program, financial support, and website (www.nh-veteran.com).

School Services

Education available to staff and students; assist with development of Individual Educational Plans (IEP).

Provider/Professional Training & Education

Training programs to enhance provider skills and expertise in the brain injury field.

Summer Camp for Brain Injury Survivors

Fun and adventure in a camp setting.

Employment Clinics

Offering assistance with coordination and communication with the Department of Vocational Rehabilitation, interviewing skills, advocacy, and assistance for employment.

Hospital Clinics

Hospital-based clinics provide outreach to newly injured and give assistance in navigating the system of care in New Hampshire.

STATE OF NEW HAMPSHIRE SUPPORTS & SERVICES

NH DEPARTMENT OF HEALTH & HUMAN SERVICES BUREAU OF DEVELOPMENTAL SERVICES

105 Pleasant Street
Concord, NH 03301
(800) 852-3345
www.dhhs.nh.gov/index.htm

OUR MISSION

The developmental services system collaborates with local communities to support individuals of all ages with acquired brain disorders or developmental disabilities and their families to experience as much freedom, choice, control, and responsibility over the services and supports they receive as desired.

The Bureau of Developmental Services (BDS) is committed to joining communities and families in providing opportunities for citizens to achieve health and independence. In partnership with consumers, families, and community based service networks, BDS affirms the vision that all citizens should participate in the life of their community while receiving the supports they need to be productive and valued community members.

To achieve this vision, BDS takes a leadership role in developing the network of supports and resources that will make community presence and participation a reality for every eligible person who chooses community based services and whose treatment professionals have determined that community supports are appropriate.

The NH developmental services system offers individuals with developmental disabilities and acquired brain disorders a wide range of supports and services within their own communities. BDS is comprised of a main office in Concord and 10 designated non-profit area agencies that represent specific geographic regions of NH. All direct services and supports to individuals and families are provided in accordance with contractual agreements between BDS and the Area Agencies. Supports include:

- Service coordination – including advocacy, facilitation, and monitoring;
- Day and vocational services – focusing on assistance and training provided to individuals to maintain and improve their skills in personal care, vocational activities, community integration, and to enhance their social and personal development;
- Personal care services – focusing on assistance and training provided to individuals to maintain and improve their skills in vocational activities, and enhance their social and personal development;
- Community support services – which are intended for individuals who have developed or are trying to develop skills to live independently within the community. Services consist of assistance and training provided to maintain and improve skills in daily living, community integration, and to enhance social and personal development;
- Family Supports Services – including respite and environmental modifications, to assist families in caring for a family member at home; and
- Crisis Services, Assistive Technology Services, and Specialty Services.

NEW HAMPSHIRE MEDICAID

NH Medicaid is a federal and state funded health care program that serves a wide range of needy individuals and families who meet certain eligibility requirements. The program works to ensure that eligible adults and children have access to needed health care services by enrolling and paying providers to deliver covered services to eligible recipients.

STATE OF NEW HAMPSHIRE SUPPORTS & SERVICES

COVERED MEDICAL SERVICES

Medicaid provides payment for health care services ranging from routine preventive medical care for children to institutional care for the elderly and disabled. The program also covers services for developmentally disabled individuals and persons with acquired brain disorders, as well as services at community mental health centers.

GENERAL REQUIREMENTS

Citizenship Status/Immigration & Identity: You must be either a US citizen or be a qualified alien and you must be who you say you are. There are some emergency medical services available for certain non-qualified aliens. Contact a DHHS District Office for more information.

Residency: You must live in New Hampshire, intend to remain in New Hampshire and not be getting medical assistance from another state. A student entering NH for educational purposes is not considered a resident of NH.

Age: You must be a certain age for some programs. If a program has an age limit, you must meet the age limit.

Social Security Number (SSN): Each individual requesting assistance must furnish an SSN or proof of an application for an SSN.

Financial Eligibility: Financial requirements are broken into two parts: income and resources. You must meet the program's resource requirements as well as the income requirements to be eligible for the program.

Household Income: Most kinds of income for all members of your household are counted when we determine your eligibility for medical assistance. Some examples of counted income are:

- Wages
- Self-employment income
- Rental income
- Social Security Benefits
- Veterans Benefits

We do not count all of your income because we subtract certain expenses from your total income. If, after subtracting your expenses, your total net income equals or falls below the monthly net income limits for the number of people in your household, you are considered income-eligible

Potential Income: You must explore and apply for all potential sources of income. For example, you must apply for the following benefits if you are potentially eligible for them:

- Social Security Benefits
- Retirement Benefits or Pensions
- Unemployment or Worker's Compensation
- Third-Part Medical Coverage
- VA Benefits (including Aid and Attendance)
- Disability Benefits or Pensions
- Contributions from any Liable Third Party

Household Resources: Resources owned by all household members are considered to determine eligibility. Examples of resources are cash, bank accounts, stocks, bonds, some vehicles, permanently unoccupied real estate, and some trusts. We do not count certain resources such as the home you live in, your furniture, and some vehicles.

STATE OF NEW HAMPSHIRE SUPPORTS & SERVICES

ELIGIBILITY – CHILDREN’S MEDICAL ASSISTANCE

It is the goal of DHHS and the Division of Family Assistance to ensure that each child in NH has access to quality health care. We do this by working in partnership with the medical and dental insurers, hospitals, community health centers, healthcare providers, schools, and social service agencies across the state.

Children’s Medicaid (CM): provides free health and dental coverage for children up to age 20 with net income no higher than 196% of the federal poverty levels (FPL).

Expanded Children’s Medicaid (Expanded CM): provides free health and dental coverage for children up to age 19 with net income higher than 196% of the FPL but no higher than 318% of the FPL.

Children with Severe Disabilities (CSD): special coverage for disabled children up to age 20 with income no higher than 196% of the FPL. The disabled child does not have to be living with a parent or relative to receive this coverage.

Home Care for Children with Severe Disabilities (HCCSD): for severely disabled children up to age 19 whose medical disability is so severe that they qualify for institutional care but who are being cared for at home. Only the income and resources of the disabled child are counted towards eligibility for this program; commonly known as the “Katie Beckett” option.

Financial Eligibility: Eligibility for medical assistance is based on household size and income. Income includes any income earned from working or self-employment, and unearned income such as child support (for HC-CSD only), alimony, unemployment, Veteran’s benefits (for HC-CSD only), or Worker’s Compensation benefits, or any income received on a regular basis.

Non-financial Eligibility

- Age: Your child must be under the age of 19 or 20, depending upon the program.
- Residency: Your child must be a NH resident.
- Citizenship: Your child must be a US citizen or an eligible qualified noncitizen.
- Social Security Number: Your child’s SSN must be provided.

ACQUIRED BRAIN DISORDER SERVICES WAIVER

SERVICES PROVIDED

The Acquired Brain Disorder (ABD) Waiver serves those individuals who qualify under RSA 137-K and He-M 522, are Medicaid eligible, and require the level of care provided in a Skilled Nursing Facility. The waiver provides supports and services for the health, safety, and welfare of eligible individuals.

Personal Care Services/Residential Services:

Only those individuals with the significant needs receive Personal Care/Residential Services within the Developmental Services System. Personal Care Services typically involves 24-hour supports, supervision, and assistance with eating, bathing, dressing, personal hygiene, activities of daily living, or other activities essential to their health and welfare. Individuals who receive Personal Care Services often also receive Day Services as an integral part of their overall supports and supervision. This level of service is provided to individuals with medical, behavioral, and/or psychiatric needs and without such supports the individual’s safety would be at risk.

Day Services:

Service, typically provided in the community, provide direct assistance and instruction to learn, improve, or maintain safety skills, basic living skills, personal decision-making, and social skills. Day Services are frequently essential to allowing the individual's care-giving family to maintain employment.

Other Services:

The Acquired Brain Disorders waiver offers a number of support services such as community Support Services for those individuals who are building independent living skills, as well as Environmental or Vehicle Modifications, which allow individuals to remain in their home and community, as well as Service Coordination and Respite.

DEVELOPMENTAL DISABILITIES/INTELLECTUAL DISABILITIES WAIVER (DD/ID)

The NH developmental services system offers adult individuals living with a brain injury, prior to the age of twenty-two (22), with developmental disabilities/intellectual disabilities (HCBC-DD/ID) that they receive a wide range of supports and services within their own communities.

SERVICES PROVIDED

All direct services and supports to individuals and families are provided through 10 non-profit designated Area Agencies located throughout New Hampshire.

The range of services available include:

- Service Coordination including advocacy, facilitation and monitoring;
- Day Services focusing on assistance and training provided to individuals to maintain and improve their skills in personal care, vocational activities and community integration to enhance their social and personal development;
- Employment Services focusing on assistance and training provided to individuals to maintain and improve their skills in vocational activities and enhance their social, personal development, and well-being within the context of vocational goals. These services develop paid employment opportunities in integrated settings which offer meaningful occasions for workers to interact with coworkers and customers;
- Personal Care Services offering assistance and training to individuals to maintain and improve their skills in basic daily living and community integration and to enhance their social and personal development;
- Community Support Services that are intended for individuals who have developed or are trying to develop skills to live independently within the community. Services consist of assistance and training provided to maintain and improve skills in daily living and community integration and to enhance social and personal development;
- Family Support Services including respite and environmental modifications, to assist families in caring for a family member at home; and
- Crisis Services, Assistive Technology Services and Specialty Services.

Any NH resident eligible for services who has a developmental disability and meets the following criteria:

- a disability that is attributable to developmental disability/intellectual disability, cerebral palsy, epilepsy, autism or a specific learning disability, or any other condition of an individual found to be closely related to developmental disability/intellectual disability as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that required for developmental disability/intellectual disability individuals; and

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- a disability that originates before such individual attains age 22, has continued or can be expected to continue indefinitely, and constitutes a severe disability to such individual's ability to function normally in society.

IN HOME SUPPORTS (IHS) FOR CHILDREN WITH SEVERE DISABILITIES

SERVICES PROVIDED

The IHS waiver provides personal care and other services to children through age 20 who have very significant medical and behavioral challenges and live at home with their families. These children require long-term supports and services and qualify by virtue of eligibility under RSA 171:A, He-M 503, He-M 524, NH Medicaid, and are deemed eligible for institutional level of care (ICF/ID). Waiver services and supports allow the child to remain at home with his/her care-giving family. Participating families must be interested in and able to play an active role in managing and directing waiver supports utilizing the Participant Directed and Managed Services model (PDMS). The overarching goal of the IHS waiver is to enable the individual to remain in the family residence or in his/her own home while utilizing lower cost, non-nursing supports.

SERVICE DELIVERY SYSTEM

The IHS Waiver is implemented through the Area Agency system as outlined in RSA 171-A. BDS contracts with ten private, non-profit Area Agencies that provide a comprehensive array of services of the diagnosis, evaluation, habilitation, and rehabilitation.

CHOICES FOR INDEPENDENCE (CFI) WAIVER

The Choices For Independence Program (HCBC-CFI) is available for adults and seniors with chronic illnesses, including living with a brain injury, who are financially eligible for Medicaid and medically qualify for the level of care provided in nursing facilities.

Administered by the Bureau of Elderly and Adult Services, the program provides a wide range of service choices that help seniors and adults with chronic illnesses to continue living independently in their own homes and communities.

The Choices for Independence brochure provides introductory information about the program. People who wish to apply for the program may contact NH ServiceLink at (866) 634-9412.

Monthly Income Limit for Title XX Services: Effective January 1, 2018 the monthly income limit for people receiving Title XX (Social Service Block Grant) services is \$1242 per person. This change was an increase from the former monthly income limit of \$1214.

The income limit is used for both initial determinations and redeterminations of Title XX service eligibility. Title XX services help people to continue living independently, and include, but are not limited to, adult day care, homemaker and home-delivered meals. For more information on these services, please contact NH ServiceLink at (866) 634-9412.

Services may include:

- Home Delivered Meals
- Homemaker Services
- In-Home Care

STATE OF NEW HAMPSHIRE SUPPORTS & SERVICES

- Transportation Services
- Day Services
- Congregate Meals

Please contact NH ServiceLink at (866) 634-9412 to apply.

FAMILY SUPPORT SERVICES

SERVICES PROVIDED

Family Support is provision of low cost, low frequency services, such as non-Medicaid respite or environmental (home or vehicle) modifications, family services coordination, individual and family centered assistance, information and referral, educational materials, emergency, and outreach services. Family Support is cost effective in enabling disabled children and adults to continue to live with their families and reducing, postponing, or eliminating the need for more costly, long-term services. These services are those that are not covered by Medicaid and are effective in assisting parents and other family members to remain the primary caregivers for an individual living with an acquired brain disorder or developmental disability.

SERVICE DELIVERY SYSTEM

Family Supports Services are organized and implemented through the Area Agency system. Each of the ten Area Agencies is required to have Family Support Council to advise the Area Agency; there is also State Family Support Council, with members from the regional councils, which advises the Bureau of Developmental Services.

PARTNERS IN HEALTH

SERVICES PROVIDED

Partners in Health (PIH) serves families with children with chronic health conditions. PIH services incorporate assessment of family needs and referral to appropriate public and private services available in their communities. Family Support Coordinators organize, facilitate, and document service planning and negotiate and monitor the provision of services. Respite, which is the provision of short-term care for an individual intended to provide temporary relief and support to the family, is also available. There are also contracted services for offering respite services to families of individuals with acquired brain disorders.

SERVICE DELIVERY SYSTEM

PIH is administered through twelve contracted agencies, some of which are Area Agencies and others are community service organizations.

SPECIAL MEDICAL SERVICES

SERVICES PROVIDED

Special Medical Services (SMS) provides statewide leadership to build and promote a community-based system of services that is comprehensive, coordinated, family centered and culturally competent for Children and Youth with Special Health Care needs (CYSHCN) by providing NH families with health information and support services. SMS also assists families to obtain specialty health care services for their eligible children with physical disabilities, chronic illness, and/or other special health care needs through:

STATE OF NEW HAMPSHIRE SUPPORTS & SERVICES

- Multidisciplinary Child Development Assessments and Neuromotor Clinics
- Health Care Coordination by Registered Nurses/Social Workers
- Home and Community Based Nutrition and Feeding & Swallowing consultation
- Psychology information and referral for any child, Psychology/Psychiatry for CYSHCN
- Funds health care costs to eligible low-income families with CYSHCN
- Support for parents as caregivers via Family-to-Family Health Information (NH Family Voices)
- Infrastructure development promoting Medical Homes in NH

SERVICE DELIVERY SYSTEM

Services are provided with both state staff and contracted services. SMS state staff includes Nurse Coordinators who have direct client caseloads. Contracted services are for assurance of specialty clinics/services and infrastructure development of the system of care. Sixteen contracted specialty care clinicians/entities meet the service needs. SMS services include specialty clinics for assessment and ongoing consultation; information and referral; outreach; specialty consultation; care coordination; family support and education, and financial assistance for eligible individuals.

FAMILY CENTERED EARLY SUPPORTS AND SERVICES (ESS)

SERVICES PROVIDED

Services include identification, assessment, evaluation, special instruction, therapeutic services, and on-going treatment, typically speech, occupational, physical therapy, as well as developmental education to maximize the family's ability to understand and care for the child's developmental, functional, and behavioral needs. Part C Grant Funds are also used to fund specific service arrays for children with autism.

SPECIAL DELIVERY SYSTEM

Early Supports and Services are organized and implemented through the Area Agency system. ESS must be provided in natural environments as part of a comprehensive array of supports and services for eligible children.

MEDICAID TO SCHOOLS

SERVICES PROVIDED

Medically related services outlined in a Medicaid eligible student's IEP are covered. Such services include: Occupational Therapy, Physical Therapy, Speech, Language and Hearing Services, Nursing Services, Psychiatric and Psychological Services, Mental Health Services, Vision Services, Specialized Transportation to Obtain Covered Services, Medical Exams and Evaluations, Pre-school Services, Rehabilitative Assistance, Supplies and Equipment related to vision, speech, language and hearing services, occupational and physical therapy services.

SERVICE DELIVERY SYSTEM

School districts are enrolled as Medicaid Providers. The school obtains the Medicaid identification numbers of eligible students and bills NH Medicaid for eligible services. Qualified staff, as outlined in He-M1301, must provide all services; certain services require referrals or orders from physicians or other health care related professionals.

BUREAU OF DEVELOPMENTAL SERVICES – AREA AGENCIES

Region I – Northern Human Services, Inc./New Horizons

87 Washington Street
Conway, NH 03818
(603) 447-3347

Region II – PathWays of the River Valley

654 Main Street
Claremont, NH 03743
(603) 542-8706

Region III – Lakes Region Community Services

719 North Main Street
PO Box 509
Laconia, NH 03247
(603) 524-8811

Region IV – Community Bridges, Inc.

70 Pembroke Road
Concord, NH 03301
(603) 225-4153

Region V – Monadnock Developmental Services, Inc.

121 Railroad Street
Keene, NH 03431
(603) 352-1304

Region VI – Gateways Community Services

144 Canal Street
Nashua, NH 03064
(603) 882-6333

Region VII – Moore Center Services, Inc.

195 McGregor St., Suite 400
Manchester, NH 03102
(603) 206-2700

Region VIII – One Sky Community Services

755 Banfield Road, Suite 3
Portsmouth, NH 03801
(603) 436-6111

Region IX – Community Partners: Behavioral Health Services of Strafford County, Inc.

113 Crosby Road, Suite 1
Dover, NH 03820
(603) 749-4015

Region X – Community Crossroads

8 Commerce Drive, Unit 801
Atkinson, NH 03811
(603) 893-1299

GENERAL LISTINGS

RESOURCES



RESOURCES

ADA ASSISTANCE and ADVOCACY

Disability Rights Center – New Hampshire

64 North Main Street, Suite 2

Concord, NH 03301-4913

(800) 834-1721 or (603) 228-0432

The Disability Rights Center provides information, referral, advice, legal representation and advocacy to individuals with disabilities, including but not limited to those with Traumatic Brain Injury. The Disability Rights Center can help advocate for you in areas such as employment, housing, medical services, financial assistance, vocational rehabilitation, and special education services. Individuals are encouraged to call to determine if the Center can be of assistance.

Equal Employment Opportunity Commission (EEOC)

John F. Kennedy Federal Building

475 Government Center

Boston, MA 02203

(800) 669-4000

Governor's Commission on Disability

121 South Fruit Street, Suite 101

Concord, NH 03301

(800) 852-3405 or (603) 271-2773

Granite State Independent Living

21 Chenell Drive

Concord, NH 03301

(800) 826-3700 (voice/TTY)

Website: www.gsil.org

GSIL is a statewide, non-profit, service and advocacy organization that provides tools for people with disabilities so they can navigate their own lives and participate fully in their communities.

Human Rights Commission - NH

2 Industrial Park Drive, Building 1

Concord, NH 03301-8501

(603) 271-2767

Institute on Disability

10 West Edge Drive, Suite 101

Durham, NH 03824-3522

(603) 862-4320

Office of the Ombudsman

New Hampshire Bureau of Health Care Facilities

Department of Health & Human Services

105 Pleasant Street

Concord, NH 03301

(603) 271-6941

Mailing Address

129 Pleasant Street

Concord, NH 03301

New Hampshire Council on Developmental Disabilities

2 ½ Beacon Street, #10

Concord, NH 03301

(603) 271-7038

New Hampshire Special Education Advocacy Center

548 Donald St., Unit 2

Bedford, NH 03110

(603) 625-2600

ServiceLink Network

Primary sites located in Atkinson, Berlin, Claremont, Concord,

Keene, Laconia, Lebanon, Littleton, Manchester, Nashua,

Portsmouth, Rochester, and Tamworth

(866) 634-9412

US Dept. of Justice/Civil Rights Division,

Disability Rights Section

950 Pennsylvania Avenue, NW

Washington, DC 20530

(202) 307-0663 or (800) 514-0301

ADULT DAY PROGRAMS

Easter Seals of NH

555 Auburn Street

Manchester, NH 03103

(603) 623-8863

Other Locations

963 Hanover Street

Manchester, NH 03104

(603) 935-7808

1 South Mammoth Street

Manchester, NH 03103

(603) 621-3599

Easter Seals – Homemakers Health Services

215 Rochester Hill Road

Rochester, NH 03867

(603) 335-1770

Gateways Community Services

144 Canal Street

Nashua, NH 03064-2886

(603) 882-6333

Harmony Home at Hickory Pond

1 Stagecoach Road

Durham, NH 03824

(603) 292-6087

Lake Sunapee Region VNA & Hospice

PO Box 2209

107 Newport Road

New London, NH 03257

(603) 526-4077

RESOURCES

Monadnock Adult Day Care Center

22 North Street
Jaffrey, NH 03452
(603) 532-2427

NeuroInternational New Hampshire

52 Loop Road
Concord, NH, 03301
(603) 290-5300
Website: www.neurointernational.com

NeuroInternational New Hampshire

50 Manchester Drive
Webster, NH, 03303
(603) 290-5300
Website: www.neurointernational.com

NeuroInternational New Hampshire

87 Horne Road
Belmont, NH, 03220
(603) 290-5300
Website: www.neurointernational.com

Seaside Elderly Day Out Center

Rear 441 Lafayette Road
Hampton, NH 03842
(603) 929-5988

Senior Class Adult Day & Home Health

201 New Hampshire Route 111
Hampstead, NH 03841
(603) 329-4401

Silverthorne Adult Day Center

23 Geremonty Drive
Salem, NH 03079
(603) 893-4799

TLC Medical Day Care for Adults

211 Loudon Road, Suite H
Concord, NH 03301
(603) 224-8171

Vintage Grace Adult Day Care

12 Peabody Road
Derry, NH 03038
(603) 425-6339

VNA @ Home Health Care Hospice & Community Services – Keene

PO Box 564
312 Marlborough Street
Keene, NH 03431
(603) 352-2253

ALCOHOL and SUBSTANCE ABUSE

Al-Anon & Alateen

(603) 369-6930

Alcoholics Anonymous

(800) 593-3330 or (603) 622-6967

Bureau of Drug and Alcohol Services

Department of Health & Human Services
State Office Park South
105 Pleasant Street
Concord, NH 03301
(800) 804-0909 or (603) 271-6738

Farnum Center

140 Queen City Avenue
Manchester, NH 03103
(603) 263-6200

New Futures

10 Ferry Street, Suite 307
Concord, NH 03301
(603) 225-9540

SE NH Alcohol and Drug Abuse Services

272 County Farm Road
Dover, NH 03820
(603) 516-8160

DEPARTMENT OF HEALTH and HUMAN SERVICES BUREAU of DEVELOPMENTAL SERVICES AREA AGENCIES

Ten regional Area Agencies determine eligibility for state waiver services. Individuals living with a brain injury or developmental disability may be found eligible for case management, family support, early supports and services, respite, residential or day services.

Region I – Northern Human Services, Inc./New Horizons

87 Washington Street
Conway, NH 03818
(603) 447-3347
Includes: Albany, Bartlett, Bath, Benton, Berlin, Bethlehem, Brookfield, Carroll, Chatham, Clarksville, Colebrook, Columbia, Conway, Dalton, Dixville, Dummer, Easton, Eaton, Effingham, Errol, Franconia, Freedom, Gorham, Hart's Location, Haverhill, Jackson, Jefferson, Lancaster, Landaff, Lincoln, Lisbon, Littleton, Livermore, Lyman, Madison, Milan, Monroe, Moultonboro, Northumberland, Ossipee, Piermont, Pittsburg, Randolph, Sandwich, Shelbourne, Stark, Stewartstown, Stratford, Sugar Hill, Tamworth, Tuftonboro, Wakefield, Warren, Waterville, Wentworth Location, Whitefield, Wolfeboro, Woodstock.

RESOURCES

Region II – PathWays of the River Valley

654 Main Street

Claremont, NH 03743

(603) 542-8706

Includes: Acworth, Canaan, Charlestown, Claremont, Cornish, Croydon, Dorchester, Enfield, Goshen, Grafton, Grantham, Hanover, Langdon, Lebanon, Lempster, Lyme, Newport, Orange, Orford, Plainfield, Springfield, Sunapee, Unity, Washington.

Region III – Lakes Region Community Services

PO Box 509

719 North Main Street

Laconia, NH 03247

(603) 524-8811

Includes: Alexandria, Alton, Ashland, Barnstead, Belmont, Bridgewater, Bristol, Campton, Center Harbor, Ellsworth, Gilford, Gilmanton, Groton, Hebron, Holderness, Laconia, Meredith, New Hampton, Plymouth, Rumney, Sanbornton, Thornton, Tilton, Wentworth.

Region IV – Community Bridges, Inc.

70 Pembroke Road

Concord, NH 03301

(603) 225-4153

Includes: Allenstown, Andover, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Danbury, Deering, Dunbarton, Epsom, Franklin, Henniker, Hill, Hillsboro, Hopkinton, Loudon, Newbury, New London, Northfield, Pembroke, Pittsfield, Salisbury, Sutton, Warner, Weare, Webster, Wilmot, Windsor.

Region V – Monadnock Developmental Services, Inc.

121 Railroad Street

Keene, NH 03431

(603) 352-1304

Includes: Alstead, Antrim, Bennington, Chesterfield, Dublin, Fitzwilliam, Frankestown, Gilsum, Greenfield, Greenville, Hancock, Harrisville, Hinsdale, Jaffrey, Keene, Lyndeborough, Marlborough, Marlow, Nelson, New Ipswich, Peterborough, Richmond, Rindge, Roxbury, Sharon, Stoddard, Sullivan, Surry, Swanzey, Temple, Troy, Walpole, Westmoreland, Winchester.

Region VI – Gateways Community Services

144 Canal Street

Nashua, NH 03064

(603) 882-6333

Includes: Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mt. Vernon, Nashua, Wilton.

Region VII – Moore Center Services, Inc.

195 McGregor St., Suite 400

Manchester, NH 03102

(603) 206-2700

Website: www.moorecenter.org

Includes: Auburn, Bedford, Candia, Goffstown, Hooksett, Londonderry, Manchester, New Boston.



Come Join Our Team!

The Moore Center is one of New Hampshire's largest Area Agencies, supporting individuals with Acquired Brain Injuries and Developmental Disabilities, as well as New Hampshire's growing Senior community.

We're looking to hire **DSPs, Personal Care Providers and Case Managers**, so if you're interested in a rewarding career in Human Services, contact us to discuss our opportunities.

Call our recruiting team today! 603-206-2828
We offer excellent benefits and you can view our current openings at www.moorecenter.org/moorejobs



The Moore Center
Creating opportunities for a good life™

195 McGregor Street, Unit 400
Manchester, NH 03102 603.206.2700

Region VIII – One Sky Community Services

755 Banfield Road, Suite 3

Portsmouth, NH 03801

(603) 436-6111 or (800) 660-4103 (TDD)

Includes: Brentwood, Deerfield, East Kingston, Epping, Exeter, Fremont, Greenland, Hampton, Hampton Falls, Kensington, Kingston, New Castle, Newfields, Newington, Newmarket, North Hampton, Northwood, Nottingham, Portsmouth, Raymond, Rye, Seabrook, South Hampton, Stratham.

Region IX – Community Partners: Behavioral Health Services of Strafford County, Inc.

113 Crosby Road, Suite 1

Dover, NH 03820

(603) 749-4015

Includes: Barrington, Dover, Durham, Farmington, Lee, Madbury, Middleton, Milton, New Durham, Rochester, Rollinsford, Somersworth, Strafford.

Region X – Community Crossroads

8 Commerce Drive, Unit 801

Atkinson, NH 03811

(603) 893-1299

Includes: Atkinson, Chester, Danville, Derry, Hampstead, Newton, Pelham, Plaistow, Salem, Sandown, Windham.

RESOURCES

ASSISTIVE TECHNOLOGY/ HOME ACCESSIBILITY

Affordable Mobility

346 Chester Road
Auburn, NH 03032
(603) 483-5922

All-Ways Accessible, Inc.

128 Hall Street, Suite F
Concord, NH 03301
(603) 224-9226 or (800) 725-4387

Assistive Technology in NH (AT in NH)

Institute on Disability
10 West Edge Drive, Suite 101
Durham, NH 03824
(603) 862-4320

Community House Calls

497 Hooksett Road, #232
Manchester, NH 03104
(603) 606-8905

Crotched Mountain REM

Refurbished Equipment Marketplace
57 Regional Drive, Suite 7A
Concord, NH 03301
(603) 226-2903
Fax: (603) 226-2907
Website: www.shopREM.com

Refurbished Equipment Marketplace

Shop at shoprem.com or call 603.226.2903

REM sells parts!

Power wheelchairs, patient lifts, speech devices and more,
REM the Refurbished Equipment Marketplace
is your destination for high-quality pre-owned
medical equipment at incredible discounts!



CROTCHED
MOUNTAIN

Granite State Independent Living

21 Chenell Drive
Concord, NH 03301
(800) 826-3700
Website: www.gsil.org

In-Step Mobility Products Corporation

8048 Monticello Avenue
Skokie, IL 60076
(800) 558-7837

Keene Medical

Main Office
5 Landing Road
Enfield, NH 03748
(603) 448-5290

Concord

66 Airport Road
Concord, NH 03301
(603) 224-0135

Keene

275 Washington Street
Keene, NH 03431
(603) 357-3222

Lebanon

240 Meriden Road
Lebanon, NH 03766
(603) 448-5225

Nashua

101 Elm Street
Nashua, NH 03060
(603) 595-2097

Portsmouth

6 Robert Avenue, Unit 1
Portsmouth, NH 03801
(603) 431-6006

Martel's Self-Care Products, Inc.

68 School Street
Allentown, NH 03275
(603) 485-3490

Mobility Works

54 Wentworth Avenue
Londonderry, NH 03053
(603) 437-4444 or (603) 210-4480

Northeast Deaf and Hard of Hearing Services

56 Old Suncook Road #6
Concord, NH 03301
(603) 224-1850

Services for Blind and Visually Impaired

21 South Fruit Street, Suite 20
Concord, NH 03301
(603) 271-3537 or (800) 581-6881

RESOURCES

BRAIN INJURY PROGRAMS

Brewer Center for Health & Rehabilitation

74 Parkway South
Brewer, ME 04412
(207) 989-7300

Catholic Medical Center

100 McGregor Street
Manchester, NH 03102
(603) 668-3545 or (800) 437-9666
Website: www.catholicmedicalcenter.org



recovery

achieve your goals
with the expertise of our interdisciplinary Rehabilitation Medicine Team.
Your path to recovery starts right here at CMC on our Acute Rehabilitation Unit.
And, through well coordinated care, your stay is tailored to meet your unique needs and goals.

CMC | Rehabilitation Services
CATHOLIC MEDICAL CENTER
100 McGregor Street Manchester NH
603.663.6241 CatholicMedicalCenter.org

Center for Community Independence

300 Ocean Avenue
Revere, MA 02151
(781) 289-8090

Community Integrated Services

1050 Perimeter Road, Suite 302
Manchester, NH 03103
(603) 836-4400

Community Resources for Crime & Justice Institute

355 Boylston Street
Boston, MA 02116
(617) 482-2520

Community Strategies for New Hampshire – Keene

32 Washington Street
Keene, NH 03431
(603) 357-4929

Community Strategies for New Hampshire – Manchester

1490 – 1492 Elm Street, #1
Manchester, NH 03101
(603) 621-7072

Dartmouth-Hitchcock Medical Center

One Medical Center Drive
Lebanon, NH 03756
(603) 650-5000

Eagle Eye Farm Rehabilitation Center

3014 Abbott Hill Road
West Burke, VT 05871
(802) 723-9800

Easter Seal Society of New Hampshire

555 Auburn Street
Manchester, NH 03103
(603) 623-8863

Encompass Health Rehabilitation Hospital of Concord

254 Pleasant Street
Concord, NH 03301
(603) 226-9800
Website: www.encompasshealth.com/concordrehab

Fairlawn Rehabilitation Hospital

189 May Street
Worcester, MA 01602
(508) 791-6351

Farnum Rehabilitation Center

Cheshire Medical Center
580 Court Street
Keene, NH 03431
(603) 354-6630

Franciscan Children's Hospital/Rehabilitation

30 Warren Street
Brighton, MA 02135
(617) 254-3800

RESOURCES



New name Same commitment

HealthSouth Rehabilitation Hospital of Concord has been committed to a higher level of rehabilitative care for our patients and their families. Under our new name, Encompass Health Rehabilitation Hospital of Concord, we continue to provide the same inpatient rehabilitative care you have come to expect, connecting patients to superior outcomes and a better way of life.



The Joint Commission Disease-Specific Care Certification in Amputee Rehabilitation and Stroke Rehabilitation



Rehabilitation Hospital
of **Concord**

254 Pleasant Street
Concord, NH 03301
603.226.9804

encompasshealth.com/concordrehab

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Goodwill Industries of Northern New England

Bayside NeuroRehabilitation Services
75 Washington Avenue
Portland, Maine 04101
(207) 761-8402

Goodwill Industries of Northern New England

Westside NeuroRehabilitation Services
618 Main Street
Lewiston, ME 04240
(207) 795-6110

HealthBridge Management

9 Carr Road
Concord, MA 01742
(978) 318-9425

HealthBridge Management

Cedar Hill Health Care Center
49 Thomas Patten Drive
Randolph, MA 02368
(781) 961-1160

HealthBridge Management

Holyoke Rehabilitation Center
260 Easthampton Road
Holyoke, MA 01040
(413) 538-9733

HealthBridge Management

Lowell Healthcare Center
19 Varnum Street
Lowell, MA 01850
(978) 454-5644

Independent Services Network, Inc.

309 Pine Street
PO Box 1111
Manchester, NH 03105
(603) 644-3544

Krempels Center

100 Campus Drive, #24
Portsmouth, NH 03801
(603) 570-2026

The Krempels Center is a nonprofit organization dedicated to improving the lives of people living with brain injury from trauma, tumor or stroke. Krempels Center offers programs that engage members in meaningful and productive experiences and provides ongoing support and resources to those impacted by brain injury. Age group accepted: 18+

RESOURCES



For more information or
to make a referral:
Call 800-743-6802
Email neuroinfo@neurorestorative.com
Visit NeuroRestorative.com



Rebuilding Lives After Brain Injury

NeuroRestorative New Hampshire is a leading provider of community-based programs and supports for **adults with brain injury** and other neurological challenges, including specialized programs for Veterans and Military Service Members.

- Supported Living
- Neurorehabilitation
- Neurobehavioral Services



Our **New Hampshire** locations provide supported living programs and community-based services for adults with brain injury and other neurological challenges. The **Chichester, Loudon, Deerfield, Freedom, and Ossipee** programs all offer comfortable and peaceful environments for our participants. These locations offer private bedrooms and opportunities for participants to enjoy the outdoors and **New Hampshire's** natural beauty.

Living Innovations

69 Tide Mill Road
PO Bo 607
Greenland, NH 03840
(603) 319-6600

Other Locations

20 Warren Street, Suite 12
Concord, NH 03301
(603) 319-6510

16 Route 111
Building 2, Suites 1-3
Derry, NH 03038
(603) 893-7286

62A Whittier Street
Dover, NH 03820
(603) 430-5430

273 Locust Street, 2C
Dover, NH 03820
(603) 422-7308

1 Hampton Road
Building A, Suite 105
Exeter, NH 03833
(603) 430-5430

Mt. Ascutney Hospital & Health Center

289 County Road
Windsor, VT 05089
(802) 674-6711

NeuroInternational New Hampshire

52 Loop Road
Concord, NH, 03301
(603) 290-5300
Website: www.neurointernational.com

NeuroInternational New Hampshire

50 Manchester Drive
Webster, NH, 03303
(603) 290-5300
Website: www.neurointernational.com

NeuroInternational New Hampshire

87 Horne Road
Belmont, NH, 03220
(603) 290-5300
Website: www.neurointernational.com

NeuroRestorative New Hampshire

639 Granite Street, #215
Braintree, MA 02184
(800) 743-6802
Website: www.neurorestorative.com



Community-based services for adults who are living with neurobehavioral challenges, I/DD, and ABI/TBI

Culture of Dignity & Respect

- Specialized person-centered care that emphasizes health, safety, and quality living is at the heart of our program
- Our clinical team creates an intensive treatment services plan for each individual to achieve personal goals and live a meaningful life

Comprehensive, Multidisciplinary Clinical Team

- Full-time team of specialists who are onsite, in the program
- A client's care plan can include Psychiatry, Physiatry, Behavior Analysis, Recreation Therapy, Nursing, Neuropsychology, Psychology (DBT, EMDR), PT, OT, SLP, Vocational Rehab, Art Therapy, Music Therapy, and Equine Therapy

Safe, Therapeutic Environments

- Individuals live in their own residences and participate in a range of trauma-informed therapeutic, community-based interventions, from groups to individual therapies
- Our team teaches life skills and helps individuals practice them in challenging, community-based environments



Onsite Clinical Leadership

The program is directed by Dr. Gabriel Mazur (Ph.D., Behavior Analyst) who has extensive experience leading teams of clinicians serving individuals with neurobehavioral challenges

Referrals

For more information, please contact Teena Ouellette or Amanda Nelson (603)-290-5300
touellette@neurointernational.com
www.neurointernational.com

RESOURCES

Next Step Healthcare – Braintree Manor

Neurorehabilitation Program

1102 Washington Street

Braintree, MA 02184

(781) 794-5300

Website: www.nextstephc.com

North Country Independent Living, Inc.

2541 White Mountain Highway, Bldg #3

PO Box 518

North Conway, NH 03860

(603) 356-0282 or (888) 400-6245

Website: www.ncilnh.com



ncil NORTH COUNTRY INDEPENDENT LIVING
1-888-400-6245 (NCIL)

North Country Independent Living (NCIL), family owned and operated since 1994 understands the various needs for specialized services and programs. NCIL designs programs for each individual based upon their strengths, abilities, goals, and where they may be in the rehabilitative process.

We pride ourselves in creating compassionate, meaningful living situations that provide individuals the opportunity to regain a sense of self-esteem and the potential to become as independent as possible in the least restrictive environment, while enjoying all aspects of community inclusion. Our homes and individuals have been embraced by the local communities who view NCIL as a community partner offering volunteering, employment and recreational opportunities for the people we serve. We are extremely proud of our reputation and the individuals that we are entrusted with.

PROGRAM & SPECIALTY SERVICES

- Home Based Rehabilitation
- Supported Apartment Living
- Supported Residential Care/Long Term Care
- Community Residence Program
- Day Support Program
- Behavioral Consultation
- Employment Services

2541 White Mountain Highway, Building #3 ■ PO Box 518 ■ N. Conway, NH 03860

www.ncilnh.com



Braintree Manor provides specialized neurorehabilitation care for individuals with acquired brain injuries, Huntington's Disease, and other neurological or neuropsychiatric disorders with behavioral disturbances.

Our Team is trained in crisis management and prevention, behavioral protocols and the development of individualized treatment plans to address challenging behaviors.



**BUILDING
A POSITIVE
PATH TO
RECOVERY**

For more information on Next Step Healthcare's Neurorehabilitation Program at Braintree Manor Healthcare, or to refer a patient, Please contact our dedicated Admission Director; Denise Finnegan at (781) 298-6009 or our Clinical Liaison Nicole Spencer at (508) 930-3780.



Braintree Manor Healthcare
1102 Washington Street
Braintree, MA 02184
(781) 848-3100
www.nextstephc.com
www.braintree Manorhc.com

RESOURCES

Northeast Rehabilitation Hospital

70 Butler Street
Salem, NH 03079
(603) 681-3053
Website: www.northeastrehab.com

Portsmouth Regional Hospital Rehab & Wellness Center

333 Borthwick Avenue
Portsmouth, NH 03801
(603) 436-5110

Residential Resources, Inc.

136 Harvey Road, Suite A103
Londonderry, NH 03053
(844) 281-0421
Website: www.resresources.com

Residential Resources, Inc.

180 Emerald Street, Suite 217
Keene, NH 03431
(844) 281-0424
Website: www.resresources.com



We don't believe in a "One-Size-Fits-All" approach. The breadth and flexibility of our services reflects our deep desire to understand each participant's individual needs and preferences, so we can help them fulfill their goals.

Residential Resources, Inc. (RRI) was established to provide fully integrated, life-enhancing supports. Today, we operate throughout New Hampshire, Maine, and New York. Founded on a philosophy that emphasizes social roles for everyone, we embrace and celebrate the human experience, with all of the physical and intellectual variations that make each person a unique and important member of our community; and offer supports that assist people as they strive to live independent, meaningful lives.

We currently support over 300 people with traumatic and acquired brain injuries and intellectual and developmental disabilities (including CADASIL, Huntington's disease, Dementia, Cerebral Palsy, Multiple Sclerosis, and Dual Diagnosis).

We employ 400+ dedicated professionals including Direct Support Professionals, Program Managers, Supervisors, Regional Directors, Registered Nurses, and other support staff. Our staff also consists of consulting professionals including Non-Violent Crisis Intervention Instructors, Certified Brain Injury Specialist Trainer, Mandt Trainers, and Behavioral Support Instructors. We challenge all members of our team to reject status quo, policy-oriented thinking to provide extraordinary support and seek creative ways to help people achieve their goals.

New Hampshire Services

- Staffed Programs
- Self-Directed Services
- Service Coordination
- School System Supports
- Shared Living Services
- Community Participation Services (CPS)
- Community Support Services

<http://www.resresources.com/>

1-800-287-2911



Salem, NH Nashua, NH Portsmouth, NH Manchester, NH

Acute Rehab Hospital Locations

Call 603.893.2900

Programs and Specialty Services

Inpatient/Outpatient Medical and Brain Injury Rehab Programs
Outpatient Pediatric Program
Adaptive Equipment, including Bioness H200 & L300
Home Care Programs
School and Educational Programs
Recreational Programs

Program Description

Designed to provide physical, cognitive and behavioral rehabilitation. In this intensive program, a comprehensive team of professionals from various disciplines aim to engage brain injury patients and their families in tasks designed to facilitate and hasten recovery.

Age Group Accepted

Our Inpatient scope is patients 16 and older. With the approval of the CMO, we may take younger patients. Outpatient scope is all age groups.

Accreditations

The Joint Commission/ CARF

Licenses

State of New Hampshire, Dept. of Health & Human Services, Division of PHS, Specialty Rehab Hospital

Admissions Criteria

Medically stable / ability to participate in an intensive rehab program

Funding Options

Most commercial insurance plans, Medicare, Medicaid, government plans, workers' compensation, others reviewed on individual basis.

Contact

Inpatient Admissions 603.893.2900 ext. 7645
Outpatient Admissions 888.950.9939

Learn more at www.Northeastrehab.com

Robin Hill Farm

Post Office Box 1067, Hillsboro, NH 03244
 Phone: (603) 464-3841
 Fax: (603) 464-3851
 Website: www.robinhillfarm.com
 e-mail: info@robinhillfarm.com

Program and Specialty Services:

- ☞ Residential Treatment & Rehabilitation
- ☞ Supported Residential Programs
- ☞ Community Residence Programs

Program Description: Owned and operated by the Donovan Family, Robin Hill Farm has provided quality residential & rehabilitative services for adults with brain injuries since 1983. Our six licensed programs offer varied levels of support and supervision with a focus on rebuilding cognitive skills in a community inclusive, socially based environment. Robin Hill Farm programs are located in Hillsboro, Deering, and Peterborough. Our continuum of care includes a Supported Residential program, a Certified Community Residence and five Residential Treatment and Rehabilitation programs. Our living environments promote social interaction and focus on community inclusion, while minimizing social isolation. Robin Hill Farm is a Veterans Administration contractor and has proudly served our Veterans for over 30 years.

Robin Hill Farm's ownership, senior management, middle management and line supervisions are Certified Brain Injury Specialists (CBIS) or advanced certified as CBIST's.

Age Group Accepted: minimum 21 years (Adult)

Licenses: Residential Treatment and Rehabilitation, Supported Residential and Certified Community Residence

Admission Criteria: Medically stable adults with acquired brain injuries who are not a danger to self or others

Funding Options: NH ABD Waiver, Worker's Compensation, Veterans Administration and private insurance

Contacts:

Jerry Donovan, MBA, CBIS, President
 (603) 464-3841 voice
 Email: jerry.donovan@robinhillfarm.com

Greg Woodsum, PT, MHA
 Chief Operating Officer
 (603) 464-3841 voice
 (603) 464-3851 fax
greg.woodsum@robinhillfarm.com



RiverRidge Center

3 Brazier Lane
 Kennebunk, ME 04043
 (207) 985-3030

Robin Hill Farm

PO Box 1067
 Hillsboro, NH 03244
 (603) 464-3841
 Website: www.robinhillfarm.com

Rose Meadow Acres

PO Box 1450
 New Boston, NH 03070
 (603) 487-1568
 Website: www.rosemeadowgroup.com

Rose Meadow Farm

PO Box 1450
 New Boston, NH 03070
 (603) 487-3600
 Website: www.rosemeadowgroup.com

Rose Meadow Garden

PO Box 1450
 New Boston, NH 03070
 (603) 487-3590
 Website: www.rosemeadowgroup.com

Spaulding Rehabilitation Hospital

300 1st Avenue
 Charlestown, MA 02129
 (617) 952-5000

St. Joseph Hospital Rehab Unit

172 Kinsley Street
 Nashua, NH 03060
 (603) 882-3000

The PLUS Company, Inc.

19 Chestnut Street
 Nashua, NH 03060
 (603) 889-0652

Victory Drive

348 Victory Drive
 Franklin, NH 03235
 (603) 934-6700

Whittier Rehabilitation Hospital

145 Ward Hill Avenue
 Bradford, MA 01835
 (978) 372-8000

RESOURCES



*Rose Meadow Farm Rose Meadow Acres
Rose Meadow Garden*

Rose Meadow has three specialized supported residential programs located in New Boston, NH. We specialize in providing long-term care and quality of life for individuals with a brain injury, spinal cord injury or a neurological disorder. We are licensed as a supported residential healthcare facility. We can assist residents requiring complex care including but not limited to: feeding tubes, tracheostomy management, ventilators, seizure disorders, incontinence and those requiring total assistance with activities of daily living (ADL).

Rose Meadow is considered one of the finest, cost effective alternatives to chronic care facilities for adults ages 18 to 60.

Our per diem rate includes the following services:

- * Single occupancy room
- * Nursing support services
- * 24 hour supervision while in the care of Rose Meadow
- * Community integration and socialization
- * On-site recreational activities
- * Transportation to medical appointments
- * Medical needs management

Funding generally accepted by Rose Meadow includes:

- * Workers' Compensation Insurance
- * Private Funds
- * Structured Settlements
- * Litigation Liens
- * Private Health Insurance
- * NH Medicaid Developmental Disability (DD) Waiver Program
- * NH Medicaid Acquired Brain Disorder (ABD) Waiver Program

For admission information please contact:
Andrea Gagnon 603.487.3590 x32
agagnon.rosemeadow@hotmail.com
www.rosemeadowgroup.com

CHILDREN/YOUTH SERVICES

CATCH Pediatric Rehabilitation Program

155 Borthwick Avenue
West Bldg., 3rd Floor
Portsmouth, NH 03801
(603) 433-4015

Child Care Resource & Referral

21 McKinley Street
Rochester, NH 03867
(603) 330-0962 or (603) 330 0961

Exeter Hospital Pediatric Rehabilitation

212 Calef Highway
Epping, NH 03042
(603) 777-1885

Head Start – Southern NH Services

40 Pine Street
Manchester, NH 03108
(603) 668-8010

NeuroDevelopmental Institute of NH

77 Pearl Street
Manchester, NH 03101
(603) 621-9870

NeuroDevelopmental Institute of NH

38 Glen Avenue
Berlin, NH 03570
(603) 215-6482

Office of Special Medical Services

97 Pleasant Street
Concord, NH 03301
(603) 271-4488

Mailing address

129 Pleasant Street
Concord, NH 03301

Shaken Baby Alliance

8101 Boat Club Road
Suite 240, #154
Fort Worth, TX 76179
(817) 882-8686

Stop It Now! Campaign to Prevent Child Sexual Abuse

351 Pleasant Street, Suite B319
Northampton, MA 01060
(413) 587-3500

RESOURCES

The Youth Council

112 West Pearl Street, #2
Nashua, NH 03060
(603) 889-1090

COUNSELING SERVICES

Bureau of Health and Human Services

Division of Behavioral Health

Gov. Hugh Gallen Office Bldg.

105 Pleasant Street

Concord, NH 03301

(800) 852-3345 Ext. 5000 or (603) 271-5000

The Bureau of Behavioral Health (BBH) seeks to promote respect, recovery, and full community inclusion for adults, including older adults, who experience a mental illness and children with an emotional disturbance. BBH works to ensure the provision of efficient and effective services to those citizens who are most severely and persistently disabled by mental, emotional, and behavioral dysfunction as defined by NH laws and rules. To this end, BBH has divided the entire state into community mental health regions. Each of the 10 regions has a BBH contracted Community Mental Health Center and many regions have Peer Support Agencies.

Charles Bussison

Clear Brook Counseling

75 Gilcrest Road, #200

Londonderry, NH 03053

(603) 434-8040

Center for Life Management

10 Tsienneto Road

Derry, NH 03038

(603) 434-1577

Center for Life Management

103 Stiles Road

Salem, NH 03079

(603) 434-1577

Community Health Center

145 Hollis Street

Manchester, NH 03101

(603) 626-9500

Community Partners: Behavioral Health & Developmental Services of Strafford County, Inc.

113 Crosby Rd., Suite 1

Dover, NH 03820

(603) 516-9300

Dover

50 Chestnut Street

Dover, NH 03820

(603) 516-9300

Rochester

25 Old Dover Road

Rochester, NH 03867

(603) 516-9300

Cornerstone Family Resources

6 South State Street

Concord, NH 03301

(603) 228-3862

Donna Moore & Associates

8 Union Street

Concord, NH 03301

(603) 229-0300

Mailing Address

PO Box 363

Concord, NH 03302-0363

Greater Nashua Mental Health Center

7 Prospect Street

Nashua, NH 03060

(603) 889-6147

Other Locations:

15 Prospect Street

Nashua, NH 03060

(603) 889-6147

100 West Pearl Street

Nashua, NH 03060

(603) 889-6147

440 Amherst Street

Nashua, NH 03064

(603) 889-6147

Lakes Region Mental Health Center

40 Beacon Street, East

Laconia, NH 03246

(603) 524-1100

Laconia

85 Spring Street

Laconia, NH 03246

(603) 524-1100

RESOURCES

Plymouth

599 Tenney Mountain Hwy
Plymouth, NH 03264
(603) 536-1118

Monadnock Family & Mental Health Services

Administrative Office

64 Main Street, Suite 201
Keene, NH 03431
(603) 357-4400

Other Locations

Adult Recovery Support & Emergency Services
17 93rd Street
Keene, NH 03431
(603) 357-4400

Children's Services
64 Main Street, Suite 301
Keene, NH 03431
(603) 357-4400

Eastern Region Office
9 Vose Farm Road, Suite 120
Peterborough, NH 03458
(603) 924-7236

Monadnock Adult Care Center
22 North Street
Jaffrey, NH 03452
(603) 532-2427

Winchester Office
83 Parker Street
Winchester, NH 03470
(603) 239-4376

NAMI (National Alliance for the Mentally Ill) NH

85 North State Street
Concord, NH 03301
(800) 242-6264 or (603) 225-5359

Northeast Counseling/Coaching

3 North Boulevard, Suite B4
Amherst, NH 03031
(603) 554-8193

NORTHERN HUMAN SERVICES

Main Office

87 Washington Street
Conway, NH 03818
(603) 447-3347

Colebrook Developmental Disabilities

Vershire Center
24 Depot Street
Colebrook, NH 03576
(603) 237-5721

Common Ground

24 Lancaster Road
Whitefield, NH 03598
(603) 837-9547

Community Services Center

69 Willard Street
Berlin, NH 03570
(603) 752-1005

Family Centered Early Services & Support

71 Hobbs Street, Suite 102
Conway, NH 03818
(603) 447-4356

New Horizons

626 Eastman Road
Center Conway, NH 03813
(603) 356-6921

The Mental Health Center

3 Twelfth Street
Berlin, NH 03570
(603) 752-7404

The Mental Health Center

55 Colby Street
Colebrook, NH 03576
(603) 237-4955

The Mental Health Center

25 West Main Street
Conway, NH 03818
(603) 447-2111

The Mental Health Center

70 Bay Street
Wolfeboro, NH 03894
(603) 569-1884

White Mountain Mental Health

29 Maple St.
Littleton, NH 03561
(603) 444-5358

RESOURCES

Pastoral Counseling Services, Inc.

2013 Elm Street, Suite 2
The Manning House
Manchester, NH 03104
(603) 627-2702

Riverbend Community Mental Health Center

278 Pleasant Street
Concord, NH 03301
(603) 228-1600

Seacoast Mental Health Center, Inc.

1145 Sagamore Avenue
Portsmouth, NH 03801
(603) 431-6703

Other Locations

30 Prospect Avenue
Exeter, NH 03833
(603) 772-2710

The Counseling Center of Nashua

1 Main Street
Nashua, NH 03064
(603) 883-0005

The Mental Health Center of Greater Manchester

401 Cypress Street
Manchester, NH 03103
(603) 668-4111

The Youth Council

112 West Pearl Street, #2
Nashua, NH 03060
(603) 889-1090

Warren Street Family Counseling

33 Warren Street, #35
Concord, NH 03301
(603) 226-1999

Waypoint

Home Care Program
464 Chestnut Street
PO Box 448
Manchester, NH 03105
(603) 518-4000

Concord

103 North State Street
Concord, NH 03301
(603) 224-7479

Dover

279 Locust Street, Suite B
Dover, NH 03820
(603) 742-5662

Exeter

9 Hampton Road
Exeter, NH 03833
(603) 772-3786

Keene

29 Center Street
Keene, NH 03431
(603) 357-8772

Lakes Region

719 North Main Street
Laconia, NH 03246
(603) 524-5835

Lancaster

25 Main Street
Lancaster, NH 03584
(603) 788-4172

Littleton

28 Lafayette Ave
Littleton, NH 03561
(603) 444-0418

Nashua

113 West Pearl Street
Nashua, NH 03060
(603) 889-7189

Upper Valley

63 Hanover Street
Lebanon, NH 03766
(603) 298-8237

White Stone Counseling

184 Mammoth Road, Unit 4
Londonderry, NH 03053-1052
(603) 657-4370

Women's Crisis Center - YWCA

72 Concord Street
Manchester, NH 03101
(603) 625-5785
24-Hour Crisis Hotline: (603) 668-2299

RESOURCES

EDUCATIONAL RESOURCES

Bureau of Adult Education

21 South Fruit St, #20
Concord, NH 03301
(603) 271-6698

Crotched Mountain School

1 Verney Drive
Greenfield, NH 03047
(603) 547-3311, Ext. 1894
Website: www.cmf.org/school

Lash & Associates Publishing/Training

100 Boardwalk Drive, Suite 150
Youngsville, NC 27596
(919) 556-0300

New Hampshire State Department of Education Division of Educational Improvement - Bureau of Student Support

101 Pleasant Street
Concord, NH 03301
(603) 271-3494

Special Education provides and promotes leadership, technical assistance and collaboration statewide to ensure that all children and youth with disabilities receive a free, appropriate, public education.

The Bureau carries out its mission by:

- Guiding the continuous improvement and monitoring of special education and related services;
- Supporting effective strategies and specialized support(s) for preschool age children with disabilities to participate and progress in appropriate preschool activities;
- Supporting effective instruction, specialized services, and supports for students with disabilities to participate and progress in the general curriculum;
- Creating partnerships with agencies, organizations, and individuals providing services and supports for students with disabilities;
- Providing and supporting high quality professional development opportunities for teachers, specialties, parents, and other interested parties;
- Supporting Institutions of Higher Education in the professional development and preparation of qualified teachers and specialists to assure appropriate support for students with disabilities;
- Improving and utilizing effective data collection systems that support the provision of quality educational services;
- Disseminating information on special education rules, regulations, professional development activities, and promising practices.

NH Higher Education Assistance Foundation

4 Barrell Court
Concord, NH 03302
(603) 225-6612

EMERGENCY RESPONSE

Medline Systems

2 Mary E. Clark Dr.
PO Box 103
Hampstead, NH 03841
(603) 329-7889

NEERS (New England Emergency Response)

15 Constitution Drive
Bedford, NH 03110
(800) 888-0338

FAMILY SUPPORT

CHaD Family Center

Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756
(603) 653-9899

Family Support Program

Department of Health & Human Services,
Bureau of Developmental Services
105 Pleasant Street, Main Building
Concord, NH 03301
(800) 852-3345 Ext. 5034 or (603) 271-5034

Lash & Associates Publishing/Training

100 Boardwalk Drive, Suite 150
Youngsville, NC 27596
(919) 556-0300

NH Family Voices

129 Pleasant Street, Thayer Bldg.
Concord, NH 03301
(603) 271-4525 or (800) 852-3345 ext 4525

Parent Information Center

54 Old Suncook Road
Concord, NH 03301
(800) 947-7005 or (603) 224-7005

Special Needs Support Center

20W Park Street, Suite 11
Lebanon, NH 03766
(603) 448-6311

RESOURCES

The Children's Place and Parent Education Center

27 Burns Ave
PO Box 576
Concord, NH 03302-0576
(603) 224-9920

FINANCIAL ASSISTANCE & BENEFITS PLANNING

Brain Injury Community Support Program (BICSP)

52 Pleasant Street
Concord, NH 03301
(603) 225-8400

Children's Medicaid

NH Department of Health & Human Services

129 Pleasant Street
Concord, NH 03301
(877) 464-2447 or (603) 271-9729

DDS – Social Security Disability Determination Service

21 South Fruit Street, Suite 30
Concord, NH 03301
(603) 271-3341

Granite State Independent Living

– Benefits Planning Assistance, Outreach, and Funding Grants

21 Chenell Drive
Concord, NH 03301
(800) 826-3700 or (603) 228-9680
Website: www.gsil.org

Greenpath Debt Solutions

250 Commercial St, #3016
Manchester, NH 03101
(603) 626-4530

Harry Gregg Foundation

1 Verney Drive
Greenfield, NH 03047
(603) 547-3311, Ext. 1490
Website: www.cmf.org/harrygregg

For information or to file an application, go to www.cmf.org/harrygregg. Paper applications are not accepted. Trustees meet four times a year; check website for meeting dates and application deadlines. Funds may be requested for many purposes including:

- The costs of non-reimbursed medical or therapy treatments not covered by insurance or other programs
- Specialty equipment services or supplies
- Modifications to living area, work site or vehicle
- Respite services to the recipient or caregivers
- Costs of attending a special camp and other recreational activities
- Vocational education or tuition assistance
- Specialized driver training and evaluation

NH Victim's Compensation Commission

Department of Justice – Attorney General
33 Capitol Street
Concord, NH 03301
(800) 300-4500 (NH only) or (603) 271-1284

COMMUNITY ACTION PROGRAMS

Outreach services for shelter emergencies, housing, elderly & family programs and utility assistance.

Belknap – Merrimack Counties Community Action

2 Industrial Drive, Bldg. 1
Concord, NH 03301
(603) 225-3295
(603) 225-6880 (fuel assistance)

Community Action Partnership of Strafford County

577 Central Avenue, Suite 10
Dover, NH 03820
(603) 435-2500

Hillsborough County Community Action Centers (Southern New Hampshire Services)

Hillsborough
21 School Street
Hillsborough, NH 03244
(603) 464-3136

Manchester - Southern NH Services HEADSTART

40 Pine Street
Manchester, NH 03103
(603) 668-8010

Manchester - Southern NH Services/EARLY HEADSTART

160 Silver Street
Manchester, NH 03103
(603) 647-4470

Milford - Southern NH Services

1 Columbus Avenue
Milford, NH 03055
(603) 924-2243

Nashua

134 Allds Street
Nashua, NH 03060
(603) 889-3440

Peterborough - Southern NH Services

9 Vose Farm Road
Peterborough, NH 03458
(603) 924-2243

RESOURCES

Rockingham County Community Action Centers (Southern New Hampshire Services)

Derry

9 Crystal Avenue
Derry, NH 03038
(603) 965-3029

Portsmouth

4 Cutts Street
Portsmouth, NH 03801
(603) 431-2911

Raymond

Jedediah Brown Homestead
55 Prescott Road
Raymond, NH 03077
(603) 895-2303

Salem

85 Stiles Road, Suite 103
Salem, NH 03079
(603) 893-9172

Seabrook

146 Lafayette Road
Seabrook, NH 03874
(603) 474-3507

Sullivan County Community Action Southwestern Community Services

Claremont

96 – 102 Main Street
Claremont, NH 03743
(603) 542-9528

Keene

63 Community Way
Keene, NH 03431
(603) 352-7512

Tri-County Community Action Center (Coos, Grafton & Carroll Counties)

30 Exchange Street
Berlin, NH 03570
(603) 752-7001

DEPARTMENT OF HEALTH & HUMAN SERVICES – District Offices . Administers assistance programs including food stamps, TANF/FAP, APTD, OAA(Old Age Assistance), Aid to the Needy Blind, Medicaid and Child Care Assistance. For additional information on the Bureau of Health and Human services and its programs, call toll-free (800) 852-3345

Berlin District Office

650 Main St, Suite 200
Berlin, NH 03570
(603) 752-7800

Claremont District Office

17 Water Street, Suite 301
Claremont, NH 03743-0870
(603) 542-9544 or (800) 982-1001

Concord District Office

40 Terrill Park Drive
Concord, NH 03301-7325
(603) 271-6200 or (800) 322-9191

Conway District Office

73 Hobbs Street
Conway, NH 03818-2210
(603) 447-3841 or (800) 552-4628

Keene District Office

111 Key Road
Keene, NH 03431
(603) 357-3510 or (800) 624-9700

Laconia District Office

65 Beacon Street West
Laconia, NH 03246
(603) 524-4485 or (800) 322-2121

Littleton District Office

80 North Littleton Road
Littleton, NH 03561
(603) 444-6786 or (800) 552-8959

Manchester District Office

1050 Perimeter Road, Suite 501
Manchester, NH 03103
(603) 668-2330 or (800) 852-7493

Rochester District Office

150 Wakefield Street, Suite 22
Rochester, NH 03867
(603) 332-9120 or (800) 862-5300

Seacoast District Office

19 Rye Street
Portsmouth, NH 03801-3737
(603) 433-8300 or (800) 821-0326

Southern District Office

26 Whipple Street
Nashua, NH 03060
(603) 883-7726 or (800) 852-0632

RESOURCES

SOCIAL SECURITY ADMIN. ASSISTANCE PROGRAMS:

Information regarding retirement benefits, disability benefits, supplemental security, Medicare, and survivors benefits. To contact the national office, call (800) 772-1213. See local office locations below:

Concord Social Security Office

70 Commercial Street, Suite 100
Concord, NH 03301
(603) 225-8475 or (888) 397-9798

Keene Social Security Office

9 Elm Street
Keene, NH 03431
(603) 357-2034 or (877) 405-3651

Littleton Social Security Office

177 Main Street
Littleton, NH 03561
(603) 444-4028 or (877) 405-7658

Manchester Social Security Office

1100 Elm Street, Suite 201
Manchester, NH 03101
(866) 814-5408

Nashua Social Security Office

175 Amherst Street, Suite 2
Nashua, NH 03064
(877) 444-0134

Portsmouth Social Security Office

80 Daniel St., Suite 210A
Portsmouth, NH 03801
(888) 397-9796

LOCAL TOWN & CITY WELFARE DEPARTMENTS: Each New Hampshire town or city can provide direct relief in the form of vouchers to assist consumers within their jurisdiction obtain such needs as food, heat, rent and utilities that have no other means of support. Contact the Board of Selectmen or Town Office in towns not listed below:

Berlin Welfare Department

168 Main Street
Berlin, NH 03570
(603) 752-2120

Claremont Welfare Department

58 Opera House Square
Claremont, NH 03743
(603) 542-7007

Concord Welfare Department

28 Commercial Street
Concord, NH 03301
(603) 225-8575

Conway Welfare Department

1634 East Main Street
Center Conway, NH 03813
(603) 447-3811

Dover Welfare Department

61 Locust Street
Dover, NH 03820
(603) 516-6500

City of Keene – Human Services

3 Washington Street
Keene, NH 03431
(603) 357-9809

Laconia Welfare Department

City Hall
45 Beacon Street East
East Laconia, NH 03246
(603) 527-1267

Littleton Welfare Department

125 Main Street; Suite 200
Littleton, NH 03561
(603) 444-3996, Ext. 15

Manchester Welfare Department

1528 Elm Street
Manchester, NH 03101-1412
(603) 624-6484

Nashua Welfare Department

18 Mulberry Street
Nashua, NH 03060
(603) 589-4555

Portsmouth Welfare Department

1 Junkins Avenue
Portsmouth, NH 03801
(603) 610-7267

Rochester City Welfare

31 Wakefield Street, #3
Rochester, NH 03867
(603) 332-3505

RESOURCES

Salem Town Welfare Department

33 Geremonty Drive
Salem, NH 03079
(603) 890-2130

GUARDIANSHIP & LIFE CARE PLANNING

Butenhof & Bomster, PC

149 Hanover Street, Suite 300
Manchester, NH 03101
(603) 296-0428

Enhanced Life Options Group

3 Executive Park Dr., #269
Bedford, NH 03110
(603) 472-2543

55 Church Street
Laconia, NH 03246
(603) 524-4189

Office of Public Guardian

2 Pillsbury Street, Suite 400
Concord, NH 03301
(603) 224-8041

Rehabilitation Services Associates

217 Hall Avenue
Henniker, NH 03242
(603) 428-7383

Tri-County CAP, Guardianship Services – Concord

18 Low Avenue
Concord, NH 03301
(603) 224-0805

Tri-County CAP, Guardianship Services - Whitefield

34 Jefferson Road
Whitefield, NH 03598
(603) 837-9561

PROBATE COURTS

Distributes the forms necessary for an individual to petition the court to establish guardianship. See local office locations below:
Main Telephone: 1(855) 212-1234

BELKNAP COUNTY

4th Circuit Probate Court - Laconia

26 Academy St.
Laconia, NH 03246
(855) 212-1234
Contact: Registrar

CARROLL COUNTY

3rd Circuit Probate Court – Ossipee

96 Water Village Road, Box 1
Ossipee, NH 03864
(855) 212-1234
Contact: Registrar

CHESHIRE COUNTY

8th Circuit Probate Court - Keene

33 Winter St., Suite 1
Keene, NH 03431
(855) 212-1234
Contact: Registrar

COOS COUNTY

1st Circuit Probate Court – Lancaster

55 School Street, Suite 104
Lancaster, NH 03584
(855) 212-1234
Contact: Registrar

GRAFTON COUNTY

2nd Circuit Probate Court – Haverhill

3785 Dartmouth College Highway, Box 3
North Haverhill, NH 03774
(855) 212-1234
Contact: Registrar

HILLSBOROUGH COUNTY

9th Circuit Probate Court - Nashua

30 Spring Street, Suite 103
Nashua, NH 03060
(855) 212-1234
Contact: Registrar

MERRIMACK COUNTY

6th Circuit Probate Court - Concord

2 Charles Doe Drive
Concord, NH 03301
(855) 212-1234
Contact: Registrar

ROCKINGHAM COUNTY

10th Circuit Probate Court - Brentwood

10 Route 125
Brentwood, NH 03833
(855) 212-1234
Contact: Registrar

STRAFFORD COUNTY

7th Circuit Probate Court - Dover

259 County Farm Road, Suite 203
Dover, NH 03820
(855) 212-1234
Contact: Registrar

RESOURCES

SULLIVAN COUNTY

5th Circuit Probate Court - Newport

14 Main Street, Suite 5
Newport, NH 03733
(855) 212-1234
Contact: Registrar

HOME HEALTH SERVICES

Alternative Care @ Home

PO Box 157
Hopkinton, NH 03229
(603) 856-7788

Ascentria Care Alliance - In-Home Care

261 Sheep Davis Road, Suite A-1
Concord, NH 03301
(603) 224-3010

Caring Companions – Easter Seals

555 Auburn Street
Manchester, NH 03103
(603) 621-3497 or (800) 870-8728

Comfort Keepers

50 Bridge Street, Suite 306
Manchester, NH 03101
(603) 628-6363

Community Integrated Services

1050 Perimeter Road
Manchester, NH 03103
(603) 836-4400

Cornerstone VNA – Rochester

178 Farmington Road
Rochester, NH 03867
(603) 332-1133

Easter Seals - Homemakers Health Services

215 Rochester Hill Road
Rochester, NH 03867
(603) 335-1770

Granite State Independent Living

21 Chenell Drive
Concord, NH 03301
(800) 826-3700

Website: www.gsil.org

GSIL is a statewide, non-profit, service and advocacy organization that provides tools for people with disabilities so they can navigate their own lives and participate fully in their communities.

Healthy At Home, Inc.

77 Northeastern Blvd.
Nashua, NH 03062
(603) 595-4243

Home Care Assistance

265 South River Road, Suite A
Bedford, NH 03110
(603) 471-3004

Home Health & Hospice Care

7 Executive Park Drive
Merrimack, NH 03054
(800) 887-5973 or (603) 882-2941

Home Helpers Homecare

172 Rockingham Road, Unit 2
Londonderry, NH 03053
(603) 845-3333

Hospice & Home Care Alliance of NH

8 Green Street, Suite 2
Concord, NH 03301
(800) 639-1949 or (603) 225-5597

Interim HealthCare

403 Winchester St.
Keene, NH 03431
(603) 352-7290

Laconia

366 Union Avenue, Unit 3
Laconia, NH 03247
(603) 524-7212

Manchester

608 Chestnut St., PO Box 1780
Manchester, NH 03105
(603) 668-6956

Peace of mind for you and your parents.

Granite State Independent Living (GSIL) provides the tools for seniors and people with disabilities to live life independently throughout NH.

Assistive Services May Include:

- Companionship
- Transportation & Mobility
- Assistance
- Housekeeping & Laundry
- Grocery Shopping & Errands
- Respite Care
- Personal Hygiene
- Smart Home Solutions
- ...And More!



603-228-9680 | 21 Chenell Drive, Concord, NH 03301 | www.gsil.org

RESOURCES

Nashua

76 Northeastern Blvd., Suite 33A
Nashua, NH 03062
(603) 880-4412

Portsmouth

375 Greenland Road
Orchard Park, Suite B-7
Portsmouth, NH 03801
(603) 436-4155

West Lebanon

1 Glen Road, #222
West Lebanon, NH 03784
(603) 298-7411

Lake Sunapee Region VNA & Hospice

PO Box 2209
107 Newport Road
New London, NH 03257
(603) 526-4077

Live Free Home Health Care, LLC

438 NH Route 104
PO Box 218
New Hampton, NH 03256
(603) 217-0149

Living Innovations

69 Tide Mill Road
PO Bo 607
Greenland, NH 03840
(603) 319-6600

Concord

20 Warren Street, Suite 12
Concord, NH 03301
(603) 319-6510

Derry

16 Route 111
Building 2, Suites 1-3
Derry, NH 03038
(603) 893-7286

Dover

62A Whittier Street
Dover, NH 03820
(603) 430-5430

273 Locust Street, 2C
Dover, NH 03820
(603) 422-7308

Exeter

1 Hampton Road
Building A, Suite 105
Exeter, NH 03833
(603) 430-5430

MAS Home Care of NH

500 Harvey Road
Manchester, NH 03103
(603) 296-0960

Regency Home Health

8025 S. Willow St, Suite 206
Manchester, NH 03103
(603) 665-9800

Visiting Angels

14 Hooksett Road
PO Box 715
Auburn, NH 03032
(603) 483-8999

11 Northeastern Blvd., #320
Nashua, NH 03062
(603) 821-0277

118 Portsmouth Ave, Ste. B2C
Stratham, NH 03885
(603) 583-4890

HOUSING ASSISTANCE

Community Integrated Services

1050 Perimeter Road
Manchester, NH 03103
(603) 836-4400

Hillsborough County Community Action Centers Southern New Hampshire Services Management Corp

Hillsborough

21 School Street
Hillsborough, NH 03244
(603) 464-3136

Manchester

40 Pine Street
Manchester, NH 03103
(603) 668-8010

RESOURCES

Manchester

160 Silver Street
Manchester, NH 03103
(603) 647-4470

Milford

1 Columbus Avenue
Milford, NH 03055
(603) 924-2243

Nashua

134 Allds Street
Nashua, NH 03060
(603) 889-3440

Peterborough

9 Vose Farm Road
Peterborough, NH 03458
(603) 924-2243

New Hampshire Housing Finance Authority

32 Constitution Drive
Bedford, NH 03110
(603) 472-8623

PUBLIC HOUSING & SECTION 8 PROGRAMS:

Berlin Housing Authority

10 Serenity Circle
Berlin, NH 03570
(603) 752-4240

Claremont Housing Authority

243 Broad Street
Claremont, NH 03743
(603) 542-6411

Concord Housing Authority

23 Green Street
Concord, NH 03301
(603) 224-4059

Derry Housing Authority

29 West Broadway
Derry, NH 03038
(603) 434-8717

Dover Housing Authority

62 Whittier Street
Dover, NH 03820
(603) 742-5804

Exeter Housing Authority

10 Front Street
Exeter, NH 03833
(603) 773-6112

Keene Housing Authority

831 Court Street
Keene, NH 03431
(603) 352-6161

Laconia Housing Authority

25 Union Avenue
Laconia, NH 03246
(603) 524-2112

Lebanon Housing Authority

31 Romano Circle
West Lebanon, NH 03784
(603) 298-5753

Manchester Housing Authority

198 Hanover Street
Manchester, NH 03104
(603) 624-2100

Nashua Housing Authority

40 E Pearl Street
Nashua, NH 03060
(603) 883-5661

Newmarket Housing Authority

34 Gordon Avenue
Newmarket, NH 03857
(603) 659-5444

Portsmouth Housing Authority

245 Middle Street
Portsmouth, NH 03801
(603) 436-4310

RA Philbrick Elderly Housing @ Greenville (Southern New Hampshire Services)

Greenville

56 Main Street
Greenville, NH 03048
(603) 878-3364

Rochester Housing Authority

77 Olde Farm Lane
Rochester, NH 03867
(603) 332-4126

RESOURCES

Salem Housing Authority

70 Telfer Circle
Salem, NH 03079
(603) 893-6417

Somersworth Housing Authority & Community Development Program

25A Bartlett Avenue, PO Box 31
Somersworth, NH 03878
(603) 692-2864

REFERRAL AGENCIES FOR THE HOMELESS:

Berlin

Tri-County Community Action Program

30 Exchange Street
Berlin, NH 03570
(603) 752-7001

Concord

The Salvation Army

58 Clinton Street
Concord, NH 03301
(603) 225-5586

The Salvation Army – McKenna House

100 South Fruit Street
Concord, NH 03301
(603) 228-3505

Lebanon

Tri-County Community Action Program
57 Mechanic St
Lebanon, NH 03766
(603) 443-6100

Manchester

Waypoint

464 Chestnut Street
Manchester, NH 03101
(603) 518-4000

Families in Transition

122 Market Street
Manchester, NH 03101
(603) 641-9441

New Horizons

199 Manchester Street
Manchester, NH 03103
(603) 668-1877

The Way Home

214 Spruce Street
Manchester, NH 03103
(603) 627-3491

Nashua

Greater Nashua Council on Alcoholism

Keystone Hall
615 Amherst Street
Nashua, NH 03063
(603) 881-4848

The Front Door Agency

7 Concord Street
Nashua, NH 03064
(603) 886-2866

Portsmouth

AIDS Response - Seacoast

7 Junkins Avenue
Portsmouth, NH 03801
(603) 433-5377

Rockingham County Community Action Centers

Derry

9 Crystal Avenue
Derry, NH 03038
(603) 965-3029

Portsmouth

4 Cutts Street
Portsmouth, NH 03801
(603) 431-2911

Raymond

Jedediah Brown Homestead
55 Prescott Road
Raymond, NH 03077
(603) 895-2303

Salem

85 Stiles Road, Suite 103
Salem, NH 03079
(603) 893-9172

Seabrook

146 Lafayette Road
Seabrook, NH 03874
(603) 474-3507

RESOURCES

Other Housing Assistance Resources:

CARROLL COUNTY

Carroll County Homeless Intervention & Prevention

448 White Mountain Highway
Tamworth, NH 03886
(603) 323-7400 – Ext. 110

COOS COUNTY

Homeless County Intervention & Prevention

56 Prospect Street
Lancaster, NH 03584
(603) 788-2683

GRAFTON COUNTY (Lower)

Headrest Crisis

14 Church Street
Lebanon, NH 03766
(603) 448-4872
(603) 448-4400 (Hotline)
(800) 639-6095 (Teen Hotline)

Upper Valley Homeless Intervention & Prevention

20 West Park Street
4th Floor, Suite 400
Lebanon, NH 03766

GRAFTON COUNTY (Northern)

Littleton

Homeless Intervention & Prevention

260 Cottage Street, Suite 3
Littleton, NH 03561

Disability Rights Center – New Hampshire

64 North Main Street, Suite 2
Concord, NH 03301-4913
(800) 834-1721 or (603) 228-0432

The Disability Rights Center provides information, referral, advice, legal representation and advocacy to individuals with disabilities, including but not limited to those with Traumatic Brain Injury. The Disability Rights Center can help advocate for you in areas such as employment, housing, medical services, financial assistance, vocational rehabilitation, and special education services. Individuals are encouraged to call to determine if the Center can be of assistance.

Legal Advice and Referral Center

15 Green Street
Concord, NH 03301
(800) 639-5290

NH Pro Bono Program

2 Pillsbury Street, Suite 300
Concord, NH 03301
(603) 224-6942

NH Bar Association Lawyer Referral Service

(603) 229-0002

New Hampshire Association for Justice

10 Ferry Street, Suite 311
Concord, NH 03301
(603) 224-7077

New Hampshire Public Records

Website: www.courtsystem.org

Public Utilities Commission

21 South Fruit Street, Suite 10
Concord, NH 03301
(800) 852-3793 or (603) 271-2431

Senior Citizens Law Project

1361 Elm Street, Suite 307
Manchester, NH 03101
(603) 624-6000, Ext. 100

NEW HAMPSHIRE LEGAL ASSISTANCE BRANCH OFFICES:

Berlin Legal Assistance

1131 Main Street
Berlin, NH 03570
(800) 698-8969 or (603) 752-1102

LEGAL SERVICES

Civil Practice Clinic – UNH Law School

2 White Street
Concord, NH 03301
(603) 225-3350

Cohen & Winters

64 North State Street
Concord, NH 03301
(603) 224-6999

RESOURCES

Claremont Legal Assistance

24 Opera House Square, #206
Claremont, NH 03743
(800) 562-3994 or (603) 542-8795

Concord Legal Assistance

117 North State Street
Concord, NH 03301
(800) 921-1115 or (603) 223-9750

Manchester Legal Assistance

1850 Elm Street, Suite 7
Manchester, NH 03104
(800) 562-3174

Portsmouth Legal Assistance

154 High Street
Portsmouth, NH 03801
(800) 334-3135 or (603) 431-7411

LIBRARY & INFORMATION SERVICES

Brain Injury Association of America (National Office)

1608 Spring Hill Road, Suite 110
Vienna, VA 22182
(703) 761-0750
Brain Injury Information only (800) 444-6443

Brain Injury Association of New Hampshire

52 Pleasant Street
Concord, NH 03301
(800) 773-8400 or (603) 225-8400
Information & Resources (only) (800) 444-6443
Website: www.bianh.org

Family Resource Connection

NH State Library
20 Park Street, Concord, NH 03301
(603) 271-2144

Lash & Associates Publishing/Training

100 Boardwalk Drive, Suite 150
Youngsville, NC 27596
(919) 556-0300

National Institute of Neurological Disorders

National Institutes of Health
PO Box 5801
Bethesda, MD 20824
(800) 352-9424 or (301) 496-5751

National Library of Medicine

8600 Rockville Pike
Reference Desk, Building 38
Bethesda, MD 20894-0001
(888) 346-3656

NH Family Voices

129 Pleasant Street, Thayer Building
Concord, NH 03301
(603) 271-4525 or (800) 852-3345 ext 4525

“Talking Books” –

NH Statewide Library, Talking Books Services Section
117 Pleasant Street
Concord, NH 03301
(603) 271-3429 or (800) 298-4321 (NH Only)

LONG-TERM CARE

Belknap County Nursing Home

30 County Drive
Laconia, NH 03246
(603) 527-5410

Cheshire County Home - Maplewood

201 River Road
Westmoreland, NH 03467
(603) 399-4912

Coos County Nursing Home

364 Cates Hill Road
PO Box 416
Berlin, NH 03570
(603) 752-2343

Dover Center for HealthCare & Rehab

307 Plaza Drive
Dover, NH 03820
(603) 742-2676

Forestview Manor, TRS, LLC

153 Parade Road
Meredith, NH 03253
(603) 279-3121

Grafton County Nursing Home

3855 Dartmouth College Highway
North Haverhill, NH 03774
(603) 787-6971

Hackett Hill HealthCare Center

191 Hackett Hill Road
Manchester, NH 03102
(603) 668-8161

RESOURCES

Hillsborough County Nursing Home – Enhanced Living Unit

400 Mast Road
Goffstown, NH 03045
(603) 627-5540

Merrimack County Nursing Home

325 Daniel Webster Highway
Boscawen, NH 03303
(603) 796-2165

NeuroInternational New Hampshire

52 Loop Road
Concord, NH, 03301
(603) 290-5300
Website: www.neurointernational.com

NeuroInternational New Hampshire

50 Manchester Drive
Webster, NH, 03303
(603) 290-5300
Website: www.neurointernational.com

NeuroInternational New Hampshire

87 Horne Road
Belmont, NH, 03220
(603) 290-5300
Website: www.neurointernational.com

New Hampshire Bureau of Health Care Facilities

Department of Health & Human Services, Ombudsman Office
129 Pleasant Street
Concord, NH 03301
(603) 271-4375

Next Step Healthcare – Braintree Manor

Neurorehabilitation Program
1102 Washington Street
Braintree, MA 02184
(781) 794-5300
Website: www.nextstephpc.com

Pleasant Valley Nursing Center

8 Peabody Road
Derry, NH 03038
(603) 434-1566

Rockingham County Nursing & Rehab

117 North Road
Brentwood, NH 03833
(603) 679-5335

Sullivan County Health Care

5 Nursing Home Drive
Unity, NH 03743
(603) 542-9511

SERVICELINK RESOURCE CENTERS

ServiceLinks are community-based Resource Centers with the purpose of providing information and supportive referrals about resources for older adults, adults with disabilities, chronic illness, and their families and caregivers.
Call, toll free - (866) 634-9412.

Belknap County, ServiceLink Resource Center

67 Water Street
Laconia, NH 03246
(603) 528-6945

Carroll County ServiceLink

448 White Mountain Highway
Tamworth, NH 03886
(603) 323-2043

Cheshire County Monadnock Region, ServiceLink Resource Center

105 Castle Street
Keene, NH 03431
(603) 357-1922

Coos County, ServiceLink Resource Center

610 Sullivan Street, Suite 6
Berlin, NH 03570
(603) 752-6407

Grafton County (Lebanon) ServiceLink Resource Center

10 Campbell Street
PO Box 433
Lebanon, NH 03766
(603) 448-1558

Grafton County (Littleton) ServiceLink Resource Center

262 Cottage Street, Suite G-25
Mt. Eustis Commons
Littleton, NH 03561
(603) 444-4498

Grafton County – Plymouth Senior Center

8 Depot Street
PO Box 478
Plymouth, NH 03264
(603) 536-1204

RESOURCES

Hillsborough County Manchester, ServiceLink Resource Center

555 Auburn Street
Manchester, NH 03103
(603) 644-2240

Hillsborough County Nashua ServiceLink Resource Center

70 Temple Street
Nashua, NH 03060
(603) 598-4709

Merrimack County, ServiceLink Resource Center

PO Box 1016
2 Industrial Park Drive
Concord, NH 03302-1016
(603) 228-6625

Rockingham County, ServiceLink Resource Center (Seacoast)

72 Portsmouth Avenue, Suite 113
Stratham, NH 03385
(603) 334-6594

Rockingham County, ServiceLink Resource Center (Greater Salem)

8 Commerce Dr., Unit 802
Atkinson, NH 03811
(603) 893-9769

Strafford County, ServiceLink Resource Center

25 Old Dover Road, Suite 7
Rochester, NH 03867
(603) 332-7398

Sullivan County, ServiceLink Resource Center

224 Elm Street
Claremont, NH 03743
(603) 542-5177

MEDICAID MANAGED CARE COMPANIES

NH Healthy Families Health Plan

2 Executive Park Drive
Bedford, NH 03110
(866) 769-3085
Website: www.NHhealthyfamilies.com

Well Sense Health Plan

1155 Elm Street, Suite 600
Manchester, NH 03101
(603) 263-3025

MEDICAL & DENTAL CARE

Ammonoosuc Community Health Services

25 Mt. Eustis Road
Littleton, NH 03561
(603) 444-2464

BenefitsCheckup Rx

Provides assistance to persons 55 and older who are paying for prescriptions
Website: www.benefitscheckup.org

Child Health Services

1245 Elm Street
Manchester, NH 03101
(603) 668-6629

Coos County Family Health Services

133 Pleasant Street
Berlin, NH 03570
(603) 752-2040



 **nh healthy families.**

We've Got You Covered

NH Healthy Families offers affordable individual and family health insurance plans that fit your unique needs.

- Medicaid
- Health Insurance Marketplace (Ambetter)

For more information call or visit us online today!

NHhealthyfamilies.com
1-866-769-3085 • TDD/TTY 1-855-742-0123

Transforming the health of the community, one person at a time.

RESOURCES

Other Locations

59 Page Hill Road
Berlin, NH 03570
(603) 752-2900

2 Broadway Street
Gorham, NH 03581
(603) 466-2741

Core Pediatric Dentistry

5 Hampton Road
Exeter, NH 03833
(603) 773-4900
Ages 1 – 17 years old (only)

Foundation for Healthy Communities

125 Airport Road
Concord, NH 03301
(603) 225-0900

HealthLink - Laconia

Lakes Region General Hospital
80 Highland St.
Laconia, NH 03246
(603) 524-3211

HealthLink - Franklin

Franklin Regional Hospital
15 Aiken Avenue
Franklin, NH 03235
(603) 934-2060

Hearing Enhancement Center

Bedford

173 South River Road
Bedford, NH 03110
(603) 471-3970

Concord

6 Loudon Road
Concord, NH 03301
(877) 989-6765

Gilford

36 Country Club Drive
Gilford, NH 03249
(855) 476-4318

Gorham

20 Glen Road, Route 16
Gorham, NH 03581
(844) 335-3139

Rochester

300 North Main Street
Rochester, NH 03867
(888) 654-4612

InFocus Eyecare

320 Daniel Webster Hwy
Belmont, NH 03220
(603) 527-2035

Needy Meds - provides information about assistance programs

Website: www.needymeds.org

NH Dental Society

23 South State Street
Concord, NH 03301
(603) 225-5961

NH Technical Institute – Dental Hygiene Program

31 College Drive; MacRury Hall
Concord, NH 03301
(603) 230-4023

Seacoast Area Physiatry

875 Greenland Road, Unit C4
Portsmouth, NH 03801
(603) 431-5529

Somersworth

7 Marsh Brook Drive, Suite 200
Somersworth, NH 03878
(603) 742-4222

Vachon Dental

57 Webster Street, Suite 112
Manchester, NH 03104
(603) 627-2092

Willow Eye Care

345 South Willow Street
Manchester, NH 03101
(603) 625-1774

NEUROLOGISTS

These listings have been prepared as a public service resource by the Brain Injury Association of New Hampshire and contain the names and addresses of physicians/service providers who offer services of particular interest to brain injury survivors. BIANH does not endorse nor recommend any of the individuals described in this listing.

RESOURCES

Seacoast New Hampshire:

Coastal Neurology Services

10 Members Way, Suite 300
Dover, NH 03820
(603) 749-0913

Goodwin Community Health

311 Route 108
Somersworth, NH 03878
(603) 953-0065

Southern New Hampshire:

Elliot Neurology Associates

185 Queen City Avenue, 3rd Floor
Manchester, NH 03101
(603) 663-4800

Foundation Neurology

17 Prospect Street, Suite N202
Nashua, NH 03060
(603) 577-5300

Keith McAvoy, M.D.

Dartmouth-Hitchcock Medical Center
Notre Dame Pavilion at Catholic Medical Center
87 McGregor Street, Suite 2200
Manchester, NH 03102
(603) 695-2940

Northern & Western New Hampshire:

James J. Filiano M.D.

Dartmouth-Hitchcock Medical Center
Pediatric Critical Care
One Medical Center Drive
Lebanon, NH 03756
(603) 653-9669

Timothy G. Lukavits, M.D.

Dartmouth-Hitchcock Medical Center
1 Medical Center Drive
Lebanon, NH 03756
(603) 650-5104

Vijay M. Thadani, M.D., Ph.D.

Dartmouth-Hitchcock Medical Center
Neurology
One Medical Center Drive
Lebanon, NH 03756
(603) 650-5104

NEUROPSYCHOLOGISTS

These listings have been prepared as a public service by the Brain Injury Association of New Hampshire and contain the names and addresses of physicians/service providers who offer services of particular interest to brain injury survivors. The Brain Injury Association of New Hampshire is not endorsing nor recommending any of the individuals described in this listing.

Southern New Hampshire:

John Capuco, Psy.D.

capuconeuropsych@gmail.com

John Crampton, Psy.D., LCMHC

Neurobehavioral Counseling, LLC
314 South Main Street
Concord, NH 03301
(603) 717-1788

Ross L. Gourvitz, Ph.D.

Elliot Memory & Mobility Center
40 Buttrick Road
Londonderry, NH 03053
(603) 552-1670

William Jamieson, Ph.D.

61 North Street
Manchester, NH 03104
(603) 669-4130

James Nichols, Ph.D.

66 Bow Bog Road
Bow, NH 03304
(603) 225-7770

Jessica Rhee, Psy.D

Elliot Memory & Mobility Center
40 Buttrick Road
Londonderry, NH 03053
(603) 552-1670

Joan Scanlon, Ph.D.

154 Broad Street, Suite 1512
Nashua, NH 03063
(603) 881-7753

Northern New Hampshire:

Elizabeth Hess, Ph.D.

856 Western Avenue
Berlin, NH 03570
(603) 752-4475

RESOURCES

Seacoast New Hampshire:

Margaret Dawson, Ed.D.

Seacoast Mental Health
Center for Learning & Attention Disorders
1145 Sagamore Avenue
Portsmouth, NH 03801
(603) 431-6703

Stefanie Griffin, Ph.D.

Northeast Evaluation Specialists
1 Washington St., Suite 443
Dover, NH 03820
(603) 740-6371

Dick Guare, Ph.D.

Seacoast Mental Health
Center for Learning & Attention Disorders
1145 Sagamore Avenue
Portsmouth, NH 03801
(603) 431-6703

Jerrold Pollak, Ph.D.

Seacoast Mental Health
Center for Learning & Attention Disorders
1145 Sagamore Avenue
Portsmouth, NH 03801
(603) 431-6703

Anita Remig, Ph.D.

278 Lafayette Road, Bldg. E
Portsmouth, NH 03801
(603) 781-3892

Laura Rubin, Ph.D.

Portsmouth Neuropsychology Center - Pediatrics
501 Islington Street
Suite 1F
Portsmouth, NH 03801
(603) 433-0800

Craig Stenslie, Ph.D.

Cocheco Valley Mental Health
90 Washington Street, #304
Dover, NH 03820
(603) 749-0992

Tina M. Trudel, Ph.D.

Northeast Evaluation Specialists
1 Washington St., Suite 443
Dover, NH 03820
(603) 740-6371

Western New Hampshire:

John Randolph, Ph.D., ABPP

Randolph Neuropsychology Assoc., PLLC
20 West Park Street, Suite 215
Lebanon, NH 03766
(603) 653-0330

Robert Roth, Ph.D.

Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756
(603) 650-5824

Massachusetts:

Barbara Bruno-Golden, Ed.D.

Pediatrics
151 Sargent Street
Newton, MA 02458
(617) 965-4451

Ann Helmus, Ph.D.

NESCA, P.C.
55 Chapel Street, 2nd Floor
Newton, MA 02458
(617) 658-9821

Neuropsychology & Education Services For Children & Adolescents

75 Gilcreast Road, Suite 305
Londonderry, NH 03053
(603) 818-8526

OUTREACH PROGRAMS

Community Caregivers of Greater Derry

(Chester, Danville, Derry, Hampstead, Londonderry Sandown, Windsor)

1B Commons Drive, Unit 10
Londonderry, NH 03053
(603) 432-0877

Visiting, transportation, errands, and simple repairs for the frail, elderly, and disabled of all ages

Greater Salem Caregivers

(Atkinson, Salem, Pelham, Plaistow)
44 Millville Street
Salem, NH 03079
(603) 898-2850

Visiting, transportation/medical appointments for the frail, elderly, and disabled of all ages

RESOURCES

Hospitality Homes

PO Box 15265
Boston, MA 02215
(888) 595-4678

Listen Center Community Services

60 Hanover St.
Lebanon, NH 03766
(603) 448-4553
Providing assistance for: heating, housing, food pantry, clothing, and furniture

Rockingham Community Action Program

4 Cutts Street
Portsmouth, NH 03801
(603) 431-2911

PREVENTION & SAFETY PROGRAMS

AAA Foundation for Traffic Safety

607 14th Street, NW, Suite 201
Washington, DC 20005
(202) 638-5944

American Red Cross, NH Chapter Headquarters

2 Maitland Street
Concord, NH 03301
(603) 225-6697

Brain Injury Association of New Hampshire

52 Pleasant Street
Concord, NH 03301
(800) 773-8400 or (603) 225-8400
Website: www.bianh.org
Provides safety literature, awareness presentations, and promotes the “ThinkFirst” program in NH schools.

Injury Prevention Program – Maternal & Child Health Services Bureau of Population Health & Community Services

Department of Health & Human Services
29 Hazen Drive
Concord, NH 03301
(603) 271-4517

Center for Disease Control & Prevention

1600 Clifton Road
Atlanta, GA 30329
(800) 232-4636

Injury Prevention Center

Dartmouth-Hitchcock Medical Center
52 North LaBombard Road
Lebanon, NH 03766
(877) 783-0432 or (603) 653-8360

National SAFEKIDS Campaign

1301 Pennsylvania Ave
NW Suite 1000
Washington, DC 20004
(202) 662-0600

NH Children’s Trust, Inc.

10 Ferry Street, #315
Concord, NH 03301
(603) 224-1279

NH Fire Standards & Emergency Medical Services,

Department of Public Safety
98 Smokey Bear Blvd.
Concord, NH 03301
(603) 223-4200

Northern New England Poison Center

Maine Medical Center
(800) 222-1222

Office of Highway Safety

33 Hazen Drive, Room 109A
Concord, NH 03301
(603) 271-2131

Safety and Health Council of NH

2 Whitney Road, Suite 11
Concord, NH 03301
(603) 228-1401

Shaken Baby Alliance

8101 Boat Club Road
Suite 240, #154
Fort Worth, TX 76179
(817) 882-8686

The Youth Council

112 W. Pearl Street
Nashua, NH 03060
(603) 889-1090

ThinkFirst Foundation

1801 N. Mill Street, Suite F
Naperville, IL 60563
(800) 844-6556

WISE–Program Centers

38 Bank Street
Lebanon, NH 03766
(603) 448-5525 or (866) 348-9473

RESOURCES

PSYCHOLOGISTS & PSYCHIATRISTS

These listings have been prepared as a public service by the Brain Injury Association of New Hampshire and contain the names and addresses of physicians/service providers who offer services of particular interest to brain injury survivors. The Brain Injury Association of New Hampshire is not endorsing nor recommending any of the individuals described in this listing.

The American Board of Professional Psychology

Lists board certified psychologists according to specialty

Website: www.ABPP.org

Northern New Hampshire:

Roger Eugene Poire, Psy.D.

25 Country Club Road
Gilford, NH 03249
(603) 528-4405

Seacoast New Hampshire

Nicole L. Sawyer, PsyD, PLLC

14 Hampton Road
Exeter, NH 03833
(603) 793-6914

Richard Warren, Ph.D.

Exeter Counseling Center

163 Water Street
Exeter, NH 03833
(603) 778-7433, Ext 14

Southern New Hampshire:

Center for Integrative Psychological Services, Inc.

15 Pleasant Street, #3
Concord, NH 03301
(603) 223-0980

Neurobehavioral Counseling, LLC

John Crampton, Psy.D., LCMHC
314 South Main Street
Concord, NH 03301
(603) 717-1788

NE Neurological Associates

168 Kingsley Street, Suite 1
Nashua, NH 03060
(978) 687-2321

Western New Hampshire

Karen Lee Gillock, Ph.D.

Cognitive Behavioral Therapy

115 Etna Rd, Bldg. 1, Suite 2
Lebanon, NH 03766
(603) 448-3588

RECREATION

Crotched Mountain Accessible Recreation & Sports (CMARS)

1 Verney Drive
Greenfield, NH 03047
(603) 547-3311
Website: cmf.org/cmars

Easter Seals of NH

555 Auburn Street
Manchester, NH 03103
(603) 623-8863

Field of Dreams, RPT

55 Ferrin Road
Chichester, NH 03258

NE Disabled Sports

39 Loon Brook Road
PO Box 26
Lincoln, NH 03251
(603) 745-6281, Ext. 5663 or 745-9333

New England Healing Sportsman's Association

PO Box 2135
1398 Route 103
Newbury, NH 03255
(603) 763-9158

New Hampshire Special Olympics

650 Elm Street, #200
Manchester, NH 03101
(603) 624-1250

Northeast Passage

121 Technology Drive, Suite 161
Durham, NH 03824
(603) 862-0070

Touchstone Farm, Inc.

Webster Highway
13 Pony Farm Lane
Temple, NH 03084
(603) 654-6308

RESOURCES

UpReach Therapeutic Equestrian Center

153 Paige Hill Road
PO Box 355
Goffstown, NH 03045
(603) 497-2343

RESOURCES FOR HEALTH ISSUES

Alzheimer's Disease

Alzheimer's Association: Greater NH Chapter
166 South River Road, Suite 210
Bedford, NH 03110
(603) 606-6590

Aneurysm

Brain Aneurysm Foundation

269 Hanover Street, Bldg 3
Hanover, MA 02339
(888) 272-4602

Anoxia

Lightning Strike & Electric Shock Survivors, Inc.

PO Box 1156
Jacksonville, NC 28541-1156
(910) 346-4708

Aphasia

Cohen Speech Pathology

Irene E. S. Cohen, MS, CCC-SLP
23 Stiles Road, Suite 212
Salem, NH 03079
(603) 560-0548

National Aphasia Association

PO Box 87
Scarsdale, NY 10583
Website: naa@aphasia.org

Brain Tumors

American Brain Tumor Association

8550 W. Bryn Mawr Ave., Suite 550
Chicago, IL 60631
(800) 886-2282 or (773) 577-8750

Childhood Brain Tumor Foundation

20312 Watkins Meadow Dr.
Germantown, MD 20876
(301) 515-2900

Children's Brain Tumor Foundation

1460 Broadway
New York, NY 10036
(212) 448-9494

National Brain Tumor Society

55 Chapel St., Suite 200
Newton, MA 02458
(617) 924-9997

NIH Neurological Institute

PO Box 5801
Bethesda, MD 20824
(301) 496-5751

Epilepsy

American Epilepsy Society

342 North Main St., Suite 301
West Hartford, CT 06117
(860) 586-7505

Epilepsy Foundation

8301 Professional Place
Landover, MD 20785
(800) 332-1000

Headaches

American Headache Society

19 Mantua Road
Mt. Royal, NJ 08061
(856) 423-0043

National Headache Foundation

820 North Orleans, Suite 201
Chicago, IL 60610
(312) 274-2650

Huntington's Disease

Huntington's Disease Society of America

505 Eighth Avenue, Suite 902
New York, NY 10018
(212) 928-2121

Muscular Dystrophy

Muscular Dystrophy Association

1 Sundial Avenue, Suite 208N
Manchester, NH 03103
(603) 471-2722

RESOURCES

Multiple Sclerosis

Multiple Sclerosis Association of America

375 Kings Highway North
Cherry Hill, NJ 08034
(800) 532-7667

Multiple Sclerosis Society

101A First Avenue
Waltham, MA 02451
(800) 344-4867

Neurotoxicity

Birth Defect Research for Children

976 Lake Baldwin Lane, Suite 104
Orlando, FL 32814
(407) 895-0802

National Institute of Environmental Health Sciences

111 T.W. Alexander Dr.
Research Triangle Park, NC 27709
(919) 541-3345

National Institute for Occupational Safety & Health

(800) 232-4636

National Organization for Rare Disorders

55 Kenosia Avenue
Danbury, CT 06810
(203) 744-0100

Parkinson's Disease

National Parkinson Foundation, Inc.

200 SE 1st Street, Suite 800
Miami, FL 33131
(800) 473-4636

Parkinson's Disease Foundation, Inc.

1359 Broadway, Suite 1509
New York, NY 10018
(800) 473-4636

Spina Bifida Association of Greater New England

219 East Main Street, Suite 100B
Milford, MA 01757
(888) 479-1900

Spinal Cord Injury

Kelly Brush Foundation

Three Main Street, Suite 217
Burlington, VT 05401
(802) 846-5298
For recreational equipment

Christopher Reeve Paralysis Foundation

636 Morris Turnpike, Suite 3A
Short Hills, NJ 07078
(800) 539-7309

Travis Roy Foundation

101 Huntington Avenue, Suite 520
Boston, MA 02199
info@travisroyfoundation.org

Stroke

American Heart Association

2 Wall Street, Suite 104
Manchester, NH 03101
(603) 263-8318

American Stroke Association

7272 Greenville Avenue
Dallas, TX 75231-4596
(888) 478-7653

Brain Injury Association of New Hampshire

52 Pleasant Street
Concord, NH 03301
(603) 225-8400 or (800) 773-8400
Website: www.bianh.org

National Institute of Neurological Disorders & Stroke

NIH Neurological Institute
PO Box 5801
Bethesda, MD 20824
(800) 352-9424

Pediatric Stroke Network

Website: www.pediatricstrokenetwork.com

Trauma:

Brain Injury Association of America (National Office)

1608 Spring Hill Road, Suite 110
Vienna, VA 22182
(703) 761-0750

RESOURCES

Brain Injury Association of New Hampshire

52 Pleasant Street
Concord, NH 03301
(800) 773-8400 or (603) 225-8400
Information & Resource (only) (800) 444-6443
Website: www.bianh.org

RESPIRE CARE

Brock Children's Home

33 Fairview Road
Pittsfield, NH 03263
(603) 435-8032

Easter Seals - Homemakers Health Services

215 Rochester Hill Road
Rochester, NH 03867
(603) 335-1770

Easter Seals of New Hampshire

555 Auburn Street
Manchester, NH 03103
(603) 623-8863

Forestview Manor, TRS, LLC

153 Parade Road
Meredith, NH 03253
(603) 279-3121
(Up to 90 days short-term care)

Granite United Way

Central Region
40 Beacon Street
Laconia, NH 03246
(603) 524-6864

Merrimack County

125 Airport Road, Suite 3
Concord, NH 03301
(603) 224-2595

North Country Region

PO Box 311
41 Main Street
Littleton, NH 03561-0311
(603) 930-9443

Northern Region

961 Main Street
Berlin, NH 03570
(603) 752-3343

Southern Region

22 Concord Street, Floor 2
Manchester, NH 03101
(603) 625-6939

Upper Valley

1 Court Street, Suite 370
Lebanon, NH 03756
(603) 298-8499

Whole Village Family Resource Center

258 Highland Street
Plymouth, NH 03264
(603) 536-3720

Next Step Healthcare – Braintree Manor

Neurorehabilitation Program
1102 Washington Street
Braintree, MA 02184
(781) 794-5300
Website: www.nextstephpc.com

Northern Human Services – Mental Health Center

3 Twelfth Street
Berlin, NH 03570
(603) 752-7404

Regency Nursing Care, LLC

8025 S. Willow St, Suite 206
Manchester, NH 03103
(603) 665-9800

Right at Home of Southern NH

150 Nashua Road, Unit C
Londonderry, NH 03053
(603) 216-9296

Visiting Nurse Home Care & Hospice Assoc.

1529 White Mtn Highway
PO Box 432
North Conway, NH 03860
(603) 356-7006

Waypoint

Home Care Program
464 Chestnut Street, PO Box 448
Manchester, NH 03105
(603) 518-4000

RESOURCES

TRANSPORTATION

DRIVING ASSESSMENTS/EVALUATIONS

Adaptive Driving Associates - Vermont

220 Holiday Drive, Suite 24
White River Junction, VT 05001
(802) 296-2004

Association for Driver Rehabilitation

Website: www.driver-ed.org.

DriveAbility @ Exeter Hospital

711 Alumni Drive
Exeter, NH 03833
(603) 580-7927

Encompass Health Rehabilitation Hospital of Concord

254 Pleasant Street
Concord, NH 03301
(603) 226-9800
Website: www.encompasshealth.com/concordrehab

Medicaid Transportation

(800) 852-3345, Ext. 3770

Northeast Rehabilitation Hospital Network

70 Butler Street
Salem, NH 03079
(603) 893-2900
Website: www.northeastrehab.com

OTHER TRANSPORTATION RELATED RESOURCES

American Red Cross

2 Maitland Street
Concord, NH 03301
(603) 352-3210
Hours: M – F, 8:30 a.m. – 4:30 p.m.

Belknap-Merrimack County Community Action Program

2 Industrial Park Drive
PO 1016
Concord, NH 03302
(603) 225-3295

Franklin Community Action Program

(Danbury, Franklin, Northfield, Salisbury, Sanbornton,
and Tilton areas)
82 Elkins Street
Franklin, NH 03235
(603) 934-3444

Carroll County

Gibson Center for Senior Services

14 Grove Street
Conway, NH 03860
(603) 356-3231
Serving adults 60 yrs and older.
Wheelchair accessible; need 24 hour notice for all appointments.

Home Instead Senior Care

16 Depot Street
Wolfeboro, NH 03894
(603) 569-7733

Ossipee Concerned Citizens

3 Dore Street
Center Ossipee, NH 03814
(603) 539-6851
Wheelchair accessible; Meals on Wheels; Donations accepted

Tamworth Caregivers

77 Main Street
P.O. Box 223
Tamworth, NH 03886
(603) 323-7697
Provides transportation services for Tamworth residents (only)
Please give 48-hour notice.

Wolfeboro Caregivers of Southern Carroll County

(Alton, Ossipee, Tuftonboro & Wolfeboro)
209 North Main Street
Wolfeboro, NH 03894
(603) 569-6780
Provides transportation for medical appointments.
No wheelchair accessible.

Cheshire County

City Express – Public Transit

312 Marlboro Street
Keene, NH 03431
(603) 352-8494
Hours: 7:30 a.m. – 5 p.m. (Keene only)
Service: Wheelchair accessible for any use/need.

HCS-Friendly Bus

(603) 352-8494
Hours: 8:00 a.m. – 4:00 p.m. (Keene only)
60 yrs. and over
Service: Wheelchair accessible for any use/need; donations
accepted

RESOURCES

Coos County

Tri-County Community Action Program

30 Exchange Street
Berlin, NH 03570
(603) 752-7001

Tri-Country Transit

31 Pleasant Street
Berlin, NH 03570
(603) 752-1741 or 752-1542

Grafton County

Grafton County Senior Citizen Council

10 Campbell Street
Lebanon, NH 03766
(603) 448-4897
Cost: Donation. Hours: varies upon location
Service: Wheelchair accessible.

Mascoma Senior Center

(Serving Canaan, Dorchester, Enfield, Grafton and Orange)
1166 US-R
Canaan, NH 03741
(603) 523-4333
Please give 24-hour notice.

Upper Valley Senior Center

10 Campbell Street
Lebanon, NH 03766
(603) 448-4213
Hours: 8:00 a.m. – 3:00 p.m.
Fixed Routes. Service: Wheelchair accessible for any use/need.
Please give 24-hour notice.

Hillsborough County

CareGivers-Greater Manchester

1 Perimeter Road, Unite 900
Manchester, NH 03103
(603) 622-4948
Services: transportation, grocery delivery, visits; medical appointments

CareGivers-Greater Nashua

491 Amherst Street
Nashua, NH 03064
(603) 595-4502 Ext. 25
Services: transportation, grocery delivery, visits; medical appointments

Community Volunteer Transportation Co.

375 Jaffrey Rd Suite 3
Peterborough, NH 03458
(877) 428-2882

Granite State Independent Living Foundation

Cost: Grant billed/Fee for service. Hours: Demand Response
Service: Wheelchair accessible for clients of GSIL.
(800) 826-3700

Greater Nashua Transportation System

Hours: 5:00 a.m. – 11:00 p.m.
Services: Wheelchair accessible for any use/need.
(603) 880-0100

Manchester Transit Authority

110 Elm Street
Manchester, NH 03101
(603) 623-8801
Service: Wheelchair accessible for any use/need.

Nashua Transit System

11 Riverside Street
Nashua, NH 03062
(603) 880-0100

Merrimack County

Century Wheelchair Division

Cost: NH Medicaid,
Hours: Monday – Saturday, 5:30 a.m. – 7:00 p.m.
Services: Wheelchair accessible for all medical appointments.
(603) 369-3034

Dial-a-Ride

14 Maple St
Contoocook, NH 03229
(603) 746-4357

Granite State Independent Living Foundation

Hours: Demand Response
Service: Wheelchair accessible for clients of GSIL.
(800) 826-3700

Kearsarge Council on Aging

37 Pleasant Street
New London, NH 03257
(603) 526-6368
Wheelchair accessibility for transportation

RESOURCES

Rockingham County

Community Caregivers of Greater Derry

1B Commons Drive, Unit 10
Londonderry, NH 03053
(603) 432-0877

Service: Provides services for medical & dental appointments by clients enrolled in program.

Lamprey Health Care

207 S. Main Street
Newmarket, NH 03857
(603) 659-3106

Call for fixed routes and times; wheelchair accessible

Liberty Livery & Elderly Transportation

18 Daniel Street, #100
Exeter, NH 03833
(603) 772-9256
(Serving Seacoast and Southern NH)

Rockingham Nutrition and Meals

(serving all 37 towns in county)
106 North Road
Brentwood, NH 03833
(603) 679-2201
Service: Wheelchair accessible for any use/need.

Strafford County

COAST ADA Para transit

42 Sumner Drive
Dover, NH 03063
(603) 743-5777
Cost: Varies. Hours: 6:00 a.m. – 11:00 p.m. depending on route
Service: Must have disability. Need to complete application.

Great Bay Services

23 Cataract Avenue
Dover, NH 03820
(603) 436-2014
Service: Wheelchair accessible for transportation of clients.

Wildcat Transit

**UNH Transportation Services
Parking & Transit Center**
20 Sage Way
Durham, NH 03824
(603) 862-2328

Sullivan County

Granite State Independent Living Foundation

Hours: Demand Response
Service: Wheelchair accessible for clients of GSIL.
(800) 826-3700

PathWays of the River Valley – Region II

654 Main Street
Claremont, NH 03743
(603) 542-8706
Hours: M – F, 8:00 a.m. – 5:00 p.m.
Service: Wheelchair accessible; serving PathWays patients only.

Other Transportation Related Resources

Advance Transit

PO Box 1027
Wilder, VT 05088
(802) 295-1824
Provides service in the Upper Valley area including Canaan, Enfield, Lebanon, West Lebanon and Hanover, Hartford Village, Harland Wilder, Norwich and White River Junction, Vermont. All buses are accessible for people with disabilities and are equipped with bicycle racks. Free ride matching service available.

- Fares
- Maps & schedules

DriveAbility @ Exeter Hospital

711 Alumni Drive
Exeter, NH 03833
(603) 580-7927

Good News Garage

325 Merrill St.
Manchester, NH 03103
(603) 669-6937
Service: Donated, reconditioned autos to qualified recipients for cost of repairs.

New Hampshire Transit

Dept. of Transportation – Bureau of Rail & Transit
(603) 271-4043

Concord Area Transit

PO Box 611
Concord, NH 03302
(603) 225-1989
Providing three different transportation services in Concord and the surrounding area. Bus service to and from downtown Concord, senior transit service and service for people with disabilities.

- Fares
- Schedules

RESOURCES

Manchester Transit Authority

110 Elm Street
Manchester, NH 03101
(603) 623-8801

Providing transportation to get around Manchester. In addition to its regular routes, the MTA offers Dial-a-Bus, the Step-Saver (door-to-door transportation for senior citizens and people with disabilities) and summer excursion buses to the lakes and Seacoast regions.

- Fares
- Schedules

Tri-County CAP Transit

31 Pleasant Street
Berlin, NH 03570
(603) 752-1741
Serving Carroll, Coos and Northern Grafton Counties

VETERAN'S BRAIN INJURY PROGRAM

VA Veterans Crisis Line

(800) 273-TALK (8255)
Website: www.veteranscrisisline.net

Manchester VA Medical Center

718 Smyth Road
Manchester, NH 03104
(603) 624-4366 or (800) 892-8384

Caregiver Support Program

Contact: Caregiver Program Coordinator
(603) 624-4366, Ext. 2524
Website: www.caregiver.va.gov

OEF/OIF/OND Transitional Case Management Program

(603) 624-4366, Ext. 6483 or 6932
Website: www.manchester.va.gov/freedom.asp

Mental Health Clinic

(603) 624-4366

Polytrauma/Traumatic Brain Injury Clinic

(603) 624-4366 Ext. 6455

VA Medical Center - VT

215 North Main Street
White River Junction, VT 05009
(802) 295-9363 or (866) 687-8387

Caregiver Support Program

(802) 295-9363, Ext. 5364

Mental Health Clinic

(802) 295-9363, Ext. 5760
Building 39, Green Mountain Firm
White River Junction, VT 05009

OEF/OIF/OND

(802) 295-9363, Ext. 6541

Polytrauma Unit

(802) 295-9363, Ext. 4235

Traumatic Brain Injury Clinic

(802) 295-9363, Ext. 5172

American Red Cross

Website: www.redcross.org/about-us/our-work/military-families

Blinded Veterans Association

125 N. West Street, 3rd Floor
Alexandria, VA 22314
(800) 669-7079
Website: www.bva.org

Brain Injury Association of New Hampshire

52 Pleasant Street
Concord, NH 03301
(603) 225-8400
Website: www.nh-veteran.com

Defense and Veteran's Brain Injury Program

DVBIC National Headquarters
7700 Arlington Blvd., Suite 5101
Box 22
Falls Church, VA 22041
(800) 870-9244
Website: www.dvbic.dcoe.mil

Department of Veterans Affairs

Website: www.va.gov

Home Base (Red Sox Foundation & Massachusetts General Hospital)

(617) 724-5202
Website: www.homebase.org

RESOURCES

Hero Pups

20 Portsmouth Avenue, #127
Stratham, NH 03885
(603) 397-7444
Website: www.heropups.com

Military OneSource

Website: www.militaryonesource.mil

New Hampshire Air National Guard

Director of Psychological Support

(603) 430-3373 or 498-7132

NH Deployment Cycle Support

Care Coordination Program

(603) 315-4354

NH State Office of Veterans Services

275 Chestnut Street, Room 517
Manchester, NH 03101-2411
(603) 624-9230
Website: www.nh.gov/nhveterans

NH Transition Assistance Advisor

1 Minuteman Way
Concord, NH 03301
(603) 225-1309

Pease Air National Guard Base

Airman and Family Readiness Program
302 Newmarket Street
Pease ANGB, Portsmouth, NH
(603) 430-3545

Portsmouth Naval Shipyard

Naval Health Clinic, New England

Website: www.med.navy.mil/sites/nhcne/NHCNE/locations/ponh/ponh.htm

Real Warriors/Defense Centers of Excellence Outreach Hotline

(866) 966-1020

Website: www.realwarriors.net

VA National Center for PTSD

Website: www.ptsd.va.gov

Vet Centers – New Hampshire

NH Vet Center – Berlin

515 Main Street
Gorham, NH 03581
(603) 752-2571
Website: www.vetcenter.va.gov

NH Vet Center – Keene

640 Marlboro Rd., Route 101
Keene, NH 03431
(603) 358-4950

NH Vet Center – Manchester

1461 Hooksett Road, Suite B6
Hooksett, NH 03106
(603) 629-3209

NH Vet Center – Newington

19 River Road
Newington, NH 03805
(603) 559-9294

Vet Centers - Maine

Vet Center – Sanford

628 Main Street
Springvale, ME 04083
(207) 490-1513
Website: www.vetcenter.va.gov

Vet Center – Portland

475 Stevens Avenue
Portland, ME 04103
(207) 780-3584

Vet Centers – Massachusetts

Vet Center – Lowell

10 George Street
Lowell, MA 01852
(978) 453-1151
Website: www.vetcenter.va.gov

Vet Centers – Vermont

VT – Vet Center – White River Junction

118 Prospect Street, Suite 100
White River Junction, VT 05001
(802) 295-2908

Veterans Affairs Compensation & Pension Service

Website: www.benefits.va.gov/benefits

Wounded Warriors @ 45 North

P.O. Box 132
Pittsburg, NH 03592-0132
(603) 538-9994
Website: www.warriors45north.com

RESOURCES

VOCATIONAL REHABILITATION & EMPLOYMENT SERVICES

Community Integrated Services

1050 Perimeter Road
Manchester, NH 03103
(603) 836-4400

Granite State Independent Living

21 Chenell Drive
Concord, NH 03301
(800) 826-3700 voice/TTY or (603) 228-9680
Contact: Info and Referral Department
Website: www.gsil.org

New England Job Corp

943 Dunbarton Road
Manchester, NH 03102
(603) 621-0443
Educational and Vocational training for youth 16-24yrs with no history of court involvement.

Services for the Blind & Visually Impaired

21 South Fruit Street, Suite 20
Concord, NH 03301
(603) 271-3537

The PLUS Company, Inc.

19 Chestnut Street
Nashua, NH 03060
(603) 889-0652

NEW HAMPSHIRE BUREAU OF VOCATIONAL REHABILITATION (VR)

Administration Offices

Bureau of Rehabilitation Services
21 South Fruit Street, Suite 20
Concord, NH 03301
(603) 271-3471 or (800) 299-1647

Berlin Regional Office

650 Main Street, Suite 110
Berlin, NH 03570
(603) 752-2271 or (888) 300-9550

Concord Regional Office

21 South Fruit Street
Concord, NH 03301
(603) 271-2327

Keene Regional Office

149 Emerald Street, Suite T
Keene, NH 03431
(603) 357-0266 or (800) 620-7688

Manchester-Nashua Regional Office

One Sundial Avenue, Suite 201N
Manchester, NH 03103
(603) 669-8733 or (800) 627-9304

Portsmouth Regional Office

215 Commerce Way, Suite 3
Portsmouth, NH 03801
(800) 882-2744 or (603) 436-8884

WEBSITES FOR OTHER HELPFUL INFORMATION

Brain Injury Association of America: www.biausa.org

Brain Injury Association of New Hampshire: www.bianh.org

Center for Disease Control and Prevention:
www.cdc.gov/ncipc/tbi

Disabled Dealer Magazine: www.disableddealer.com

Education By Design: www.edbydesign.com

Family Fun: www.specialneedsfamilyfun.com

Krempels Center: www.krempelscenter.org

Lash & Associates Publishing/Training: www.lapublishing.com

National Institute of Neurological Disorders and Stroke:
www.ninds.nih.gov

Neuropsychology Central: www.neuropsychologycentral.com

Social Security: www.socialsecurity.gov

Stroke Information: www.stroke.org

The Brain Injury News & Information Blog:
www.braininjury.blogs.com

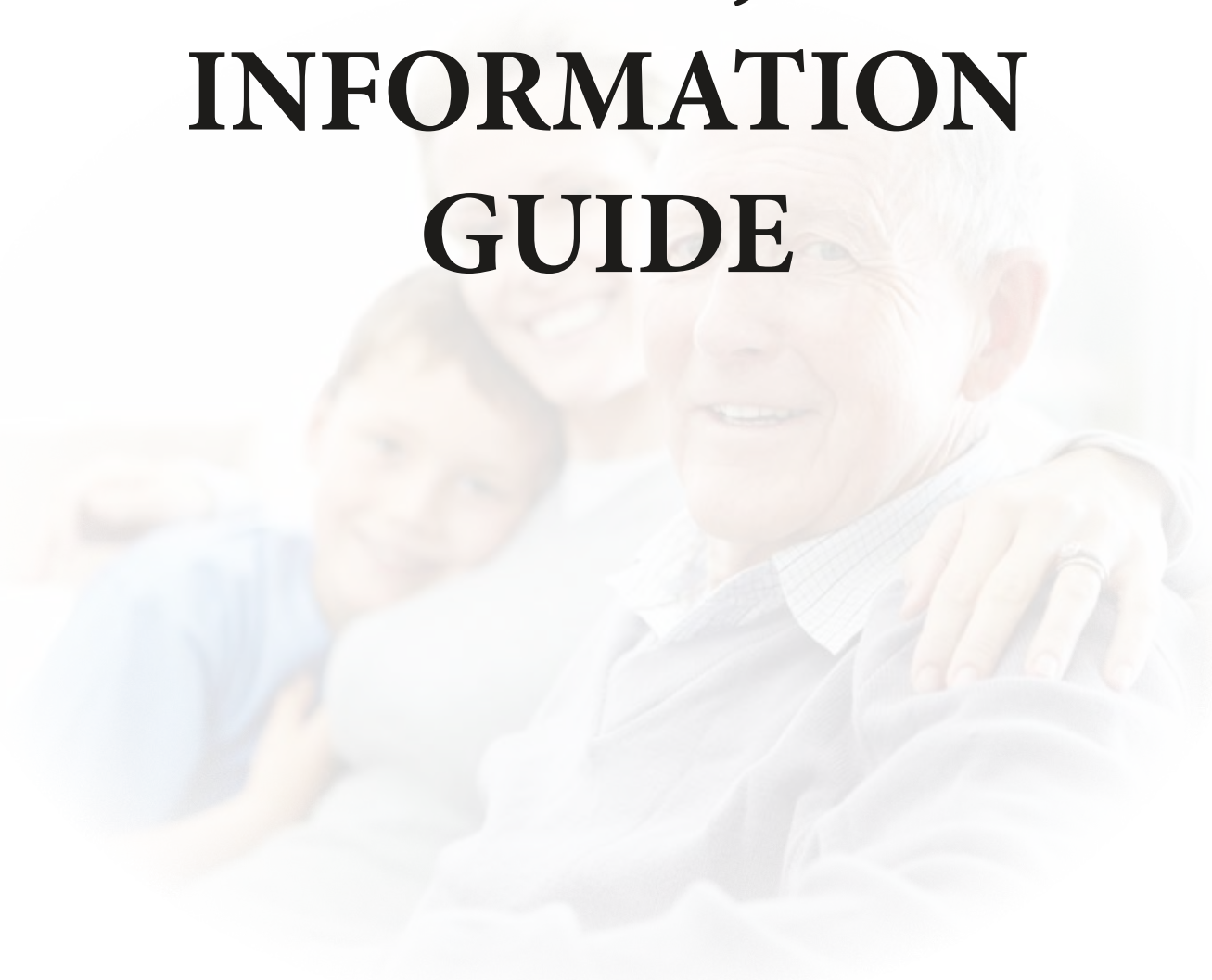
The Neurotrauma Law Nexus: www.neurolaw.com

Traumatic Brain Injury Survival Guide: www.tbiguide.com

Waiting While Someone is in Coma: www.waiting.com

RESOURCES

BRAIN INJURY INFORMATION GUIDE



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UNDERSTANDING BRAIN INJURY

WHAT IS A BRAIN INJURY?

A brain injury refers to damage to the brain caused by an external physical force such as a car accident, a gunshot wound to the head, or a fall. A brain injury is not caused by something internal such as a stroke or tumor, and does not include damage to the brain due to prolonged lack of oxygen (anoxic brain injuries). It is possible to have a brain injury and never lose consciousness.

CAUSES OF BRAIN INJURY

Statistics from Centers for Disease Control for 2002-2006 indicate that the leading causes of brain injury are falls (35%) followed by car crashes (17%) and being struck by an object (16%). Emergency room visits have increased for both younger and older people due to the number of brain injuries.

TYPES OF INJURIES

The brain is about 3-4 pounds of extremely delicate soft tissue floating in fluid within the skull. Under the skull there are three layers of membrane that cover and protect the brain. The brain tissue is soft and, therefore, can be compressed, pulled, and stretched. The brain can move around violently inside the skull when there is sudden speeding up and slowing down, such as in a car crash or fall.

CLOSED HEAD INJURY vs. OPEN HEAD INJURY

Closed means the skull and brain contents have not been penetrated (broken into or through), whereas **open** means the skull and other protective layers are penetrated and exposed to air.

In a **closed head injury**, damage occurs because of a blow to the person's head or having the head stop suddenly after moving at high speed. This causes the brain to move forward and back or from side to side, causing a collision with the bony skull around it. This jarring movement bruises brain tissue, damages axons (part of the nerve cell), and tears blood vessels. After a closed head injury, damage can occur in specific brain areas (localized injury) or throughout the brain (diffuse axonal injury).

Damage following **open head injury** tends to be localized and, therefore, corresponding damage is to that specific area of the brain. However, such injuries can be as severe as closed head injuries, depending on the destructive path of the invasive object within the brain.

PRIMARY INJURIES vs. SECONDARY INJURIES

Primary injuries occur at the time of insult to the brain and there is nothing that physicians can do to reverse those injuries. Below are some primary injuries:

- **Skull fracture** occurs when there is a breaking or denting of the skull. Pieces of bone pressing on the brain can cause injury, often referred to as a depressed skull fracture.
- **Localized injury** means that a particular area of the brain is injured. Injuries can involve bruising (contusions) or bleeding (hemorrhages) on the surface of or within any layer of the brain.
- **Diffuse Axonal Injury (DAI)** involves damage throughout the brain and loss of consciousness. DAI is a "stretching" injury to the neurons (the cell bodies of the brain) and axons (fibers that allow for communication from one neuron to another neuron). This type of damage is often difficult to detect with brain scans.

Secondary injuries occur after the initial injury, usually within a few days. Secondary injuries may be caused by lack of oxygen to the brain, which can be the result of continued low blood pressure or increased intracranial pressure (pressure inside the skull) from brain tissue swelling.

MEASURING THE SEVERITY OF A BRAIN INJURY

“Severity of injury” refers to the degree or extent of brain tissue damage. The degree of damage is estimated by measuring the duration of loss of consciousness, the depth of coma and level of amnesia (memory loss), and through brain scans.

The *Glasgow Coma Scale* (GCS) is used to measure the depth of coma. The GCS rates three aspects of functioning:

- Eye opening
- Movement
- Verbal response

Individuals in a deep coma score very low on all these aspects of functioning, while those less severely injured or recovering from a coma score higher.

- A GCS score of 3 indicates the deepest level of coma, describing a person who is totally unresponsive.
- A score of 9 or more indicates that the person is no longer in a coma, but is not fully alert.
- The highest score (15) refers to a person who is fully conscious.

A person’s first GCS score is often done at the roadside by the emergency response personnel.

Post-traumatic amnesia (PTA) is another good estimate for severity of a brain injury. Anytime a person has a major blow to the head he or she will not remember the injury and related events for sometime afterward.

CT or MRI SCAN RESULTS

The cranial tomography (CT scan) is a type of x-ray that shows problems in the brain such as bruises, blood clots, and swelling. People with a moderate to severe brain injury will have several CT scans while in the hospital to keep track of lesions (damaged areas in the brain). In some cases, a magnetic resonance imaging (MRI) scan may also be performed.

STRUCTURE AND FUNCTION OF THE BRAIN AFTER INJURY

A brain injury can have various affects on an individual’s physical, cognitive, and emotional behavior.

The brain is the control center for all human activity, including vital processes (breathing and moving) as well as thinking, judgment, and emotional reactions. Understanding how different parts of the brain work, helps to understand how injury affects a person’s abilities and behaviors.

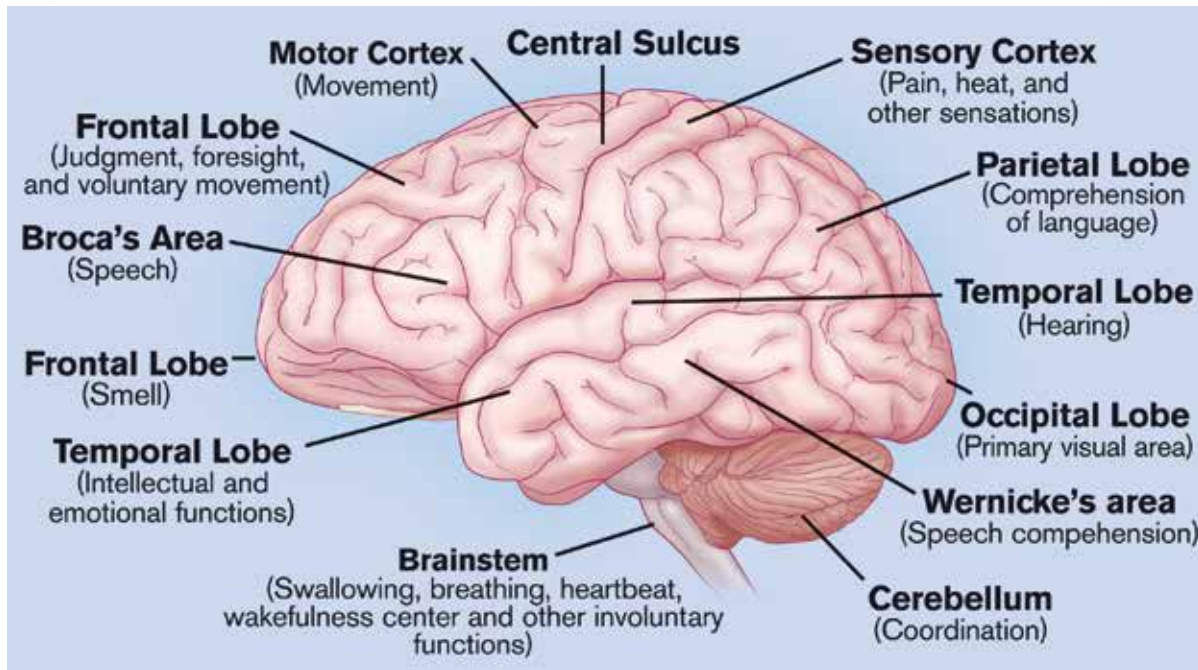
LEFT vs. RIGHT BRAIN

- The brain is divided into two halves (hemispheres). The left half controls movement and sensation in the right side of the body, and the right half controls movement and sensation in the left side. Thus, damage to the right side of the brain may cause movement problems or weakness on the body’s left side.
- For most people, the left half of the brain is responsible for verbal and logical functions including language (listening, reading, speaking, and writing), thought, and memory involving words.
- The right half is responsible for nonverbal and intuitive functions such as putting bits of information together to make up an entire picture, recognizing oral and visual patterns and designs (music and art), expressing, and understanding emotions.

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BRAIN AREAS AND ASSOCIATED FUNCTIONS

The brain is made up of six areas that can be affected by a head injury. The result of a brain injury is partially determined by the location of the injury.



PHYSICAL PROBLEMS

Most people living with a brain injury are able to walk and use their hands within 6-12 months after injury. In most cases, the physical difficulties do not prevent a return to independent living, including work and driving.

In the long term the brain injury may reduce coordination or produce weakness and problems with balance. For example, a person with a brain injury may have greater difficulty playing sports as well as they did before their injury. They also may not be able to maintain activity for very long due to fatigue.

COGNITIVE (THINKING) PROBLEMS

Individuals with a moderate-to-severe brain injury often have problems in basic cognitive (thinking) skills such as paying attention, concentrating, and remembering new information and events.

- Slower thinking process; slower speech
- Easily confused when normal routines are changed
- Bothered by noise or busy schedules
- Shorter attention span
- Impatient; too hasty in decisions
- Speech/Language difficulties; difficulty in expressing oneself

EMOTIONAL/BEHAVIORAL PROBLEMS

Brain injury can bring on challenging new behaviors or change an individual's personality. Behavioral and emotional difficulties are common and can be the result of several causes:

- Cognitive issues
- Aggression or strong emotional reactions
- Restlessness or irritability

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- Acting more dependently on others
- Emotional or mood swings
- Lack of motivation
- Short-term memory loss
- Lethargy (sluggishness)
- Inappropriate behavior
- Lack of self-awareness. Injured individuals may be unaware that they have changed or have problems.

Rehabilitation training, therapies, and other supports can assist the individual to manage these emotional and behavioral problems.

THE RECOVERY PROCESS

COMMON STAGES

In the first few weeks after a brain injury, swelling, bleeding, or changes in brain chemistry often affect the function of healthy brain tissue. The injured person's eyes may remain closed and the person may not show signs of awareness. As swelling decreases, blood flow and brain chemistry improves, and brain function usually improves. With time, the person's eyes may open, sleep-wake cycles may begin, and the injured person may follow commands, respond to family members, and speak. Some terms that might be used in these early stages of recovery are:

- Coma: a state of unconsciousness that can last for long periods of time, ranging from days to years; a condition caused by a severe brain injury or resulting brain swelling, leaving a patient unaware of their surroundings and unable to respond to even simple commands.
- Persistent vegetative state: after a coma, a low level of consciousness in which a person appears awake but can only perform certain involuntary responses, not the more complex thoughts or actions associated with awareness such as following commands, planning, remembering, and communicating.
- Minimally conscious state: a condition of altered consciousness where the person displays some acknowledgement of self or environment.

A period of confusion and disorientation often follows a brain injury. A person's ability to pay attention and their ability to learn declines -- agitation, nervousness, restlessness or frustration may appear. Sleeping patterns may be disrupted. The person may overreact to stimulation and become physically aggressive.

Inconsistent behavior is also common. For example, a person may begin to follow a command (lift the leg, squeeze a finger) and then not be able to do so again for some time. This stage of recovery may last days or even weeks. Later stages of recovery can bring increased brain and physical functioning. The person's ability to respond may improve gradually.

The fastest improvement happens in about the first six months after injury. During this time, the injured person will likely show many improvements and may seem to be steadily getting better. The person continues to improve between six months and two years after injury, but this varies and may not happen as fast as the first six months. Improvements slow down substantially after two years but may still occur many years after injury. These slower periods of improvement are called "a plateau" which vary in length and it is as though the brain is resting or healing during this time.

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LONG-TERM IMPACTS

Brain injury is a relatively new area for treatment and research. Medical professions have only begun to understand the long-term effects in patients one, five, and ten years after injury. Brain scans and other tests are not always able to show the extent of the injury. It is sometimes difficult early on to fully understand how serious the injury is. The type of brain injury and extent of secondary problems such as brain swelling varies a great deal from person to person. Age and pre-injury abilities also affect how well a person will recover.

The Rancho Los Amigos Levels of Cognitive Functioning (RLCF) is one of the best and most widely used ways of describing recovery from brain injury. The RLCF describes to levels of cognitive (thinking) recovery. Research has shown that the speed at which a person progresses through the levels of the RLCF can predict how fully a person will recover.

THE RANCHO LOS AMIGOS LEVELS OF COGNITIVE FUNCTIONING

Level 1 – No Response: Person appears to be in a deep sleep.

Level 2 – Generalized Response: Person reacts inconsistently and not directly in response to stimuli.

Level 3 – Localized Response: Person reacts inconsistently and directly to stimuli.

Level 4 – Confused/Agitated: Person is extremely agitated and confused.

Level 5 – Confused-Inappropriate/Non-agitated: Person is confused and responses to commands are inaccurate.

Level 6 – Confused-Appropriate: Person is confused and responds accurately to commands.

Level 7 – Automatic-Appropriate: Person can go through daily routine with minimal to no confusion

Level 8 – Purposeful-Appropriate: Person has functioning memory, is aware of and responsive to their environment.

Level 9 – Purposeful-Appropriate: Person can through daily routine while aware of need of stand-by assistance.

Level 10 – Purposeful-Appropriate/Modified Independent: Person can go through daily routine but may require more time or compensatory strategies.

HOW DOES BRAIN INJURY AFFECT FAMILY MEMBERS?

For most family members, life is not the same after a brain injury. You are not alone in what you are feeling. While everyone's situation is a bit different, there are some common problems that many family members experience: less time for yourself, financial difficulties, role changes of family members, problems with communication, and lack of support from other family members and friends. Additionally, family members have commonly reported feeling sad, anxious, angry, frustrated, and guilty.

WAYS TO REDUCE STRESS

A little stress is part of life, but stress that goes on for a long time can have a negative effect on the mind and body. Stress is related to medical problems such as heart disease, cancer, and stroke. Stress can:

- Cause mistakes to happen -- it affects the ability to concentrate, to be organized, and to think less clearly.
- Have a negative effect on relationships, causing irritability, impatience, and lashing outbursts.
- Lead to depression and/or anxiety.

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Learn to:

- Relax
- Find good coping strategies
- Take time for yourself
- Keep a regular schedule
- Get regular exercise (walk each day)
- Participate in support groups
- Maintain a sense of humor
- Reward yourself

PROBLEM SOLVING FOR CAREGIVERS

- Identify the problem: define it as clearly and specifically as possible.
- Brainstorm solutions: what can be done? Think of as many possibilities as possible.
- Evaluate the alternatives.
- Choose a solution: pick the solution with the best consequences.
- Try the solution; give it more than one chance to work.

WAYS FAMILY MEMBERS CAN HELP THE INJURED PERSON

- Establish and maintain a daily routine – this helps the person feel more secure in their environment.
- Provide structure and normalcy to daily life.
- Place objects the person needs within easy reach.
- Have the person rest frequently in a quiet place. Don't let the person get fatigued.
- Be natural with the person and help them to maintain their former status in the family. Communication is important to the person's recovery. Although they may not be able to speak, they should be involved in as normal a social world as possible.
- Include the person in family activities and conversations.
- Keep a calendar of activities visible on the wall. Cross off days as they pass.
- Maintain a photo album with labeled pictures of family members, friends, and familiar places.

PROVIDE SUPPORT IN A RESPECTFUL WAY

- Try not to overwhelm the person with false optimism by saying statements like "You will be alright," or "You will be back to work in no time."
- Point out every gain the person has made since the onset of the injury. Avoid comparing speech, language, or physical abilities prior to the injury with how they are now. Look ahead and help the person to do the same.
- Treat the person as an adult by not talking down to them.
- Respect the person's likes and dislikes regarding food, dress, entertainment, music, etc.
- Avoid making the person feel guilty for mistakes and accidents such as spilling something.
- If the person has memory problems, explain an activity as simply as possible before you begin. Then as you do the activity, review with the person each step in more detail.

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AVOID OVER-STIMULATION

- Agitation can be heightened by too much activity and stimulation.
- Restrict the number of visitors (1 or 2 at a time).
- Not more than one person should speak at a time.
- Use short sentences and simple words.
- Present only one thought or command at a time and provide extra response time.
- Use a calm, soft voice when speaking with the person.
- Keep stimulation to one sense (hearing, visual or touch) at a time.
- Avoid crowded places such as shopping malls and stadiums.

SAFETY TIPS

- Keep clutter out of the hallway and off stairs or anywhere the person is likely to walk. Remove small rugs that could cause tripping or falls.
- Remove breakables and dangerous objects (keys to a car, matches, knives, guns, etc.).
- Keep medications in a locked cabinet or drawer.
- Get the doctor's consent before giving the person over-the-counter medication.
- Limit access to potentially dangerous areas (bathrooms, basement) by locking doors if the person tends to wander. Have the person wear an identification bracelet in case he or she wanders outside.
- Keep the person's bed low. If they fall out of the bed, install side rails.
- Make sure rooms are well lit, especially in the evening. Night-lights can help prevent falls.
- Have someone stay with the person who is severely confused or agitated.
- Keep exit doors locked. Consider some type of exit alarm, such as a bell attached to the door.
- Consider a mat alarm under a bedside rug to alert others if the person gets up during the night.

ALCOHOL USE AFTER BRAIN INJURY

Alcohol use and brain injuries are closely related. Up to two thirds of people living with a brain injury have a history of alcohol abuse or risky drinking. Between 30% - 50% of individuals living with a brain injury were injured while they were drunk and about one-third were under the influence of other drugs. Around half of those who have a brain injury cut down on their drinking or stop altogether after the injury, but some living with a brain injury continue to drink heavily, which increases the risk of having negative outcomes or acquiring another brain injury.

After a brain injury, many individuals notice their brains are more sensitive to the alcohol. Drinking increases the chances of getting injured again, makes cognitive (thinking) problems worse, and increases chances of having emotional problems such as depression. In addition, drinking can reduce brain injury recovery. For those reasons, staying away from alcohol is strongly recommended to avoid further injury to the brain and to promote as much healing as possible.

ALCOHOL AND BRAIN INJURY RECOVERY

- Recovery from brain injury continues for much longer than we used to think possible. Many notice continued improvements for many years after injury.
- Alcohol slows down or stops brain injury recovery.
- Avoiding alcohol is one way to give the brain the best chance to heal.

ALCOHOL, BRAIN INJURY, AND SEIZURES

- Traumatic brain injury puts survivors at risk for developing seizures (epilepsy).
- Alcohol lowers the seizure threshold and may trigger seizures.
- Avoiding alcohol can reduce the risk of developing seizures.

ALCOHOL AND THE RISK OF HAVING ANOTHER BRAIN INJURY

- Drinking alcohol puts survivors at an even higher risk of having a second brain injury. (Coordination and balance are affected by both.)
- Avoiding alcohol can reduce the risk of having another brain injury.

ALCOHOL AND MENTAL FUNCTIONING

- Alcohol magnifies some of the cognitive problems caused by brain injury.
- The negative mental effects of alcohol can last from days to weeks after drinking stops.

ALCOHOL AND MOODS

- Depression is about 8 times more common in the first year after a brain injury than in the general population.
- Alcohol is a “depressant” drug, and using alcohol can cause or worsen depression.
- Alcohol can reduce the effectiveness of antidepressant medications. People who are taking antidepressants should not drink alcohol.

HOW MUCH ALCOHOL IS “SAFE” AFTER A BRAIN INJURY?

After injury, the brain is more sensitive to alcohol. This means that even one or two drinks may not be safe, especially when you need to do things that require balance, coordination, and quick reactions such as walking on uneven surfaces, riding a bicycle or driving a car. The fact is, there is no safe level of alcohol use after a brain injury.

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ALCOHOL AND MEDICATIONS

Alcohol is especially dangerous after a brain injury, if taking prescription medications. Alcohol can make some medicines less effective and can greatly increase the effects of others, potentially leading to overdose and death. Using alcohol along with anti-anxiety medications or pain medications can be highly dangerous because of the possible multiplying effect.

WHAT ABOUT USING OTHER DRUGS?

Alcohol is a drug. Almost everything mentioned above about alcohol applies equally to other drugs. If the choice of drug(s) is something other than alcohol – such as marijuana, cocaine, methamphetamine or prescription drugs, anti-anxiety medications or pain medication – many of the same principles apply. In addition, use of illegal drugs or misuse of prescription drugs can lead to legal problems.

There is a higher risk of addiction and overdose if one is using multiple drugs such as alcohol and marijuana or alcohol and pain pills. The combination of alcohol and pain medications may be life threatening; contact a doctor if the individual is using prescription drugs and drinking.

WHAT SHOULD BE DONE?

The stakes are higher when people choose to use alcohol after having a brain injury. Some people continue drinking after a brain injury and don't have any desire to change that behavior. Others know they should stop or reduce alcohol use, but don't know how, or have not been successful.

There are many ways to stop using alcohol or other drugs and many ways to reduce the potential for harm. The great majority of people who have stopped having alcohol problems did it on their own. They didn't get professional help or counseling and did not use Alcoholics Anonymous (AA). Don't underestimate the ability to change.

THERE ARE MANY WAYS TO CHANGE, CUT DOWN OR STOP DRINKING

The key ingredients to changing drinking are: (1) find people who will support these efforts to change this lifestyle; (2) set a specific goal; (3) make clear how to meet the goal; (4) identify situations or emotions that can trigger drinking, and figure out ways to cope with those triggers ahead of time, and (5) find ways to reward yourself for sticking to the plans and meeting goals.

Other helpful information:

- Take a confidential on-line drinking assessment: <http://www.alcoholscreening.org>
- Talk to a physician and ask about medications that can help to resist relapse or reduce cravings for alcohol.
- Psychologists or other counselors who are knowledgeable with brain injury rehabilitation programs can help to get the right kind of treatment program.
- Alcoholics Anonymous (AA) has helped millions of people. There are meetings in most towns and cities – <http://www.aa.org>.
- Moderation management (<http://www.moderation.org>) and Smart Recovery (<http://www.smartrecovery.org>) are alternatives to AA that do not use the 12-step model.
- Substance Abuse and Mental Health Services Administration (SAMHSA) is a federal program that can help to find a treatment facility (<http://findtreatment.samhsa.gov>). (800) 662-4357.
- Private treatment: seek a counselor for substance abuse, chemical dependency counselor, or addiction treatment.

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For those who don't want to stop drinking, it is still possible to reduce some harm from drinking:

- Eat food and drink water before drinking alcohol. This helps reduce the sharp spike in blood alcohol level that can cause nausea, vomiting, falls, blackouts, and alcohol poisoning.
- Have a non-drinking designated driver. Avoid drinking and driving.
- Sip drinks slowly (no more than one per hour). Drinking too fast can make the pleasant feelings of alcohol go away.
- Limit drinking to no more than two drinks per day; or cut back on certain days of the week, such as weeknights.
- Take a drinking “holiday” (for days, weeks, or decide to not drink at all).

HOW FAMILY MEMBERS CAN HELP

No one can force another person to stop using alcohol or drugs, but can have an influence. Attending Al Anon meetings can be good source of support for a friend or family member of someone who abuses alcohol or drugs, and it can help promote change. Planning an “intervention” where family and friends confront the person may also help.

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BALANCE PROBLEMS AFTER BRAIN INJURY

Individuals living with a brain injury commonly report problems with balance. Between 30% and 65% of people living with a brain injury suffer from dizziness and disequilibrium (lack of balance while sitting or standing) at some point in their recovery. Dizziness includes symptoms such as lightheadedness, vertigo (the sensation that you or your surroundings are moving), and imbalance.

How difficult those balance problems are depends on several factors of the injury:

- How serious the brain injury is.
- The area of the brain that was injured.
- Other injuries involved – broken bones, cervical spine injury, and rib/leg fractures.
- Medications prescribed from the injury(ies).

BALANCE

Balance is the ability to keep the body centered while sitting/standing. The ability to maintain balance is determined by many factors, including physical strength, coordination, senses, and cognitive (thinking) ability.

Most people can control their body movement within certain limits before losing their balance and needing to adjust their posture or take a step to keep from falling.

THE IMPORTANCE OF BALANCE

Poor balance causes a high risk of falling and having another brain injury or broken bone. Maintaining balance while sitting and standing is important for all daily activities, including self care and walking. Poor balance can prevent someone from taking part in many types of activities such as sports, driving, and work.

DIAGNOSING BALANCE PROBLEMS

Many different kinds of health care providers may be involved in diagnosing and treating balance problems, including physiatrist (physical medicine or rehabilitation doctor), neurologists, otolaryngologists (ENT), and neuro-ophthamologists. The first place to start is by having a physician review medications, since this is a common cause of balance problems. Physical and occupational therapists may also help identify and treat balance problems.

COMMON CAUSES OF BALANCE PROBLEMS AFTER TRAUMATIC BRAIN INJURY

Medications: A number of commonly used medications can cause dizziness, lightheadedness, and decreased balance. These include some blood pressure medications, antibiotics, tranquilizers, heart medications, and anti-seizure medications. Ask the doctor if any of the medications taken can cause dizziness or balance problems. A change in medications or dosages may improve the problem.

- **Postural Hypotension:** A drop in blood pressure when standing or sitting up suddenly causes dizziness or lightheadedness. Be sure to report this to a doctor.
- **Vision Impairments:** Problems with eyesight. Eyesight is one of the key senses needed to keep balance. Eyesight problems such as double vision, visual instability, partial loss of vision, and problems with depth perception can make balance worse.

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- **Vestibular Impairments:** Inner ear problems. The inner ear contains many tiny organs that help keep balance (called the vestibular system/labyrinth). The inner ear has three loop-shaped structures (semicircular canals) that contain fluid and have fine, hair-like sensors that monitor the rotation of the head. It also has other structures (otolith organs) that monitor linear movements. These otolith organs contain crystals that create the sensitivity to movement and gravity. If the vestibular system is damaged from a brain injury, it may cause problems with balance, dizziness, or a sudden spinning sensation. Three types of vestibular impairments are:
 - **Benign Paroxysmal Positional Vertigo (BPPV)** is one of the most common causes of vertigo. With trauma, the crystals in the inner ear can be moved out of place, causing sensitivity to changes in gravity. BPPV is characterized by brief episodes of mild to intense vertigo. Symptoms are triggered by specific changes in head position, such as tipping the head up or down, by lying down, turning over or sitting up in bed, standing or walking.
 - **Labyrinthine Concussion** or injuries to the nerve to the vestibular system are also causes of vertigo and imbalance after brain injury.
 - **Traumatic Endolymphatic Hydrops** occurs when there is a disruption of the fluid balance within the inner ear, possibly causing periods of vertigo, imbalance, and/or ringing in the ears that last for hours to days.
- **Sensory Impairments:** For example, nerves send messages to the brain that help keep balance. If these nerves are damaged from a brain injury, the brain may not get the message(s) it needs. The brain may need to rely more on eyesight and inner ear to keep the body in balance.
- **Brainstem injury:** A brain injury to the brainstem and cerebellum (parts of the brain that control movement) can make it hard for walking and maintaining balance.
- **Perilymph Fistula:** leaking of inner ear fluid into the middle ear sometimes occurs after head injury. It can cause dizziness, nausea, and unsteadiness when walking, standing, and when more active.
- **Mental health issues:** Sometimes people with brain injuries have anxiety, depression, or a fear of falling. These conditions can cause or increase balance problems. Doctors call this psychogenic dizziness.

TREATMENT OPTIONS

Balance problems can have many different causes, each one requiring a different treatment. Doctors, physical and occupational therapists, and/or other health care providers will help to provide treatment for these symptoms.

IMPROVING BALANCE

How quickly balance problems improve depends on the extent of injury and the health status before an injury. A condition such as BPPV may be treated effectively in one or two treatment sessions. Injuries that involve many types of impairments can take weeks, months, or years. Research shows:

- Most people living with a brain injury are able to walk independently within three months of injury. Although most can return to walking, many continue to have problems with moving quickly and with balance needed to return to high-level activities such as running or sports.
- With hard work, people living with a brain injury can continue to improve their balance for many years after injury but balance problems are still identified more frequently in individuals living with a brain injury.

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COGNITIVE ISSUES AFTER BRAIN INJURY

Cognition is the act of knowing or thinking. It includes the ability to choose, understand, remember, and use information. Cognition includes:

- Attention and concentration
- Processing and understanding information
- Memory
- Communication
- Planning, organizing, and assembling
- Reasoning problem-solving, decision-making, and judgment
- Controlling impulses and desires and being patient

THE EFFECT OF COGNITIVE ISSUES AND WHAT CAN BE DONE

After a brain injury, it is common for people to have issues with attention, concentration, speech and language, learning and memory, reasoning, planning, and problem-solving.

ATTENTION AND CONCENTRATION PROBLEMS

A person living with a brain injury may not be able to focus, pay attention, or attend to more than one thing at a time. This may result in:

- Restlessness and being easily distracted.
- Difficulty finishing a project or working on more than one task at a time.
- Problems carrying on long conversations or sitting still for long periods of time.
- Inappropriate behavior or language.

Since attention skills are considered a “building block” of higher level skills (such as memory and reasoning), people with attention or concentration problems often show signs of other cognitive problems as well.

HOW TO IMPROVE ATTENTION AND CONCENTRATION

Decrease the distractions. For example:

- Work in a quiet room
- Focus on one task at a time
- Begin practicing attention skills on simple, yet practical activities (such as reading a paragraph or adding numbers) in a quiet room. Gradually make the tasks harder (read a short story or balance a checkbook) or work in a more noisy environment.
- Take breaks when tired

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PROBLEMS WITH PROCESSING AND UNDERSTANDING INFORMATION

After brain injury, a person's ability to process and understand information often slows down, resulting in the following problems:

- Taking longer to grasp what others are saying.
- Taking more time to understand and follow directions.
- Having trouble following television shows, movies, etc.
- Taking longer to read and understand written information including books, newspapers, or magazines.
- Being slower to react. This is especially important for driving, which may become unsafe if the person cannot react fast enough for stop signs, traffic lights, or other warning signs. Individuals living with a brain injury should not drive until their visual skills and reaction time have been tested by a specialist.
- Being slower to carry out physical tasks, including routine activities like getting dressed or cooking.

WAYS TO IMPROVE THE ABILITY TO PROCESS AND UNDERSTAND INFORMATION

- Place full attention on trying to understand. Decrease distractions.
- Allow more time to think about the information before moving on.
- Re-read information as needed. Take notes and summarize.
- If needed, ask people to repeat themselves, to say something in a different way, or to speak slower. Repeat back what was just said to understand correctly.

LANGUAGE AND COMMUNICATION PROBLEMS

Communication problems can cause persons living with a brain injury to have difficulty understanding and expressing information in some of the following ways:

- Difficulty thinking of the right word.
- Trouble starting or following conversations or understanding what others say.
- Rambling or getting off topic easily; repeating conversations.
- Difficulty with more complex language skills, such as expressing thoughts in an organized manner.
- Trouble communicating thoughts and feelings using facial expressions, tone of voice and body language (non-verbal communication).
- Having problems reading others' emotions and not responding appropriately to another person's feelings or to the social situation.
- Misunderstanding jokes or sarcasm.
- Inappropriate comments, monopolizing conversations, or interrupting.
- Work with a speech therapist to identify areas that need improvement.
- Communication problems can improve with time.

HOW FAMILY MEMBERS CAN HELP

- Use kind words and a gentle tone of voice. Be careful not to "talk down" to the person.
- When talking with the injured person, ask if he or she understands what is being communicated or ask a question to determine if he/she understood what was said.
- Do not speak too fast or say too much at once.
- Develop a signal (like raising a finger) that will let the injured person know when he or she has gotten off topic. Practice this ahead of time. If signals don't work, try saying "We were talking about..."
- Limit conversations to one person at a time.

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PROBLEMS LEARNING AND DETERMINING NEW INFORMATION

- Persons living with a brain injury may have trouble learning and remembering new information and events.
- They may have difficulty remembering events that happened several weeks or months before the injury (although this often comes back over time). Individuals living with a brain injury are usually able to remember events that happened long ago.
- They may have problems remembering entire events or conversations. Therefore, the mind tries to “fill in the gaps” of missing information and recalls things that did not actually happen. Sometimes bits and pieces from several situations are remembered as one event. These false memories are not lies.

HOW TO IMPROVE MEMORY PROBLEMS

- Put together a structured routine of daily tasks and activities.
- Be organized and have a set location for keeping things.
- Learn to use memory aids (such as memory notebooks, calendars, daily schedules, daily tasks lists, computer reminder programs and cue cards); find what works best and use it.
- Devote time and attention to review and practice new information often.
- Be well rested and try to reduce anxiety as much as possible.
- Speak with a doctor about how medications may affect memory.

PLANNING AND ORGANIZATION PROBLEMS

- Persons living with a brain injury may have difficulty planning their day and scheduling appointments.
- They may have trouble with tasks that require multiple steps done in a particular order, such as laundry or cooking.

HOW TO IMPROVE PLANNING AND ORGANIZATION PROBLEMS

- Make a list of things that need to be done and when. List them in order of what should be done first.
- Break down activities into smaller steps.
- When figuring out what steps are needed to do first to complete an activity, think of the end goal and work backwards.

PROBLEMS WITH REASONING, PROBLEM-SOLVING, AND JUDGMENT

- Individuals living with a brain injury may have difficulty recognizing when there is a problem, which is the first step in problem-solving.
- They may have trouble analyzing information or changing the way they are thinking (being flexible).
- When solving problems, they may have difficulty deciding the best solution or get stuck on one solution and not consider better options.
- They may make quick decisions without thinking about the consequences or not use the best judgment.

HOW TO IMPROVE REASONING AND PROBLEM SOLVING

- A speech therapist or psychologist experienced in cognitive rehabilitation can teach an organized approach for daily problem-solving.
- Work through a step-by-step problem-solving strategy in writing; define the problem; brainstorm possible solutions; list the pros and cons of each solution; pick a solution to try; evaluate the success of the solution; and try another solution if the first one doesn't work.

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INAPPROPRIATE, EMBARRASSING, OR IMPULSIVE BEHAVIOR

Individuals living with a brain injury may lack self-control and self-awareness, and as a result they may behave inappropriately or impulsively (without thinking it through) in social situations.

- They may deny they have cognitive problems, even if these are obvious to others.
- They may say hurtful or insensitive things, act out of place, or behave in inconsiderate ways.
- They may lack awareness of social boundaries and others' feelings, such as being too personal with people they don't know well or not realizing when they have made someone uncomfortable.
- They may accept strangers as friends and may get taken advantage of or suffer serious consequences.

THE CAUSES AND HOW TO WORK THROUGH THESE PROBLEMS

- Impulsive and socially inappropriate behavior results from decreased reasoning abilities and lack of control. The injured person may not reason that "if I say or do this, something bad is going to happen."
- Self awareness requires complex thinking skills that are often weakened after brain injury.

Things family members can do:

- Think ahead about situations that might bring about poor judgment.
- Give realistic, supportive feedback while observing inappropriate behavior.
- Provide clear expectations for desirable behavior before events.
- Plan and rehearse social interaction so they will be predictable and consistent.
- Establish verbal and non-verbal cues to signal the person to "stop and think." For example, hold up a hand to signal "stop," shake your head "no" or say a special word that you have both agreed on. Practice this ahead of time.
- If undesired behavior occurs, stop the activity; for example, if shopping at the mall, return home immediately.

COGNITIVE OUTCOME/RECOVERY AND REHABILITATION

Cognition is usually evaluated by a neuropsychologist. Since there are many factors that can affect how someone will improve cognitively, it is very difficult to predict how much someone will recover. With practice, cognitive problems usually improve to some degree.

Cognitive rehabilitation is therapy to improve cognitive skills and has two main approaches: *remediation* and *compensation*.

- *Remediation* focuses on improving skills that have been lost or impaired.
- *Compensation* helps the individual learn to use different ways to achieve a goal.

DISCUSS CONCERNS WITH A PHYSICIAN OR TREATMENT PROVIDER

Discuss any questions or concerns with a physiatrist (rehabilitation specialist) or the rehabilitation team. It is important to mention new problems as they develop. New problems could be the result of medication or require further evaluation.

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DEPRESSION ISSUES AFTER BRAIN INJURY

Depression is a feeling of sadness, loss, despair, or hopelessness that does not get better over time and is overwhelming enough to interfere with daily life. There is cause for concern when feeling depressed or losing interest in usual activities occurs at least several days per weeks and lasts for more than two weeks.

SYMPTOMS OF DEPRESSION INCLUDE

- Feeling down, sad, blue or hopeless
- Feeling worthless, guilty, or that you are a failure
- Changes in sleep or appetite
- Difficulty concentrating
- Withdrawing from others
- Tiredness or lack of energy
- Moving or speaking more slowly, feeling restless, or fidgety
- Thoughts of death or suicide

Feeling sad is a normal response to the losses and changes a person must face after a brain injury. However, prolonged feelings of sadness or not enjoying life in general are often key signs of depression, especially if corresponding with symptoms listed above.

HOW COMMON IS DEPRESSION AFTER BRAIN INJURY?

Depression is a common problem. About one-half of the people living with a brain injury are affected by depression within the first year after injury. Even more (nearly two-thirds) are affected within seven years after injury. In the general population, the rate of depression is much lower, affecting less than one person in ten over a one-year period. More than one-half of the people living with a brain injury who are depressed also have significant anxiety.

CAUSES OF DEPRESSION

Many different factors contribute to depression after a brain injury, and these vary a great deal from person to person.

■ Physical changes in the brain due to injury.

Depression may result from injury to the areas of the brain that control emotions. Changes in the levels of certain natural chemicals in the brain, called neurotransmitters, can cause depression.

■ Emotional response to injury.

Depression can also arise as a person struggles to adjust to temporary or lasting disability, losses or role changes within the family and society.

■ Factors unrelated to injury.

Some people have a higher risk for depression due to inherited genes, personal, or family history, and other influences that were present before the brain injury.

HOW TO TREAT DEPRESSION AFTER A BRAIN INJURY

When symptoms of depression are evident, it is important to seek professional help as soon as possible, preferably with a health care provider who is familiar with brain injuries. Depression is not a sign of weakness. Depression can be a medical problem, just like high blood pressure or diabetes. It is best to get treatment early to prevent needless suffering and worsening symptoms. If you have thoughts of suicide, get help right away. **If you have strong thoughts of suicide and a suicide plan, call a local crisis line, the 24-hour National Crisis Hotline at 800-273-8255, or go to an emergency room immediately.**

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The good news is that certain anti-depressant medications and psychotherapy (counseling) treatments, or a combination of the two, can help most people who have depression.

MEDICATIONS

Antidepressant medications work by helping to re-balance the natural chemicals (called neurotransmitters) in the brain. Antidepressants are not addictive.

It is also important to know that even if antidepressants help with depression, they usually do not have to be taken forever. Sometimes a medication can help re-balance the brain's chemistry and can eventually be discontinued (for example, after 6-12 months). However, each person's situation is unique, and both taking and discontinuing antidepressants should always be done under a doctor's supervision.

In addition to helping with mood, antidepressants can also help with the other symptoms of depression, such as low energy, poor concentration, poor sleep, and low appetite. Some antidepressants can also help with anxiety symptoms.

There are many different types of "classes" of antidepressant medications. Studies of depression in a brain injury have found that some classes may work better than others. Always consult a doctor before taking medications.

PSYCHOTHERAPEUTIC (COUNSELING) APPROACHES

There are many different kinds of psychotherapy and counseling. For people with depression, the most effective types of therapy are those that focus on day-to-day behavior and thinking.

- **Cognitive-behavioral therapy or CBT** may help people learn how to change the way they behave, think, and feel about things that happen to them. CBT has reduced depression in the general population and is currently being tested to determine the best ways to adapt it for people who have the types of thinking and memory problems that can happen with brain injury.
- **Behavioral activation therapy** may help people with depression become more active and begin to enjoy doing pleasurable activities again. This increased activity helps to improve mood. A professional counselor can help set up a routine of pleasurable activity and evaluate the effects.

Remember, many people do best with a combination of approaches, such as antidepressant medication plus sessions with a trained counselor, to work on changing behavior. Discuss these options with a doctor.

OTHER TREATMENT APPROACHES

Other approaches such as exercise, acupuncture, and biofeedback have been shown to be helpful in treating depression in the general population. Some people living with a brain injury also find them helpful. A professional specializing in brain injury should be consulted about these treatments. Treating anxiety and pain may also help to reduce depression. Brain injury support groups may be a good source of additional information and support for depression and other challenges following a brain injury.

HOW TO FIND HELP

- Many mental health professionals are qualified to treat depression. Psychiatrists have specialized training in medication management and counseling for depression, and psychologists are training to provide counseling for depression. Some social workers and licensed professional counselors are also training to provide counseling for depression.
- Physicians – such as primary care physicians, neurologist, and psychiatrists – and nurse practitioners with experience in treating depression can often get treatment started.
- When available, it is best to get treatment from a comprehensive brain injury rehabilitation program that can address all aspects of brain injury recovery.

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DRIVING AFTER BRAIN INJURY

Driving is an important part of a person's independent lifestyle and integration into the community. Many individuals take driving skills for granted. It is easy to forget that driving is one of the most dangerous situations in everyday life. A brain injury can affect the skills needed to drive safely. The ability to drive again should be addressed early in the recovery process if and when an injured person may safely return to driving. The injured person, family members, and health professionals should all be included in this important decision. If anyone has concerns that driving may put the injured person or others in danger, health professionals may recommend pre-driving testing, or have a driver's license revoked, if necessary.

HOW A BRAIN INJURY CAN AFFECT DRIVING ABILITY

A brain injury can disrupt and slow down skills that are essential for good driving, such as

- Ability to maintain a constant position in a lane
- Having accurate vision/peripheral vision/depth perception
- Maintaining concentration over long periods of time
- Memory functioning, such as recalling directions
- Figuring out solutions to problems
- Hand-eye coordination
- Reaction time
- Safety awareness and judgment

Studies indicate that even mild thinking difficulties which may not be recognized by the injured person, may add to increased risks while driving.

WARNING SIGNS OF UNSAFE DRIVING

- Driving too fast/slow
- Not observing signs or signals
- Judging distance inaccurately when stopping or turning
- Slow to make decisions
- Becoming easily frustrated or confused
- Having accidents or near misses
- Drifting across lane markings into other lanes
- Getting lost easily, even in a familiar area

INDIVIDUALS LIVING WITH A BRAIN INJURY AND THEIR RETURN TO DRIVING

Between 40 – 60% percent of people with moderate to severe brain injuries return to driving after their injury. To lessen the risk of crashes, people living with a brain injury may place limitations on their driving habits. They may drive less frequently than they did before the injury or drive only at certain times (such as during daylight), on familiar routes, or when there is less traffic. Having experienced a seizure after a brain injury may be a barrier to driving. States often require that a person be free of seizures for a period of time before resuming driving. People who want to return to driving need to check with the laws in their state.

DRIVING EVALUATION AND TRAINING

A driving evaluation is a crucial step in determining a person's ability to drive following recovery from a brain injury. Research studies indicate that most brain injured survivors are not thoroughly evaluated for driving skills before they begin driving again and this may put survivors at risk for a crash.

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While there is no standardized assessment test or process, a typical driving evaluation has two parts:

- **Preliminary Evaluation:** A review of cognitive (thinking) abilities, including reaction time, judgment, reasoning, and visual spatial skills. Recommendations regarding the need for adaptive equipment and additional skills training are based on the results of the evaluation.
- **On-the-Road:** This evaluation is used to assess safe driving skills in various traffic environments, as well as basic driving skills while a client uses the appropriate driving equipment.

Current research indicates that many individuals living with brain injury can become competent, safe drivers when given the proper training. Training serves to improve specific driving skills. Sometimes this involves practicing driving under the supervision of a driving evaluator. In some cases a training program might focus on specific skills such as rapid understanding of visual information.

Evaluations and training are often provided by professionals –

- HealthSouth Rehabilitation Hospital, Concord, New Hampshire
- DriveAbility Services at Exeter Healthcare, Exeter, New Hampshire
- Northeast Rehabilitation Hospital, Salem and Portsmouth, New Hampshire
- Or certified through the Association for Driver Rehabilitation (ADED). A list of certified professionals may be found on the ADED website www.driver-ed.org.

VEHICLE MODIFICATIONS

If an individual living with brain injury has physical disabilities but has well-preserved cognitive functions, the individual may be able to resume driving with adaptive equipment and/or other modifications to the vehicle.

Adaptive equipment and modifications for driving with a disability may include:

- Hand-controlled gas and brake systems
- Spinner knobs for steering
- Left foot accelerator
- Lifts for entering and exiting the vehicle

LEGAL AND INSURANCE CONSIDERATION

A person who wishes to resume driving must have a valid driver's license. In some states there must be a formal evaluation performed by a licensing bureau before resuming driving after a brain injury. Insurance may also be required. The person should check local regulations relating to licenses and insurance.

OTHER TRANSPORTATION OPTIONS

Accessible and reliable transportation is the most critical part of community integration following a brain injury. If a person is not able to drive, there may be other options for transportation – whether by family members or public transit. Some communities provide public transportation specifically for disabled riders.

STEP-BY-STEP: SHOULD YOU BE DRIVING?

1. Discuss the ability to drive with a doctor and/or health professionals, family members.
2. Get a professional evaluation to determine driving ability.
3. Based on the evaluation, you may be allowed to drive, need training, possible vehicle modifications need to be made before returning to driving, or you may need to use other transportation options.

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EMOTIONAL CHALLENGES AFTER BRAIN INJURY

A brain injury can change the way people feel or express emotions. An individual living with a brain injury can have several types of emotional concerns.

Some people may experience emotions very quickly and intensely without lasting effect. For example, they may get angry easily but get over it quickly. Or they may seem to be “on an emotional roller coaster” in which they are happy one moment, sad the next, and then angry. This is called “*emotional lability*.”

CAUSES OF EMOTIONS/MOOD SWINGS

- Mood swings and emotional lability are often caused by damage to the part of the brain that controls emotions and behavior.
- Often there is no specific event that triggers a sudden emotional response. This may be confusing for family members who may think they accidentally did something that upset the injured person.
- In some cases, the brain injury can cause sudden episodes of crying or laughing. These emotional expressions or outbursts may not have any relationship to the way the person feels (in other words, they may cry without feeling sad or laugh without feeling happy). In some cases the emotional expression may not match the situation (such as laughing at a sad story). Usually the person cannot control these expressions of emotion.

TREATMENT

- Fortunately, this situation often improves in the first few months after injury, and people often return to a more normal emotional balance and expression.
- If you are having problems controlling your emotions, it is important to talk to a physician or psychologist to find out the cause and get help with treatment.
- Counseling for the family can be reassuring and allow them to cope better on a daily basis.
- Several medications may help improve or stabilize the mood. Consult a physician familiar with the emotional problems caused by brain injury.

HOW FAMILY MEMBERS/OTHERS CAN HELP

- Remain calm if an emotional outburst occurs and avoid reacting emotionally yourself.
- Take the person to a quiet area to help him or her calm down and regain control.
- Acknowledge feelings and give the person a chance to talk about feelings.
- Provide feedback gently and supportively after the person gains control.
- Gently redirect attention to a different topic or activity.

ANXIETY

Anxiety is a feeling of fear or nervousness that is out of proportion to the situation. People living with a brain injury may feel anxious without exactly knowing why. They may worry and become anxious about making too many mistakes or “failing” at a task. Criticism from others may cause anxiety. Many situations can be harder to handle after brain injury and cause anxiety: being in crowds, feeling rushed, or adjusting to sudden changes in plan.

Some people may have sudden onset of anxiety known as “panic attacks.” The injury gets “replayed” in the person’s mind over and over and interferes with sleep -- “post traumatic stress disorder” (PTSD). Since each form of anxiety calls for a different treatment, anxiety should always be diagnosed by a mental health professional or physician.

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CAUSES OF ANXIETY AFTER BRAIN INJURY

- Difficulty reasoning and concentrating can make it hard for the person living with a brain injury to solve problems. This can make the person feel overwhelmed, especially if he/she is being asked to make decisions.
- Anxiety often happens when there are too many demands on the injured person, such as returning to employment too soon after injury. Time pressure can also heighten anxiety.
- Situations that require a lot of attention and information processing can make people living with a brain injury anxious.

TREATING ANXIETY

- Try to reduce the environmental demands and unnecessary stresses.
- Provide reassurance to help calm the person.
- Add structured activities into the daily routine.
- Anxiety can be helped by certain medications, by psychotherapy (counseling) from a mental health professional familiar with a brain injury, or a combination of medications and counseling.

TEMPER OUTBURSTS/IRRITABILITY

Family members of individuals living with a brain injury often describe the injured person as having a “short fuse,” “flying off the handle” easily, being irritable, or having a quick temper. Studies show that up to 71% of people living with a brain injury are frequently irritable. The injured person may yell, use bad language, throw objects, slam fists into things, slam doors, or threaten/hurt family members or others.

CAUSES OF OUTBURSTS/IRRITABILITY

Temper outbursts after a brain injury are likely caused by several factors, including:

- Injury to the parts of the brain that control emotional expression.
- Frustration and dissatisfaction with the changes in life brought on by the injury, such as loss of one’s job and independence.
- Feeling isolated, depressed, or misunderstood.
- Difficulty concentrating, remembering, expressing oneself or following conversations, all of which can lead to frustration.
- Tiring easily
- Pain
- Withdrawal from drugs/medications, alcohol or smoking.

TREATMENT FOR TEMPERS/OUTBURSTS

- Reducing stress and decreasing irritating situations can remove some of the triggers for temper outbursts and irritability.
- People with brain injury can learn some basic anger management skills such as self-calming strategies, relaxation, and better communication methods. A psychologist or other mental health professional familiar with a brain injury can help.
- Certain medications can be prescribed to help control temper outbursts.

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HOW FAMILY MEMBERS CAN HELP WITH TEMPER OUTBURSTS

- Understand that being irritable and getting angry easily may be due to the brain injury.
- Do not try to argue with the injured person during an outburst. Instead, let him or her cool down for a few minutes first.
- Do not try to calm the person down by giving in to his/her demands.
- Set some rules for communication. Let the injured person know that it is not acceptable to yell at, threaten, or hurt others. Refuse to talk to the injured person when he/she is yelling or throwing a temper tantrum.
- After the outburst is over, talk about what might have led to the outburst. Encourage the injured person to discuss the problem in a calm way. Suggest other outlets, such as leaving the room and taking a walk when the person feels anger coming on.

QUESTIONS TO ASK TO BETTER UNDERSTAND EMOTIONAL CHALLENGES

If you or a family member are experiencing anxiety, feelings of sadness, or depression, irritability or mood swings, consider asking a doctor:

- Would psychological counseling be helpful?
- Would an evaluation by a psychiatrist be helpful?
- Natural remedies/Supplements
- Are there medications that can help?

MORE ABOUT MEDICATIONS

If you or a family member tries the medication for one of these problems, it is very important to work closely with the physician or other health care provider who prescribes them. Always make a follow-up appointment to let him/her know how the medication is working and report any unusual reactions between appointments. Remember that:

- There can be a delay until the beneficial effects of medications are felt.
- Doses might need to be adjusted by a doctor for maximum benefit.
- You may need to try one or more different medications to find the one that works best.
- Except in an emergency, do not stop taking a prescribed medication without consultation.

PEER AND OTHER SUPPORT

Remember that not all help comes from professionals! Other beneficial supports:

- Attending a brain injury support group meeting – some are specialized for the person with a brain injury or stroke, others are for family members, and others are open to everyone affected by the brain injury. (See www.bianh.org).
- Peer mentoring in which a person who has coped with brain injury for a long time gives support and suggestions to someone who is struggling with similar problems.
- Check with the Brain Injury Association of New Hampshire to find out more about these resources. Go to www.bianh.org to find brain injury resources.
- Talk to a friend, family member, clergyman, or someone who is a good listener.

EMPLOYMENT & EDUCATION AFTER BRAIN INJURY

RETURNING TO WORK AND CONTINUING EDUCATION

An individual living with a brain injury may have to decide if and when he/she can return to work or college. This section addresses options for continuing employment or education and describes employment training and education programs available in New Hampshire for people with disabilities, including brain injury.

Depending on the nature and severity of the brain injury, the individual may or may not be able to return to the same job as before the brain injury. Before attempting to return to work, the individual should take extra care in assessing his/her job skills and abilities, as well as any changes experienced after injury. It is also helpful to get professional feedback from a doctor, rehabilitation therapists, or a vocational rehabilitation counselor.

WORKING WITH YOUR CURRENT EMPLOYER

If the nature of your brain injury allows you to return to work at your current job, you will want to discuss the timing of your return to work with your doctor and rehabilitation team. Sometimes, people living with brain injuries return to work full time sooner than they should, which can negatively impact rehabilitation and a successful return to work. Follow doctor's instructions and take the time necessary to heal before returning to work. Recovery often takes much longer than expected.

It is very possible that employers do not have the knowledge about brain injuries that is needed to assist an individual living with a brain injury to return to work. Provide information in writing to a supervisor and human resource representative for better understanding of how your brain injury has affected you and how he or she can help you return to work successfully. If you need assistance communicating with an employer, the Brain Injury Association of New Hampshire can answer questions or provide you with educational materials to share.

When returning to work, under the Americans with Disabilities Act (ADA), one must still be able to perform the essential functions of the job with or without reasonable accommodations. Reasonable accommodations to help perform the job might include:

- Making work areas accessible
- Allowing flexible work schedules
- Reassigning some tasks to others
- Using a job coach

Some people rely on accommodations to do their job, others use organizational tools on their own. To request workplace accommodations, it is necessary to disclose your disability as a result of your brain injury. Disclosing the disability is a very personal decision, but choosing to disclose gives legal protection under the law. Connect with professionals who are disability advocates and employment specialists to consider all options. See the sample letter at the end of this section to get guidance on how to request job accommodations.

If an individual living with a brain injury is not able to return to the previous place of employment, several options are available. He/She could prepare for and seek new work, volunteer, or go back to school to learn and/or relearn skills.

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LOOKING FOR NEW EMPLOYMENT

When looking for a new job, seeking and finding work that best meets your interests, needs and ambitions while using your skills can be challenging. A brain injury can change a person's abilities, greatly influencing work life. Be reasonable and realistic in self-assessment and expectations. Some people living with brain injuries have trouble with organization, distractions, decision-making, impulsivity, fatigue, stamina, learning difficulties and relationships with co-workers. For many people, general resources may suffice. For people who have significant changes due to brain injury, applying for Department of Vocational Rehabilitation services may be necessary.

VOCATIONAL REHABILITATION SERVICES (VOC REHAB)

The Department of Voc Rehab can help analyze skills and interests by providing a vocational evaluation consisting of testing and a series of work and task assessments. Voc Rehab works with people who have disabilities to establish employment goals, find and keep meaningful employment, and – when appropriate – identify assistive technology that can help maximize job performance.

After contacting Voc Rehab, an application and intake process will occur:

- Explain to the person who answers the phone that you have sustained a brain injury and would like to apply for services.
- Always keep track of the name of the person spoken to, the date, and the time of each contact made to Voc Rehab.
- Ask how the application process works.
- Find out when the next orientation will be held for people with disabilities.
- Ask what costs might be involved. Although many services are free, they may ask for a contribution, if your financial situation allows.

Eligibility for Voc Rehab is based mostly on whether the individual applying has a disability that makes it difficult to prepare for, look for, or maintain employment. Voc Rehab will look at medical reports and consider such factors as the ability to:

- Get from one place to another
- Communication/listening skills
- Care for oneself
- Manage routines/carry out plans
- Associate/socialize with others

Once qualified with Voc Rehab, a counselor will be assigned. Occasionally, the counselor assigned to you may not be a good match for you. You have the right to address this issue and ask to be transferred to another counselor.

If you are denied services but you think you should be eligible, you can call the intake number to appeal the decision.

Even if denied services, other resources such as classes, workshops or networking opportunity, and job clubs may still be available.

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After the application process and the individual living with a brain injury finds successful employment, Voc Rehab will close the case. If necessary, Voc Rehab can reopen the case should additional services be needed.

Services available through the Department of Vocational Rehabilitation include:

Vocational Rehabilitation counselors can work with the individual and employer to help everyone understand brain injury and how the workplace may be adjusted to make accommodations on the job.

Placement services are available to eligible individuals who would like assistance establishing vocational goals, preparing for work, practicing interview skills, finding a job, or making appropriate accommodations in the workplace. These specialists bring their expertise in disability services and knowledge of employers looking for qualified employees to the job search.

Supported employment job coaches provide on-the-job training and support for a limited time once employment is secured. The job coach works side-by-side the individual in the workplace to help learn job responsibilities and adjust to the environment.

Transitional employment helps an individual build skills and endurance or to identify on-the-job accommodation needs. Usually, people in transitional employment work part-time with the assistance of the employer and/or job coach contracted through Voc Rehab. Transitional employment may be for a limited period of time, generally no longer than six months.

Assistive technology devices and services can help people living with a brain injury be independent and successful in the workplace. A person can use assistive technology to help him or her with communication, moving around, sitting/standing at a desk, working with computers, taking notes and many other job responsibilities.

Extended Employment - the mission of extended employment is to provide the ongoing employment support services necessary to maintain and advance the employment of persons with a severe disability.

The Voc Rehab intake process may seem daunting. Please contact the Brain injury Association of New Hampshire (603) 225-8400, if additional assistance is needed in navigating any part of the process.

VOLUNTEERING

One excellent way to restore stamina, endurance and explore job skills, interests and work ethics is through volunteering. Volunteer work can provide valuable experience and be extremely rewarding. Volunteering can build your resume and connect you with others while you make a significant contribution in the community. Towns and communities rely on volunteers for a wide variety of projects. Many faith-based institutions, schools and human service organizations also rely on a large pool of valuable volunteers. Try to find one of nonprofit organizations in New Hampshire that suits your interests and abilities.

RETURNING TO COLLEGE OR PARTICIPATING IN ADULT/COMMUNITY EDUCATION SERVICES

For individuals living with a brain injury who desire to return to college or plan to attend college for the first time, call the main telephone number of the institution and ask for the office or person in charge of working with students with disabilities (often called the Disability Services Office). These offices have support staff that coordinate services and accommodations for people with disabilities.

Under the ADA, post-secondary institutions are required by law to provide any reasonable accommodation or modification necessary for students with disabilities to have equal access to educational opportunities and services as those of non-disabled students. Examples of available accommodations may include alternative format testing, note taking, priority registration, or accessible housing. It is necessary to provide recent medical documentation of the brain injury in order to request reasonable accommodations. Students should expect to self-advocate for their needs with individual instructors.

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Sample Letter: Job Accommodation Request

Date (include month, day and year)

Name of Supervisor or Human Resources Officer

Name of Employer

Street Address

City, State, Zip Code

Dear (name of Supervisor, Manager, Human Resources, Personnel):

I am writing to inform you that I have sustained a brain injury and am requesting workplace accommodations under the Americans with Disabilities Act (ADA). On (date of injury), I sustained a brain injury when (explain how the brain injury occurred). I have enclosed information from my doctor (physician name) at (hospital or doctor office) that documents my injury and explains my symptoms.

Due to my brain injury, I believe that I may have a disability according to the ADA Guidelines. I do not know for certain how my injury will affect me at work, but I believe that I may experience difficulties with the following job tasks:

(Describe the difficulties you believe you may experience on the job, e.g., attention, memory, planning, fatigue, decision-making, etc.)

I believe the following accommodations would help me to continue to perform the essential functions of my job:

(Describe examples of accommodations you believe might help you succeed in your job, e.g., making work areas accessible, using computer assistive technology, permitting a flexible work schedule, number of hours/day and days/week able to work, using a job coach, providing instructions in different formats, using memory aids or checklists, etc.)

If you have any additional accommodation recommendations, I would appreciate your input. Please let me know what process I should follow to pursue my request for accommodations.

I look forward to you contacting me within five business days from the date you receive this letter. Thank you for your help and support.

Sincerely,

Your Signature

Your Printed Name

Street Address

City, State, Zip Code

Telephone Number

Email Address

Cc: Additional Individuals not included above (Supervisor, Manager, etc.)

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FATIGUE AND BRAIN INJURY

Fatigue is a feeling of exhaustion, tiredness, weariness or lack of energy.

- Physical fatigue: “I’m tired and I need to rest. I’m dragging today.”
- Psychological fatigue: “I just can’t get motivated to do anything. I just don’t feel like doing anything.”
- Mental fatigue: “After a while, I just can’t concentrate any more. It’s hard to stay focused. My mind goes blank.”

Fatigue causes one to think less clearly, creates less energy to care for oneself, to be involved in physical activities, or to participate in enjoyable things. Fatigue creates a negative effect on moods, physical functioning, attention, concentration, memory and communication. It can interfere with work schedules and leisure activities.

Fatigue is one of the most common problems people have after a traumatic brain injury. Up to 70% of brain-injured survivors will complain of mental fatigue.

CAUSES OF FATIGUE

Fatigue is normal for anyone after hard work or a long day. In persons living with a brain injury, fatigue often occurs more quickly and frequently than it does in the general populations. The cause of fatigue after a brain injury is not clear but may be due to the extra effort and attention it takes to do simple activities such as walking or talking clearly. Brain function may be less “efficient” than before the injury.

- **Personal fatigue** can come from muscle weakness. The body needs to work harder to do things that were easy before the brain injury. Physical fatigue gets worse in the evening and is better after a good night’s sleep. Often this kind of fatigue will lessen as the individual gets stronger, more active, and back to his/her old life.
- **Psychological fatigue** is associated with depression, anxiety, and other psychological conditions. This type of fatigue gets worse with stress. Sleep may not help at all, and the fatigue is often at its worst when waking in the morning.
- **Mental fatigue** comes from the extra effort it takes to think after the brain has been injured. Many common tasks take much more concentration than they did before. Working harder to think and stay focused can make one mentally tired.
- **Certain conditions are known to cause or increase fatigue:**
 - Depression
 - Sleep issues
 - Hypothyroidism or other endocrine gland disorders
 - Respiratory or cardiac problems
 - Headaches
 - Lack of physical exercise
 - Vitamin deficiency/poor nutrition
 - Stress
 - Anemia
 - Medications commonly used after a brain injury, such as muscle relaxers and pain medication

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HOW TO DECREASE FATIGUE

- **Pay attention to what triggers the fatigue** and learn to identify the early signs of fatigue such as becoming more irritable or distracted. Stop an activity before getting tired.
- **Get more sleep and rest.** There may be a medical condition or there may be useful treatments.
- **Set a regular schedule** of going to bed and awakening the same time every day. Include some regular rest breaks or naps. Be careful to limit naps to 30 minutes and avoid evening naps.
- **Alcohol and marijuana** will generally make fatigue worse.
- **Caffeine** (coffee, cola products) should be avoided after lunch if sleeping is a problem.
- **Resume activities gradually** over weeks or even months.
- **Start with familiar tasks** at home or work that you can complete without fatigue. Gradually increase the complexity of each task, taking breaks as needed.
- **Improve time management:**
Plan and follow a daily schedule. Using a calendar or planner can help manage mental fatigue.
 - Prioritize activities. Finish what is most important first.
 - Do things that require the most physical or mental effort earlier in the day when refreshed.
 - Avoid over-scheduling.
 - Limit visitors.
- **Exercise daily.** Research has shown that people living with a brain injury who exercise have better mental function and alertness. Over time, exercise and being more active helps lessen physical and mental fatigue and builds stamina. It also may decrease depression and improve speech.
- **Talk to a doctor**
 - Discuss medical or physical problems that may be causing fatigue.
 - Have the doctor review all current medications.
 - Discuss depression with a doctor.
 - Possible blood tests may reveal what is causing the fatigue.

HEADACHES AFTER BRAIN INJURY

Headaches are one of the most common symptoms after a brain injury. Over 30% of people report having headaches that continue long after injury.

Headaches after a brain injury can be long-lasting and can make it hard for one to carry out daily activities or can cause more difficulty thinking and remembering things.

THE CAUSES OF HEADACHES

Headaches can also occur after mild to moderate injury or in the case of severe brain injury, after the initial healing has taken place. Right after a severe brain injury, people may have headaches because of the surgery on their skulls or because of collections of blood or fluid inside the skull. These headaches can be caused by a variety of conditions, including a change in the brain caused by the injury, neck, and skull injuries that have not yet fully healed. Tension and stress or side effects from medication may cause headaches.

TYPE OF HEADACHES

Migraine headaches: happen because an area of the brain becomes hypersensitive and can trigger a pain signal that spreads out to other parts of the brain. These headaches typically have the following features:

- Dull, throbbing sensation, usually on one side of the head
- Nausea or vomiting
- Light and sound sensitivity
- Pain level rated as moderate to severe
- A “warning” signal that a migraine is coming on -- seeing spots or bright lights (called an “aura”)

Tension-type headaches: are associated with muscle tension or muscle spasms and stress. They usually have the following features:

- Tight, squeezing sensation, often around the entire head or on both sides
- Pain level rated as mild to moderate
- Occur later in the day

Cervicogenic headaches: can occur when there has been some injury to the muscles and soft tissues in the neck and the back of the head. Many nerves that are located in the tissues and bones of the neck have branches that travel to the skull and scalp and can result in head pain. This type of headache usually has three features:

- Often start in the neck, shoulders, and back of the head; sometimes travel over the top of the head.
- Neck movement or positioning can make the pain worse.
- These headaches are not usually associated with nausea and can range from mild to severe.

Rebound headaches: medicines used to treat headaches can actually cause headaches. When pain medicines are taken daily on a regular schedule, missing one or two doses can result in a headache. A rebound headache may also develop when caffeine is decreased.

OTHER FACTS ABOUT HEADACHES

Although there are many other types of headaches, these listed above are the most frequent. It is not unusual for someone to have two different types of headaches. Migraines are commonly reported from a family history of migraine headaches.

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PRECAUTIONARY MATTERS

Most headaches are not dangerous. In the first few days after a concussion or head injury, a person should see a health care professional experienced in treating persons with brain injuries. If the following occurs:

- The headache gets worse
- Nausea and/or vomiting with a headache
- Developing arm/leg weaknesses or problems speaking along with a headache
- Increased sleepiness with headaches

DIAGNOSIS OF HEADACHES

In the first few days after a head injury, doctors will often order a CT scan to make sure there is no internal bleeding in the brain. After that, a brain scan or other test is rarely needed in order to diagnose a headache accurately.

Usually, the health care provider will rely on history and symptoms to sort out the kind of headache and proper treatment.

TREATMENTS FOR HEADACHES AFTER BRAIN INJURY

Individuals should work with a doctor for a treatment that is right for their specific headache symptoms.

LIFESTYLE CHANGES TO HELP PREVENT HEADACHES

Making simple changes in lifestyle can often make a big difference in whether or not headaches occur.

- Get enough sleep.
- Get daily exercise, if able. Aerobic exercise such as walking and stretching often help to prevent headaches. If a headache is worsened by any particular exercise, check with a health care provider before continuing to exercise.
- Identify other headache triggers and avoid them.
- Avoid taking pain medicines on a daily basis unless a health care provider prescribes it.

COMMON TYPES OF TREATMENT FOR OCCASIONAL HEADACHES

- Over-the-counter pain medications
- Prescription medicines for migraine headache
- Stretching and self-massage
- Acupuncture
- Therapeutic massage
- Heat or ice packs

IMPACT OF BRAIN INJURY ON CHILDREN AND TEENS

Brain injury is the leading cause of injury and death of children in New Hampshire. The most common way children and teens sustain a brain injury is through falls, motor vehicle crashes, sports concussions, and abuse. New Hampshire strives to reduce and prevent brain injuries in children and teens through changes to legislation and collaborative work with statewide injury prevention specialists.

IMPACT OF BRAIN INJURY ON CHILDREN

When children are hospitalized after brain injury, a family meeting or discharge planning meeting is often held before they are discharged back into their parent's/guardian's care. These meetings include many members of the child's medical care team, the child's parents/guardians and potentially a school representative. This meeting is to plan a smooth transition and to ensure that communication paths are established with the school, parents, and medical team. Inpatient rehabilitation is just the beginning of the healing and recovery process for a child. Many children will continue their rehabilitation after returning to school with the support of school professionals.

It can be difficult to know how a brain injury is affecting infants and very young children as they are still developing. Professionals say children grow into their injuries as the impact of brain injury can be seen as the child struggles to meet developmental milestones. For these reasons it can be very helpful to use all of your community resources. For more information about community resources, contact the Brain Injury Association of New Hampshire (603) 225-8000.

Children who have had mild brain injuries may be seen in urgent care or the emergency room and then sent home. It is important to note repeated mild brain injuries occurring over an extended period of time can result in more severe injuries.

Children may experience cognitive, emotional, or physical change; they may experience a change in one or more areas. As the child grows and expectations of greater independence emerge in school, symptoms of brain injury may become more evident. Sometimes it will take a child longer to learn a new skill or to reach a developmental milestone. It is critical that parents and guardians speak with their primary care doctor and school team about any concerns regarding development. It is also important to remember the brain injury may be impacting a child's ability to learn new information at the same rate as their peers. When children experience a significant change in social relationships or academic performance after a brain injury it is important to know how to ask for support for the child.

IMPACT OF BRAIN INJURY ON TEENS

Teens should receive and have explained their information on medical diagnosis by a knowledgeable professional (e.g. their neuropsychologist). Throughout this process, they will need support from parents/guardians and school professionals. It is recommended that teens be part of meetings with school staff and medical professionals as they prepare for greater independence at college and in the community.

A critical aspect of being a teenager is that teens are working towards independence from their parents and part of this independence is marked by social acceptance from their peers. A brain injury can make people feel less independent and confident, which can lead to a loss of friends, decreased involvement in extra-curricular activities, and an increase in depression.

Brain injuries that are sustained during the adolescent years may lead to a teen needing a few more years to meet the emotional or cognitive milestones of their peers. When a significant difference in a teen is noticed post-brain injury, it is important to communicate this across the teen's support system (e.g. parents, guardians, teachers, healthcare professionals).

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Teens generally work towards independence through employment activities and higher education opportunities. It is important that teens have the opportunity to learn in school how to advocate for modifications and accommodations in their jobs and in their college classroom. Informal supports may be sufficient or a teen may need support in learning how to communicate their needs. For a young adult this may be a learning process of trial and error. College applicants can receive accommodations when taking ACT or SAT exams when they have a medically documented brain injury. It is also advised that students attending college meet with representatives at the office for students with disabilities to begin to discuss potential accommodations in classrooms.

CHANGING FAMILY DYNAMICS AND BRAIN INJURY

It can be challenging for the entire family when a child has a brain injury. Even after a child's medical condition has stabilized, doctor's appointments and rehabilitation will continue to require additional time, resources, and attention. Sometimes, parents will need to take leave from work or change dynamics in their spousal/co-parenting relationship as the demands within the family have greatly increased.

When the immediate crisis has resolved many siblings continue to feel like they are not getting the same attention from their parent, but may feel guilty to openly discuss this. This can be an important time for the entire family to seek support from loved ones, extended family, friends, and professionals. During this time it is also important for parents and guardians to remember to take care of themselves so they can continue to support their child and family.

EDUCATION SUPPORTS AND RIGHTS

School interventions can vary from general accommodations in the classroom to more extensive modifications that may require customized special education services and the development of an Individual Education Plan (IEP). Determining appropriate accommodations often depend upon the severity of injury, how the injury impacts the student's functioning, and the length of time the student has symptoms.

Educational needs and accommodations can change quickly in the first weeks and months following a brain injury, especially a mild injury. This may require frequent checking in with the student to assure general classroom accommodations are sufficient or evaluate what needs to be changed. This will ensure that the plans are reflective of current educational needs.

AVAILABLE SCHOOL SUPPORTS AND SERVICES

General Accommodations

Symptoms resulting from most mild brain injuries/concussions are temporary and resolve within a few days or weeks. General Accommodations are short-term and may include a shortened school day schedule, minimal/no homework, rest breaks, quiet environment, extended transitions between classes, and preferential seating.

504 Accommodations

For students with more long-term issues, a Section 504 Plan might be implemented. Parents can request that their child be evaluated for a 504 Plan. The school district has a legal responsibility for learners who qualify for 504 accommodations, and once eligibility has been determined, a Section 504 Plan is prepared and implemented in accordance with applicable regulations, including the identification of accommodations to the environment, curriculum, materials and instructions in the least restrictive environment.

Individuals with Disabilities Education Act (IDEA)/Special Education Services

If the student's educational needs resulting from a brain injury are chronic and/or severe, a parent or education staff can request a special education evaluation. Determination of eligibility for special education services must be established before those services can be provided. An Individualized Education Plan (IEP) will be written and annually reviewed by the educational team, of which parents are a vital part.

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For more information, contact the Brain Injury Association of New Hampshire (603-225-8400).

General Guidelines: Return to School Following a Brain Injury

Student Name: _____ School/Grade: _____
Parent/Guardian Name: _____ Date of Injury: _____

Immediately Following Injury

- Upon hearing of the injury, the school representative (often the school nurse) will:
 - Obtain release of information between school, parent, and medical provider.
 - Gather/obtain copies of pertinent information (including the documentation of the medical diagnosis) from medical provider(s) and parents/guardians for school file.
 - Contact the student's classroom teacher(s) to:
 - Inform them of the student's condition.
 - Discuss potential or recommended educational accommodations.
 - Request that they monitor student's status following return to school, and report any concerns or additional accommodations.

If symptoms persist in substantially limiting one or more life activities, and/or appear to be chronic in nature

- The school will:
 - Review academic record prior to injury, and concerns shared by classroom teachers, parent/guardians, or other staff.
 - Contact student's family to provide information and resources about mild brain injury and potential educational accommodations.
 - Contact the school district 504 coordinator to request a 504 evaluation if the resulting educational needs are chronic and/or severe (resulting in substantial limitation of one or more major life activities). Note: This process requires parental notice and signed consent.
 - Contact the regional or local school brain injury specialist for pre-referral direction and support.
 - Follow due process requirements and initiate referral for a special education evaluation, if warranted; and incorporate pertinent medical information from clinic evaluations, out-patient and/or neuropsychologist reports.
 - Develop IEP if student qualifies for special education services under the brain injury category.
 - Implement accommodations in all educational settings as needed.
 - Collaborate with other school staff and conduct staff/peer in-services as appropriate.
 - Develop formal plan for communication with medical and therapy staff, the student, and the family with regard to ongoing physical, health and learning needs.
 - Support the student in communicating their needs and increasing their self-advocacy skills as they relate to their IEP goals and objectives.

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Ongoing:

The team will:

Informally re-evaluate student's needs and modify educational plan accordingly.

Maintain periodic contact with parent(s) and teacher about the student's changing needs and level of progress, following guidelines and laws set forth by Section 504 and IDEA

Intervention Strategies

Intervention strategies have been found to be helpful when a student with a brain injury returns to school following an injury. For more information, contact the Brain Injury Association of New Hampshire (603) 225-8400.

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Sample Letter: Notice to School of Injury

Date (include month, day and year)

Name of Child's Special Education Coordinator

Name of School District

Street Address

City, State, Zip Code

Dear (name of Special Education Coordinator):

I am writing to inform you that my child (child's name) has sustained a brain injury. On (date of injury), (child's name) was injured while (explain how the brain injury occurred). I have enclosed information from my doctor (physician name) at (hospital or doctor office) that documents my child's injury and explains their symptoms.

I have noticed the following changes in (child's name) since the injury: (describe changes noticed in personality, behavior, memory, abilities to complete tasks, attention, etc.)

Due to (child's name)'s brain injury, I believe (child's name) may have a disability. I do not yet know how this injury will affect (child's name) in school. However, given the difference I have noticed thus far, (child's name) may experience difficulties with the following tasks while in school:

(List difficulties you believe your child may experience, such as attention, memory, behavior, etc.)

(Describe precautions that may need to be made regarding physical education classes and/or participation in sports)

I believe (child's name) may need special education services or 504 accommodations to continue progressing in school. My child attends (name of school) and is in the (____) grade.

Please provide me the name and telephone number of the person to whom this letter will be forwarded to, and who will become my contact regarding my request. I ask that you inform me of the process for transitioning my child back into school and determining if my child needs special services or accommodations. I would like this process to start immediately.

I look forward to you contacting me once you receive this letter. Thank you for your help and support in helping (child's name) transition back to school.

Sincerely,

Your signature

Your printed name

Street Address

City, State, Zip Code

Daytime Telephone Number

E-mail Address Cc: Specialists or other staff

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SEIZURES AFTER BRAIN INJURY

One of the problems that may occur after a brain injury is seizures. Although most people who are living with a brain injury will not experience seizures, it is good to understand what a seizure is and what to do if you have one. Most seizures happen in the first several days or weeks after a brain injury. Some may occur months or years after the injury. About 70-80% of people who have seizures are helped by medications and can return to most activities. Rarely, seizures can make you much worse or cause death.

WHAT ARE SEIZURES?

During a seizure there is a sudden abnormal electrical disturbance in the brain that results in one or more of the following symptoms:

- Strange movement of the head, body, arms, legs, or eyes, such as stiffening or shaking.
- Unresponsiveness and staring
- Chewing, lip smacking, or fumbling movements
- Strange smell, sound, feeling, taste, or visual images
- Sudden tiredness or dizziness
- Not being able to speak or understand others

Symptoms of seizures happen suddenly and are uncontrolled. Seizures usually last only a few seconds or minutes, but may continue for 5-10 minutes. The individual may have a bladder or bowel movement, bite their tongue or the inside of the mouth. Afterwards, the person may feel drowsy, weak, confused, or have a hard time talking to/understanding others. After a severe seizure (longer than 2 minutes) it may be harder for the individual to stand, walk, or take care of his/herself for a few days.

Conditions that could increase the risk of having a seizure include:

- High fever
- Loss of sleep and extreme fatigue
- Drug and alcohol use
- Chemical changes in the body such as low sodium or magnesium, or high calcium

SEIZURES AND BRAIN INJURY

- Early post-traumatic seizures: This seizure occurs in the first week after a brain injury. About 25% of people who have an early post-traumatic seizure will have another seizure months or years later.
- Late post-traumatic seizures: This occurs more than seven days after a brain injury. About 80% of people who have a late post-traumatic seizure will have another seizure.
- Epilepsy: Having more than one seizure is called epilepsy. More than half of the people with epilepsy will have this problem for the rest of their lives.

The cause of the brain injury can help doctors understand how likely more seizures will occur.

- 65% of people with brain injuries caused by bullet wounds have seizures.
- 20% of people with closed head injuries that cause bleeding between the brain and the skull experience seizures. A 'closed head injury' means the skull and brain contents were not penetrated in the injury.
- Over 35% of people who need 2 or more brain surgeries after injury experience late post-traumatic seizures.
- Over 25% of people with bleeding on both sides of the brain, or who have a blood clot removed by surgery experience late post-traumatic seizures.

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MEDICATIONS TO TREAT SEIZURES

Medications that are used to control seizures are called anti-epileptic drugs (AEDs). These drugs may be used for other problems, such as chronic pain, restlessness, or mood instability. Consult a doctor about which drug to use, based on the type of seizure(s), age, health conditions, and side effects from medications. Side effects of AEDs usually improve after taking the medication for 3-5 days.

Some common side effects of AEDs are:

- Sleepiness or fatigue
- Worsening of balance
- Lightheadedness or dizziness
- Trembling
- Double vision
- Confusion

Blood tests may be necessary to ensure proper medication is being administered or whether the medication is causing additional health concerns. Although these drugs rarely cause birth defects in newborns, tell your doctor if the individual may already be or may become pregnant.

WHAT IF THE MEDICATIONS DO NOT WORK?

If seizures continue for the individual, he/she may be referred to comprehensive Epilepsy Center for more tests and to be seen by a specialist (Epileptologists or Neurologists specializing in epilepsy) to see if further treatments are necessary.

SAFETY ISSUES

In most states, individuals who experience seizures must notify the Department of Motor Vehicles. The individual may have their license withheld. Laws vary from state to state; consult with the Department of Motor Vehicles.

Other safety issues:

- Never swim alone.
- Do not climb ladders, trees, roof tops, or other tall objects
- When eating, let others know what to do if you start to choke or have a seizure

CAREGIVERS AND FAMILY MEMBERS

Family members or caregivers should watch closely to see what happens during a seizure to be able to explain to medical professionals. They should make a diary of date, time, length of seizure, and incident description.

The majority of seizures are short and do not involve significant injuries. However, it is important for caregivers to know how to best protect the individual from hurting him/herself during a seizure.

- Loosen tight clothing, especially around the neck.
- Make sure the person does not fall. Hold him/her steady as possible, whether in a chair, sofa or bed. If he/she is standing, help to get him/her to the ground safely.
- Turn the head so that if nothing in the mouth, even spit, will block the throat
- Do not put anything into the mouth.
- Keep checking the pulse.
- Listen for breathing at the mouth and extend the individual's neck if the breathing seems difficult.
- If the seizure lasts more than 3 minutes, call 911.
- Notify doctor's office of the seizure.

SLEEPING ISSUES AFTER BRAIN INJURY

Many people who have brain injuries suffer from sleep disturbance. Not sleeping well can increase or worsen depression, anxiety, fatigue, irritability, and one's sense of well-being. It can also lead to poor work performance and traffic or workplace accidents. A review of sleep disorder studies and surveys suggest that sleep disorders are three times more common in brain injured patients than in the general population and that nearly 60% of people living with a brain injury experience long-term difficulties with sleep. Women are more likely to be affected than men. Sleep problems are more likely to develop as the person ages.

Sleep disturbances have been found in people with all severities of brain injuries – from mild to severe. Sleep is a complex process that involves many parts of the brain. For this reason, and depending on the location and extent of injury, many different kinds of sleep disturbances can occur after brain injury.

COMMON SLEEP DISORDERS

- **Insomnia:** Difficulty with falling asleep, staying asleep, or a restless sleep. Insomnia can aggravate behavioral and cognitive (thinking) difficulties. Insomnia is typically worse directly after injury, yet it often improves with time.
- **Excessive Daytime Sleepiness:** Extreme drowsiness
- **Delayed Sleep Phase Syndrome:** Mixed-up sleep patterns.
- **Narcolepsy:** Falling asleep suddenly and uncontrollably during the day.

COMMON SLEEP SYNDROMES INCLUDE:

- **Restless Leg Syndrome (RLS):** Urge to move the legs because they feel uncomfortable, especially at night or when lying down.
- **Bruxism:** Grinding or clenching teeth.
- **Sleep Apnea:** Brief pauses in breathing during sleep, resulting in reduced oxygen flow to the brain and causing loud snoring and frequent awakening.
- **Periodic Limb movement disorder (PLMD):** Involuntary movement of legs and arms during sleep.
- **Sleepwalking:** Walking or performing other activities while sleeping and not being aware of it.

WHAT CAUSES SLEEP PROBLEMS?

The brain directs sleep by putting your body to rest. Injury to the brain can lead to changes in sleep.

PHYSICAL AND CHEMICAL CHANGES

The “internal clock” in the brain controls when people sleep and wake every day. If injured, the brain may not be able to tell the body to fall asleep or wake up. There are chemicals in our body that help us to sleep. An injury can change the way that these chemicals affect the body. If brain mechanisms for starting and stopping sleep are injured, a condition called post-traumatic hypersomnia may result in which a person sleeps many hours more than normal.

CHANGES IN BREATHING CONTROL

Sometimes the brain's ability to control breathing during sleep becomes altered after a brain injury, resulting in periods of apnea (when breathing actually stops long enough for oxygen levels to drop). Other factors may cause sleep apnea such as family history or being overweight.

MEDICATIONS

Medications taken after a brain injury may cause problems going to sleep or staying asleep, or can make people sleepy during the day and unable to participate in activities.

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- Prescription drugs for treating asthma and depression may cause insomnia. Also, stimulants that are meant to treat daytime sleepiness can cause insomnia if taken too close to bedtime. These problems can often be avoided by adjusting the timing of the medication or by substituting a different medication. Consult your physician. Many other medications can cause sedation (sleepiness) as well.
- Most over-the-counter sleep and medications contain an antihistamine and are not recommended for people living with a brain injury because they may cause disturbances in memory and new learning. Retention of urine, dry mouth, nighttime falls and constipation are also possible side effects of this class of medications.

DAYTIME SLEEPING (NAPPING) AND PHYSICAL INACTIVITY

Napping during the day is likely to disturb sleep at night. Inactivity or lack of exercise can also worsen sleep.

PAIN

Many people who have suffered brain injuries also experience pain in other parts of the body. This discomfort may disturb sleep. Medications taken to relieve pain may also affect sleep.

DEPRESSION

Depression is much more common in persons living with a brain injury than in the general population. Sleep problems such as difficulty falling asleep and early morning waking are common symptoms of depression.

ALCOHOL

While alcohol may help bring on sleep, drinking alcohol before bedtime is likely to interfere with normal sleep rather than improve it.

CAFFEINE AND NICOTINE

Nicotine from tobacco may cause sleep disturbances and is often overlooked. Caffeine can disturb sleep when consumed in the afternoon or evening.

WHAT CAN BE DONE TO IMPROVE SLEEP

Changes in behavior and environment are the first line to treating sleep difficulties.

DAYTIME SUGGESTIONS

- Set an alarm to try to wake up at the same time every day.
- Include meaningful activities in your daily schedule.
- Get off the couch and limit TV watching.
- Exercise every day. People living with a brain injury who exercise regularly report fewer sleep problems.
- Try to get outdoors for some sunlight during the daytime. If you live in an area with less sun in the wintertime, consider trying light-box therapy.
- Don't nap for more than 20 minutes during the day.

NIGHT TIME SUGGESTIONS

- Try to go to bed at the same time every night and set your alarm for the next day.
- Follow a bedtime routine.
- Avoid caffeine, nicotine, alcohol, and sugar for five hours before bedtime.
- Avoid eating prior to sleep to allow time to digest, but also do not go to bed hungry, as this can wake you from sleep.
- Do not exercise within two hours of bedtime, but stretching may help with sleep.
- Do not eat, read, or watch TV while in bed.

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- Keep stress out of the bedroom.
- Create a restful atmosphere in the bedroom, free from distractions, noise, extreme temperatures and light.
- If you don't fall asleep within 30 minutes, get out of bed and do something relaxing or boring until you feel sleepy.

ASK YOUR DOCTOR

If sleep problems persist, talk to your doctor to explore safe and effective solutions. Evaluation of sleep problems should include a thorough history of such problems, medication review, an assessment of your bedtime routines, and a comprehensive medical evaluation. Before recommending any action, your physician will explore with you a variety of possible causes for your sleep problems, including pain or depression. If necessary, he or she may recommend a polysomnographic evaluation (a sleep lab). Based on your symptoms, medical history and specific needs, your doctor will be able to make a personalized treatment plan to help you achieve restful sleep.

TREATMENT OPTIONS

Non-pharmacological Therapies

- If mood or emotional issues such as anxiety or depression are causing sleep difficulties, psychotherapy (counseling) may be an appropriate treatment.
- Sleep restriction may improve sleeping patterns by restricting the number of hours spent in bed to the actual number of hours slept.
- For those with anxiety, relaxation therapy can help create a restful environment both in your bedroom and in your body and mind.
- Use of special bright lights (phototherapy) has been shown in studies to help promote sleep. When exposed to these lights at strategic times in the day, you may be able to sleep more at night. However, consult with your doctor first, as these bright lights can cause eyestrain and headaches.

MEDICATIONS

Ask your doctor about medications that can help you sleep through the night or keep you awake during the day. Special care is necessary when choosing a medication in order to avoid daytime sedation or worsening of cognitive and behavior problems.

Natural remedies

Some consumers have found herbal teas, melatonin and valerian useful for sleep problems, and these are sold in health food and drug stores with no prescription needed. However, these remedies have multiple drug interactions, and you should tell your doctor if you are using them.

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VETERANS AND BRAIN INJURY

Our nation's ongoing involvement in the Global War on Terrorism (GWOT) has lasted for over a decade and has resulted in over 2 million service members being deployed in support of it. Of those two million service members, approximately 800,000 have served multiple tours of duty which can last from several months to well over a year in length.

It is estimated that roughly 20 percent of service members deployed in support of the Global War on Terrorism have sustained some level of traumatic brain injury as a result of explosive blasts from roadside improvised explosive devices (IEDs), vehicle borne improvised explosive devices (VBIEDs) suicide bombings, rocket-propelled grenades (RPGs), among others.

Additionally, post-traumatic stress disorder has been found to affect anywhere from 14 to 20 percent of GWOT veterans and service members as a result of the same traumatic combat exposures mentioned above. The overlapping symptoms of these conditions as well as their lasting effects present significant and unique challenges for both the survivor and their families.

If you have a loved one who has suffered from a traumatic brain injury or PTSD, the Brain Injury Association of New Hampshire may be able to help. Please call (603) 225-8400 or visit the website: www.bianh.org for additional services or information.

GLOSSARY

A

ABSTRACT CONCEPT – A concept or idea not related to any specific instance or object and which potentially can be applied to many different situations or objects. Persons with cognitive deficits often have difficulty understanding abstract concepts.

ABSTRACT THINKING – Ability to reason and to solve problems.

ACQUIRED BRAIN INJURY – The implication of this term is that the individual experienced normal growth and development from conception through birth, until sustaining an insult to the brain at some later time which resulted in impairment of brain function.

ACUTE CARE – The phase of managing health problems which is conducted in a hospital on patients needing medical attention.

ACUTE REHABILITATION – Based in a medical facility, accepts patient as soon as medically stable, focuses on intensive physical and cognitive restorative services in early months after injury; typical length of stay one week to several months (short term); identifiable team and program with specialized unit.

ADL – Activities of daily living such as eating, grooming, toileting, and dressing.

AGITATION – Behavior pattern of restlessness and increased activity intermingled with anxiety, fear and/or tension.

AMBULATION – Walking

AMNESIA – Memory loss

Retrograde – inability to remember information prior to the injury

Anterograde – inability to consistently remember events since the injury; associated with inability to remember and learn new material.

ANEURYSM – A bubble-like deformity in a blood vessel wall which is prone to bleeding.

ANOXIA – State of almost no oxygen supply, resulting in low energy production and possible death of the cell, may be due to poor blood flow to the brain or low oxygen in the blood.

ANTICOAGULANT AGENTS – Drugs used in stroke prevention therapy to prevent blood clots from forming or growing. They interfere with the production of certain blood components necessary for clot formation.

ANTICONVULSANT – Medication used to control or decrease the possibility of seizure.

ANTIDEPRESSANTS – Drugs which help treat depression.

ANTITHROMBOTICS – Type of anticoagulation therapy that prevents the formations of blood clots by inhibiting the coagulating actions of the blood protean thrombin.

APHASIA – Loss of the ability to express oneself and/or to understand language, caused by damage to the brain cells rather than deficits in speech or hearing organs.

APRAXIA – Inability to carry out a complex or skilled movement; not due to paralysis, sensory changes or deficiencies in understanding.

ARTERIOVENOUS MALFORMATION (AVM) – A “tangle” of blood vessels present from birth which may be prone to bleeding.

ASPIRATION – When food or liquid goes into the windpipe (trachea) and lungs instead of the esophagus and then the stomach. This can cause lung infection or pneumonia.

ASSISTANCE –

Dependent/Maximum – Person is unable to perform the task

Moderate – Person can participate somewhat, but still requires a good deal of help.

Minimum – Person does most of tasks himself/herself, but requires some help

Contact/Guard (FBI – finger in belt) – Person requires no real help. A hand is placed on him/her for safety precautions (balance or lack of attention).

GLOSSARY

ATAXIA – A problem of muscle coordination not due to apraxia, weakness, rigidity, spasticity or sensory loss, caused by a lesion of the cerebellum or basal ganglia. Can interfere with a person's ability to walk, talk, eat, and to perform other self care tasks.

ATROPHY – Deterioration or loss of tissue caused by lack of nourishment, inactivity or loss of nerve supply.

AUDIOLOGIST – One who evaluates hearing defects and who aids in the rehabilitation of those who have such defects.

B

BILATERAL – Pertaining to both left and right sides.

BLOOD LEVELS – Amount of medications or other substances in the blood. Blood tests must be done regularly when a person is on certain medicines to ensure that proper levels are maintained.

BRAIN PLASTICITY – The ability of intact brain cells to take over functions of damaged cells; plasticity diminishes with maturation.

BRAIN SCAN – An imaging technique in which a radioactive dye (radionuclide) is injected into the blood stream and then pictures of the brain are taken to detect tumors, hemorrhages, blood clots, abscesses or abnormal anatomy.

BRAIN STEM – The lower extension of the brain connected to the spinal cord. Neurological functions located in the brain stem include those necessary for survival – being awake or alert.

C

CAT SCAN – Series of cross-sectional x-rays of the head and brain that reveals the internal structure of the brain in precise detail.

CEREBELLUM – The portion of the brain (located at the back) which helps coordinate movement. Damage may result in ataxia.

CEREBRAL INFARCT – When the blood supply is reduced below a critical level and the brain tissue in that region dies.

CEREBRAL-SPINAL FLUID – Liquid which fills the ventricles in the brain and surrounds the brain and spinal cord.

CLOSED HEAD INJURY – Trauma to the head which does not penetrate the skull but which damages the brain. Occurs when the head accelerates and then rapidly decelerates or collides with another object and brain tissue is damaged by violent smashing, stretching or twisting of brain tissue (example: hitting the windshield of a car).

COGNITION – “Thinking” skills such as being able to organize, solve problems, follow directions, etc.

COGNITIVE DEFICIT – A reduction in one or more “thinking” skills which include: attention, concentration, memory, sequential thought organization, judgment, reasoning, and problem-solving.

COGNITIVE REHABILITATION – Therapy programs which aid people in the management of specific problems in thinking and perception. New strategies and skills are taught to help people improve function and/or compensate for remaining deficits.

COMA – A state of unconsciousness from which the patient cannot be awakened or aroused, even by powerful stimulation.

CONCRETE THINKING – Thinking limited to what is seen or to one specific example.

CONCUSSION – The common result of a blow to the head or sudden deceleration usually causing an altered mental state, either temporary or prolonged.

CONFABULATION – Making up facts or events. It differs from lying in that the individual is not attempting to deceive.

CONTINENT – The ability to control urination and bowel movements.

GLOSSARY

CONTRACTURE – Loss of full movement of a joint.

CONTRECOUP – Bruising/injuries of brain tissue on the side opposite the point of impact.

CSF – Liquid which fills the ventricles of the brain and surrounds the brain and spinal cord.

CVA – Cerebrovascular accident. A term traditionally used for stroke. Stroke is no longer viewed as an accident.

D

DEPRESSION – A feeling of sadness brought about by loss; usually a natural process in brain injury recovery. On occasion, professional treatment may be necessary.

DIFFUSE – Brain damage which involves many areas of the brain rather than one specific location.

DYSARTHRIA – “Slurred” speech due to paralysis or weakness of tongue, lips, and other facial muscles. A language disorder characterized by difficulty with speaking or forming words.

DYSPHAGIA – Problem with or absence of the ability to chew and/or swallow.

E

EDEMA – Swelling.

ELECTROENCEPHALOGRAPH (EEG) – A medical test which studies “brain waves” or electrical activity of the brain. Useful for diagnosing seizure disorders (epilepsy), coma and brain death.

EMBOLIC STROKE – Stroke resulting from the blockage of an artery by a blood clot (embolus).

EPILEPSY – Seizure disorder.

EPISODIC MEMORY – Memory for ongoing events in a person’s life. More easily impaired than semantic memory or perhaps because rehearsal or repetition tends to be minimal.

EQUILIBRIUM – Normal balance reactions and postures.

F

FOCAL – Restricted to one region (as opposed to diffuse).

FRONTAL LOBE – Front part of the brain; involved in planning organizing, problem-solving, selective attention, personality and a variety of higher cognitive functions.

H

HEMOTOMA – blood clot

Regarding the brain:

Epidural – outside the brain and its fibrous covering but under the skull.

Subdural – between the brain and its fibrous covering.

Intracerebral – in the brain tissue.

HEMIANOPSIA – Visual field cut. Blindness for one half of the field of vision; this is not the right or the left half.

HEMISPHERE – One of the two halves of the brain.

Right – Controls left side of the body and is involved with visuospatial abilities.

Left – Controls the right side of the body and is involved with language.

HEMORRHAGE – Bleeding that occurs following trauma.

HYDROCEPHALUS – Enlargement of fluid filled cavities in the brain.

HYPOXIA – Lack of oxygen reaching the tissues of the body.

I

ICP – Intracranial Pressure: Cerebrospinal fluid (CSF) pressure measured from a needle or bolt introduced into the CSF space surrounding the brain; reflects the pressure inside the skull.

GLOSSARY

INCONTINENT – Inability to control bowel or bladder functions.

INFARCT – The immediate area of a brain-cell death caused by the stroke. When the brain cells in the infarct die, they release chemicals that set off a chain reaction that endangers brain cells in a larger surrounding area.

ISCHEMIA – An interruption or blockage of blood flow.

L

LABILITY – State of having notable shifts in emotional state (e.g., uncontrolled laughing or crying).

LATENCY OF RESPONSE/RESPONSE DELAY – The amount of time it takes a person to respond after the stimulus has been presented.

LEFT HEMISPHERE – The half of the brain that controls the actions of the right side of the body, as well as analytic abilities such as calculating, speaking, and writing.

LONG TERM MEMORY – In neuropsychological testing, this refers to recall 30 minutes or longer after presentation. Requires storage and retrieval of information which exceeds the limit of short term memory.

M

MILD BRAIN INJURY – A patient with a mild traumatic brain injury is a person who has had a traumatically-induced physiological disruption of brain function, as manifested by at least one of the following: 1) any period of loss of consciousness; 2) any loss of memory for events immediately before or after the accident; 3) any alteration in mental state at the time of the accident (e.g., feeling dazed, disoriented or confused) 4) focal neurological deficit(s) which may or may not be transient; but where the severity of the injury does not exceed the following: a) loss of consciousness of approximately 30 minutes or less; b) after 30 minutes, an initial Glasgow Coma Scale score of 1-15; c) Post Traumatic Amnesia not greater than 24 hours.

MRI – Magnetic Resonance Imaging: A type of diagnostic radiography using electromagnetic energy to create an image of soft tissue, central nervous system and musculoskeletal systems.

N

NEUROPSYCHOLOGIST – A psychologist who specializes in evaluating (by tests) brain/behavior relationships, planning training programs to help the survivor of brain injury return to normal functioning and recommending alternative cognitive and behavioral strategies to minimize the effects of brain injury. Often works closely with schools and employers as well as with family members of the injured person.

NON-AMBULATORY – Unable to walk.

O

OCCIPITAL LOBE – Region in the back of the brain which processes visual information. Damage to this lobe can cause visual deficits.

OCCUPATIONAL THERAPIST – Therapist who focuses on helping stroke survivors rebuild skills in daily living activities, such as bathing, toileting, and dressing.

P

PARIETAL LOBE – One of the two parietal lobes of the brain located behind the frontal lobe at the top of the brain.

Right – damage can cause visuospatial deficits (having difficulty moving around new or familiar places).

Left – damage to this area may disrupt ability to understand spoken or written language.

PHYSIATRIST – Medical doctor who specializes in rehabilitation.

PHYSICAL THERAPIST – Healthcare professional who specializes in maximizing a stroke survivor's mobility and independence in order to improve major motor and sensory impairments in walking, balance, and coordination.

GLOSSARY

POST TRAUMATIC AMNESIA (PTA) – A period of hours, weeks, days or months after the injury when the patient exhibits a loss of day-to-day memory. The patient is unable to store new information and therefore has a decreased ability to learn.

POSTACUTE REHABILITATION – Are programs designed to provide intensive, 24-hour rehabilitation to improve cognitive, physical, emotional, and psychosocial abilities, to facilitate better independent living skills. Facilities typically provide a full spectrum of clinical therapies, as well as life-skills training in a residential setting.

PROSODY – Rhythm and timing of speech.

PSYCHIATRIST/PSYCHOLOGIST – Specialist who helps stroke survivors adjust to the emotional challenges and new circumstances of their lives.

PVS – Persistent Vegetative State: A long-standing condition in which the patient utters no words and does not follow commands or make any response that is meaningful.

R

RECREATIONAL THERAPIST – Therapist who helps to modify activities that the stroke survivor enjoyed before the stroke or introduces new ones.

REHABILITATION – Comprehensive program to reduce/overcome deficits following injury or illness and to assist the individual to attain the optimal level of mental and physical ability.

RETROGRADE AMNESIA – Inability to recall events that occurred prior to the accident; may be a specific span of time or type of information.

S

SEIZURE – An uncontrolled discharge of nerve cells which may spread to other cells nearby or throughout the entire brain. It usually lasts only a few minutes. It may be associated with loss of consciousness, loss of bowel and bladder control and tremors; may also cause aggression or other behavioral change.

SHORT TERM MEMORY – Primary or “working” memory; its contents are in conscious awareness. A limited capacity system that holds up to seven chunks of information over periods of 30 seconds to several minutes, depending upon the person’s attention to the task.

SHUNT – A procedure to draw off excessive fluid in the brain. A surgically-placed tube running from the ventricles which deposits fluid into either the abdominal cavity, heart, or large veins of the neck.

SKULL FRACTURE – Term used to describe the breaking of the bones surrounding the brain. A depressed skull fracture is one in which the broken bone(s) exert pressure on the brain.

SLP – Speech – Language Pathologist: a professional educated in the development and disorders of human communication.

SOCIAL WORKER – Counselor of psychological needs.

SPASTICITY – An involuntary increase in muscle tone (tension) that occurs following injury to the brain or spinal cord, causing the muscles to resist being moved. Characteristics may include increase in deep tendon reflexes, resistance to passive stretch, clasp knife phenomenon, and clonus.

SPEECH-LANGUAGE PATHOLOGY SERVICES – A continuum of services including prevention, identification, diagnosis, consultation, and treatment of patients regarding speech, language, oral and pharyngeal sensorimotor function.

STATUS EPILEPTICUS – Continuous seizures; may produce permanent brain damage.

STROKE – Sudden interruption of blood flow to a part of the brain that kills cells within the area. Body functions controlled by the affected area may be impaired or lost.

T

TBI – Traumatic Brain Injury: Damage to living brain tissue caused by an external, mechanical force. It is usually characterized by a period of altered consciousness (amnesia or coma) that can be very brief (minutes) or very long (months, indefinitely). The specific disabling condition(s) may be orthopedic, visual, aural, neurologic, perceptive/cognitive, or mental/emotional in nature. The term does not include brain injuries that are caused by insufficient blood supply, toxic substances, malignancy, disease-producing organisms, congenital disorders, birth trauma, or degenerative processes.

TEMPORAL LOBES – Two lobes, one on each side of the brain located at about the level of the ears. They allow a person to tell one smell from the other and one sound from the another. They also help in sorting new information and are believed to be responsible for short-term memory.

Right Lobe – mainly involved in visual memory (i.e., pictures/faces)

Left Lobe – mainly involved in verbal memory (words/names)

THROMBOEMBOLISM – Embolus that breaks away from a clot in one vessel to become lodged in another vessel.

THROMBOSIS – Clotting of blood within a vessel.

V

VENTRICLES – Fluid filled cavities inside the brain.

VERBAL APRAXIA – Impaired control of proper sequencing of muscles used in speech (tongue, lips, jaw muscles, vocal cords). These muscles are not weak but their control is defective. Speech is labored and characterized by sound reversals, additions, and word approximations.

VOCATIONAL THERAPIST – A specialist who evaluates work-related abilities of people with disabilities.

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Community-Based Programs

Independent Case Management/Service Coordination

BIANH offers this Conflict Free service for all disability populations

Choices For Independence Program

Under the Home and Community Based Waiver, this program provides options to eligible individuals who choose to remain in community settings

Neuro-Resource Facilitation Program

Assists families, veterans, and individuals in accessing available community resources

Brain Injury Support Groups

Located state-wide, these groups are designed to assist individuals and family members through the recovery process

Family Help-Line

Provides survivors, families, professionals and the general public with free information and resources

ThinkFirst

A free school-based prevention program

Transition Program

Assists individuals who have experienced a brain injury or stroke, and are able to transition from a facility back into the community

Veterans Program

Assists veterans and their families in accessing available community resources and veteran services

For more details on these programs, please call the Brain Injury Association of New Hampshire office at

(603) 225-8400 or (800) 773-8400 (NH only)