THE 2013 SCVBIC THANKS THESE SPECIAL SPONSORS

Gold Sponsor

Conference Bag Sponsor

Scholarship Sponsor

Silver Sponsor

Silver Sponsor
The 2013 Brain Injury Conference is being captured and will be available for purchase on-site.

All main conference sessions will be recorded live and synchronized with a high resolution capture of the Presentation slides to provide an outstanding educational experience.

Choose between DVD-ROM with complimentary online access ($199) or online access only ($175). These prices are exclusively for attendees and will increase after the conference.

Please visit the IntelliQuest Media desk in the registration area to see a demo and place your order.
Dear Conference Faculty, Attendees, and Honored Guests,

I am excited to welcome you all to San Jose, and to the 2013 Santa Clara Valley Brain Injury Conference! This, our third annual conference since reinvigorating our predecessor “Coma to Community” (1977 and 1995), is going to be outstanding. With 2 half-day pre-conferences, over 40 plenary, break-out symposia, and platform sessions to choose from; 28 poster presentations to visit; and 32 exhibitors sharing information and resources; I am certain this conference will provide an unparalleled educational and networking opportunity for us all.

As you are all aware, brain injury has been called the “silent epidemic” not only because of its widespread occurrence but also because of the limited recognition of its consequences. With 1.7 million Americans sustaining a brain injury annually; it is estimated that 5.2 million Americans, or 1 in every 50, live with a permanent brain injury-related disability. The disability can impact return to work and school, community integration, quality of life, and socialization. It is imperative that we as professionals, caregivers, advocates, legislators, and individuals with brain injuries come together to share and learn the latest research, treatment approaches, innovative technology and advocacy efforts to provide individuals with brain injuries and those who care for them with the best care and quality of life possible.

I cannot thank our sponsors enough for their generous contributions in support of this conference and to our amazing Conference Planning Committee for their tireless efforts to make these two and a half days a raging success.

Please be sure to take some time and enjoy our serene surroundings and beautiful CA weather while you’re here. Again, I wish you welcome and thank you for your attendance and contributions.

Stephanie A. Kolakowsky-Hayner, PhD, CBIST
Conference Chair
Dear Attendees:

The Administration of the Santa Clara Valley Medical Center (SCVMC) would like to welcome you to San Jose and the 2013 Santa Clara Valley Brain Injury Conference. This conference has been a staple for education, outreach and networking between 1977-1995 and since its return in 2011.

Our rehabilitation center provides excellent services by blending multi-disciplinary care with innovative approaches. Our service delivery is a comprehensive model that extends from the scene of the accident through follow-up care in the community post-injury.

SCVMC has been an TBI Model System for over 20 years with funding beginning with the inception of the program in 1987 and continues today as a follow-up center; this program has made it possible for a number of significant contributions to the comprehensive delivery of services by the Rehabilitation Center that have provided information, resource referral, and continuation of services to many individuals with TBI within the county, state, and, indeed, across the country.

This conference, spearheaded by the Rehabilitation Research Center staff, has always been recognized by the Administration of SCVMC as a key dissemination activity of the Rehabilitation Department. Additionally, our project has received overwhelming endorsements from the International Brain Injury Association, the American Congress of Rehabilitation Medicine, and the Brain Injury Association of America.

With the millions of people in the US incurring brain injuries every year, the public health, social, and societal implications are transparent. We believe this conference brings professionals, paraprofessionals, individuals with disabilities, caregivers, students and the general public together to learn, raise awareness, and share an opportunity for making brain injury treatment, research, education and outreach history. We are proud of the outstanding program Dr. Kolakowsky-Hayner and the Conference Planning committee have coordinated and wish you all a pleasant stay in Santa Clara Valley!

Fondly,

Paul E. Lorenz
Chief Executive Officer

Jeffrey Arnold, MD
Chief Medical Officer

Gilbert Gutierrez
Director, Clinical & Support Services

Valley Medical Center is a division of the Santa Clara Valley Health & Hospital System.
Owned and operated by the County of Santa Clara. Affiliated with Stanford University School of Medicine.
## CONFERENCE AT A GLANCE

<table>
<thead>
<tr>
<th>THURSDAY 28 FEBRUARY</th>
<th>FRIDAY 1 MARCH</th>
<th>SATURDAY 2 MARCH</th>
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<tbody>
<tr>
<td>7:00-8:00 am</td>
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<tr>
<td>Continental Breakfast</td>
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<td>Preconference Sessions</td>
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<td>Edenvale &amp; Chynoweth</td>
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<tr>
<td>Break</td>
<td>Conference Wrap-up</td>
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<td>Exhibit Areas</td>
<td>Hayes Ballroom</td>
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<td>Breakout Rooms</td>
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<td>5:15-6:00 pm</td>
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<td>Award Ceremony</td>
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<td>Poster Session &amp; Reception</td>
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<tr>
<td>San Martin and Exhibit areas</td>
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Orientation to the Hayes
Conference registration takes place at the ground-floor Ballroom Foyer.
Plenary and keynote presentations take place in the ground-floor Hayes Ballroom.
Break out sessions occur in the lower-level Monterey, Morgan Hill, San Martin, Edenvale, and Chynoweth rooms.

Please ask a volunteer for directions. Volunteers will be outside to direct you to break out sessions in Edenvale or Chynoweth.

Registration
Registration takes place at the ground-floor Ballroom Foyer.
The Registration Desk is open:
- Thursday 12pm-5pm
- Friday 6:30am to 5pm
- Saturday 6:30am to 4pm
The Registration Desk can also answer questions regarding continuing education.
IntelliQuest Media sales will also take place next to registration.
After registering, please wear your conference badge in all conference areas. Individuals without badges will not be allowed to attend sessions and will be asked to register.
If you lose your badge, please ask at the Registration Desk for a replacement.
AWARD CEREMONY

Friday, 5:15 - 6:00pm, Hayes Ballroom

Please join us for a special ceremony to recognize outstanding individuals and organizations. A public call for nominations went out to over 50,000 individuals. Being recognized with the Jeffrey Englander Lifetime Achievement Award is Dr. A. Ronald Peterson. Being recognized with the Richard Patterson Advocacy Award is PUCCS. Being recognized with the Overcoming Adversity Award is John L. Hatten. Being recognized with the Outstanding Caregiver Award are Amy and Dave Thompson. For more information on these award winners, please see page 37.

Also recognized at the 2013 Award Ceremony will be Best Poster Awards for posters in the following categories: research, clinical application, and advocacy.

POSTER SESSION AND RECEPTION

Friday, 6:00 - 8:00pm, San Martin and Exhibit Areas

The 2013 SCVBIC is featuring 28 posters from researchers, clinicians, and advocates from across the country. Presenters will be available between 6:00 and 8:00 pm to discuss their posters. Please see page 34 for a complete listing of posters.

FRIDAY SPONSORED LUNCH

Friday, 12:30 - 1:30pm, Hayes Ballroom

Evaluation, Treatment, and Legal Representation of an Individual with a Traumatic Brain Injury with Pre-Existing Psychiatric Trauma

As complex as the evaluation, treatment, and representation of an individual with traumatic brain injury may be, these efforts are often made exponentially more complicated by the presence of a pre-existing psychiatric trauma such as childhood abuse, war, rape, or a mental disorder such as schizophrenia. Presenters include Christopher Asvar, Esq., Michelle Conover, PhD, and Claude Munday, PhD.

For more information on this luncheon, please see page 39.

This luncheon is being sponsored by Asvar Law (www.asvarlaw.com).

SATURDAY SPONSORED LUNCH

Saturday, 12:30 - 1:30pm, Hayes Ballroom

Brain Injury Legislative Update Across the Nation

This panel overviews legislation currently being written at the Federal and State level and how the brain injury community can provide greater influence on its positive outcome. Panelists include Congressmember Zoe Lofgren, California State Senator Jim Beall, and Mark Ashley, Chair of the Board of Directors of the Brain Injury Association of California and member of the Board of Directors of the Brain Injury Association of America. This session is moderated by Alyson Abramowitz. For more information on this luncheon, please see page 40.

EXHIBITOR PASSPORT PRIZE DRAWINGS

Friday, 6:00pm, Hayes Ballroom & Saturday 4:15pm, Hayes Ballroom

Valuable prizes are being awarded for individuals that complete the Exhibitor Passport activity. For more information on this activity please see page 47.
INTERNET ACCESS
Complimentary wireless access is available throughout the hotel. Please use “Dolce Mansion Room Linx”. No password is required.

NAME BADGE
Please wear your name badge at all times during conference events and presentations.

MEALS
Continental breakfast, lunch buffet, and continuous all day break snacks will be provided Friday and Saturday. Afternoon break snack will be provided for the preconference attendees on Thursday.

IN AND AROUND THE HAYES MANSION

DINING OPTIONS
Within the Hayes Mansion:

Silver Creek Restaurant. A stylish 170-seat restaurant with views of the mansion’s attractive grounds. Known for their award-winning Sunday Champagne Brunch and menus with healthful choices. (408) 362-2459

Palm Plaza Lounge. An intimate, warm interior bar combined with an expansive patio setting best describes the unique character of the Palm Plaza Lounge. Small Plates & “Bites” and classic casual dining selections. (408) 362-2380

Outside the Hayes Mansion:

Kenzo Japanese Restaurant. 5465 Snell Ave (408) 226-2114
High Five Pizza. 171 Branham Ln (408) 629-6800
Mandarin Gourmet San Jose. 5560 Santa Teresa Blvd (408) 281-8898
Jubba Restaurant. (African) 5330 Terner Way (408) 440-1504
Mama Do’s Kitchen. (Vietnamese) 4660 Pearl Ave (408) 267-1233

FITNESS CENTER
The Hayes has a 24-hour Fitness Center, outdoor pool and indoor and outdoor Jacuzzis. Adjacent to the hotel there are also tennis, basketball, and volleyball courts. To help you unwind the Hayes also houses InSpa featuring massage, facials, and nails (408 705-4595).

BUSINESS CENTER
The Hayes Mansion has a 24-hr business center with color copying, shipping and receiving, and complimentary computer stations (408 226-3200).

DESTINATIONS
Day trips could include San Francisco, Monterey, or the wine country (Napa, Sonoma). Please ask the Hayes concierge for more information.
Santa Clara Valley Medical Center (SCVMC) is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education (CME) for physicians. SCVMC takes responsibility for the content, quality and scientific integrity of this CME activity.

SCVMC designates this educational activity for a maximum of 4 AMA PRA Category 1 Credit(s) for each ½ day pre-conference; 13 AMA PRA Category 1 Credit(s) for the main conference; and 17 AMA PRA Category 1 Credit(s) for attending both pre- and main conferences. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

PHYSICIANS – 4 Contact Hrs. for each ½ day pre-conference session; and 13 Contact Hrs. for attending both pre- and main conferences: Physicians attending this course may report up to 17 hours towards the CMA certification in continuing medical education and the AMA physician recognition award.

NEUROPSYCHOLOGY - 4 Contact Hrs. for each ½ day pre-conference session; and 13 Contact Hrs. for the main conference; and up to 17 Contact Hrs. for attending both pre- and main conferences: This course meets requirements for MCEP Accrediting Agency as this course is being provided by a CMA accredited provider.

MFT & LCSW – 4 Contact Hrs. for each ½ day pre-conference session; and 13 Contact Hrs. for the main conference; and up to 17 Contact Hrs. for attending both pre- and main conferences; This course meets the qualifications as required by the California Board of Behavioral Sciences (SCVMC Provider #PCE3316).

CCM – 4 Contact Hrs. for each ½ day pre-conference session; and 13 Contact Hrs. for the main conference; and up to 17 Contact Hrs. for attending both pre- and main conferences; This program has been pre-approved by the Commission for Case Manager Certification to provide continuing education credit to Certified Case Managers (CCMs).

CRC – 4 Contact Hrs. for each ½ day pre-conference session; and 13 Contact Hrs. for the main conference; and up to 17 Contact Hrs. for attending both pre- conference and main conferences; This program has been pre-approved by the Commission on Rehabilitation Counselor Certification (CRCC) for up to 17 Contact Hours.

NURSING – 4 Contact Hrs. for each ½ day pre-conference session; and 13 Contact Hrs. for the main conference; and up to 17 Contact Hrs. for attending both pre- and main conferences: Provider approved by the California board of Registered Nursing (Provider #CEP2056 for up to 17 Contact Hours).

OT – 4 Contact Hrs. for each ½ day pre-conference session; and 13 Contact Hrs. for the main conference; and up to 17 Contact Hrs. for attending both pre- conference and main conferences; Certificates of attendance will be provided.

PT – 4 Contact Hrs. for each ½ day pre-conference session; and 13 Contact Hrs. for the main conference; and up to 17 Contact Hrs. for attending both pre- conference and main conferences; Certificates of attendance will be provided.
CONTINUING EDUCATION INFORMATION

SLP - 4 Contact Hrs. for each ½ day pre-conference session; and 13 Contact Hrs. for the main conference; and up to 17 Contact Hrs. for attending both pre- conference and main conferences – Certificates of attendance will be provided.

RTR/CTRS – 4 Contact Hrs. for each ½ day pre-conference session; and 13 Contact Hrs. for the main conference; and up to 17 Contact Hrs. for attending both pre- conference and main conferences; Certificates of attendance will be provided.

ONLY SESSIONS ATTENDED WITH COMPLETE COURSE EVALUATIONS WILL QUALIFY FOR CONTACT HOURS.

A $50 administrative fee will be charged for those receiving CEU’s/CME’s. Certificates of attendances will be provided free of charge.

HOW TO COMPLETE YOUR COURSE EVALUATIONS

Course evaluations can be completed online (preferred) or on paper forms. Completing the course evaluations online will decrease the time necessary to generate your CME certificate.

To complete your course evaluations online, please visit www.braininjuryconference.org and click on the “CME Information” tab. You will find a link to the online course evaluation system.

Once online, you will be asked to select each session that you attended. For each session you will be asked to rate the following items:
1. The speaker met the stated objectives
2. The speakers provided a quality presentation
3. The content of the program related well to the stated objectives
4. The information was applicable to my role
5. The teaching method and materials enhanced my learning
6. Adequate time was allotted for this presentation
7. The speaker disclosed all conflicts and commercial bias

In addition you will be asked how you will use what you have learned in the session in your job and if you have any additional comments. Please complete all the questions for each session that you attended. There are also several items relating to the general meeting evaluation. A certificate of attendance will be generated automatically. Your specific CME/CEU certificate will be generated by conference staff and emailed to you ASAP.

There is an option to complete course evaluations on paper. Please ask for the paper forms at the registration desk.

Questions regarding CME/CEU units, please contact Erleen (Gail) Cuevas at (408) 885-2153 or email erleen.cuevas@hhs.sccgov.org or visit the Registration Desk during the conference.
### PRECONFERENCE • THURSDAY, FEBRUARY 28

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>12:00 - 1:00 pm</td>
<td>Preconference Registration, Hayes Ballroom Foyer</td>
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<tr>
<td>1:00 - 5:00 pm</td>
<td>Using Technology in Brain Injury Rehabilitation, Debra L. Burdsall &amp; Michelle Tipton-Burton, Edenvale</td>
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<tr>
<td>2:00 - 5:00 pm</td>
<td>Early Conference Registration &amp; Exhibitor Registration, Hayes Ballroom Foyer</td>
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### CONFERENCE DAY 1 • FRIDAY, MARCH 1

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:00 - 8:00 am</td>
<td>Registration and Continental Breakfast, Hayes Ballroom Foyer</td>
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<tr>
<td>8:00 - 8:10 am</td>
<td>Welcome and Announcements, Stephanie Kolakowsky-Hayner, Hayes Ballroom</td>
</tr>
<tr>
<td>8:10 - 9:40 am</td>
<td>Keynote: Brain Injury, Adversity, and Never Giving Up! The Lystedt family and Richard H. Adler, Hayes Ballroom</td>
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<tr>
<td>9:40 - 11:10 am</td>
<td>Plenary: A View from the Other Side of the Bed, Kate Adamson, Hayes Ballroom</td>
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<tr>
<td>11:10 - 11:30 am</td>
<td>Break, Exhibit Areas</td>
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<td>ROOMS</td>
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<tr>
<td>11:30 - 12:30 pm</td>
<td>ROOMS EDENVALE MONTEREY CHYNOWETH MORGAN HILL</td>
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<td>Medical Management of Post Concussion Syndrome in Athletes, Henry Huie</td>
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<td>Using the iPad as a Treatment Tool, Kim Gully</td>
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<td>Roadmap to Recovery, Dr. Dial</td>
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<td>Assessing the Potential for Violence, Rolf Gainer</td>
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<tr>
<td>12:30 - 1:30 pm</td>
<td>Sponsored Lunch: Evaluation, Treatment, and Legal Representation of an Individual with a Traumatic Brain Injury with Pre-Existing Psychiatric Trauma, Christopher Asvar, Michelle Conover, and Claude Munday, Hayes Ballroom</td>
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<tr>
<td>1:30 - 2:30 pm</td>
<td>Neuromedical Innovation for Chronic Brain Injury, Mark Ashley</td>
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<td>Brain Plasticity Principles for Breakthrough Outcomes with the Anat Baniel Method, Anat Baniel &amp; Neil Sharp</td>
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<td>Clinical Phasing: The Steps to Greater Independence Through Supported Living, Teresa Dwight</td>
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<td>Show Us the Data: Using Evidence to Improve Hospital-School Transition for Children with TBI, Deborah Ettel, Ann Glang, Bonnie Todis</td>
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<td>2:30 - 2:45 pm</td>
<td>Break, Exhibit Areas</td>
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<td>2:45 - 3:45 pm</td>
<td>Building a Cost-effective Coaching Program to Manage Challenging Patient Behaviors, Shirley Wheatland, Michael Weber &amp; Linde Spuhler</td>
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<td>Fatigue After TBI: Associated Factors and the Impact of Exercise, Jeffrey Englander, Jerry Wright, Stephanie Kolakowski-Hayner, Kimberly Bellon &amp; Paul Carufel</td>
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<td>Progressing Patients with Complex Healthcare Needs Through the Continuum of Care, Kelli Cole &amp; Hussam I. El-Gohary</td>
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<td>The Battle Within: Traumatic Brain Injury, Post-traumatic Stress Disorder, and Violence Risk, Cynthia Boyd</td>
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<tr>
<td>3:45 - 4:00 pm</td>
<td>Break, Exhibit Areas</td>
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<tr>
<td>4:00 - 5:00 pm</td>
<td>CT and MRI: Current and Future Techniques, Murray Solomon</td>
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<td>FES Cycle: Not Just for Strengthening the Lower Extremities, Christy Brimmer</td>
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<td>Strategies for Success: Navigating the Path To and Through College, B.J. Grosvenor</td>
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<td>Wives of Wounded Warriors - Living with the Emotional Trauma When War Comes Home, Marilyn Lash</td>
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<td>5:15 - 6:00 pm</td>
<td>Award Ceremony, Hayes Ballroom</td>
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<tr>
<td>6:00 - 8:00 pm</td>
<td>Poster Session and Reception, San Martin and Exhibit Areas</td>
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# 2013 Santa Clara Valley Brain Injury Conference

## Conference Agenda

### Conference Day 2 • Saturday, March 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>7:00 - 8:00 am</td>
<td>Registration and Continental Breakfast, Hayes Ballroom Foyer</td>
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<tr>
<td>8:00 - 8:10 am</td>
<td>Announcements, Stephanie Kolakowsky-Hayner, Hayes Ballroom</td>
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<tr>
<td>8:10 - 9:40 am</td>
<td>Plenary: Culturally Competent Brain Injury Rehabilitation Across the Continuum: Next Steps, M. Elizabeth Sandel &amp; Stephanie Kolakowsky-Hayner, Hayes Ballroom</td>
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<td>9:40 - 11:10 am</td>
<td>Plenary: Managing Emotionally Difficult Conversations, John Banja, Hayes Ballroom</td>
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<td>11:10 - 11:30 am</td>
<td>Break, Exhibit Areas</td>
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**Rooms**

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<th>Time</th>
<th>Room</th>
<th>EDENVALE</th>
<th>MONTEREY</th>
<th>CHYNOWETH</th>
<th>MORGAN HILL</th>
<th>SAN MARTIN</th>
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<tr>
<td>11:30 - 11:50 am</td>
<td></td>
<td>The Relationship between Sleep Disorders and Growth Hormone Deficiency Following Brain Injury, Lisa Kreber</td>
<td>Hyperthalamic Under-connectivity Following TBI, Tamara Bushnik</td>
<td>DTI Tractography of Neural Trauma in US Veterans: Execution, Analysis, and Implications for Care, Keith Main</td>
<td>Examining Differences in Recovery Trajectories Following TBI, Jessica Ashley</td>
<td>Responding to Families: Providing Hope for Caregivers of Adults with Long-term Care Brain Injuries, Darla Bailey</td>
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<tr>
<td>11:50 - 12:10 pm</td>
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<td>Neuroplasticity: Evidence Based Clinical Applications, Christina Lighthill &amp; Rachel Atkins</td>
<td>Investigating Traumatic Brain Injury: Correlating External Pressure Distributions to Internal Injury, Ben Schwartz</td>
<td>Treating Acquired Alexia after Penetrating Brain Injury: Use of Multiple Oral Reading Method (MOR), Rocio Norman</td>
<td>The Value of CARF Accreditation for Brain Injury Specialty Programs, Christine MacDonell &amp; Cathy Rebella</td>
<td>Rehab Continuum through Social Media, Bernadette Coleman</td>
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<td>12:30 - 1:30 pm</td>
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<td>Sponsored Lunch: Brain Injury Legislative Update Across the Nation, Zoe Lofgren, Jim Beall, Mark Ashley, &amp; Alyson Abramowitz, Hayes Ballroom</td>
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<td>1:30 - 2:30 pm</td>
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<td>MTBI, Chronic Pain, and Depression in Post-Concussion Syndrome, Barbara Schrock</td>
<td>The Role of the Hippocampus and Related Structures in Memory Disorders, Benton Giap</td>
<td>Ethical Issues in Post-Acute TBI, Tina Bunyaratapan</td>
<td>Reducing Inter-personal Conflict In Futility of Care Cases, John Banja</td>
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<td>2:30 - 2:45 pm</td>
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<td>Break, Exhibit Areas</td>
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<td>4:00 - 4:15 pm</td>
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<td>Conference Wrap-up, Hayes Ballroom</td>
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Preconference Workshop 1: Using Technology in Brain Injury Rehabilitation

Presenters: Debra L. Burdsall, MPH, BSOT and Michelle Tipton-Burton MS, OTR/L
Edenvale

This interactive Preconference will explore assistive technology devices that can be incorporated into the therapeutic environment to facilitate functional improvement and support for individuals with neurologic injuries. Course topics include a demonstration of assistive technology options that address specific deficits found in the neurologically impaired individual, accessibility features, and web-based educational resources, as well as exploration of innovative technology options and case studies to illustrate application of assistive technology in the therapeutic setting. Accessibility on both the PC and Mac will be discussed. Attendees are encouraged to bring their laptop or other internet accessible device to gain hands-on experience. Wireless internet will be available.

Objectives:
1. List the benefits of assistive technology as a therapeutic tool in the rehabilitation of the brain injury patient
2. Identify functional limitations in individuals with traumatic brain injury that limit outcome and how these can be addressed with the use of technology
3. Demonstrate knowledge of technology options available to enhance functional skills and maximize independence for individuals with TBI
4. Identify and describe accessibility features that address visual and motor deficits in the most commonly used operating systems
5. Demonstrate knowledge of patient and family web-based TBI educational materials available to address needs in each phase of recovery

Preconference Workshop 2: Vision Issues after Brain Injury: Lessons Learned and Practical Treatment

Presenters: Gregory L. Goodrich, PhD & John Kingston, MEd, COMS
Chynoweth

Dr. Goodrich’s presentation will provide an overview of research defining visual loss and dysfunction due to military-related events. Incidence and associated costs will be discussed. Dr. Goodrich will also discuss a study designed to determine if the nature of visual loss and dysfunction is different in blast events compared to other, more common, trauma such as that incurred in motor vehicle accidents.

Mr. Kingston’s presentation will include a general introduction to field loss caused by brain injury and implications of such loss on reading and mobility. Scanning strategies will be discussed, such as ways to demonstrate field loss to increase awareness in patients with visual neglect, approaches for systematic scanning and multi-sensory techniques to encourage scanning. A case study will be presented in the context of suggested strategies for working with patients with traumatic and acquired brain injuries in a veteran population.

The final portion of the afternoon will include a hands on break out session in which participants will practice methods using pen and paper training worksheets, a tactile scan board to encourage multi-sensory exploration for scanning, adapting exercises for near and far scanning, and when and how to incorporate a metronome into training strategies.

Objectives:
1. Gain an understanding of the types, incidences, and costs of traumatic brain injury-related vision loss in troops injured in Afghanistan and Iraq
2. Gain an understanding of the ability of research on traumatic brain injury-related vision loss to better inform treatment of civilians with traumatic brain injury-related vision loss
3. Learn the history and use of anchoring techniques for visual left neglect
4. Learn various tools that can utilized or created for the use in scanning training
5. Learn how tools and techniques were applied within the context of a case study
6. Learn where to access on-line resources for additional tools, techniques and methods for scanning training
7:00 AM - 8:00 AM
Registration & Continental Breakfast
Hayes Foyer

8:00 AM - 8:10 AM
Welcome & Announcements
Stephanie Kolakowsky-Hayner PhD, CBIST, Hayes Ballroom

8:10 AM - 9:40 AM
Keynote Plenary: Brain Injury, Adversity, and Never Ever Giving Up
Presenters: Zackery, Victor, and Mercedes Lystedt with special guest, Richard H. Adler, Lystedt's Attorney
Hayes Ballroom

Zackery Lystedt suffered a concussion toward the end of the first half of a junior high school football game in October 2006. He was removed from the game for a few plays and return to complete the second half. At the end of the game he collapsed on the field and was airlifted to Harborview Medical Center, a Trauma One hospital for life saving brain surgery. He was comatose and required a bilateral craniotomy with evacuation of his subdural brain bleeds. He was in a coma for 30 plus days, with no movement or speech for 9 months, 20 months on a feeding tube, and six plus years later he continues his fight and struggle to become whole. Zackery's sheer determination and the support of his loving parents paid off. Zackery was able to return to school, was voted homecoming king, participated in graduation with his high school classmates, and begin taking classes at a community college.

The Lystedts’ commitment to not let this type of preventable brain injury happen to another family, coupled with their attorney’s advocacy, led to the development of a strong coalition of community, health care and advocacy partners resulting in the first-in-the-nation legislation requiring written medical clearance, following a concussion, before returning to practice or competition. The law, known as the “Lystedt Law” has served as the model legislation for 40 other states and has received the endorsement and support of the American College of Sports Medicine, American Academy of Physical Medicine & Rehabilitation, and the NFL.

This conference session will allow participants to hear from Zackery and his parents on their journey through near death to taking a first step years later. It will provide education regarding the impacts of keeping a positive outlook on rehabilitation and overcoming adversity throughout the life-long recovery from brain injury, despite negative outcome expectations from the treatment team. Attendees will also understand the process it took to get the Lystedt Law passed and how it continues to prevent preventable brain injuries in youth sports and make sports more fun and safe. Most importantly, Zackery will share his experiences regarding his successful and ongoing recovery efforts including some pitfalls to avoid and some key supporters of success.

9:40 AM - 11:10 AM
Plenary 2: A View from the Other Side of the Bed: Practical Suggestions for Successful Stroke Rehab
Presenter: Kate Adamson
Hayes Ballroom

Being “locked in” after a stroke or brain injury is a rare and often unheard of phenomenon. According to the National Institute of Neurological Disorders and Stroke (NINDS), locked-in syndrome is a rare neurological disorder characterized by complete paralysis of voluntary muscles in all parts of the body except for those that control eye movement. Individuals with locked-in syndrome are conscious and can think and reason, but are unable to speak or move. The disorder leaves individuals completely mute and paralyzed. While there is no cure or standard treatment for individuals who are locked-in, in rare cases some patients may regain certain functions. Ms. Kate Adamson is one of these rare cases. She will share with the conference attendees a description of her stroke; an overview of what it means to be locked in; her recovery process including an interdisciplinary/family teamwork approach; and practical approaches to motivating recovery.

Objectives:
1. Define the extremely rare condition of being locked in
2. Explain the process and importance of the interdisciplinary/family teamwork approach to rehabilitation
3. Describe at least 2 practical approaches to motivating recovery
11:30 AM - 12:30 PM
Track 1: Medical Management of Post Concussion Syndrome in Athletes
Presenter: Henry Huie, MD
Edenvale

There is an estimated that 3.8 million sports and recreation related head injuries that occur in the United States annually. Concussion in sports is a common injury that results in somatic, cognitive, sleep-related, and emotional symptoms. Although a majority of athletes recover within days to weeks, some concussed patients develop longer lasting symptoms of post concussive syndrome which can be disabling and limit sport participation. Concussion management has evolved in the last decade, evolving from management with rest and observation into a multidisciplinary approach utilizing physicians, neuropsychologists, psychotherapists, physical and vestibular therapists and athletic trainers. Management of symptoms following concussion has become individualized with therapeutic options tailored to each athlete's specific symptoms. Patient-centered care with an emphasis on education is paramount. Physical and cognitive rest are a mainstay of treatment, and medical interventions may be necessary when symptoms persist beyond several weeks or when they are significantly affecting quality of life. Although evidence based research has helped to transform treatment approaches, there remains a paucity of literature evaluating pharmacology in sport-related concussion. The aim of this presentation is to discuss the clinical assessment of post concussion syndrome in athletes, and to review the current recommendations for medical management of symptoms.

Objectives:
1. Discuss post concussion syndrome and its somatic, cognitive, sleep, and mood related symptoms
2. Describe the nonpharmacologic treatment options for post concussion syndrome in athletes
3. Review the pharmacologic management of post concussion syndrome in athletes

11:30 AM - 12:30 PM
Track 2: Using the iPad as a Treatment Tool
Presenter: Kim Gully, MS, CCC, CCM, CBIST
Monterey

The iPad offers a unique way of bringing therapy to a broad spectrum of people, from all walks of life, but it can be intimidating. While this is a new and exciting form of technology, it is an approach to therapy that requires training and practice for anyone who is planning to use it as an intervention. The number of applications that are available, the best approach to use when selecting and implementing an application can be overwhelming for therapists, family members and patients. Finding, selecting and implementing apps appropriate for a wide range of therapeutic interventions will be addressed. This course is designed to introduce the iPad to attendees in a learning environment to familiarize them with basic aspects of the device and how to use it most effectively as a therapy tool. Over the past few years there has been a strong movement in the medical field to use apps as part of patient treatment. The use of apps as therapy tool continues to grow and is common place in the brain injury rehab settings. All disciplines are getting involved in the use of technology to educate, engage, remediate and restore functions lost or disrupted by a wide variety of disease processes. Participants are encouraged to bring their iPads to practice the use of the items demonstrated and to share their experiences with using the iPad as a therapy tool.

Objectives: Participants will
1. Be able to identify, access and make adjustments to the iPad settings including the built in accessibility features on the iPad
2. Be exposed to a wide variety of apps appropriate for use with brain injury survivors
3. Learn how to utilize resources to locate and select additional apps for use in therapy
4. Receive hands on instruction and are encouraged to bring an iPad or attend with someone who has an iPad
5. Be able to access additional tips and tools to further their knowledge of the use of the iPad and enhance the therapy experience
Track 3: Roadmap to Recovery: Navigating the Family’s Recovery After Brain Injury
Presenter: Drema Dial, PhD
Chynoweth

A loved one’s traumatic brain injury has long-lasting effects on family members. The injury itself may initially pull family members together in the immediacy of the crisis. Later, as the stresses of dealing with hospital bills, frequent rehab visits, and changes in the loved one’s behaviors begin to add up, family members may become emotionally distant, withdrawn from one another, or conversely, may overcompensate by becoming enmeshed with one another or the person with TBI. At either end of the emotional spectrum—distant or overly involved—is dysfunction and many families find themselves straining at the seams with uncertainty, guilt, and grief.

Depending on the role the brain injured person played in the family, role changes may be forced on to family members: a mother may have to become both mother and father after the father’s TBI. A sibling may be forced to take on more responsibility as the parents’ attention is focused on their sibling’s recovery. Because so much time, energy and other resources are focused on the TBI patient, other family members may find themselves feeling resentful, abandoned, confused, or angry. Left unspoken, these feelings can destroy a family.

This presentation highlights what families can expect emotionally following a TBI in the family. Potential road maps of recovery will be given, giving examples of how families can navigate difficult experiences and emotions. This presentation will also highlight how to develop and use strategies for healthy communication with all family members.

Objectives:
1. Discuss the importance of emotional communication of a family’s recovery after a loved one’s TBI
2. Develop strategies for developing healthy communication
3. Identify key problematic areas found in families after a loved one’s TBI

Track 4: Assessing the Potential for Violence
Presenter: Rolf Gainer, PhD
Morgan Hill

In the United States there are over 1.5 million brain injuries each year at all levels of severity. Approximately 70% of all incarcerated individuals have a traumatic or acquired brain injury. Brain injury occurs in 25% of the mental health population and in 80% of homeless individuals. Among returning service members from Iraq and Afghanistan there are large numbers of individuals with undiagnosed TBI’s from exposure to IED’s as well as individuals who sustained one or more concussions in the battlefield. Individuals with brain injury are at-risk for co-occurring psychiatric problems such as: depression, affective disorders, anxiety, PTSD and suicide. The issue of violence directed at the self or others is an important issue for clinicians to understand and to be able to prevent or reduce harm through effective assessment and intervention.

The steps to assessing and understanding the potential for violence in individuals with a brain injury will differ from the risk assessments used with other populations. Brain injury can affect executive functions and diminish problem solving abilities. There may be personality and behavior changes which create instability in the person’s social role behaviors and their ability to self-regulate mood states or behavior. Seizure disorders can produce a state of irritability and diminish anger control. Impulsive behaviors are a likely occurrence with specific injury types and the significance of behavior dysregulation may be a major factor in the development of a violent event.

This presentation will address: the components of evaluation and assessment needed to identify risk potential, the hierarchy of violence related to the formulation of a plan for a violent act and committing to the act and the actions needed to prevent harm from occurring to the person or others.

Objectives:
1. Understand the development of the potential for violent behavior in individuals with TBI
2. Identify clinical assessment techniques to identify individuals with risk potential
3. Understand the Hierarchy of Violence leading to internalized or externalized aggression
4. Identify the clinician’s duty to prevent harm and enact strategies for safety
12:30 PM - 1:30 PM  
Sponsored Lunch (please see page 39)  
Hayes Ballroom

1:30 PM - 2:30 PM
Track 1: Neuromedical Innovation for Chronic Brain Injury
Presenter: Mark Ashley, ScD  
Edenvale

Once viewed as an event, brain injury is increasingly being recognized as having profound impact on neurophysiological processes that appear to impact development of disease which may extend over the lifetime of the individual. Further, recovery from brain injury occurs over a longer time frame than previously understood, responding to both biological and environmental factors that impact both the rate and extent of recovery. Neurological rehabilitation is founded in principles of neuroplasticity combined with neural regenerative processes occurring post injury. Both appear to be environmentally dependent and vulnerable to facilitation. Derangement of the neurophysiologic milieu occurs during brain injury and can result in lasting challenges to metabolic, trophic, immune, endocrine and neuromodulatory function. These challenges can result in disease development or acceleration. Further, these challenges represent real and potential therapeutic targets for ongoing medical and rehabilitative management of patients with brain injury. While brain injury rehabilitation has become increasingly temporally constrained, neuroscience presents a number of therapeutic options that merit treatment or investigation as therapies that may slow the progression of disease, reverse disease processes, or prevent disease development altogether. This session will address chronic medical management of a number of chronic medical conditions and novel interventions in metabolic, trophic, immune, endocrine, neurotransmitter, neuroprotection approaches. Principles of neuroplasticity and neural regeneration will be reviewed. Existing and potential rehabilitation medicine treatment targets will be presented against a backdrop of neuroplastic facilitation and neural regeneration.

Objectives: The participant will understand
1. Current principles of neuroplasticity and neural regeneration
2. Neurophysiological disruption following brain injury
3. Strategies for medical targeting and investigation of metabolic, trophic, immune, endocrine and neuromodulatory function after brain injury
4. Potential molecular and behavioral targets for chronic medical management following brain injury

1:30 PM - 2:30 PM
Track 2: Brain plasticity principles for breakthrough outcomes with the Anat Baniel Method
Presenter: Anat Baniel & Neil Sharp, MD  
Monterey

The brain plays a central role in the organization and execution of all that we do. The challenge is how to communicate with the brain in a way that will lead it to reorganize and provide the results we’re looking for with the brain-injured patient. It is important to shift the focus during the rehabilitation process of the brain injured patient from repetitive attempts to perform lost functions – physical, cognitive or emotional - to providing the brain with the new information it needs to differentiate and create new connections and patterns leading to the recreation of the lost functions. Repetition and forceful attempts by the patient to perform lost functions, activate the plasticity of the brain to quickly groove in the patterns of the disorder and the disorganization that the brain damage caused. These patterns of limitation get deeply grooved in the brain and result in a restricted and asymptotic process of recovery. Successful rehabilitation depends on taking advantage of the power of the brain to change itself in a positive direction, i.e. resume the process of massive creation of new neural connection that took place the first time those functions were formed and are required for the formation of any new skill. The Anat Baniel Method offers an innovative approach that provides a new understanding of the conditions the brain requires in order to “wake up” and resume creating new connections. It defines Nine Essentials, supported by contemporary neuroscience, that are principles and practical ways to leverage the remarkable potential of the brain to change itself to improve and often transform expected clinical outcomes. The Essentials can be easily integrated and applied by the clinician in their own practice.

Objectives:
1. Get deeper knowledge of the most current brain plasticity research and ways to translate this knowledge into practical applications with their patients
2. Acquire tools to be able to intentionally activate positive brain change and learning in their patients
3. Recognize aspects of traditional rehabilitation practices that can limit their patient’s progress rather than enhance it and how to avoid those
4. Experience first hand the power of their brain to quickly change and clearly enhance their own movement coordination and flexibility
1:30 PM - 2:30 PM
Track 3: Clinical Phasing: The Steps to Greater Independence Through Supported Living
Presenter: Teresa Dwight, MS, CCC-SLP
Chynoweth

As clinicians, we are familiar with the term “rehab continuum” and the inference that recovery after a brain injury proceeds in a series of distinguishable phases (Rancho Los Amigos Levels of Cognitive Functioning Scale-Revised). Phases which, if completed successfully, lead to a “least restrictive living situation” with optimized function. Our challenge is, “what does this mean?” What do we measure when survivors are on auto pilot, have isolated skills but express that they can drive, make decisions for themselves, and live independently? This presentation will stimulate the dialogue of clinical and functional considerations as survivors advance towards living as independently as they are able to safely do so. Components of a “phasing” document applied in a supported living environment will be presented and strategies transferable for use in the home and community will be highlighted.

Objectives:
1. Identify the components of a clinical phasing program for supported living
2. Ability to identify candidates ready to initiate a structured phasing program
3. Ability to correlate the Rancho Level that supports transition
4. Recognize the collaborative nature of successful phasing programs
5. Recognize components that can be used by caregivers and families outside the supported living setting.

1:30 PM - 2:30 PM
Track 4: Show us the Data: Using Evidence to Improve Hospital-School Transition for Children with TBI
Presenter: Deborah Ettel, PhD, Ann Glang, PhD, & Bonnie Todis, PhD
Morgan Hill

Under-identification and lack of services are problematic for students with TBI. Educators, who often lack adequate training in TBI, may be unaware that a returning student has had a TBI. The STEP model of school transition and re-entry support addresses the issue by providing hospitals with a simple, consistent process for linking TBI patients and their parents with school personnel. STEP then provides both families and educators with ongoing support and resources for working with students with brain injury. The STEP study is a two arm randomized control trial of a protocol for transitioning students from hospital to school. A detailed description of the project, results, and next steps will be discussed. The STEP model shows promise in improving access to support services for children with TBI by increasing the number of students identified for special education services upon school re-entry, the number of accommodations and support services students receive, and the satisfaction of students’ parents for students with TBI who did not receive inpatient rehabilitation services.

Objectives:
1. Understand key factors contributing to the under-identification cycle in schools for students with TBI
2. Identify the types of issues students with TBI face upon transition from hospital to school
3. Understand components of the STEP protocol for linking hospitals, families and schools to support students with TBI
4. Understand preliminary results from a transition and re-entry model that has been tested in hospitals and schools in three states
2:45 PM - 3:45 PM

Track 1: Building a Cost-effective Coaching Program to Manage Challenging Patient Behaviors
Presenter: Shirley Wheatland, MS CCC/SLP, Michael Weber, PhD, Linde Spuhler, MS CCC/SLP
Edenvale

Management of behavioral changes is a common challenge for inpatient TBI rehabilitation programs. If not efficiently and effectively managed, these behaviors can result in injury to the patient and/or staff, impede participation in rehabilitation therapies and result in poor or below potential functional outcomes.

Brain injuries can result in a wide range of behavioral difficulties including agitation, restlessness, striking out, yelling, verbal threats, swearing, sexually inappropriate statements and actions, refusing to participate in therapies and nursing care, sleep disturbances and unsafe mobility. These behaviors can severely limit participation in rehabilitation, prevent having adequate sleep at night, interfere with provision of nursing and medical care, lead to lengthened rehabilitation stays and contribute to poor functional outcomes. Building an effective coaching program to manage challenging behaviors is vital and essential. A coaching program requires dedicated coaches who are well-trained to clearly-delineated competencies. Coaches are active rehabilitation staff members who are ready to provide the correct and necessary behavioral interventions 24 hours per day if needed. Coaches document patient behaviors and sleep patterns around the clock and communicate detailed and rich observations of patient behavior they observe throughout the day to the rehabilitation team. A quality coaching program requires investment from the rehabilitation program’s leadership in training and staff development but will lessen costs by reducing patients’ lengths of stay, minimizing patient and staff injuries and producing more positive long-term outcomes. Best practices for building and maintaining a coaching program will be presented, including the range of required competencies for coaches, documentation and communication practices, strategies for weaning a coach from a patient’s care and ongoing staff development.

Objectives:
1. Identify the most important components of a coach training program
2. Describe the key points of skilled coach documentation
3. Discuss the most efficient and conducive means of team communication
4. Analyze ways in which a coaching program can be cost-effective for a facility

2:45 PM - 3:45 PM

Track 2: Fatigue after TBI: Associated factors and the impact of exercise
Presenter: Jeffrey Englander, MD, Jerry Wright, MS, CBIST, Stephanie Kolakowsky-Hayner, PhD, CBIST, Kimberly Bellon, BS, CBIS, Paul Carufel, MA, CBIS
Monterey

Fatigue is a near universal symptom for individuals with TBI when populations are surveyed. The quality of fatigue changes during recovery and appears to be a combination of physical factors, mental endurance and emotional resilience. Both a paper and computer based screening form have been developed to help measure fatigue after TBI. Of the associated symptoms after TBI, depression, self perception of memory and motor deficits and female gender are most predictive of fatigue. Sleep disorders and neuroendocrine dysfunction are independently prevalent. A community sample of individuals with TBI were recruited to determine if fatigue and associated symptoms can be improved with a walking program. 115 individuals participated in a randomized crossover study. Over 12 weeks, individuals were coached to increase their walking. A nutritional education arm was the crossover condition. Results indicate a significant improvement in fatigue, depression and perceived stress after the walking arm was completed. Improvement was sustained throughout the study. Sleep quality and pain were not significantly impacted during the intervention.

Objectives:
1. Explain the prevalence of fatigue after TBI
2. Implement a tool to measure fatigue in clinical and research settings
3. List 4 common associated conditions of fatigue after TBI
4. Determine if regular exercise is helpful for treatment of fatigue after TBI
2:45 PM - 3:45 PM  
**Track 3: Progressing Patients with Complex Healthcare Needs Through the Continuum of Care**  
Presenters: Kelli Cole, RN-C, MS & Hussam I. El-Gohary, MD  
Chynoweth

Problem: Treating patients with acute brain injury who also have chronic, complex, comorbid conditions.

A long-term acute care hospital often serves as bridge from coma to rehabilitation for patients with complex medical problems. Patient with acute brain injury, who also have underlying complex health problems usually require more time in an acute setting to be able to participate in an aggressive rehabilitation program. This Presentation will describe Long-Term-Acute-Care (LTAC), related regulatory requirements and reimbursement methodologies. The presenters will also describe best practices for progressing patients with complex medical needs and a discharge planning process that results in on time, safe transitions to the next level of care.

The presentation will conclude with 2 LTAC patients telling their story – describing their brain injury and their journey back to living. Hussam I. El-Gohary, M.D. will co-present by sharing the patients’ medical history, related medical interventions and an interdisciplinary approach to care which assisted in the patients’ recovery.

Objectives:
1. Explain the Long-Term Acute Care (LTAC) Level of Care  
2. Identify patients meeting LTAC criteria  
3. Understand LTAC CMS Regulations and Reimbursement Methodology  
4. Describe the benefits of the LTAC level of care for patients with significant brain injury and other complex healthcare needs  
5. Define key steps in the discharge planning process for patients with specialized needs

2:45 PM - 3:45 PM  
**Track 4: The Battle Within: Traumatic Brain Injury, Posttraumatic Stress Disorder, and Violence Risk**  
Presenter: Cynthia Boyd, PhD  
Morgan Hill

Many service members returning from OIF/OEF continue to fight a “battle within”. Multiple deployments have increased the risk for blast exposure and combat related psychological trauma, resulting in the signature wounds of these conflicts: traumatic brain injury and posttraumatic stress disorder. In the acute stages of recovery from a TBI, physical symptoms and cognitive changes are expected. Changes in mood and behavior also occur, and are described by some as having a “short fuse”. This can manifest along a continuum, ranging from increased irritability, to acting out behavior. An increased activation of the limbic system associated with posttraumatic stress disorder, can also perpetuate aggressive and violent behavior. The violence reported is generally not predatory; instead it is reactionary, due to misperceived cues and limbic driven over-reactions. Co-morbid factors such as alcohol use can lower the impulse control threshold, increasing the risk of aggressive reactions. This has resulted in service member’s involvement in the legal system across the United States.

This presentation will examine the physiological changes that occur after TBI, and with PTSD, which increase service members risk for aggressive and violent behavior. Case examples from clinical practice, along with treatment recommendations and interventions, will be discussed.

Objectives:
1. Ability to identify impairment in functioning following TBI  
2. Gain an understanding of the physiological effects of TBI & PTSD that can provoke aggressive & violent behavior  
3. Recognize the brain structures and arousal pattern in PTSD that contribute to aggression & violence  
4. Understand the influence of co-morbid factors that lower the impulse control threshold  
5. Explore recent research examining aggression & violence in the military population
3:45 PM - 4:00 PM
Afternoon break and visit exhibits

4:00 PM - 5:00 PM
Track 1: CT and MRI in TBI: Current and Future Techniques
Presenter: Murray Solomon, MD
Edenvale

CT is currently a useful first line imaging technique for evaluating skull fractures and acute intracranial hemorrhage (epidural, subdural, subarachnoid and parenchymal bleeds). MRI extends diagnostic sensitivity by revealing post-traumatic edema and gliosis with sensitive T2 FLAIR sequences, microhemorrhages with SWI (susceptibility weighted imaging), global and regional post-traumatic brain atrophy with quantitative segmentation (NeuroQuant), and neuronal damage with DTI (diffusion tensor imaging). Default mode fMRI is a promising research technique that may extend the ability of MRI to diagnose and stage traumatic brain injury.

Objectives:
1. Review the current role of CT in TBI
2. Review the current role of MRI in TBI
3. Present new and promising MR techniques for TBI

4:00 PM - 5:00 PM
Track 2: FES Cycle: Not Just for Strengthening the Lower Extremities
Presenter: Christy Brimmer, PT
Monterey

The functional electrical stimulation (FES) cycle is primarily thought to be designed for lower extremity strengthening, especially in the spinal cord injury population. Yet, there is evidence to suggest people with impairments of cortical origin can also benefit from training on the FES cycle. There appears to be a lack of usage of this technology in patients with brain injury. Perhaps the reasons for less usage in people with brain injury is the perceived limitations due to tonal impairments, cognitive deficits, perceptual difficulties, inattention and lack of focus that result from brain injury. These deficits all present specific issues when using an FES cycle; but these limitations can not only be accounted for, but can also be the primary focus of the treatment session using the FES cycle. The FES cycle not only activates the muscles for movement, but also provides somatosensory stimulation. It also provides repetitive cyclical activity that can be used to activate spinal circuits similar to stepping. FES cycling may be a great precursor to weight bearing and gait training. This presentation will provide an overview of FES cycling, as well as evidence for the use of FES cycling in people with brain injury. The presenter will describe applications of FES cycling and strategies to adjust parameters on the FES cycle to address common deficits encountered in a brain injury population.

Objectives:
1. List multiple client diagnoses and deficits which could be addressed with use of the FES cycle
2. List ways to alter settings to meet goals related to deficits in cognition/attention, tone/spasticity, somatosensation, and coordination
3. Discuss how to evaluate effectiveness of FES cycle training and how to progress the clients with FES cycle use.
4. State expected changes/goals to meet with FES cycle use in early intervention
Track 3: Strategies for Success: Navigating the Path To and Through College
Presenter: B.J. Grosvenor, MS
Chynoweth

Persons with TBI have significant challenges to overcome in preparation of and once admitted to a college or university for the purposes of securing a degree. Potential areas of challenge include becoming overwhelmed with changing schedules, assignment preparation, fear of testing environments and nervousness navigating multiple subjects in one term. Additionally the possibility that a person with TBI has fewer friends to navigate this important life milestone may add to their stress. Finding out about and securing the necessary resources to navigate “college life” is a challenge for all students entering college, let alone one with a Traumatic Brain Injury. A university campus can be a place to develop new friends with similar interests either through their chosen major or through one of the many enrichment experiences such as special interest clubs, a majors club, or campus life programs such as the theater, concerts or athletic events. The university environment could be just the location to improve one’s quality of life and bolster emotional and societal functioning all the while gaining skills to lead to employment and a career.

Objectives:
1. Understand the pre-college skills persons with TBI need to have in order to be successful in navigating a path to earning a college degree
2. Compare the “on-campus” differences between the California Community College system and the California State University system
3. Discover the academic resources available to individuals with TBI in a four year college
4. Identify and examine the social and structural resources available on a college campus to enhance success and career options post college

Track 4: Wives of Wounded Warriors - Living with the Emotional Trauma When War Comes Home
Presenter: Marilyn Lash, MSW
Morgan Hill

This session describes findings from an innovative program by Hope for the Home Front, aptly titled, When War Comes Home - Don’t Retreat! A total of 6 weekend retreats focusing on the mental health needs of wives of wounded warriors were attended by over 200 women across 6 states near military bases in 2011-2012. The following themes are consistent across all groups. Wives need more information and education to understand the complex overlay of PTSD and TBI, particularly the behavioral, cognitive, and emotional changes that directly impact home life. Wives are struggling to help their children of all ages understand these changes and address the effects of PTSD and TBI on parenting roles. Intense feelings of anger, loss and grief are dominant and frequently accompanied by lowered self-esteem, depression and social isolation. Use of symptom inventories on secondary traumatic stress help women recognize their signs of compassion fatigue. Loss of intimacy was common and contributing to marital strains. Domestic violence is both a threat and pattern for a significant number of women, endangering them and their children. In addition to marital conflicts, spouses feel overwhelmed by the complexity of transitioning from military to community care systems. With heavy backlogs in disability determination and medical review boards, many families are under increasing financial stress adding to their marital stress and uncertain futures.

Objectives:
1. Identify at least 4 symptoms of compassion fatigue among caregivers of wounded warriors
2. Describe at least 3 aspects of military life that contribute to family stress and create risks for mental health
3. Discuss the interplay of TBI and PTSD symptoms and sequelae on family relationships

5:15 PM - 6:00 PM
Award Ceremony (please see page 37)
Hayes Ballroom

6:00 PM - 8:00 PM
Poster Session and Reception (please see page 34)
San Martin and Exhibit Areas
Plenary 3: Culturally Competent Brain Injury Rehabilitation Across the Continuum: Next Steps

Presenters: Stephanie Kolakowsky-Hayner, PhD, CBIST and M. Elizabeth Sandel, MD

Hayes Ballroom

Traumatic brain injury is a global health problem and one of the leading causes of death and disability in the United States. Persons with brain injury often experience life-long functional problems. Although some problems are resolved relatively early postinjury, deficits have been known to persist for nearly a decade or more. Not only do people with brain injuries need to overcome physical, emotional, and neurological difficulties after brain injury, cultural disparity within the rehabilitation system has become a problem for individuals to overcome as well. In order to eliminate cultural disparity, it is essential to provide culturally competent rehabilitation services across the entire continuum of care regardless of gender, race, ethnicity, religion, or sexual orientation. According to the US Department of Health and Human Services, cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Objectives:
1. Define cultural competence
2. List at least three areas in need of improved cultural competence typically ignored in traditional rehabilitation approaches
3. Identify at least three approaches to ensuring culturally competent rehabilitation across the continuum of care for individuals with brain injury, caregivers, and family members

Plenary 4: Managing Emotionally Difficult Conversations

Presenter: John Banja, PhD

Hayes Ballroom

This presentation will offer numerous communication strategies that build rapport with patients, especially ones whose behavior is causing the health professional to feel disrespected, anxious, or angry. Topics will include the nature of the health professional’s labeling certain patients or family members as “difficult” or impossible; the nature of the health professional’s psychological defenses when the professional is confronted with assaults to his or her self esteem; the need to understand the difficult patient rather than succumbing to the temptation to emotionally react; and numerous “what to say” responses, especially when the communication seems strained or uncomfortable. This presentation does not aim at teaching psychotherapy, but rather simple communication techniques that build rapport.

Objectives:
1. Explain how their psychological defenses might compromise their rapport with challenging patients
2. Describe common characteristics of relationally difficult patients
3. List empathic communication strategies that can be extremely helpful in trying situations
11:10 AM - 11:30 AM
Morning break and visit exhibits

11:30 AM - 12:30 PM
Platform 1
3 - 20 minute presentations starting at 11:30 AM, 11:50 AM, and 12:10 PM
Edenvale

11:30 AM
The Relationship between Sleep Disorders and Growth Hormone Deficiency Following Brain Injury
Presenter: Lisa Kreber, PhD, CBIS

Objectives:
1. Discuss the relationship between sleep and growth hormone secretion
2. Identify overlapping symptoms of sleep disturbance and growth hormone deficiency
3. Identify which hormones are secreted during sleep and which hormones are inhibited during sleep
4. Discuss the diagnosis and treatment of sleep disorders and neuroendocrine dysfunction following brain injury

11:50 AM
Neuroplasticity: Evidence Based Clinical Applications
Presenter: Christina Lighthill, OTR & Rachel Atkins, DPT

Objectives:
1. Define neuroplasticity and its relevance in brain injury rehabilitation
2. Differentiate between the good, bad, and mixed functional effects neuroplastic changes have after injury
3. Review recent evidence based research on therapy techniques that aim to manipulate neuroplastic changes after brain injury
4. Ability to infuse neuroplasticity principals into interventions in a manner that is functional on an individual basis in an enriched environment

12:10 PM
Post-Traumatic Rapid-Cycling Mood Disorder: Psychological Dynamics and Therapeutic Management
Presenter: Larry Schutz, PhD

Objectives:
1. Differentiate between traumatic, rapid-cycling mood disorder and other, more commonly diagnosed affective disorders
2. Explain the dynamic processes that produce short-duration pathological moods
3. Understand the long-term functional consequences of rapidly cycling moods and mood instability
4. Understand the relative contributions of medication, top-down therapy, and bottom-up, behavioral therapy in managing these symptoms
5. Understand the treatment implications and therapy strategies for disorders of cognitive self-integration and dissociation
11:30 AM - 12:30 PM
Platform 2
3 - 20 minute presentations starting at 11:30 AM, 11:50 AM, and 12:10 PM
Monterey

11:30 AM
Hyperthalamic Under-connectivity Following TBI
Presenter: Tamara Bushnik, PhD

Objectives:
1. Recognize the potential of hypothalamic pathway under-connectivity as a possible reason for post-TBI sequelae
2. List the regions of the brain that are implicated in the identified hypo connectivity
3. Describe the potential deficits associated with the under-activity of identified areas of the brain

11:50 AM
Investigating Traumatic Brain Injury: Correlating External Pressure Distributions to Internal Injury
Presenter: Ben Schwartz

Objectives:
1. State the relationship between the pressure measurements over the surface of the skull and the pressure, strain rate, and acceleration of brain tissue in a blast wave injury
2. State the relationship between the direction and magnitude of the blast and the pressure measurements over the surface of the skull
3. List 3 implications this research has for the medical and/or scientific community

12:10 PM
Know Thy TBI: Accuracy of Self-reported PTA Duration in Persons with TBI
Presenter: Mark Sherer, PhD

Objectives:
1. Understand factors that affect accuracy of self-report of PTA duration after TBI
2. Know the accuracy of self-report of PTA duration after TBI
3. Understand why one should be cautious in using self-report to determine TBI severity
3 - 20 minute presentations starting at 11:30 AM, 11:50 AM, and 12:10 PM

11:30 AM

**DTI Tractography of Neural Trauma in US Veterans: Execution, Analysis, and Implications for Care**
Presenter: Keith Main, PhD

**Objectives:**
1. Recognize the unique neurological and cognitive sequelae that characterize brain injury among veterans
2. Discuss the theory behind diffusion tensor imaging (DTI), an emerging clinical tool in neuroimaging
3. Describe the methodologies and techniques that compose DTI fiber tractography
4. Restate how DTI analysis yields critical information that correlates with the cognitive sequelae of brain injury
5. Explain how DTI can inform the diagnosis and treatment of those with neurotrauma

11:50 AM

**Treating Acquired Alexia after Penetrating Brain Injury: Use of Multiple Oral Reading Method (MOR)**
Presenter: Rocio Norman, MA, CCC-SLP

**Objectives:**
1. Identify 2 language impairments that can result from damage to the left hemisphere after traumatic brain injury
2. Describe 2 common treatments used to remediate reading impairment
3. Discuss the benefit of using a reading treatment using text vs. single words

12:10 PM

**Culturally Competent Rehabilitation: Diminishing Inequities in Service Delivery and Outcome**
Presenter: Katrina Esherick Belen, PsyD

**Objectives:**
1. Recognize racial and ethnic inequities in service utilization and outcome following brain injury
2. Identify barriers to access of culturally and linguistically appropriate post acute brain injury rehabilitation services
3. Identify resources available to help organizations meet national standards for cultural competency
4. Recognize limitations in our current understanding of minority issues as they relate to brain injury rehabilitation and outcome
11:30 AM - 12:30 PM
Platform 4
3 - 20 minute presentations starting at 11:30 AM, 11:50 AM, and 12:10 PM
Morgan Hill

11:30 AM
Examining Differences in Recovery Trajectories Following TBI
Presenter: Jessica Ashley, PhD

Objectives:
1. Provide an overview of survival analysis and the components of this statistical technique commonly used in medical research
2. Understand the differences in recovery trajectories associated with various TBI severity groups in both the acute and post-acute rehabilitation settings
3. Understand the potential prognostic value of survival analysis and how to use recovery trajectories to more accurately predict the necessary duration of care following TBI based upon available acute and post-acute rehabilitation treatment data

11:50 AM
The Value of CARF Accreditation for Brain Injury Specialty Programs
Presenter: Christine MacDonell & Cathy Rebella

Objectives:
1. Understand from a variety of stakeholder perspectives how accreditation provides a framework for quality
2. Identify key concepts in the standards for Brain Injury Specialty Programs
3. Identify key concepts in the ASPIRE to Excellence standards

12:10 PM
Systematic Instruction of Assistive Technology for Cognition Following Brain Injury: A Manual for Trainers
Presenter: Laurie Ehlhardt Powell, PhD

Objectives:
1. Cite at least 1-2 reviews of the literature focusing on external aids (including assistive technology for cognition) and/or systematic instruction
2. Describe the importance of person-centered goal development, device selection, and systematic instruction of ATC
3. Locate the entire TATE ATC Toolkit and additional resources off of the Center on Brain Injury Research and Training (CBIRT) website (www.cbirt.org) for future reference
11:30 AM - 12:30 PM
Platform 5
3 - 20 minute presentations starting at 11:30 AM, 11:50 AM, and 12:10 PM
San Martin

11:30 AM
Responding to Families: Providing Hope for Caregivers of Adults with Long-term Care Brain Injuries
Presenter: Darla Bailey, MSW, CSW

Objectives:
1. Provide an overview of the consequences of brain injury
2. Examine family dilemmas, their responses and adjustments to the life-long caregiver role
3. Be inspired as clinicians as “Hope Agent” for family members by reviewing current literature
4. Exposure to a successful service-delivery model for on-going treatment and support

11:50 AM
Rehab Continuum through Social Media
Presenter: Bernadette Coleman & Donald Michael Black

Objectives:
1. Identify with the needs, expectations and loss felt by the family members as they go through the different stages of the recovery process of their loved ones
2. Understand the importance of continuing rehab at every phase of recovery
3. Recognize the important role of social communication, whether online (social media and technology) or otherwise, as it relates to survivors and their families, and also for medical professionals involved in their healing through all phases of recovery

12:10 PM
Myths and Reality of Traumatic Brain Injury Recovery: Insights from the Trenches
Presenter: Wendy Tucker & Marco Ferreira

Objectives:
1. Recognize myths vs. the reality of brain injury recovery which will assist them in their continuing recovery
2. Gain insight into brain injury recovery and be able to assist other or themselves by learning of another survivor’s recovery
3. Identify the reality of the long road of recovery leading to greater acceptance and rehabilitation

12:30 PM - 1:30 PM
Sponsored Lunch: (please see page 40)
Hayes Ballroom
A “miserable minority” of individuals who suffer a mild traumatic brain injury remain symptomatic and disabled long after the expected time frame for recovery has occurred. We call this Post-Concussion Syndrome. The World Health Organization’s Model for the International Classification of Functioning, Disability and Health informs us that co-morbidities, personal factors and environmental factors must be considered in understanding disability following any diagnosis. Cumulative research is becoming clear that MTBI by itself rarely produces post-concussion syndrome. Cognitive test variables are also not related to outcome. However, a diagnosis of depression after the injury is related to outcome. The combination of a chronic pain diagnosis after the injury, a mental health diagnosis after the injury, and motivational variables (symptom validity) account for most of the variance in outcome in PCS. A review of this research will be presented as well as a presentation of these factors within the WHO ICF model. Recommendations to therapists and clinicians who deal with this population will be made to minimize the possibility of iatrogenic contribution to disability following MTBI. The suggestion is made to replace the term “Post-Concussion Syndrome” with “Slow to Recover” to encourage appropriate diagnostic thinking for this population.

Objectives:
1. Identify the timeline of recovery after MTBI
2. Recite the symptom overlap between MTBI, chronic pain and depression
3. State the three factors which account for the majority of variance in PCS
4. Explain why it is important for clinicians to understand the causal factors in PCS
5. Discuss PCS in terms of the WHO model of International Classification of Functioning, Disability and Health

Memory impairment is one of the most disabling problems after a brain injury. The primary focus of this presentation is on having a clearer understanding of the role of the hippocampus and related structures in brain injuries and memory dysfunction. Pharmacological and behavioral intervention will be presented. Proposed regenerative mechanisms will be reviewed.

Objectives:
1. Understand anatomical structures related to memory function
2. Understand types of memory problems
3. Discuss medication treatment options and management strategies
4. Be familiar with regenerative capacity after injuries
1:30 PM - 2:30 PM

Track 3: Ethical Issues in Post-Acute TBI
Presenter: Tina Bunyaratapan, MEd, CBIS

Difficult ethical issues face rehabilitation practitioners daily in their practice. As individuals age with brain injury, defining ethical practices related to rehabilitation and medical issues, as well as social and family issues, and guaranteeing the protection of rights while ensuring safety, are significant challenges. The ethical practice of brain injury rehabilitation and care in the post-acute brain injury setting requires consideration of evidence-based practice, professional consensus and applications of laws, rules and regulations. This presentation will describe the ethical elements of decision making; review laws protecting adults with TBI; discuss vulnerability and safety issues, as well as issues related to guardianship, competency and decision making; and apply these to case studies. Balancing such considerations, the practitioner must also seek to engage the client to determine the individual's current and evolving situation, his needs and preferences.

Objectives:
1. Identify ethical issues which are predominate in the Brain Injury population after discharge from acute care
2. Identify the elements of a framework for medical ethical decision making
3. Describe the use of tools and documentation in clinical care
4. Participate in case studies using the ethical decision-making process

1:30 PM - 2:30 PM

Track 4: Reducing Interpersonal Conflict In Futility of Care Cases
Presenter: John Banja, PhD

The majority of futility of care cases that cause ethical consternation involve interpersonal conflict. Sometimes, the conflict might be among the health professionals themselves, who keenly disagree about the nature or scope of care a patient should receive. More often however, conflicts involving futility of care occur between health professionals and family members. Invariably, each side seems to frustrate the other and provoke an assortment of uncomfortable, distressing feelings that sometimes become unendurable. Health professionals typically have trouble understanding why family members cannot accept the “clinical reality” of their loved one's situation, while family members might distrust health professionals or interpret their loved one's situation with an entirely different cognitive schema. What is often seen is a remarkable array of disagreements about what is actually going on, what facts and values are really important, and what should be done. This presentation will explore strategies that might reduce conflicts in the hope that professionals and family members might reach agreement about a program of care more rapidly and amicably. The presentation will offer ideas on getting clinical relationships off to a good start, managing excessively demanding or angry family members, appreciating the emotional experience of family members and how it affects their understanding, monitoring and adjusting professionals' relational behaviors that might damage rapport, and exploring a host of empathic strategies that can preserve the therapeutic dimensions of a professional-family relationship, even when the parties disagree.

Objectives:
1. Characterize the emotional and cognitive architecture that explains professional-familial conflicts over futility of care determinations
2. List critical, relational errors health professional often make that cause already difficult situations over futility of care to worsen
3. Describe empathic communication strategies that maintain respectful and caring relationships around futility scenarios and strategies that can be useful in preventing conflict between professionals and family members
4. Discuss conversational items that might support and enhance the frequently ambiguous content of living wills and durable powers of attorney for health care
Integration of sound behavior analytic principles into active rehabilitation therapy after a traumatic brain injury is essential to maximize goals and help patients achieve successful reintegration. Whether it involves the reduction of maladaptive behavior or development of functional skills, strong behavior principles can accelerate learning, training and treatment outcomes. Creating a behavior plan for brain injured individuals must account for changes in neurological function, physical, cognitive and emotional deficits and complicated medical conditions that are common post injury. Specific impairments or conditions may alter the methodology and approach staff must utilize. The opportunity to integrate the behavior approach across settings, environments and people strengthens the long term impact. Residential rehabilitation programs can work seamlessly with an intense clinical program to apply this learning in a community setting. This address will outline the behavior principles that, when integrated into a complete rehabilitation program, become critical to the recovery of individuals with neurological injury. Behavior concepts applied across the interdisciplinary environment help the efficiency and effectiveness for all treatment and functional skills development post injury.

Objectives:
1. List two or more reasons why integrating behavior principles has a positive impact all levels of recovery following a traumatic brain injury
2. Identify at least one behavior intervention that has potential to assist in functional recovery during the brain injury rehabilitation
3. Recognize how opportunities for learning are maximized in a residential rehabilitation setting

SB623 is a cell therapy product comprising gene-modified Mesenchymal Stromal Cells (MSCs). It works in regenerative medicine applications by producing trophic factors which aid the normal healing process. SB623 is currently in an FDA-approved clinical trial for the treatment of chronic stroke. Recent experiments have shown that SB623 may also have benefit in treating traumatic brain injuries. These results and new mechanistic insights will be discussed.

Objectives:
1. Understanding of stem cells and cell therapy
2. Mechanism of action of cell therapy
3. Cell therapy treatment of brain injuries
**Track 3: Counseling and Brain Injury: A Post Rehab Support View**

Presenter: Ronald Broughton, LPC, CBIST

Chynoweth

The problem is a general misunderstanding of the myriad of subtle issues that come with mild brain injury after rehabilitation. Clinical issues are to distinguish between what constitutes brain injury symptoms and what are psychiatric issues, address loss of identity issues, and preserve the individual and family relationships. Through long established counseling interventions, these goals can be realized.

Moderate to severe brain injury brings with it obvious problems for the individual and their families. What is less obvious are the problems and issues facing an individual suffering from a moderate to mild brain injury. In addition, the individual's family finds it difficult to differentiate between what are brain injury problems and what may be psychiatric issues. As such, when rehabilitation (if any) has concluded, there remains significant work to be done in assisting the individual and family to work through these potentially devastating problems. Counselors and therapists are in an advantageous position to assist, through intervention, the individual and their families before the relationships suffer irreparable damage. They offer support, education and intervention in assisting the individual and the family distinguish the difference between brain injury and psychiatric issues thereby developing individualized treatment plans. And ultimately, counseling assists in preserving the individual's identity, their relationships, and helping all to adjust to life after brain injury.

**Objectives:**
1. Identify how counseling assists individuals after rehabilitation
2. Recognize and differentiate brain injury and psychiatric symptoms
3. Define counseling interventions for those with brain injury
4. Discuss how the individual and families adjust to life after brain injury

**Track 4: Equine Assisted Psychotherapy**

Presenter: Jennifer Featherston, PhD, LPC, CRC, CVE, EAGALA Certified & Melody Dodson, RN, CCM, CBIS, EAGALA Certified

Morgan Hill

The Equine Assisted Growth and Learning Association (EAGALA) teaches Equine Assisted Psychotherapy (EAP) and Equine Assisted Learning (EAL) which focus on experiential, ground-based activities. The EAGALA treatment team (a Mental Health Professional and Equine Specialist) works with the client in creative horse-centered activities designed to address specific treatment goals, producing spectacular results. Often during a session, the horse or experience can initiate an “Aha” moment that impacts that client’s way of thinking or behaving. After the session, the client takes away key experiences and can begin to make lifelong changes. The EAGALA Model is unique because it utilizes a team approach and focuses on ground-based activities. In addition, EAGALA’s approach is solution-oriented and adheres to a professional code of ethics. The EAGALA Model is a powerful and effective therapeutic approach that has an incredible impact on individuals, youth, families and groups. EAP addresses a variety of mental health and human development needs including behavioral issues, attention deficit disorder, substance abuse, eating disorders, abuse, trauma, depression, anxiety, relationship problems and communication challenges. EAP for PTSD has garnered the attention of the U.S. Department of Veterans Affairs, who has provided grants for practitioners to run equine assisted therapy groups with returning troops from Afghanistan and Iraq. Preliminary results are favorable, suggesting statistically significant rates of change. EAGALA also evaluated treatment of members of the Georgia National Guard where deployments averaged two years or more. The study revealed that 100 percent of soldiers who completed therapy had dramatically reduced stress levels. It is important to begin incorporating future EAP research on patients with acquired brain injury, as they often face similar emotional challenges and life adjustments.

**Objectives:**
1. Define and understand equine assisted psychotherapy
2. Examine how equine assisted psychotherapy can benefit patients with brain injuries
3. Understand the process of becoming certified through EAGALA
4. Understand the development of an EAGALA program

**Conference wrap-up & Final Passport Exhibit Prize Drawing**

Hayes Ballroom
JOIN SAN JOSE for BIA CAL’S WALK FOR BRAIN INJURY

6th Annual Walk for Brain Injury

Place
Almaden Lake Park, Arroyo Picnic Area
15652 Almaden Expressway
San Jose, Ca

Registration Starts
12:00 p.m.

Walk Time
Start - 1:30 p.m.
End - 4:00 p.m.
Distance - 1 mile

Other Information
Food, music, games and prizes.
Exhibitors will provide information
and local resources.
Only service dogs are allowed.

Site Coordinators
Stephanie Kolakowsky-Hayner, Ph.D., CBIST
(408) 793-6446

Jerry Wright, MS, CBIST (SCVMC) - (408) 793-6430
Liz Best (HIRLN) - (408) 794-1065
Christine Camara (SBI) - (408) 434-2277

Register online at biacal.org
REGISTRATION FORM

Complete and return form to BIACAL, 1800 30th Street, Ste 250, Bakersfield, CA  93301  Fax 661.873.2508

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REGISTRATION FEE

- Adults -$25 (Includes T-Shirt)
- Person with a brain injury-$15 (Includes T-Shirt and One-Year BIACAL Membership)
- Students Ages 5-16 - $15 (Includes T-Shirt)
- Infants to 4 yrs. - FREE (T-Shirt not included)

*Register today – All fees will be increased by $5, effective two weeks prior to the walk date.

Walk-up registrations are welcome at the increased fee. *(T-shirts cannot be guaranteed if registered less than two weeks prior to the walk.)* Each walker must complete a separate registration form and sign the waiver below.

*Attention Bakersfield Participants – if you wish to register for the 5K Run, Bike Ride or Motorcycle Ride, please register online or utilize the registration form available on the Bakersfield page of the registration site at www.biacal.org

Please indicate:

- I am walking as an individual
- I am walking on a team

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- I am the team captain
- Walk T-shirt size (please circle) Adult: SM M L XL XXL Child: S M L

| I am walking: |     |

- In honor of
- In memory of
- In support of BIACAL
- I am unable to walk, but please accept my tax-deductible donation for $______

- Check enclosed $_______
- Charge my □ Visa or □ MasterCard

Credit Card Number ____________________________ Exp Date ______ Sec. Code ________

Signature ____________________________

Waiver: I hereby waive all claims against the BIACAL walk site hosts and sponsors, or personnel, and volunteers for any injury that I may suffer from my participation in this event. I grant full permission for organizers to use photographs, videotapes, recordings, or any other record of this event in which I may appear for any legitimate reason.

Signature (Parent / Legal Guardian if participant is under 18) ____________________________
Awards will be given for the best research, clinical, and advocacy posters. These awards will be announced at the Awards Ceremony which takes place Friday at 5:15pm to 6pm in the Hayes Ballroom. Posters will then be on display from 6:00pm to 8:00pm in the San Martin Room. Please join us for the Poster Reception.

1. **Does the use of Physical Restraint While Inpatient Translate into Zero Falls Post-discharge?**
   Joy Belen, RN, CRRN, CBIS & Kim Johnson
   Santa Clara Valley Medical Center

2. **Journal of Head Trauma Rehabilitation and the Center for Outcome Measurement in Brain Injury: Tools for Clinical Use**
   Kimberly Bellon, BSW, CBIS & Jerry Wright, MS, CBIST
   Santa Clara Valley Medical Center

3. **Walking Away the Stress: An Analysis of Perceived Stress in People with a Traumatic Brain Injury Participating in a Goal Oriented Walking Program**
   Kimberly Bellon, BSW, CBIS & Jerry Wright, MS, CBIST
   Santa Clara Valley Medical Center

4. **Measures of Traumatic Brain Injury Severity**
   Paul Carufel, MA, CBIS & Jerry Wright, MS, CBIST
   Santa Clara Valley Medical Center

5. **Validity Assessment of Referral Decisions in VA Palo Alto Health Care System Polytrauma System of Care**
   Joyce Chung, PhD, Aguila F, Wells R, Faria V, Castaneda A, Harris O
   Polytrauma, VA Palo Alto Health Care System
6. Comparative Effectiveness of Traumatic Brain Injury Rehabilitation: Differential Outcomes Across TBI Model Systems Centers
Marie Dahdah, PhD, Mark Barisa, PhD, ABPP, Kathryn Schmidt, BS, Sunni Barnes, PhD, Rosemary Dubiel, MD, Shahid Shafi, MD, MPH, FACS
Baylor Institute for Rehabilitation/ North Texas TBIMS

7. “Mom! Please take off your therapist hat; put on your Mom hat! I want to go to the dance!” Lessons in MTBI
Teresa Dwight, MS, CCC-SLP
Learning Services-Escondido

8. What Can Applied Behavior Analysis Offer Brain Injury Rehabilitation?
Dixie Eastridge, MA, Jeffrey Kupfer
Learning Services Neurobehavioral Institute-West

9. Home Base
Peggy Harris, MPH, CBIS
Brain Injury Homes, Inc.

10. Barriers to Exercise among Adults with Traumatic Brain Injury
Mark Hirsch, PhD, Rashmi Pershad, Lori Grafton, Christine Love, Babak Behseta, Corinne Locke, Tami Guerrier
Carolinas Rehabilitation

11. Long Term Impact of Brain Injury: What Happens 15 or 20 Years post injury?
Laura Jamison, CBIS, Jerry Wright, MS, CBIST, Stephanie Kolakowsky-Hayner, PhD, CBIST
Santa Clara Valley Medical Center

12. The Outcomes and Cost of Day Rehabilitation in Malignant Brain Tumor Patients
Susan Keeshin, MD, Stacy McCarty, MD, Sara Eickmeyer, MD, Samman Shahpar, MD, Allen Heinemann, PhD, Mary Kim, MD
The Rehabilitation Institute of Chicago

Nytzia Perez Licona, MPH, CCTDM, David Horton, Carmelinda Mann, Nancy Laureenson, Odette Harris
DVBiC/VAPAHCs

14. Sandwich Generation Caregivers: A Legacy of Family Care
Sharon Marts, MS
University of San Francisco

Kathryn Norman, PhD
Brain Injury Resources Center

16. Meeting the Needs of Family Members/Caregivers of Patients with Brain Injury Using Evidenced-based Approach
Regina Obi-Okeke, RN
Santa Clara Valley Medical Center

Christina Peters, Msc. Ed, BCBA, CBIS
ReMed
18. The Trials and Tribulations of TBI and Litigation - An Expose by a TBI Survivor
Kay Pratt, CEAP, CPCC
Kay’s Coaching & Expressive Arts Therapies Network

19. Advocating Enhanced Nutrition Among TBI Patients
Eric Ratinoff & Taryn Smith
Kershaw, Cutter & Ratinoff, LLP

20. The Role of Advocacy in the Disability Community
Mark Romoser
Silicon Valley Independent Living Center

21. Treating the Microgenesis of Cognitive Impairment
Larry Schutz, PhD, Elizabeth Anne McNamara
Claremont Academy of Neurocognition

22. Post-Acute Intervention Strategies for Disorders of the Executive System
Larry Schutz, PhD
Claremont Academy of Neurocognition

Larry Schutz, PhD
Claremont Academy of Neurocognition

Ketra Toda, CBIS & Jerry Wright, MS, CBIST
Santa Clara Valley Medical Center

25. Computer-Based Cognitive Retraining for Individuals with Chronic Acquired Brain Injury: A Pilot Study
Lucia Ulloa, OTS, Stephanie Gella, Joshua Ramos, Julie Robertson
Dominican University of California

26. Coping Mechanisms: Surviving a Brain Damaged By Football
George Visger
The Visger Group

27. Return-To-Work: How To Provide Successful Employment Services For People With Brain Injuries
Carol Welsh, CBIS & Lucero Perry, CBIS
Services for Brain Injury

28. Talking Heads: A Community Driven Newsletter for Individuals with Brain Injury
Jerry Wright, MS, CBIST, Paul Carufel, MA, CBIS, Erleen Gail Cuevas
Santa Clara Valley Medical Center
AWARD CEREMONY
Friday, 5:15 - 6:00pm, Hayes Ballroom
Please join us for a special ceremony to recognize outstanding individuals and organizations. A public call for nominations went out to over 50,000 individuals. An independent panel representing research, clinical, and community interests reviewed the many nominations and chose the following outstanding individuals and organizations.

Also recognized at the 2013 Award Ceremony will be Best Poster Awards for posters in the following categories: research, clinical application, and advocacy.

Jeffrey Englander Lifetime Achievement Award
A. Ronald Peterson, PT, PhD, DPT, GCS
Program Director, Physical Therapist Assisting, SouthUniversity - West Palm Beach
Dr. Peterson has been a Physiotherapist/Physical Therapist for the past forty-two years, with an impressive history of advocacy and treatment of brain-injured individuals. He continues to influence the current knowledge and expertise in the treatment of the neurologically-impaired patient. Dr. Peterson has been instrumental in educating Physical Therapists, PTAs and PTA students on the most modern and effective techniques for the treatment of the brain-injured patient. Dr. Peterson is a Paul Harris Fellow and Past Assistant District Governor with Rotary International, and uses this position to speak at the many Rotary Clubs in District 6930 - over 60 Rotary Clubs. He has been involved in the treatment of brain-injured patients around the world, in countries where Rotary International has a presence, including Haiti, Jamaica, Sri Lanka, and India. At South University in West Palm Beach where he is currently the Program Director, he has a well-defined reputation as an advocate for the brain-injured patient. He is frequently sought after for his advice and input on the treatment of the complex head-injured patient, and he often acts as mentor to his graduates, even after graduation. As a result, Dr. Peterson has a high regard not only in academia, but also within the Physical Therapy profession due to his wide base of knowledge and experience in the field of Neurologic Rehabilitation. He is sought after as a speaker for various organizations involved with neurologic rehabilitation and continues to be dedicated to the plight of the brain-injured patient.

Richard Patterson Advocacy Award
Program for Understanding Childhood Concussion and Stroke (PUCCS)
Dr. Elad I. Levy, Director and Founder
http://puccs.org
The slogan of PUCCS is “It Only Takes One Hit”. The programming that the organization has instituted to date has opened the eyes of many invested parties; parents, coaches and children alike. PUCCS is becoming a driving force in precipitating the realization that concussions are real, long-lasting and deadly. PUCCS’ mission is not to place a band-aid on the issue of concussions. Rather, PUCCS hopes to precipitate a shift in culture, one wherein athletes do not feel the need to conceal their injury in fear of losing playing time or being thought of as an inferior member of their team. For two years PUCCS has hosted an annual hockey tournament in a local suburb of Buffalo, providing the community with an exciting weekend of hockey while also providing them with key information as it pertains to concussions. The tournament has allowed PUCCS to raise more than $200,000 in the pursuit of new concussion research opportunities and education. In addition to the hockey tournament, PUCCS has provided local area coaches with pocket-sized cards that detail proper protocol in the event that a player sustains a concussion. The organization has also spoken to a variety of schools in the Buffalo area, often with a professional athlete, regarding the dangers of returning to play too quickly following a concussion. PUCCS is recognized as a positive steward of the community, one that is reshaping the perception of concussions one person at a time.
Overcoming Adversity Award
John Hatten, CRC, MSEd
Hope Beyond Trauma, http://hopebeyondtrauma.com/

John Hatten has diligently worked to better the lives of head injury survivors and their families for over 30 years and has done this as a traumatic brain injury survivor himself. In 1973, he fell 30 feet while doing construction during his spring break from college. He was not expected to survive and was in a coma for 2 and a half weeks. He did survive, completed his BA in Exercise Physiology and eventually earned a Masters in Rehabilitation Counseling and a Masters in Counseling Psychology. John’s work for the past 25 years includes Rehabilitation Counseling for a variety of agencies, public and private, and personal work with individuals to assist them regarding the effects of their TBI on their personal feelings, social dynamics and employment issues. His partnership in “Hope Beyond Trauma” is taking his expertise in TBI into a new and very current direction in online dissemination of knowledge about TBI and a forum for TBI survivors and their families. When he worked for Santa Clara Valley Medical Center, he wrote and edited the TBIRD (Traumatic Brain Injury Resource Directory) handbook with information about community resources. It is still being published today and is a valuable asset to the community. Because of John’s dedication to the field of TBI, many survivors have renewed hope that life is worth living and they able to move on to new experiences. Because he is a TBI survivor himself, other survivors know that he understands their fears and hopes and that if he has made it so far, they can too.

Outstanding Caregiver Award
Amy and Dave Thompson

Amy and Dave are very committed to brain injury rehabilitation and their son, Robert Thompson. They are very active in raising awareness and brain injury advocacy. They are the primary caregivers to their son and they attend any event that has to do with brain injury education or awareness. They are also very caring and compassionate to any other family that has been affected by brain injury. They are always willing to share their experience, give support and offer a helping hand. Dave adapted a his bicycle so that his son Rob would also be able to ride with him and get exercise and stay active. Their “Wheels and Heels” team for the Brain Injury Association of California’s Walk for Brain Injury was the team that raised the most funds in San Jose. Robert Medel, Peer Support Coordinator at Santa Clara Valley Medical Center comments, “I deal with and meet a lot of people who have been affected by brain injury and the Thompsons are a family that have stood out to me. They are so caring, involved, supportive and loving with their son. Both Dave and Amy work full time jobs but they still have the energy and make the time to be really involved in the rehabilitation of their son. I think they inspire other people who have been affected by brain injury to not lose hope. They have such a great attitude and are so supportive of their son that I believe it really inspires others. They have been very proactive in trying to really understand brain injury so that they can be better advocates and build a better support system for their son Rob. They are also always willing to lend a hand to other families who have been affected by brain injury. I believe that our support group and the families that attend really benefit by the simple fact that Dave, Amy and Rob Thompson attend. Dave and Amy are great people.”

Additional Nominees

We would like to recognize and congratulate the other outstanding nominees in each category. Thank you for all you do!

- **Lifetime Achievement**: John Byler, John Banja, Daniel Kantor, Claudia Robertson, Michael O’Gorman
- **Advocacy**: Ruth & Mel Silver, Jerry Wright, Landa Bell Carson, Nicole Andreatta, Kristin Smith, Lawrence Calcano, Liz Best and HIRLN, Scott Shields, Mary Ellen Salzano
- **Caregiver and Individual**: Donald Michael Black, Shari Beame, Robert Cluett, Robert C. Cline, Bryan Kranek, Victor M. Erlich, Jimmy Do, Fern & Will Bailey, Bernadette Coleman, Margaret W. Peterson, Deborah Palmer, Kathleen Watson, Tonia Wittkower, Jessica Huse
Evaluation, Treatment, and Legal Representation of an Individual with a Traumatic Brain Injury with Pre-Existing Psychiatric Trauma.

Panel Members (alphabetically): Christopher Asvar, Esq., Michelle Conover, Ph.D., Claude Munday, Ph.D.

As complex as the evaluation, treatment, and representation of an individual with traumatic brain injury may be, these efforts are often made exponentially more complicated by the presence of a pre-existing psychiatric trauma such as childhood abuse, war, rape, or a mental disorder such as schizophrenia.

The panel's objective is to explore:
1. Some commonly observed psychiatric sequelae of TBI;
2. Methods to evaluate these sequelae from a psychiatric and psychological perspectives and neuropsychological testing;
3. The importance of case history elucidating nature and extent of prior psychiatric event or injury;
4. Methods to part and parcel the pre-existing event/injury from the more recent TBI;
5. Causation due to organic brain damage vs. conversion disorder; and
6. Defense and plaintiff attorneys perspectives on representation of such individuals related to validity, malingering, apportionment.

Asvar Law

Asar Law, APC is a boutique law firm dedicated to achieving optimal results through intelligent litigation and intensely personal client service. Our attorneys are well-versed in various aspects of civil litigation and worker’s compensation practice and have served a wide range of clients: from national corporations and private equity investors, to mid-size firms, to small family-owned businesses and individuals entrepreneurs, to not least of all, the private plaintiff or the injured worker embroiled in a catastrophic injury claim.

Our team of litigators, dealmakers, and scientific experts routinely achieve extraordinary results by working creatively together. We have the ability to draw on the knowledge, experience and expert opinion of our people at a moment’s notice.

One of Asvar Law’s key areas of focus is brain injury and catastrophic litigation. We are proud of our accomplishments in this field which have lead to record-setting outcomes for our clients.

We pride ourselves in the close relationships we forge with our clients, relationships that last for years after the successful resolution of the original case.

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Brain Injury Legislative Update Across the Nation

Panel Members: Congressmember Zoe Lofgren, CA State Senator Jim Beall, Chair of the Board of Directors of the Brain Injury Association of California and Secretary of the Brain Injury Association Brain Injury Association of America Board of Directors, Mark J Ashley, ScD, CCC-SLP, CCM, CBIST

Moderator: Alyson L Abramowitz, Member, Executive Board, CA Democratic Party and Member, Santa Clara County (CA) County Committee, 24th AD

Although the prevalence of TBIs is high, the level of research and insurance monies is comparatively low. All too often TBI patients do not receive the breath of doctor-care needed because insurance coverage is unavailable. Research studies are not completed or use small sample sets because funding is unavailable for wider studies. TBI patient's family members spend greater time and energy getting their family member in to treatment than supporting their rehabilitation.

High profile TBI patients, like Retired Congresswoman Gabby Giffords, Junior Seau, and returning veterans with high incidences of TBIs, have provided a unique opportunity to achieve greater legislative support for TBI research, care, and rehabilitation. This panel overviews legislation currently being written at the Federal and State level and how the TBI community can provide greater influence on its positive outcome.

Objectives:
1. Gain awareness of major TBI legislation on State and Federal level
2. Identify the unique opportunities that high profile TBI patients provide the legislative process and how these may be leveraged
3. List opportunities for greater influence on TBI legislation
4. Engage more effectively in providing support for TBI legislation

This special lunch presentation is sponsored by the following individuals: Xavier Campos, Kansen Chu, Congresswoman Anna Eshoo, Adriene Greay, Councilmember Rose Herrera, Jay Jackman, MD, Michael Millman, Leslie Sullivan, MD, FACS

Congresswoman Zoe Lofgren has been a Democratic member of the United States House of Representatives since 1995. She represents the 19th District of California which is based in the “Capital of Silicon Valley,” San Jose. A lifelong Bay Area resident, Rep. Lofgren earned her BA at Stanford University and her law degree at Santa Clara University. She served for eight years as a staff assistant to Congressman Don Edwards in both his San Jose and Washington, DC, offices. She was first elected to the San Jose Evergreen Community College Board in 1979 while she was practicing and teaching immigration law. In 1980, she was elected to the Santa Clara County Board of Supervisors where she served for 14 years. She is married to John Marshall Collins and is the mother of two children.

Rep. Lofgren is Chair of the thirty-eight member California Democratic Congressional Delegation, the largest and most diverse state delegation in Congress. She currently serves on the House Judiciary Committee, where she is the top Democrat on the Immigration and Border Enforcement Subcommittee; the House Science, Space and Technology Committee; and the Committee on House Administration. Active on traumatic brain injury issues, she is a member of the Congressional Brain Injury Task Force.
Jim Beall was elected to represent state Senate District 15 in November after serving in the state Assembly since December 2006. The 15th District includes San Jose, Saratoga, Monte Sereno, Los Gatos, Cupertino, and Campbell.

Since he arrived at the State Capitol, Jim has fought to ensure people with developmental disabilities get the services and support they are entitled to under the Lanterman Act. He's also led the charge to end discriminatory policies that deny people with developmental disabilities their opportunity to work and lead independent and productive lives. Jim is drafting legislation to ensure Californians will receive the TBI treatment they pay for, need, and deserve.

Mark Ashley is Founder and President/CEO of Centre for Neuro Skills® (CNS), which has operated postacute brain injury rehabilitation programs at facilities in Bakersfield, California, Encino, California, Emeryville, California, and Irving, Texas, since 1980. Dr. Ashley serves on the Board of Directors of the Brain Injury Association of America, as the Secretary and serves on the Executive Committee. He also serves on the Board of Directors of the California Brain Injury Association and is the current Chair. He is the Immediate Past Chair of the Corporate Advisory Committee of the American Academy for Certification of Brain Injury Specialists. He serves as the Vice Chairman of the Access to Treatment Committee of the Business and Professional Council, and the FLAC -Federal Legislative Advisory Committee for The Brain Injury Association of America. Dr. Ashley is an Adjunct Professor at the Rehabilitation Institute of the College of Education at Southern Illinois University. He served on the California Traumatic Brain Injury Advisory Council. He is a member of the Advisory Committee for the Department of Rehabilitation Sciences, Cyprus University of Technology, and a member of the Advisory Board for the Applied Neuroscience and Neurobehavioral Research Center (ANNC), University of Cyprus. He participated in preparation of Traumatic Brain Injury Medical Treatment Guidelines for the State of Colorado Department of Labor and Employment and serves on several grant review committees. He worked to establish BIAA's, Brain Injury Business Practices College and the Business and Professional Council. His work has been published in numerous professional and research publications and he has written three books — one entitled Working with Behavior Disorders: Strategies for Traumatic Brain Injury Rehabilitation and the other entitled Traumatic Brain Injury Rehabilitation, and latest one Traumatic Brain Injury Rehabilitation, 3rd Edition. He has published numerous research papers in peer-reviewed journals.

Alyson L Abramowitz has served on the Santa Clara County Committee for 7 years. She represents the 24th Assembly District of California, which includes Sunnyvale, Los Altos, Los Alto Hills Mountain View, Palo Alto and part of Cupertino. Alyson also serves on the Executive Board of the California Democratic Party.

Since being elected to the Executive Board, Alyson has worked to get Traumatic Brain Injury patients the insurance coverage and treatment that they need. Her efforts have resulted in the California Democratic Party advocating doctor-directed levels of benefits for TBI patients and active legislation to support increased medical benefits for those receiving a TBI.
Please take the opportunity to visit our outstanding exhibitors! The 2013 Santa Clara Valley Brain Injury Conference would not be possible without their support. Visiting exhibitors may earn you valuable prizes, too! Please see page 47 for more information.

Exhibit hours are 7:00 am to 8:00 pm on Friday and 6:30 am to 2:30 pm on Saturday. Premium exhibits are at the Hayes Foyer. Standard exhibits are in the Lower Level Foyer.

**Premium Exhibitors:**

**BrainAid.com**  
Dave Halper & Rich Levinson  
www.brainaid.com  
*PEAT is a cueing and time management mobile app specifically designed for people with cognitive challenges.*

**Defense and Veterans Brain Injury Center**  
Jill Storms & Mary-Anne Cabansagan  
www.dvbic.org  
*DVBIC assists the DoD and VA in optimizing care of service members and veterans who have sustained a traumatic brain injury, at home and in the deployed setting, through state-of-the-art clinical care, innovative research, care coordination, and educational tools and resources including those for families. The Regional DVBIC team serves within Polytrauma at the Palo Alto, VA.*

**Lash & Associates Publishing/Training, Inc.**  
Marilyn Lash  
www.lapublishing.com  
*Leading source of Information and Training on Brain Injury Blast Injury and PTSD in children*

**Learning Services**  
Brenda Locke & Nancie Glidden  
www.learningservices.com  
*For over 25 years, Learning Services has provided specialized rehabilitation services for adults with acquired brain injuries. We offer a wide range of programs including post-acute neuro-rehabilitation, neurobehavioral rehabilitation, supported living, and day treatment rehabilitation.*

**Pacific Medical, Inc.**  
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Premium Exhibitors:

**Pate Rehabilitation**
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www.paterehab.com  
Post Acute brain injury residential and day neuro programs providing intense rehab services.

**Restorative Therapies, Inc.**
Travis Williams & Christy Brimmer  
www.restorative-therapies.com  
Restorative Therapies offers activity based therapy through FES powered systems for upper and lower extremities and trunk muscles for adults and pediatrics in the clinic and home setting.

**Stratus Pharmaceuticals, Inc.**
Christine Yeromian & Eric Nagy  
www.stratuspharmaceuticals.com  
Vacuant mini enema (Docusate Sodium 283 MG) and Vacuant Plus Mini Enema (Docusate Sodium 283 MG Plus Benzocaine 20 MG) are indicated for the relief of constipation due to infrequent or bowel movements. A convenient single use, Bar-Coded, cost containment product.

**War Related Illness & Injury Study Center (WRIISC)**
Maheen M. Adamson, PhD & Keith Main, PhD  
www.warrelatedillnes.va.gov  
WRIISC table will provide information about VAPA program, patient service and subject recruitment for studies related to TBI and PTSD
American Congress of Rehabilitation Medicine (ACRM)
Jenny Richard
www.acrm.org
ACRM is an organization of rehabilitation professionals dedicated to serving people with disabling conditions by supporting research that promotes health, independence, productivity, and quality of life, and meets the needs of rehabilitation clinicians and people with disabilities.

ATG Rehab
Steve Rich & Todd Orman
www.atgrehab.com
ATG Rehab provides comprehensive range of Mobility & Seating Solutions including: Wheel-chairs, Adaptive Seating, Scooters, Ambulatory, Bathing and Standing Aides. Our focus is exceeding our customer’s expectations including proper fit, prompt delivery, outstanding communication and responsive repair turnaround.

Brain Injury Association of California
Paula Daoutis
www.biacal.org
Provides information and resources, educational conferences, legislative advocacy, prevention and awareness

BrainFx, Inc.
Heather Condello & Tracy Milner
www.brainfx.com
Comprehensive and holistic assessment tool for neurofunction (sensitive to mild to moderate) using web and tablet.

Byram Healthcare
Christine Keegan & Carmen Gray
www.byramhealthcare.com
DME supplier, wound, ostomy, urology, incontinence, diabetes and enteral supplies.

CareMeridian
Kirk Davis
www.caremeridian.com
CareMeridian provides high quality cost effective post acute care and rehab options to patients with brain/spinal cord-medically complex injuries.

Casa Colina Centers for Rehabilitation
Francine Aron
www.casacolina.org
Casa Colina is a non-profit, freestanding, community-governed organization. With incredible support from our community, we have been privileged to bring the benefits of rehabilitation to tens of thousands of people since our first patient in 1936. We provide comprehensive care for adults and children through the provision of world-class medical care, rehabilitation, diagnostic imaging, surgery, day treatment, residential, home and community and educational programs.
Continuity Care Home Nurses  
Maryanne Sawoski  
www.cchomenurses.com  
Continuity Care Home Nurses is a licensed, insured and bonded state-of-the-art home health agency consisting of a multi-disciplinary team of health care professionals that are dedicated to the patient care philosophy of “continuity of care.” Our personalized service, knowledgeable staff, and close monitoring of services provided create a warm, supportive, and caring environment for patients as well as family members.

Kay’s Coaching & Expressive Arts  
Kay Pratt  
www.kaycoaching.com  
Providing personal and family support services with a focus on helping others move forward via creativity following treatment for serious injury, illness and trauma.

Kentfield Rehabilitation & Specialty Hospital  
Shilpa Datt, RPT CCM  
www.kentfieldrehab.com  
Long Term Acute Care JACHO Accredited Hospital serving Brain and Spine Injury Patients.

Kindred Hospital/RehabCare  
Patty Levine  
www.kindredhospitals.com  
The Brain Injury Program at Kindred Hospital San Francisco Bay Area serves as a bridge from the short-term hospital ICU to acute rehab or sub-acute care. Our program is tailored to care for the medically complex patient that also has sustained a Brain Injury. We continue the care by then transferring the patient to the next appropriate level of care, which may be another Kindred facility or a site where acute rehabilitation services are provided by RehabCare, Kindred’s rehabilitation division.

North Coast Medical  
Judy Ivan  
www.ncmedical.com  
With distribution points on the east and west coast, North Coast Medical is a global rehabilitation distributor specializing in standardized equipment products and supplies in addition to developing and manufacturing products. Since 1974, North Coast has been serving the OT, CHT and PT markets with products ranging from clinical equipment and consumables to home health items. Come by to view products specific to brain injury and for a demonstration of the new SMART Mirror used for mirror therapy.

Oxyhealth, LLC  
Andrew Budiarto  
www.oxyhealth.com  
Breakthrough technology allows our exclusive line of Portable Hyperbaric Chambers to fit into any office, clinic or home at a low price. Physicians, clinics and wellness centers now have the ability to offer affordable Hyperbaric Therapy on-site. Hyperbaric Therapy addresses the #1 need of the body safely and effectively. Over 9,000 of our Hyperbaric Chambers are in service today with a flawless safety record.

Centre for Neuro Skills  
Diana Berry  
www.neuros skills.com  
Since 1980, Centre for Neuro Skills (CNS) has delivered postacute medical treatment, therapeutic rehabilitation and disease management services with highly-trained staff for individuals recovering from acquired brain injury.
ProtoKinetics
Kristen Larsen
www.protokinetics.com
ProtoKinetics offers movement analysis systems for dynamic and standing studies. Use the Zeno Walkway and PKMAS program to quickly and easily produce pressure, temporal and spatial parameters over a variety of testing protocols.

QuesGen Systems, Inc.
Mike Jarrett
www.quesgen.com
The platform is a comprehensive web-based solution designed specifically for configuring and managing clinical databases.

Rehab Without Walls - A member of the Rescare family of services
Ronda Rios
www.rehabwithoutwalls.com
Rehab Without Walls neurological Rehab Home and Community.

Rehabilitation Care Coordination
Karma Klauber
www.rehabcarecoord.com
Comprehensive case management and Life Care Planning to include coordination of services and assessment of short and long term goals.

SanBio
Keita Mori & Casey Case
www.san-bio.com
Cell Therapy to treat neurological disorders. SB623 cells, currently in a stroke clinical trial and preclinical testing for TBI, enhance regeneration of injured neural tissue.

Santa Clara Valley Medical Center Rehabilitation
Shirley Babb & Donna Cooper
www.scvmcrehab.org
The Rehabilitation Center at SCVMC helps provide patients with excellent care so that they can lead fuller, healthier lives. This 76-bed specialty center pioneered many medical and therapeutic interventions used throughout the country and continues to be a leader in research that provides important contributions to the field. In more than 30 years it has treated more than 10,000 patients with spinal cord and traumatic brain injuries.

Solutions at Santa Barbara
Susan Hannigan
www.winwaysrehab.com
Solutions provides intensive neuro-cognitive rehabilitation services in a small residential and day treatment program in beautiful Santa Barbara.
EXHIBITOR PASSPORT ACTIVITY

We want you to know more about our outstanding exhibitors. We also want you to have the chance to win some valuable prizes.

This year’s conference features a new exhibitor activity, called the Exhibitor Passport. You may have done this before at other conferences, but ours has a twist.

In most conference passport activities, attendees visit each exhibitor, and get a stamp or signature from each. Once they have visited them all, they turn in their completed card and are eligible for prize drawings.

For our Exhibitor Passport Activity, there is an extra step. You will have received a Passport Card in your conference materials. On that card there is a question about each of our exhibitors. When you visit each exhibitor, they will verify that you have the correct answer, or tell you what it is.

Completed cards can be turned in at the Registration Desk (Hayes Ballroom Foyer).

Prize drawings will take place Friday at 6:00pm at the end of the Awards Ceremony (Hayes Ballroom) and on Saturday at 4:00pm at the Conference Wrap-up (Hayes Ballroom). Make sure you are present at both, because you must be present to claim your prize.

The exciting prize line-up includes:
- A football signed by San Francisco 49er Justin Smith
- A bottle of Jarvis Merlot and two tasting passes
- Copies of Brain Injury Medicine, edited by Nathan Zasler, Douglas Katz, & Ross Zafonte
The 2013 Santa Clara Valley Brain Injury Conference owes a debt to these amazing sponsors!

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**GOLD SPONSOR**  
[www.atgrehab.com](http://www.atgrehab.com)  
ATG Rehab provides comprehensive range of Mobility & Seating Solutions including: Wheel-chairs, Adaptive Seating, Scooters, Ambulatory, Bathing and Standing Aides. Our focus is exceeding our customer’s expectations including proper fit, prompt delivery, outstanding communication and responsive repair turnaround.

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**SCHOLARSHIP SPONSOR**  
[www.shea-shea.com](http://www.shea-shea.com)  
With over 50 years of experience and a team composed of uniquely qualified personal injury lawyers in San Jose, we are able to help clients in a variety of personal injury cases.

**Centre for Neuro Skills**  
**CONFERENCE BAG SPONSOR**  
[www.neuroskills.com](http://www.neuroskills.com)  
Since 1980, Centre for Neuro Skills (CNS) has delivered postacute medical treatment, therapeutic rehabilitation and disease management services with highly-trained staff for individuals recovering from acquired brain injury.

**Asvar Law**  
**FRIDAY LUNCH SPONSOR**  
[www.asvarlaw.com](http://www.asvarlaw.com)  
Asvar Law, APC is a boutique law firm dedicated to achieving optimal results through intelligent litigation and intensely personal client service.

**CareMeridian**  
**SILVER SPONSOR**  
[www.caremeridian.com](http://www.caremeridian.com)  
CareMeridian provides high quality cost effective post acute care and rehab options to patients with brain/spinal cord-medically complex injuries.

**Kindred Hospital/RehabCare**  
**SILVER SPONSOR**  
[www.kindredhospitals.com](http://www.kindredhospitals.com)  
The Brain Injury Program at Kindred Hospital San Francisco Bay Area serves as a bridge from the short-term hospital ICU to acute rehab or sub-acute care. Our program is tailored to care for the medically complex patient that also has sustained a Brain Injury. We continue the care by then transferring the patient to the next appropriate level of care, which may be another Kindred facility or a site where acute rehabilitation services are provided by RehabCare, Kindred’s rehabilitation division.

Additional valued sponsors include Adam Reborn, Alliance Labs, Brain Injury Homes, Inc., Xavier E. Campos, Peter Chiu, Kansen Chu, Anna Eshoo, Adriene Greay, Rose Herrera, International Brain Injury Association, Jay Jackman, MD, Bill James, Merz Pharmaceuticals, Michael Millman, San Francisco General Hospital, Services for Brain Injury, Leslie Sullivan, MD, FACS. Thank you!
THANKS TO CONFERENCE COORDINATORS & VOLUNTEERS

This conference is the result of more than one year of planning by a very dedicated group of individuals.

Conference Chair
Stephanie Kolakowsky-Hayner, PhD, CBIST

Conference Co-Chair
Jerry Wright, MS, CBIST

Conference Planning Committee
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Joy Belen, RN, CRRN, CBIS
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Laura Jamison, CBIS
Karen Patterson
Katie Pretzer
Ketra Toda, CBIS
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Joan Zovickian
Zackery, Victor, and Mercedes Lystedt
Zackery Lystedt suffered a concussion toward the end of the first half of a junior high school football game in October 2006. He was removed from the game for a few plays and return to complete the second half. At the end of the game he collapsed on the field and was airlifted to Harborview Medical Center, a Trauma One hospital for life saving brain surgery. He was comatose and required a bilateral craniotomy with evacuation of his subdural brain bleeds. He was in a coma for 30 plus days, with no movement or speech for 9 months, 20 months on a feeding tube, and six plus years later he continues his fight and struggle to become whole. Zackery’s sheer determination and the support of his loving parents paid off. Zackery was able to return to school, was voted homecoming king, participated in graduation with his high school classmates, and begin taking classes at a community college.

The Lystedts’ commitment to not let this type of preventable brain injury happen to another family, coupled with their attorney’s advocacy, led to the development of a strong coalition of community, health care and advocacy partners resulting in the first-in-the-nation legislation requiring written medical clearance, following a concussion, before returning to practice or competition. The law, known as the “Lystedt Law” has served as the model legislation for 40 other states and has been endorsed throughout the country by medical, legal, sports leaders and organization.

Kate Adamson
Kate Adamson has touched the hearts of thousands with her book, Paralyzed but not Powerless. She has testified before Congress as an advocate for the right to live and be recognized as a viable contributing employee, executive, parent or spouse despite even severe disabilities. Her popular keynote presentation, “One Hand Clapping,” refocuses those who feel paralyzed in their personal or professional progress on what they can do, not what they can’t. She motivates public and corporate audiences to overcome their paralysis and move to their next level of accomplishment by focusing on the simple concepts and methods that created their success in the first place. She is a powerful advocate for “Ability Awareness” and “Appreciation before Accommodation,” inspiring audiences to recognize and value the creativity and personal power that overcoming disability can create.

Richard H. Adler, JD
Richard H. Adler is the founding principal of ADLER GIERSCH PS, a law firm dedicated exclusively to representing those with spinal trauma, traumatic brain injuries, joint and musculoskeletal trauma. Mr. Adler has authored many publications on traumatic injuries for attorneys, healthcare providers, and the injured. He led the Brain Injury Association of Washington and the coalition it organized of healthcare, businesses, sports, and community partners to enact the “Zackery Lystedt Law,” named after his client. This is the first-in-the-nation law that “prevents preventable brain injuries” of young athletes by requiring medical clearance before returning to practice or competition following a concussion. This law is now used as model legislation in other states in the United States and has been endorsed throughout the country by medical, legal, sports leaders and organization.

Plenary Presenters

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Plenary Presenters

Kate Adamson
Kate Adamson has touched the hearts of thousands with her book, Paralyzed but not Powerless. She has testified before Congress as an advocate for the right to live and be recognized as a viable contributing employee, executive, parent or spouse despite even severe disabilities. Her popular keynote presentation, “One Hand Clapping,” refocuses those who feel paralyzed in their personal or professional progress on what they can do, not what they can’t. She motivates public and corporate audiences to overcome their paralysis and move to their next level of accomplishment by focusing on the simple concepts and methods that created their success in the first place. She is a powerful advocate for “Ability Awareness” and “Appreciation before Accommodation,” inspiring audiences to recognize and value the creativity and personal power that overcoming disability can create.
Kate was appointed to the University of Southern California, Division of Biokinesiology and Physical Therapy Board of Counselors. She has served as a national spokesperson for the American Heart Association and American Stroke Association and is a board member of the Stroke Association of Southern California. Her story has been featured in Redbook, Prevention, and many other national magazines. She was a finalist in the Prevention magazine’s national Picture of Health competition and has appeared on Larry King Live, CBS Sunday Morning News, CNN, Fox News, The O’Reilly Factor, The Abrams Report, MSNBC, ABC, 700 Club, Coral Ridge Ministries and the Trinity Broadcast Network.

John Banja, PhD
John Banja is a Professor in the Department of Rehabilitation Medicine and a medical ethicist at the Center for Ethics at Emory University. He also directs the Section on Ethics for the Atlanta Clinical and Translational Science Institute at Emory. Dr. Banja received a doctorate degree in philosophy from Fordham University in New York and has taught and lectured on topics in medical ethics throughout the United States. He has authored or coauthored over 150 publications and has delivered over 800 invited presentations at regional, national, and international conferences. He currently serves as the Editor of the American Journal of Bioethics-Neuroscience, the leading scholarly journal in the field of neuroethics. Dr. Banja has conducted research or educational projects with numerous federal and private organizations including the NIH, the American College of Surgeons, The Agency for Health Care Research and Quality, The National Institute for Disability and Rehabilitation Research, the American Society for Healthcare Risk Management, and the Georgia Hospital Association. He is a former board member of the Commission for Case Manager Certification and currently sits on the governing board of the American Society of Cataract and Refractive Surgery. His research interests include topics in neuroethics and ethical dilemmas occurring in clinical and translational research. His most recent book, Medical Errors and Medical Narcissism, was published by Jones and Bartlett Publishers in 2005.

Stephanie Kolakowsky-Hayner, PhD, CBIST
Stephanie Kolakowsky-Hayner is the Director of Rehabilitation Research at Santa Clara Valley Medical Center in San Jose, CA. She is the Project Director of the Northern California Traumatic Brain Injury Model System of Care Follow-up Center and the Northern California Spinal Cord Injury Model System of Care Follow-up Center. Dr. Kolakowsky-Hayner holds an appointment as a Clinical Assistant Professor Affiliated in the Department of Orthopaedic Surgery, Stanford University School of Medicine and is also Vice Chair of the Brain Injury Association of California Board of Directors, the ACBIS Board of Governors, and the Bay Area Brain Injury Task Force. In addition to being the proud mom of 5 school-aged children, she actively serves on American Congress of Rehabilitation Medicine’s Early Career Committee, Early Career Course Planning Committee and Policy and Legislation Committee, and the American Spinal Injury Association’s Prevention Committee. Dr. Kolakowsky-Hayner’s main interests include peer mentoring, ethnicity and cultural issues, return to work, family and caregiver needs, and substance use after injury. To date, Dr. Kolakowsky-Hayner has made more than 125 professional presentations and published over 145 peer-reviewed papers.

M. Elizabeth Sandel, MD
M. Elizabeth Sandel, MD serves on the faculty in the Department of Physical Medicine and Rehabilitation at University of California at Davis. She was the former Chief of PM&R at Napa Solano Service Area for Kaiser Permanente Northern California, where she was also Director of Research for the Kabat Knott Center for Rehabilitation Research. She has had many years of experience working in promoting culturally competent care in the Kaiser Permanente Health System, including serving as Director of the Center of Excellence for Culturally Competent Care for Members with Disabilities. Her research over several decades has been focused on health services, disparities, and outcomes research for people with disabilities, in particular patients with stroke and traumatic brain injury. She is Immediate Past President of the American Academy of Physical Medicine and Rehabilitation. She is also a Senior Editor of PM&R, the official journal of the AAPM&R, liaison to the National Quality Forum for the AAPM&R, and chair of the AAPM&R Performance Metrics Committee.
### Faculty

**Conference Presenters**

**Jessica Ashley, PhD**  
Centre for Neuro Skills

**Mark Ashley, ScD, CCC-SLP, CCM, CBIST**  
Centre for Neuro Skills

**Rachel Atkins, DPT**  
Pate Rehabilitation

**Darla Bailey, MSW, CSW**  
DaZil, llc

**Anat Baniel**  
Anat Baniel Method

**Joy Belen, RN, CRRN, CBIS**  
Santa Clara Valley Medical Center

**Katrina Esherick Belen, PsyD**  
Pate Rehabilitation

**Kimberly Bellon, BSW, CBIS**  
Santa Clara Valley Medical Center

**Donald Michael Black**

**Cynthia Boyd, PhD**  
Defense & Veterans Brain Injury Center

**Christy Brimmer, PT**  
Shepherd Center

**Ronald Broughton, LPC, CBIST**  
Brookhaven Hospital Tulsa, OK

**Tina Bunyaratapan, MEd, CBIS**  
ReMed

**Debra L. Burdsall, MPH, BSOT**  
VMC Foundation

**Tamara Bushnik, PhD**  
Rusk Rehabilitation

**Paul Carufel, MA, CBIS**  
Santa Clara Valley Medical Center

**Casey Case, PhD**  
SanBio Inc.

**Joyce Chung, PhD, MPH**  
VA Palo Alto Health Care System, Polytrauma

**Kelli Cole, RN-C, MS**  
Kindred Healthcare

**Bernadette Coleman**  
TryMunity

**Donna Cooper, RN, BSN, CNLCP, CRRN**  
Santa Clara Valley Medical Center

**Marie Dahdah, PhD**  
Baylor Institute for Rehabilitation/North Texas TBIMS

**Drema Dial, PhD**  
Austin Psychology

**Melody Dodson, RN, CCM, CBIS, EAGALA Certified**  
Pate Rehabilitation

**Teresa Dwight, MS, CCC-SLP**  
Learning Services - Escondido

**Dixie Eastridge, MA**  
Learning Services Neurobehavioral Institute - West

**Hussam I. El-Gohary, MD**  
Physiatrist Leading Brain Injury Program at LTAC

**Jeffrey Englander, MD**  
Santa Clara Valley Medical Center

**Deborah Ettel, PhD**  
Center on Brain Injury Research & Training

**Jennifer Featherston, PhD, LPC, CRC, CVE, EAGALA Certified**  
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**Rolf Gainer, PhD**  
Brookhaven Hospital

**Ann Glang, PhD**  
Center on Brain Injury Research & Training

**Benton Giap, MD**  
Santa Clara Valley Medical Center

**Gregory L. Goodrich, Ph.D.**  
Western Blind Rehabilitation Center

**B.J. Grosvenor, MS**  
San Jose State University

**Tami Guerrier, BS, CBIST**  
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**Kimberly Gully, MS, CCC, CCM, CBIST**  
Rehab Without Walls

**Peggy Harris, MPH, CBIS**  
Brain Injury Homes, Inc.

**Henry Huie, MD**  
Santa Clara Valley Medical Center

**Laura Jamison, CBIS**  
Santa Clara Valley Medical Center

**Susan Keeshin, MD**  
The Rehabilitation Institute of Chicago

**John Kingston, M.Ed., COMS**  
Western Blind Rehabilitation Center

**Lisa Kreber, PhD, CBIS**  
Centre for Neuro Skills

**Marilyn Lash, MSW**  
Lash and Associates Publishing/Training, Inc.
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<tr>
<th>Name</th>
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<td>DVBCIC/VAPAHCs</td>
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<td>Christina Lighthill, OTR</td>
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<td>Keith Main, PhD</td>
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<td>Sharon Marts, MS</td>
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<td>Kathryn Norman, PhD</td>
<td>Brain Injury Resources Center</td>
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<td>Rocio Norman, MA, CCC-SLP</td>
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<td>Regina Obi-Okeke, RN</td>
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<td>Christina Peters, Msc ED, BCBA, CBIS</td>
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<td>Laurie Powell, PhD</td>
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<td>Kay’s Coaching &amp; Expressive Arts Therapies Network</td>
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<td>Eric Ratinoff, JD</td>
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<td>Larry Schutz, PhD</td>
<td>Claremont Academy of Neurocognition</td>
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<td>Ben Schwartz</td>
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<td>Barbara Schrock, PhD</td>
<td>Sharp Rehabilitation Center</td>
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<td>Murray Solomon, MD</td>
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<td>Linde Spuhler, MS CCC/SLP</td>
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<td>Michelle Tipton-Burton MS, OTR/L</td>
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<td>Jerry Wright, MS, CBIST</td>
<td>Santa Clara Valley Medical Center</td>
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The Santa Clara Valley Brain Injury Conference will not be held in 2014.

Please consider attending the International Brain Injury Association’s Tenth World Congress on Brain Injury, “Neurotrauma, Technology, and Neurorehabilitation,” in San Francisco, California on March 19 - 23, 2014. This biennial congress is the principal activity of the International Brain Injury Association, and is unique in its international focus on transdisciplinary advances in the science, clinical aspects, and public policy issues of traumatic and other acquired brain injuries.

The aim of the Tenth World Congress is to provide an opportunity for establishing collegial relationships with international professionals focused on the care and/or service of persons with acquired brain injury and/or the science of brain injury research. State of the art research will be presented dealing with information spanning from basic science to clinical (coma to community) aspects of brain injury.

For additional information, please visit www.internationalbrain.org
The Santa Clara Valley Brain Injury Conference Planning Committee would like to deeply thank Michael Shea of Shea & Shea for his generous creation of the SCVBIC Scholarship Program benefitting 20 individuals with brain injury and 20 caregivers (three years in a row)
24 Hour Service - 7 Days/Week

Service Areas: Most of Southern California

Intermittent Visits (Includes RNs, LVNs, CHHAs, PTs, OTs, STs, and LCSWs) for Worker’s Compensation and Private Insurance Patients

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Service Areas: Most of Southern California
Intermittent Visits (Includes RNs, LVNs, CHHAs, PTs, OTs, STs, and LCSWs) for Worker’s Compensation and Private Insurance Patients

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The highly skilled and experienced Traumatic Brain Injury team at Santa Clara Valley Medical Center is part of a legacy of care that has supported the recovery of more than five thousand individuals with traumatic and acquired brain injury. Today, that team of board-certified and fellowship-trained specialists includes the Chair of our Physical Medicine and Rehabilitation Department, Benton Giap, MD, and our Vice Chair, Thao Duong, MD.

For more than four decades we have helped develop and advance the procedures and protocols that currently position SCVMC as the most comprehensive and experienced Rehabilitation Center on the West Coast. We’re honored to be part of defining neurorehabilitation as we know it today. And now we’re working on the future.