BRAIN INJURY ASSOCIATION OF AMERICA | Volume 20, Issue 2

THE CHALLENGE!

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Greetings,

As you read this, the Brain Injury Association of America is in the middle of what I've been calling Luminary Season.

This year, four Luminary of the Year events—in Tennessee, Texas, Delaware, and Washington, D.C.—are bringing people together to recognize extraordinary leadership, celebrate the brain injury community, and support work that helps survivors and families.

And whether you attend one of these events or are part of this community from miles away, you are part of what we're celebrating.

This year's Luminary of the Year honorees come from very different backgrounds. Two are medical professionals. One is a TBI survivor. One is an advocate. But each represents the kind of leadership our community needs: a commitment to improving what happens at the moment of injury and helping people navigate everything that comes next.

I think that commitment reflects something else.

That commitment reflects the understanding of how difficult it can be for survivors and families to find answers, appropriate care, trusted information, and people who truly understand what they are experiencing.

It reflects the belief that no one should have to find their way alone.

That's why Luminary of the Year is more than a gala dinner.

At its heart, it's a celebration of people who light the way—survivors, caregivers, clinicians, researchers, advocates, supporters, and people like you whose courage, compassion, and commitment show what's possible.

Because when someone is trying to find their way after brain injury, knowing they don't have to do it alone can make all the difference.

Sincerely,

Rick Willis

Rick Willis, President and CEO
Brain Injury Association of America

Making a donation to or fundraising for the Brain Injury Association of America is one of the most effective ways that you can have an impact on the brain injury community. Your contributions help us provide resources to brain injury survivors and caregivers, fund cutting-edge research, advocate for issues on Capitol Hill, and educate professionals on brain injury. Scan the QR code or visit biausa.org/give-and-fundraise to get started.

COMMUNICATING ABOUT BRAIN INJURY

The Brain Injury Association of America and a coalition of brain injury organizations and advocates released a joint statement aimed at improving how brain injuries are discussed and understood. The guidance document, **Communicating about Brain Injury**, was developed collaboratively by healthcare providers, researchers, and people with lived experience of brain injury.

Anyone can have a brain injury at any time.

Some people recover quickly, while others experience lasting effects. Brain injuries don't just affect the person with the injury—they also impact family, friends, and caregivers.

Brain injuries can be complex. This makes them hard to understand for those affected, as well as for doctors, therapists, and researchers trying to provide care and support.

It's important that we communicate clearly and consistently about brain injury. The words we use matter. They can affect whether someone qualifies for services, how professionals plan treatment, and how people understand brain injuries. And, more important, it affects how persons with brain injury experience their injury. The words we choose also shape public attitudes and expectations about life after a brain injury.

To improve communication, we worked with healthcare providers, researchers, and people with brain injuries to create this guidance.

Brain Injury is a Physical Injury

A brain injury is a change in how the brain works. It can happen in two main ways:

External force: A blow or jolt to the head, like from a fall, an accident, or being hit by something that results in being dazed, confused or losing consciousness. This is called a traumatic brain injury (TBI).

Internal cause: A problem inside the body, like a stroke, tumor, infection, or lack of oxygen. These are called non-traumatic brain injuries.

Together, traumatic and non-traumatic causes are called acquired brain injury (ABI). We will refer to these as "brain injury" in the remainder of this article.

Brain injury is a medical condition. Healthcare professionals may diagnose it using tests like brain scans (CT or MRI), bloodwork, or clinical exams. This often happens in a hospital right after the injury, but sometimes it's diagnosed much later.

Injuries have traditionally been described as mild, moderate, or severe, but these labels don't predict a person's outcomes.

Two people with the same injury severity can have very different experiences. Over time, how a person's life is affected depends on many factors beyond the injury itself, including medical care, rehabilitation, personal circumstances, and social supports.

Brain Injury as a Long-Term Health Condition

Some people recover quickly from a brain injury and have no lasting effects. But for others, the effects can last for months, years, or a lifetime.

Brain injury can affect many parts of a person's health and daily life. These effects may stay the same over time, get better, or get worse.

Sometimes, symptoms seem to go away but come back later—especially during times of illness, stress, or fatigue. Brain injury is dynamic and can change over time.

For these reasons brain injury is considered a chronic condition.

Brain Injury and Disability

Brain injury can lead to disability, but not always. While being a chronic condition means the effects of an injury can last a long time; having a disability means a person has difficulty with daily activities or life roles (like work or relationships) because of their injury.

Disability is not just about the injury itself—it depends on the world around the person. A person may experience more or less disability depending on the support they have from others, the places they go, or the tools and accommodations available to them. Because of this, disability is not a fixed state—it can change depending on the situation.

Things to Consider When Talking About Brain Injury

1. Calling brain injuries 'mild,' 'moderate,' or 'severe' is overly simplistic and can be misleading.
2. Sometimes the effects of a brain injury are not recognized until later.
3. Outcomes after a brain injury are difficult to predict, especially in the first days to months following an injury.
4. Saying that brain injury is a chronic condition does not mean that people will experience symptoms all the time, or even ever again.
5. Recognizing that brain injury is dynamic, not stable, means people can both improve and decline in their health and daily independence.
6. Having a chronic condition does not mean a person will have a low quality of life.
7. A person with brain injury should be seen as a whole person.
8. Brain injury does not define a person; it is just one part of who they are.
9. People with brain injuries can and should be involved in decisions about their care, regardless of their level of functioning.
10. Support from family, friends, neighbors, and co-workers can have a big impact on how a person adjusts to life after brain injury.
11. Sometimes the effects of a brain injury are not easily seen by others.
12. Making assumptions about the outcome of an injury—whether overly optimistic or overly pessimistic—can have harmful effects.

The guidance was created by a group of leading brain injury organizations including the American Congress of Rehabilitation Medicine's Brain Injury Interdisciplinary Special Interest Group, the Brain Injury Association of America and their Brain Injury Advisory Council, the National Association of State Head Injury Administrators, the North American Brain Injury Society, PINK Concussions, members of the former US Brain Injury Alliance, and the TBI Model Systems.

Read the full document at https://bit.ly/3U8WU1M or scan the QR code.

MEET THE RESEARCHERS INVESTIGATING CURES FOR CHRONIC BRAIN INJURY

By Lauren Moore,
Marketing and Communications Manager, BIAA



The path to recovery after a brain injury looks different from person to person. Some people recover and are able to return to their pre-injury lives. For others, the effects linger, impacting their families, careers, relationships, hobbies, and independence.

But why do these paths to recovery look so different? Why do some survivors recover with minimal effects, while others live with physical, cognitive, psychological, and emotional challenges that persist for years—or a lifetime? And how can researchers and clinicians work toward the goal of protecting the health and functioning of brain injury survivors across their lifespan?



Moody Neurorehabilitation Institute (Moody Neuro) provides personalized care to treat the unique challenges of brain injury with the singular purpose of achieving the best possible outcome for patients and their families. Services include:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Recreational Therapy
- Residential Nursing
- Dietary Services with In-House Prepared Meals
- Case Management
- Counseling
- Focused Individualized Therapy Sessions
- Low Direct Care and Therapy Staffing Ratios
- Community Re-Integration



Locations Include
Houston
Lubbock
Galveston
409.797.1477
www.moodyneuro.org

These questions drive the mission of the Brain Injury Research Fund, the Brain Injury Association of America's grant program dedicated to finding cures for chronic brain injury. Now in its seventh year, the fund supports researchers investigating how brain injuries can develop into lifelong health conditions, particularly:

- Progressive Degenerative Processes
- Late Consequences of Childhood Traumatic Brain Injury (TBI)
- Excess Mortality
- Chronic Health Condition Management
- Social Determinants of Health

Earlier this year, BIAA awarded seven grants totaling $115,000 through the Brain Injury Research Fund. The 2026 recipients are exploring distinct but connected questions, all with a shared purpose: advancing understanding of chronic brain injury and opening new paths toward better outcomes.

2026 Funded Projects



Pre-Pubertal Traumatic Brain Injury Disrupts Chronic Endocrine Signaling and Sexual Maturation

Rachel Rowe, PhD
University of Colorado Boulder

Much of Rowe's research has been centered around two things: endocrine dysfunction after TBI and sleep after brain injury. "Sleep and endocrine function are closely connected," she noted. "When sleep is disrupted after TBI, it raised important questions for me about how injury might also affect growth and development."

When she considered the impact on children who sustained a TBI either before or during puberty—a time when the brain and endocrine system are coordinating enormous developmental changes—those questions became especially compelling.

"We began asking whether pediatric TBI could interfere not only with growth hormone signaling, but also with the hormones that regulate puberty, sexual maturation, and reproductive development," she said. "That intersection between brain injury, sleep, hormones, and development is what ultimately led to this project."

Rowe's project involves using a juvenile rat TBI model to track sex hormones, gonadal changes, reproductive cycling, puberty, mating behavior, and fertility outcomes, revealing how childhood TBI shapes reproductive health across the lifespan.

The larger goal, she explained, is to better define the risks associated with sustaining a TBI during childhood.

"I hope this work provides the evidence needed to improve clinical follow-up after pediatric TBI," Rowe said. "I would like us to reach a point where we are not only helping children recover from the immediate effects of a brain injury, but also protecting their growth, development, reproductive health, and overall health across the lifespan."

Multimodal Investigation of the Vascular Consequences of Traumatic Brain Injury

Enna Selmanovic,
Ichan School of Medicine

Something that has been top of mind for Selmanovic as she's worked on this project—which has involved studying and staining 50 brains to investigate how chronic vascular changes contribute to brain decline after trauma and repeated head impacts—is that no two brains with TBI look the same.

It's something she hopes resonates with people who have experienced TBI and are afraid of the long-term prognosis, including the likelihood of developing neurodegenerative conditions like chronic traumatic encephalopathy (CTE)—something that has garnered a lot of attention in the media recently.

"Even the more reputable journals are reporting numbers that are very scary, and it can be very demoralizing at the end of the day, to think you have no real options after you hit your head," she said. "This was a small cohort, and this is just the start of what we're really finding in these brains. But no two brains look the same, and no matter what you do see, there is still a chance for them. If they are suffering or struggling with TBI, whether they've experienced repetitive head trauma, blast exposure, or a single hit to the head, there are treatments available to them now."



Linking Disrupted Sleep Architecture to Post-Concussive Symptom Persistence in Adolescents

Catherine Donahue, PhD,
University of Colorado Anschutz Medical Campus, Children's Hospital Colorado

Sleep problems are common after concussion, particularly in adolescents. Up to 51 percent of adolescents report disturbances in the first week post-injury, yet understanding about how sleep changes throughout recovery, and whether those changes can help with identifying individuals who may be at risk for a longer recovery, is limited.

Donahue's project examines how post-concussion disruptions in sleep staging influence time to symptom resolution.

"Our preliminary findings suggest that adolescents who experience a meaningful change in their sleep pattern while they are still symptomatic may have a longer recovery than adolescents whose sleep remains relatively stable," Donahue said.

Ultimately, Donahue hopes this work helps provide a better understanding of the role that sleep plays in concussion recovery and whether changes in sleep can provide an early signal that an adolescent's recovery is not progressing as expected. "Long term, this type of information could help us move toward more individualized concussion care," she said.

Sympathetic Activation and Inflammation after TBI: Neuroimmune Mechanisms Causing CVD and Mortality



Benjamin Young, PhD, University of Texas Southwestern Medical Center

As a cardiovascular physiologist, Young's road to TBI research is somewhat unconventional. "During my postdoctoral fellowship right when I was transitioning to my first faculty position, an investigator from Physical Medicine and Rehabilitation at UT Southwestern reached out to our broader group because we specialize in directly measuring sympathetic outflow in humans, and they wanted to make these measurements for the first time after moderate to severe TBI," he explained.

As he became involved in the project, he was surprised at how little was known about cardiovascular and autonomic regulatory pathways after TBI. "There's an opportunity to make a real difference here and to do the groundwork for what I hope will prove to be really groundbreaking and revolutionize both our understanding of TBI as a chronic disease but also the care of these kinds of patients," Young said.

Multimodal Approach to Exploring ADRD Markers following Remote Head Injury



Erica Howard, The Ohio State University

Howard's dissertation study investigates how remote head injury contributes to chronic brain changes linked to Alzheimer's disease. It focuses on two key mechanisms: loss of myelin, which disrupts brain communications, and abnormal accumulation of proteins, including amyloid-beta and tau. The study uses a novel neuroimaging method to measure myelin content at the brain's surface in adults 40 and older, alongside blood biomarkers and cognitive testing. By linking imaging, biomarkers, and cognition, the study aims to clarify how head injuries may accelerate neurodegeneration.

Opioid Exacerbation of TBI-induced Neuroinflammation and Pain: Role of the Kynurenine Pathway



Itzick Nahmoud, Wayne State University School of Medicine

TBI affects millions each year, with long-term sequelae including chronic pain and depression. Mechanisms linking TBI, pain, and depression are unclear; however, TBI induces inflammation, common to both pain and depression. Paradoxically, inflammation may be augmented by first-line analgesics like opioids. This study uses a preclinical TBI model and positron emission tomography imaging to study how TBI with/without opioid administration alters the kynurenine pathway with the goal of identifying novel therapeutic targets.

The Role of Age at Traumatic Brain Injury in the Development of Neurodegenerative Disease

Lin Kimberly Chung, University of Washington

TBI is a risk factor for developing neurodegenerative disease, but little is known about how the age at injury, especially childhood age, contributes to the risk. This project studies human brain tissue to understand how early-life TBIs influence long-term brain health. The study compares inflammation and abnormal protein buildup in brains from people injured at different ages and links these findings to cognitive and behavioral changes. Learning how early injuries shape brain disease may reveal ways to reduce these lifelong neurological effects and improve outcomes.



CARE, CONNECTION, AND COMMUNITY

BIAA's new Caregiver Council strives to provide resources, knowledge, and support to others on their caregiving journey.

By Lauren Moore, Marketing and Communications Manager, BIAA

The members of the Brain Injury Association of America's Caregiver Council bring a diverse mix of brain injury caregiving journeys to the table.

A sister with TBI.

A daughter with an anoxic brain injury.

A son with TBI.

A spouse who sustained a brain stem stroke.

A long-time friend with TBI, epilepsy, hippocampal atrophy, and early onset dementia.

Parents with Alzheimer's disease.

Some have been caregivers for a few years, while others have been caregivers for a decade or longer. And while each journey looks different, these caregivers share a common mission: ensuring that the people caring for individuals living with brain injury have access to resources, information, and support when they need them the most.

Sherry Grote, who became a caregiver for her husband in 2014 after his brain stem stroke, recalls trying to navigate her role as a caregiver on her own.

"I didn't always know what I was looking for, but I tried to find things," she says. "How much better would it be if there were resources available to people when they're ready to consume that information?"

As a member of BIAA's Caregiver Council, Sherry says she's trying to find the people who are in the same place she was 12 years ago—those who didn't have any information about being a caregiver—and making sure they have resources at their fingertips.

Caregiver Council member Jeannie Bushnell, who cares for her longtime friend James, says her goals with the council are the same ones she applies to her everyday life: spreading awareness about brain injury, celebrating life after brain injury, and advocating for survivors and caregivers. "I want caregivers to know that help exists, and I want to help expand the help that is available," she says.

What Advice Would You Share with a New Caregiver?

Members of BIAA's Caregiver Council shared their advice for those who are new to the caregiving journey.

"Breathe, take care of yourself by being sure to eat, sleep, etc. If something happens to you, your loved one will not have the support they need. Do not hesitate to ask others for help, even if it is just a little thing like doing laundry or driving your loved one to rehab."

– Barbara Harbula

"Make sure that you make space and time for you, whatever that looks like. If it's five minutes a day, if it's 30 minutes a couple of times a week, find a way to step away. If you truly want to be resilient, you have to do that."

– Sherry Grote

"There can still be a lot of joy in the relationship with your loved one with a brain injury. Of course, there's the ambiguous grief of losing the person they were but finding joy in the 'new normal' is not only possible but very gratifying."

– Jean Young

"You must find a way to pace yourself. Caregiving is a marathon, and you need energy for it all. I had no idea where this journey would lead us or the twists and turns we would be required to navigate. There is no handbook, and your experience will never look like that of another caregiver. The care you provide will evolve over time. There are stages to caregiving."

– Jeannie Bushnell

To be sure, help does exist, and resources for caregivers are out there, but they're often difficult to find. And since many caregivers—especially those who care for a loved one with a brain injury—come into their roles unexpectedly, tracking down those resources can sometimes feel like a lower priority than navigating the immediate aftermath of a loved one's injury.

Council member Jean Young, who has been a caregiver for her daughter Jennifer since she sustained an anoxic brain injury two years ago, says she was in crisis mode for nearly a year following her daughter's injury.

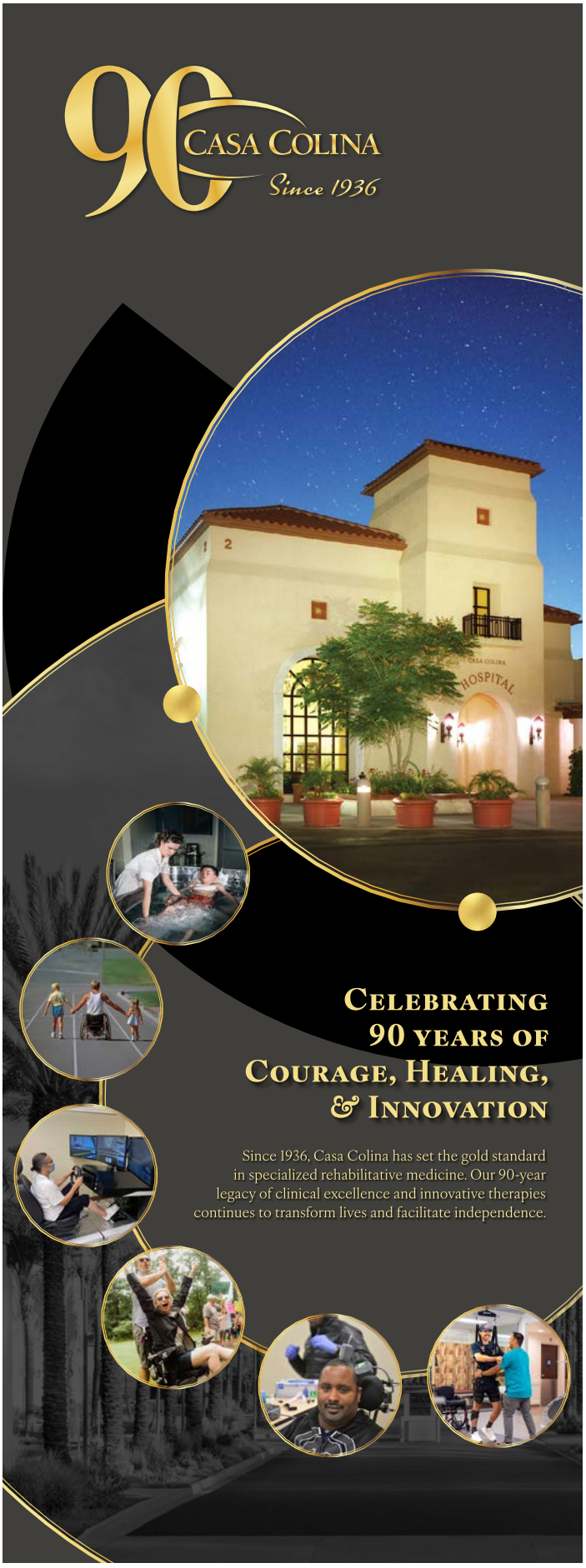
"I wish I'd been told it would probably take a year or two to fully recover from the crisis stage as a caregiver," Jean shares. For 10 months, Jean was visiting her daughter in the hospital on a daily basis, advocating for her with doctors, figuring out Medicaid and Social Security, and finding a nursing home that could accept Jennifer. "My health suffered from the stress. It's taken a long time to find a healthy new normal," she adds.

And when factoring in the complicated nature of caring for someone with a brain injury, it's not uncommon for caregivers to find themselves feeling isolated, afraid, or burned out. But having access to resources and support—especially from other caregivers who understand the journey—can make all the difference not only for the caregivers themselves, but for their families and the loved one or loved ones they care for.

Sherry recalls connecting with another caregiver—a woman whose husband sustained a TBI in a motorcycle accident. "She and I just had dinner one night, and she became a source of hope where there was hope, and reality where was reality, and laughing about things that caregivers have to do on a daily basis," Sherry says. "Having someone who's been there, done that, got the T-shirt was really helpful for me, and I want to be there for those who are going through that."

Council member Barbara Harbula, who cares for a son with special needs as well as a sister with TBI, says that she hopes to promote greater awareness about brain injury and provide support and resources to caregivers who not only care for individuals with brain injury, but caregivers outside the brain injury community as well. "For instance, for my son in a group home – what are the resources for parents in that case, or for family caregivers of the elderly? How can programs as successful as the BIAA one be created for others?" she asks.

Are you a caregiver for a person living with brain injury? The BIAA website has free resources for caregivers, including webinars, articles, personal stories, and a free downloadable guide, at **biausa.org/tips-for-families-and-caregivers.**



BRAIN INJURY ASSOCIATION OF AMERICA

LEAVE A LASTING LEGACY

A bequest is a gift from your estate – a transfer of cash, securities, or other property made through your estate plans. You can make a bequest to the Brain Injury Association of America by including language in your will or living trust to leave a portion of your estate to the Association or by designating BIAA as a beneficiary of your retirement account or life insurance policy.

Remembering the Brain Injury Association of America with a bequest from your estate will help sustain and strengthen the Association in years to come. Some of the advantages of creating a bequest include:

- Retaining control and use of your assets during your lifetime
- The ability to modify your bequest if your circumstances change
- Tax exemptions as gifts to BIAA from your estate are exempt from federal estate taxes

Let Us Thank You: Futures Fund Legacy Society

If you have included the Brain Injury Association of America in your estate plans, please let us know. We would like to thank you for your generosity, make sure the purpose of your gift is understood by the Association, and recognize you as a member of the Futures Fund Legacy Society.

Futures Fund Spotlight: Dr. Robert Sbordone



The world of brain injury lost an authority and leader in research and education when Dr. Robert Sbordone passed away in 2015. Dr. Sbordone continues to help others through his generous bequest to the Brain Injury Association of America (BIAA).

The bequest provides an unprecedented opportunity for BIAA to invest in strategic revenue growth and long-term stability. In honor of Dr. Sbordone's generosity, BIAA created the Robert Sbordone Memorial Lecture series on mild traumatic brain injury (mTBI) and concussion. These online lectures are led by licensed social workers, medical doctors, and other professionals in the field of brain injury.

Learn more by contacting the development department at development@biausa.org **or 703-761-0750 ext. 645 or visiting** biausa.org/futuresfund**.**

SUPPORTING RESEARCH AND RESOURCES

Natasha Rastogi comes from a family of physicians. She, her mother, and her brother are all doctors, and her father, Surender, was also a doctor before he retired.

But when Surender sustained a traumatic fall on April 19, 2025, Natasha and her family learned what it's like on the patient side of the medical system. "It's really eye-opening," Natasha said. "You don't understand it until you're in those shoes."

When he fell, Surender fractured his C-spine and went into cardiac arrest. As a result, he sustained an anoxic brain injury that has left him in a minimally conscious state.

"He'll have moments where he responds to voices and seemingly interacts with us," Natasha explained. "At some points, he'll respond to minor commands, other times he's not really there. It waxes and wanes."

As the one-year anniversary of Surender's injury was approaching, Natasha wanted to incorporate a sense of hope and positivity into the tragedy her family experienced.

As it happened, the Jersey City Marathon and Half-Marathon was taking place on April 19, 2026 – exactly one year to the day that Surender fell. Natasha and her husband decided to participate in honor of her father – and to fundraise for the Brain Injury Association of America (BIAA) in the process.

Natasha began to explore different organizations and nonprofits to support through the half marathon. As she learned more about BIAA, she was especially drawn to our investment in research.

"One thing I learned on this journey is the need for research and resources in this area," Natasha shared. "We're a family of scientists. We want to know what we're supporting is going to have an impact. This felt like the right organization."

As she learned more about BIAA, she recognized that we not only support brain injury survivors, but caregivers and their families as well. "You really look out for families and are a support system for them," Natasha said. "It's hard to see a family member like this, and it's important for families to have support and camaraderie."

Accepting support didn't always come easy to the Rastogi family. "People were offering us a lot of help, but we weren't taking it," Natasha explained. Now that she has more experience – and perspective, she acknowledged, "It's okay to accept help, and to ask for it. You need to take care of yourself as well. You can get lost in this world of doing everything for the person you love."

The Rastogi family's brain injury journey has been "difficult and gray," Natasha said, but acknowledged that there is a lot of potential for up-and-coming research that could benefit other survivors and their families – even if it can't benefit her father.

"Dad was always someone to care for others," she said. "It was important for me to represent him and give back to an organization that helps fund research grants and supports families."



Creating a fundraiser for brain injury research helps drive discoveries that can improve and extend the lives of millions of people living with the long-term effects of brain injury. Community led fundraising directly supports research focused on prevention, better treatments, and long-term care strategies. To support the Brain Injury Research Fund, scan the QR code or visit https://bit.ly/3Utz9lh

BRAIN INJURY ASSOCIATION OF AMERICA

YOU KNOW THERE IS **NO SIMPLE ROADMAP** FOR WHAT COMES AFTER A BRAIN INJURY.

Recovery rarely follows a straight line. Progress and setbacks can arrive side by side. What works for one person may not work for another. And sometimes, just when you think you've found your footing, something changes.

You know something else, too: having the right information and the right person to turn to can make all the difference. That's the kind of community you help make possible through the Brain Injury Association of America.

Every year, thousands of survivors, family members, caregivers, and professionals turn to BIAA looking for answers, guidance, education, and connection with others who are traveling a similar path.

Sometimes that means talking with someone through the National Brain Injury Information Center. Sometimes it means finding an article, webinar, or story that finally puts an experience into words. It can mean connecting with a BIAA chapter or affiliate, attending a conference or event, or receiving care from a professional whose understanding of brain injury has been strengthened through BIAA training and certification.

However that connection happens, there is a person on the other end of it, and your support helps make sure they don't have to figure out what comes next alone.

Because of people like you, a survivor can hear their own experience in someone else's story and think, *Yes. Someone understands.*

Those moments may look small from the outside. When you know brain injury, you know they aren't.

A trusted answer. A knowledgeable professional. A conversation with someone who understands. A place to turn when you don't know what to do next. These connections can change what comes next for a person affected by brain injury.

That's what your support of the Brain Injury Association of America makes possible.

This Giving Tuesday and year-end, I hope you'll consider making a gift. You can help ensure that when someone affected by brain injury needs information, guidance, or simply the reassurance that someone understands, there is a place to turn.

3 easy ways to make your year-end gift

1. Send a check made out to the Brain Injury Association of America to:
   Brain Injury Association of America
   PO Box 7416
   Merrifield, VA 22116-7416

2. Call 703-761-0750 during regular business hours.

3. Visit biausa.org/supportBIAA or scan the QR code to make an online donation.

COGNITION AND MENTAL HEALTH: SUPPORTING RECOVERY AFTER TRAUMATIC BRAIN INJURY

By Hannah Smith, OTD

To read a full summary of this capstone project, scan the QR code or visit https://biausa.org/public-affairs/media/cognition-and-mental-health-supporting-recovery-after-traumatic-brain-injury

This doctoral capstone project, developed in partnership with the Brain Injury Association of America (BIAA) and Community Brain Injury Services (CBIS), focuses on addressing the often-overlapping challenges and complex needs of cognitive and mental health recovery for traumatic brain injury (TBI) survivors. Grounded in occupational therapy (OT) principles and informed by a comprehensive needs assessment, the project aimed to bridge the gap in accessible, evidence-based resources for both healthcare professionals and the TBI community.

TBI affects millions of individuals each year, which often leads to lasting impacts on cognition, mental health, and quality of life. For adults navigating life after TBI, returning to meaningful roles – at home, in the community, and work – can be challenging. For healthcare professionals, particularly OT practitioners, addressing these complex needs requires accessible, evidence-based tools.

My doctoral capstone project was designed to address a critical gap: the need for practical, evidence-based interventions that support both cognition and mental health in adults post-TBI.

A needs assessment, guided by informal interviews, observations, and community outreach, helped capture perspectives from survivors, caregivers, and healthcare professionals, including social workers, case managers, and clubhouse staff members.

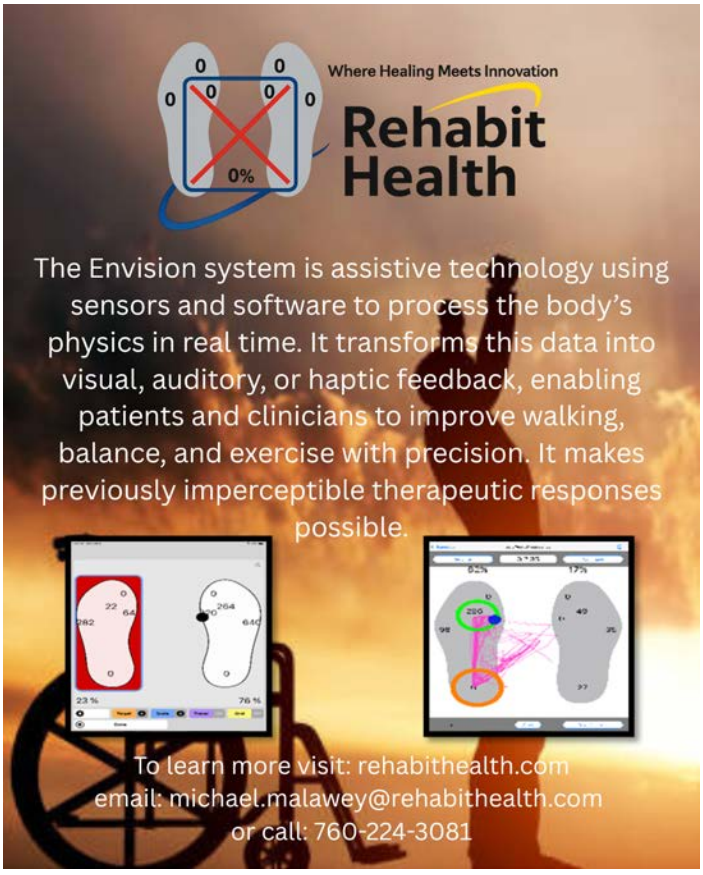
Findings revealed a strong demand for:

- Practical, easy to use intervention strategies
- Resources accessible to both clinicians and non-clinicians
- Integrated approaches addressing both cognition and mental health

In response, I developed two complementary resources: a clinician handbook with evidence-based interventions for OT practitioners and other healthcare professionals, and a simplified guidebook for survivors and caregivers. Both resources emphasize real-world application, meaningful activity engagement, and holistic, client-centered care.

The development of these resources was strengthened by real-world experiences that highlighted the broader systems that influence brain injury care. Through participating in Advocacy Day with CBIS, I engaged directly with legislators to advocate for an increase in funding and expanding services for adults living with brain injuries. This experience underscored the importance of clinician involvement in policy and advocacy efforts that shape access to services and support. Attendance at the BIAA National Conference and Brain Injury Awareness Day in Washington, D.C., provided opportunities to continue to advocate and connect with professionals nationwide. Engaging with clinicians, researchers, and organizational leaders offered valuable insight into emerging best practices and reinforced the importance of interdisciplinary collaboration in brain injury rehabilitation.

Clinical site visits further deepened the understanding of the continuum of care. A tour of the brain injury unit at Sheltering Arms Institute, a nationally ranked hospital, provided exposure to advanced rehabilitation services and educational resources related to sleep hygiene, stoke recovery, and transitional care. Visiting the Tree of Life, a long-term neurorehabilitation facility, offered perspective on extended recovery and the importance of structured, supportive living environments.



STATE NEWS



California

California is home to millions of people living with the effects of brain injury. In August 2026, the Brain Injury Association of America launched its new California Chapter, led by Executive Director Krystal Adkins, to provide a dedicated statewide voice for survivors, caregivers, families, and professionals.

The Chapter is here to help create a path forward for Californians affected by brain injury by connecting individuals with trusted information, resources, and support; expanding professional education and training to strengthen brain injury care; and advocating for policies and systems that reflect the needs and lived experiences of California's brain injury community.

Central to this work is uniting survivors, caregivers, healthcare professionals, advocates, volunteers, and community partners from across the state. BIAA-CA's Community Councils bring together people to help identify needs, open doors, share expertise, and move our work forward in three key areas: advocacy, community resources and education, and fundraising.

To learn more or get involved, visit biausa.org/california or contact Krystal Adkins at kadkins@biausa.org.

Delaware

Last month, the Delaware chapter of the Brain Injury Association of America (BIAA-DE) hosted its first Luminary of the Year celebration—an extraordinary evening dedicated to celebrating leadership, innovation, and hope in the brain injury community.

The 2026 Delaware Luminary Honoree was Matt Denn, a lifelong public servant whose work has been distinguished by his dedication to vulnerable Delawareans, including children, seniors, and individuals with disabilities. Matt is the co-founder and vice chair of Action for Delaware's Children, a not-for-profit organization that advocates for children in Delaware, especially those living in poverty. He was also the Lt. Governor of Delaware from 2009-2015, and served as Attorney General from 2015-2019.



Louisiana

The Brain Injury Association of Louisiana (BIA-LA) championed two landmark bills during this legislative session, marking a historic victory for Louisiana's brain injury community.

Senate Bill 295 expands insurance coverage for medically necessary post-acute cognitive rehabilitation for individuals with acquired brain injuries, including traumatic brain injury, stroke, and anoxic brain injury. Beginning in January 2027, more Louisianans will have access to critical services that support recovery, independence, and community reintegration.

House Bill 1244, now known as "Riley's Law," creates a voluntary brain injury designation on Louisiana driver's licenses and identification cards. Taking effect in January 2028, BIA-LA will also work with the Louisiana Commission on Law Enforcement to provide training to help law enforcement better recognize and respond to individuals living with brain injuries.

BIA-LA worked tirelessly alongside legislators, community partners, professionals, survivors, and families to educate policymakers and build support for both bills. These victories demonstrate the power of advocacy and ensure that the voices of Louisiana's brain injury community are heard. Together, we turned advocacy into action and created meaningful, lasting change.



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Massachusetts

On August 16, 29 runners and fundraisers participated in the 54th Annual Falmouth Road Race on behalf of the Brain Injury Association of Massachusetts (BIA-MA). Our 2026 team was comprised of brain injury survivors, professionals, and caregivers.

BIA-MA has been proudly partnering with the Falmouth Road Race for over 13 years. The Falmouth Road Race is a 7-mile race on Cape Cod that hosts over 10,000 runners each year. It is not intended to solely be a charity race; however, their "Numbers for Nonprofits" program allows organizations like BIA-MA to both fundraise and participate. BIA-MA gladly applies to be part of the program each year.

BIA-MA was also proud to sponsor the Falmouth Road Race this year and exhibit at their Health & Fitness Expo. At the Expo, BIA-MA staff had the opportunity to share helmet safety information, talk to families about concussion awareness, and provide attendees with information about our mission, programs, support, and events.

This year, our "Team BIA-MA" runners fundraised nearly $60,000 – an outstanding achievement. Overall, this event was a huge success, and we are proud of our team.



Nebraska

The Brain Injury Association of Nebraska (BIA-NE) and its partners are working to change how Nebraska's juvenile justice system identifies and responds to youth with brain injury through Breaking the Cycle: Brain Injury Screening and Support for Youth in the Justice System, a collaborative project supported by the Sherwood Foundation.

The project uses the Online Brain Injury Screening and Support System (OBISSS) to identify youth with possible brain injury and better understand how those injuries may contribute to challenges with attention, memory, processing speed, impulse control, emotional regulation, communication, and other areas that can affect a young person's success within the justice system.

The results demonstrate the importance of this work. From January 2025 through May 2026, 318 Nebraska youth were screened, and 84 percent met the OBISSS criteria for a positive screen. In addition, 79 percent of youth reported experiencing multiple or repeated blows to the head.

But identifying brain injury is only the first step. The larger goal is systems change. BIA-NE is working alongside juvenile justice staff, judges, attorneys, researchers, clinicians, and other community partners to help professionals look beyond a young person's behavior and consider what may be contributing to it.



Youth identified through the project can be connected with additional cognitive screening, individualized recommendations and strategies, brain injury education, Resource Facilitation, and other supports for youth and their families. Early cognitive screening results have reinforced the need for an individualized approach: among the first 11 youth evaluated, no two cognitive profiles were identical.

Members of the Nebraska team recently presented the project at the 2026 State of the States Conference in Little Rock, sharing both what Nebraska is learning and how those lessons are being translated into practice.

New York

The Brain Injury Association of New York State (BIA-NYS) hosted its 2026 Annual Conference, "Strength in the Journey," in Saratoga Springs on June 10 and 11. The event brought New York's brain injury community together for two powerful days of learning, connection, celebration, and inspiration.

The conference reflected the resilience of people and families living with brain injury and the dedication of the professionals, advocates, caregivers, and community partners who support them. The conference sold out, welcoming more than 300 attendees who participated in educational sessions, visited exhibitors, shared experiences, built relationships, and connected with and celebrated New York's brain injury community.

As part of the conference, BIA-NYS also hosted its Annual Meeting for members and welcomed incoming leadership. The conference also showcased the impact of BIA-NYS' Annual Conference Scholarship Program, which is supported by generous donors and by Go Blue! for Brain Injury, the Association's annual Brain Injury Awareness Month fundraising campaign. Funds raised through Go Blue! directly support conference scholarships.



Pennsylvania

This June, the Brain Injury Association of Pennsylvania (BIA-PA) welcomed more than 250 attendees to our 2026 Annual Conference "Brain Injury Rehabilitation Across the Lifespan: Achieving Outcomes and Strengthening Community." The conference brings together professionals, survivors, family members, and caregivers from across the brain injury community for shared learning, connection, and collaboration. We were also pleased to welcome 29 exhibitors, providing attendees with opportunities to connect with valuable resources, services, and innovations in brain injury care.

The conference featured 10 poster presentations highlighting current research and promising practices, as well as Coffeehouse, our open mic night for survivors, which was once again a conference highlight.

Thank you to our presenters, exhibitors, sponsors, volunteers, and attendees for making this year's conference such a success. Together, we continue to strengthen our community and advance brain injury rehabilitation across the lifespan.

Last year, BIA-PA, in partnership with the Pennsylvania Department of Health, expanded its ReDiscover U program to create new, in-person event series for people with brain injury to learn, connect, and try new experiences together. Building on the program's established virtual offerings, the expansion introduced educational, recreational, and social events in communities across Pennsylvania.

The inaugural year of in-person programming was a success, with ReDiscover U hosting 22 educational and social events across Pennsylvania. Activities included drum circles, bowling socials, Painting with a Twist, Board & Brush workshops, and summer BBQs featuring art and games.





Tennessee

On July 1, three new TBI Service Coordinators joined the Brain Injury Association of America-Tennessee Chapter (BIAA-TN), expanding access to support across Middle Tennessee. They are part of a statewide network of eight coordinators funded by the Tennessee Department of Health.

The need is significant. Approximately 1.3 million Tennesseans are living with TBI and may need support navigating the systems and services available to them.

TBI Service Coordination is a free service for eligible Tennessee residents with TBI. Coordinators work with survivors and caregivers to assess individual needs, develop plans of care, connect people with community resources, assist with accessing services, provide advocacy, and help bridge gaps in care. They also work alongside healthcare and community professionals to promote continuity of care.

For survivors and families, having someone to help navigate what comes next can make a complicated system easier to understand and access. These new coordinators strengthen Tennessee's network of support and help ensure that people living with TBI do not have to navigate the journey alone.

On October 8, BIAA-TN held our inaugural Luminary of the Year celebration at the Richland Country Club in Nashville. This special evening brought together members of the brain injury community, families, advocates, healthcare professionals, and supporters to advance the mission of BIAA-TN, and to celebrate this year's honoree, Dr. Mayur B. Patel, Division Chief of Acute Care Surgery at Vanderbilt University Medical Center.



Texas

The BIAA-Texas Chapter held its second annual Luminary of the Year celebration on October 15 at the Ballroom at Bayou Place in Houston. This year's event honored Russell Shearn Moody as Luminary of the Year. More than 40 years ago, Russell Moody's life changed in an instant. A serious automobile accident left him with a traumatic brain injury — and left his father, philanthropist Robert Moody, Sr., confronting firsthand the profound lack of brain injury rehabilitation resources available to families in crisis. Rather than accept those limitations, Robert Moody, Sr. immersed himself in learning about neurorehabilitation and channeled that knowledge into action, establishing what is now the Moody Neurorehabilitation Institute, a pioneering post-acute brain rehabilitation center recognized today as a leader in the field.



EVENTS AND WEBINARS

NOVEMBER 5, 12 P.M. TO 4:30 P.M. ET

Stroke Recovery: Body, Mind, and Relationships

Join us for a half-day virtual symposium built around conversations on stroke recovery. Across three focused sessions spanning body, mind, and relationships, leading experts will share clinical insight, research, and guidance on the realities of stroke recovery. Alongside them, survivors and caregivers will share their lived experiences and perspectives from their journeys. Register at https://bit.ly/4zg72ox

NOVEMBER 10, 3 P.M. ET

First Consensus Statement on Traumatic Brain Injury in First Responders | Jaclyn B. Caccese, PhD, FACSM

Traumatic brain injury (TBI), including concussion, is a common yet underrecognized occupational hazard among first responders, including law enforcement officers, firefighters, and emergency medical services personnel. This webinar presents the first international interdisciplinary consensus recommendations for recognizing, diagnosing, managing, and supporting return to duty after TBI in first responders. Participants will learn how these evidence-informed recommendations address unique occupational challenges—including reporting barriers, safety-sensitive job demands, and return-to-duty decision making—and how healthcare providers, brain injury professionals, researchers, and agencies can work together to improve outcomes and occupational readiness. Register at learn.biausa.org

NOVEMBER 16, 4 P.M. ET

Centering Mental Health in Brain Injury | Michael Jaffee, MC, FAAN, FANA and Jennifer Bodner, PhD, ABPP, FACRM

Traumatic brain injury (TBI) can have lasting effects on mental and emotional health, including depression, anxiety, and other behavioral health challenges. This webinar, hosted by the Brain Injury Association of America (BIAA) and the National Academies of Sciences, Engineering, and Medicine (NASEM), features Dr. Michael Jaffee and Dr. Jennifer Bogner as they discuss this important topic, as well as key findings from the newly released NASEM workshop proceedings, Mental Health After TBI. This webinar is designed for professionals and will highlight the latest evidence on why mental health conditions may develop after brain injury, gaps in screening and care, and opportunities to improve access to effective, integrated mental health treatment within the context of the brain injury care continuum. Register at learn.biausa.org

JANUARY 27-29, 2027 | SAN DIEGO

2027 Neuro Rehab Leadership Summit

The BIAA Neuro Rehab Leadership Summit is the premier national conference for executives and professionals in neurorehabilitation. The multi-day summit is packed with educational sessions and networking events focused on industry trends, best practices, human resource management, and legislative topics. Learn more at biausa.org/summit

FEBRUARY 3, 10, AND 17, 2027, 11 A.M. TO 4:30 P.M. ET

Certified Brain Injury Specialist Virtual Prep Course

Interested in earning your Certified Brain Injury Specialist certification? Sign up for our CBIS Certification Prep Bundle! This exclusive all-in-one package includes access to live virtual trainings led by Certified Brain Injury Specialist Trainers; the CBIS application fee; a hardcover copy of The Essential Brain Injury Guide 6.0 and study companion workbook; and a one-year subscription to the Journal of Head Trauma Rehabilitation. This program is ideal for professionals working in acute care, post-acute rehab, behavioral health, social work, vocational rehab, or education. Register at learn.biausa.org

MARCH 8-10, 2027 | ARLINGTON, VA.

2027 National Brain Injury Conference and Awareness Day

Join the Brain Injury Association of America for the annual National Brain Injury Conference and Awareness Day as we bring the brain injury community together to inspire action, drive advocacy, celebrate our achievements, and strengthen our collective impact. Whether you are a person living with a brain injury, a caregiver, or a healthcare provider, this conference will offer tools, resources, and networking opportunities for leaders and emerging leaders in the brain injury community. Register at https://bit.ly/4AKRPgG

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The Corporate Partners Program gives rehabilitation providers, long-term care facilities, attorneys, and other leaders in the field a variety of opportunities to support the Brain Injury Association of America's advocacy, awareness, information, and education programs. BIAA is grateful to the Corporate Partners for their financial contributions and the many volunteer hours their companies devote to spreading help, hope, and healing nationwide.

For more information on how to become part of the Brain Injury Association of America Corporate Partners Program, please visit biausa.org/corporate or contact Paula Eichholz at (703) 761-0750, ext. 648, or email peichholz@biausa.org.

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