

Headway is a support and advocacy agency for persons with brain injury, other disabilities and seniors.

TBI REAUTHORIZATION ACT PASSES IN HOUSE WITH BI-PARTISAN SUPPORT

The Brain Injury Association of America (BIAA) is pleased to announce that the House of Representatives passed the Traumatic Brain Injury (TBI) Reauthorization Act of 2014 and the bill is on its way to Barack Obama for his signature.

The TBI Act reauthorizes existing TBI programs within the U.S. Department of Health and Human Services (HHS) and provides appropriations for those programs through FY2019. The legislation also provides new authority for the Centers for Disease Control and Prevention (CDC) to review brain injury management in children, identify ongoing and potential opportunities for research and instructs the CDC to report back to Congress on their findings.

“This is the day we have worked toward for several years,” said Susan Connors, president and CEO of BIAA. “The passage of this reauthorization of the TBI Act means that

research relating to children with brain injuries will gain more attention. TBI prevention and surveillance programs at CDC will continue, as will the state grant program and the protection and advocacy grant program currently administered by the Health Resources and Services Administration (HRSA),” she added.

“I would especially like to recognize all of our grassroots advocates, without whom this would not have been possible,” Connors said.

Originally passed in 1996, and reauthorized in 2000 and 2008, the TBI Act represents a foundation for coordinated and balanced public policy in prevention, education, research and community living for people with TBI. The TBI Act specifically allocates federal funds for programs supporting individuals with brain injury to federal agencies including the CDC, the National Institute for Health (NIH) and HRSA.



In recognition of Brain Injury Awareness month, Headway is launching a new dining out fundraising event with select area restaurants.

Dining out for Headway: A Nourishing Event in Support of Headway of WNY, Inc. will occur the first week of March, 2015. Watch for details in your mail, on our website and Facebook page.

HEADWAY ADVISORY COUNCIL NEWS

New officers of the Advisory Council have been appointed as follows: Julie Krieger, chief compliance officer at Allwel, was named chairperson. Felice Bumbaco, assistant director of Waiver Services at Aftercare, was named co-chairperson. These are two-year appointments.

Although Headway of WNY is governed by the Board of Directors of People Inc., the Advisory Council continues to provide insight and guidance to the agency. They meet on a quarterly basis and consist of 15 members.

For more information about the Advisory Council or if you are interested in becoming a member of the council, contact Bill Bergman at 716.408.3101.

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Headway is a donor designated agency of the United Way

501C3 Non-Profit Organization

ANNUAL MEETING RECAP

Headway of Western New York's Annual Meeting was held on October 28, 2014, at the United Way of Buffalo and Erie County in Buffalo.

The evening began with refreshments graciously provided by Advisory Council members: Felice Bumbaco, Diana Landweher, Elizabeth Mann, Darlene Robida and Chris VanVeghten.

All were welcomed and casual conversation ensued.

Bill Bergmann, executive director, welcomed the 20 attendees and provided an overview of Headway's outreach and support activities over the last year.

Ron Fernandez, director of Waiver Services, provided an update on the status of the NYS Department of Health's Medicaid Waivers and opened the floor to questions from the group.

An informative presentation, "How to be an Effective Advocate," was offered by Michelle Weinke, ECMC Patient Advocate; and Jim and Mary Jean Chadwick, parents of a TBI survivor. Useful information and effective strategies were shared and all enjoyed the lively discussion.

Thank you to all attendees, participants and presenters for an enjoyable and informative evening.

PROBING BRAIN'S DEPTH, TRYING TO AID MEMORY

By Benedict Carey, Science Reporter for *The New York Times*, Reprinted from July 9, 2014, *The New York Times*

The man in the hospital bed was playing video games on a laptop, absorbed and relaxed despite the bustle of scientists on all sides and the electrodes threaded through his skull and deep into his brain.

"O.K., that's enough," he told doctors after more than an hour. "All those memory tests, it's exhausting."

The man, Ralph, a health care worker who asked that his last name be omitted for privacy, has severe epilepsy; and the operation to find the source of his seizures had provided researchers an exquisite opportunity to study the biology of memory.

The Department of Defense on Tuesday announced a \$40 million investment in what has become the fastest-moving branch of neuroscience: direct brain recording. Two centers, one at the University of Pennsylvania and the other at the University of California, Los Angeles, won contracts to develop brain implants for memory deficits.

Their aim is to develop new treatments for traumatic brain injury, the signature wound of the wars in Iraq and in Afghanistan. Its most devastating symptom is the blunting of memory and reasoning. Scientists have found in preliminary studies that they can sharpen some kinds of memory by directly recording, and stimulating, circuits deep in the brain.

Unlike brain imaging, direct brain recording allows scientists to conduct experiments while listening to the brain's internal dialogue in real time, using epilepsy patients

like Ralph or people with Parkinson's disease as active collaborators.

The technique has provided the clearest picture yet of how neural circuits function, and raised hopes of new therapies for depression and anxiety as well as cognitive problems. But experts also worry about the possible side effects of directly tampering with memory.

"A decade ago, only a handful of centers had the expertise to perform such real-time experiments in the context of first-rate surgery," said Michael Kahana, a neuroscientist at the University of Pennsylvania and the recipient of one of the new contracts granted by the Defense Advanced Research Projects Agency, or Darpa. "Today, there are dozens of them, and more on the way; this area is suddenly hot."

Ralph was edgy on the way to the hospital. He knew that the "diagnostic evaluation" his doctor here at Thomas Jefferson University had recommended was no quick office procedure. It was a fishing expedition of sorts — in the depths of his own brain.

Epilepsy is one of medicine's great mysteries. The seizures that characterize the disorder are caused by electrical storms in the brain that are as hard to predict as squalls on the open sea. They can erupt early in life, for reasons that may be partly genetic, and they are

common after head injuries. But scientists cannot identify an exact cause.

What they do know is that many patients' brains have a "hot spot" where the seizures originate — and that removing that pinch of tissue can reduce the symptoms, often drastically. The challenge: finding that spot in each person.

“

It was a fishing expedition of sorts — in the depths of his own brain.

”

Since the 1950s, surgeons worked by instinct and experience, stimulating points on the brain's surface, guided by the patient. Yet in people like Ralph, they need not only to map the brain's surface but to sound its depths. They made punctures in the top of his skull and threaded

11 probes deep into his medial temporal lobes, near an area called the hippocampus, about level with the ear.

And then they listened and waited for a seizure to occur.

That wait can take two to three weeks, and surgeons are using this period to study patients who are awake and responsive with electrodes smack dab in areas of the brain that are most important for learning and memory.

The hippocampus is the very seat of memory formation, and its importance emerged from the study of an epilepsy patient whose

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WELCOME ABOARD TO CAROLYN ISBRANDT

Welcome to Carolyn Isbrandt who joined Headway of WNY in November 2014 as our assistant regional resource developmental specialist. We are very pleased to have her join us. She has a Master’s of Science in Psychology and has been working in the field of social work for more than 15 years.

Even as a child, Carolyn says she knew she wanted to help others and began pursuing a career in human service by volunteering in high school.

Early in her career, while working in a preschool special education classroom, she realized she loved the creativity that came with program planning for children with a variety of diagnoses. She says it was like learning a new language for each child.

She has previously worked at Haven House, a domestic violence shelter for women and children, where her responsibilities included clinical programming for children in the shelter, and facilitation of parenting classes and support groups for women in transition.

Most recently, as a caseworker in foster care and adoption at Gateway-Longview, she enjoyed having the opportunity to work with various ages and populations.

Carolyn says that she appreciates and values the opportunities she has had in her career, including her ability to interact with a variety of systems designed to help individuals and families in the community. She’s hopeful that these experiences, combined with her education and skills, will assist her in her new position here at Headway.

She enjoys spending time with her teenage son, reading, listening to music and continually seeking creative outlets.

Welcome, Carolyn!

ADAPTIVE TECHNOLOGY WEBSITE

Check out an informative website for adaptive equipment: getatstuff.org. The “at” stands for adaptive technology. This website is like a Craigslist for adaptive technology equipment, some of it for sale and some of it being given away. They have all sorts of adaptive technology equipment including such things as vision magnifiers, devices for hearing assistance, speech communication devices such as a Dynavox, crutches, power and manual wheelchairs, ramps, bath equipment, adaptive recreational devices such as handcycles and much more. The website deals with adaptive equipment in the New York and New England area. It is well worth a look if your insurance does not cover assistive technology items that you may need.

Note: It is recommended to check with the manufacturer if you have questions about any products.



MYTH/FACT

CLARIFYING WAIVER MYTHS

Waiver Myth

Providers of waiver services get paid for services that are approved of in the participant’s service plans.

Fact

Waiver providers can only bill for services that they actually provide, not the projected services in a person’s service plans. Services are billed after they are completed to Medicaid by the providers. The regional center at Headway of WNY does not get involved in the providers’ billing process. Headway of WNY does not get any payment from Medicaid for administering the TBI and NHTD programs. Funding to administrate these programs comes from a grant from New York state. The ultimate authority of the waiver programs is the New York State Department of Health.

ARTS ACCESS PROGRAM IN WESTERN NEW YORK

A program that opens the door to arts and culture for all Western New Yorkers by connecting them to free and low cost cultural opportunities in their communities.



Arts Access is one of the programs currently offered by the Arts Services Initiative of WNY.

The Arts Access Pass Program (AAP) is designed to give eligible members increased opportunities to participate in the arts in their communities. In order to be eligible for the program, you must be a current member of the Supplemental Nutritional Assistance Program (SNAP) and present an active EBT card when signing up for the Arts Access Pass. If you do not have an active EBT card you will not be eligible to sign up for the program.

Registration forms are available at sites throughout Western New York. For a list of locations, go to arts-access.org.

Not eligible for the pass? Not a problem. You can still take advantage of all the free and low-cost arts and cultural programming already offered in WNY.

For more information, call 716.362.8389, ext. 513 or email artsaccesswny@gmail.com to apply for a pass.



ARTS ACCESS is made possible with support from the New York State Council on the Arts, Empire State Development, the John R. Oishei Foundation, M&T Bank Charitable Foundation, Fund for the Arts and with in-kind support from Crowley Webb and Associates.

HEADWAY BECOMES A MEMBER OF THE BRAIN INJURY ASSOCIATION OF NEW YORK STATE (BIANYS)

Headway of WNY recently became an Organizational Member of the Brain Injury Association of New York State (BIANYS), the country's oldest and largest brain injury advocacy agency. We are excited about this new association and the hope is that it will provide an additional positive resource and support for those we advocate for in Western New York.

Headway will receive a variety of benefits as part of this organizational membership, including: important informational updates and newsletters, group rates for conferences and educational programs, membership listing and link to our website on the BIANYS website, and the ability to vote for BIANYS Board of Directors District Representative. For a complete listing of the Organizational Member benefits, visit bianys.org/membership.htm.

Additionally, Headway members will have the opportunity to receive a complimentary one-year introductory membership to BIANYS. Please see information enclosed in this newsletter to participate in this exclusive offer.



WE NEED YOU TO JOIN OUR TEAM!

Members of Headway of Western New York are eligible for a one-year complementary, introductory one-year membership. Please see the included form to take advantage of this program!



"LIKE" US ON FACEBOOK! FACEBOOK.COM/HEADWAYOFWNY

HOW GAMING HELPED RELIEVE SYMPTOMS ASSOCIATED WITH A TRAUMATIC BRAIN INJURY

The article below is a partial transcript of a TED Talk that has some interesting ideas not only about gaming, but about coping with TBI.

Jane McGonigal: The game that can give you 10 extra years of life
Filmed June 2012 at TED Global 2012, Transcribed by Morton Bast

I'm a gamer, so I like to have goals. I like special missions and secret objectives. So here's my special mission for this talk: I'm going to try to increase the life span of every single person in this room by seven and a half minutes. Literally, you will live seven and half minutes longer than you would have otherwise, just because you watched this talk.

Okay, some of you are looking a little bit skeptical. That's okay, because check it out --I have math to prove that it is possible. And it won't make a lot of sense now. I'll explain it all later, just pay attention to the number at the bottom: plus-7.68245837 minutes that will be my gift to you if I'm successful in my mission.

Now, you have a secret mission too. Your mission is to figure out how you want to spend your extra seven and a half minutes. And I think you should do something unusual with them because these are bonus minutes. You weren't going to have them anyway.

Now, because I'm a game designer, you might be thinking to yourself, I know what she wants us to do with those minutes, she wants us to spend them playing games. Now this is a totally reasonable assumption, given that I have made quite a habit of encouraging people to spend more time playing games. For example, in my first TED Talk, I did propose that we should spend 21 billion hours a week as a planet playing video games.

Now, 21 billion hours, it's a lot of time. It's so much time, in fact, that the number one unsolicited comment that I have heard from people all over the world since I gave that talk, is this: Jane, games are great and all, but on your death bed, are you really going to wish you spent more time playing Angry Birds? This idea is so pervasive -- that games are a waste of time that we will come to regret -- that I hear it literally everywhere I go. For example, true story: Just a few weeks ago, this cab driver, upon finding out that a friend and I were in town for a game developer's

conference, turned around and said -- and I quote -- "I hate games. Waste of life. Imagine getting to the end of your life and regretting all that time."

Now, I want to take this problem seriously. I mean, I want games to be a force for good in the world. I don't want gamers to regret the time they spent playing, time that I encouraged them to spend. So I have been thinking about this question a lot lately. When we're on our death beds, will we regret the time we spent playing games?

Now, this may surprise you, but it turns out there is actually some scientific research on this question. It's true. Hospice workers, the people who take care of us at the end of our lives, recently issued a report on the most frequently expressed regrets that people say when they are literally on their death beds. And that's what I want to share with you today --the top five regrets of the dying.

Number one: I wish I hadn't worked so hard. Number two: I wish I had stayed in touch with my friends. Number three: I wish I had let myself be happier. Number four: I wish I'd had the courage to express my true self. And number five: I wish I'd lived a life true to my dreams, instead of what others expected of me.

Now, as far as I know, no one ever told one of the Hospice workers, I wish I'd spent more time playing video games, but when I hear these top five regrets of the dying, I can't help but hear five deep human cravings that games actually help us fulfill.

But in the meantime, perhaps you're wondering, who is this game designer to be talking to us about death bed regrets? And it's true, I've never worked in a Hospice, I've never been on my deathbed. But recently I did spend three months in bed, wanting to die. Really wanting to die.



Jane McGonigal. Photo courtesy of blog.ted.com

Now let me tell you that story. It started two years ago, when I hit my head and got a concussion. Now the concussion didn't heal properly, and after 30 days I was left with symptoms like nonstop headaches, nausea, vertigo, memory loss, mental fog. My doctor told me that in order to heal my brain, I had to rest it. So I had to avoid everything that triggered my symptoms. For me that meant no reading, no writing, no video games, no work or email, no running, no alcohol, no caffeine. In other words -- and I think you see where this is going --no reason to live.

Of course it's meant to be funny, but in all seriousness, suicidal ideation is quite common with traumatic brain injuries. It happens to one in three, and it happened to me. My brain started telling me, Jane, you want to die. It said, you're never going to get better. It said, the pain will never end.

And these voices became so persistent and so persuasive that I started to legitimately fear for my life, which is the time that I said to myself after 34 days --and I will never forget this moment --I said, I am either going to kill myself or I'm going to turn this into a game.

Now, why a game? I knew from researching the psychology of games for more than a decade that when we play a game -- and this is in the scientific literature --we tackle tough challenges with more creativity, more determination, more optimism, and we're more likely to reach out to others for help. And I wanted to bring these gamer traits to my real-life challenge, so I created a role-playing recovery game called Jane the Concussion Slayer.

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procedure went famously awry. Henry Molaison, known worldwide as H.M., had severe seizures until a surgeon removed the hippocampus from both hemispheres of his brain in 1953. In a series of experiments, Brenda Milner of the Montreal Neurological Institute and McGill University showed that, without those seahorse-shaped organs, H.M. could form no new memories for facts, figures or faces. This finding, the most important in modern brain science, opened the way for direct-recording experiments.

“You put the electrodes in the brain for strictly clinical reasons and then come up with a good question that might be answered based on the location of the depth probes,” said Dr. Itzhak Fried, a professor of neurosurgery at Tel Aviv University and U.C.L.A., and the other recipient of a Darpa contract.

For example: How does the brain break down language to understand it? In a direct-recording study published early this year, neuroscientists at the University of California, San Francisco, found that the brain used just 12 distinct sound clusters to make meaning from words and sentences.

“Language is the most human of processes, and by recording, we were essentially able to show, for the first time, that the brain has this fundamental set of sounds that is like a periodic table of elements,” said Dr. Edward Chang, the neurosurgeon who led the team.

After the electrodes were implanted in Ralph’s brain, doctors recorded the moment-to-moment firing of tens of thousands of his neurons as he played memory games on the laptop. Later, they teased out discrete signals from the static that corresponded to specific mental actions during the laptop game, like recognizing a landmark in a virtual city.

“These readings are of great clinical value; the results help us not only ask basic questions about brain function but guide our decisions about what to do in this case — Ralph’s case,” said Dr. Ashwini Sharan, his surgeon at Thomas Jefferson.

Is further surgery — to cut out the seizure source — too risky?

Or is there another way to correct the problem?

The prospect of an answer to the second question is what attracted Defense Department officials. More than 270,000 veterans of the Iraq and Afghanistan wars have received a diagnosis of traumatic brain injury, or T.B.I. Darpa’s \$40 million investment is in addition to more than \$50 million the agency announced this spring to use direct brain recording techniques for mood problems from deployment; these commitments are in support of President Obama’s Brain Initiative, Darpa officials said.

Two years ago, researchers at U.C.L.A. found that they improved spatial memory by electrically stimulating an area near the hippocampus called the entorhinal cortex. The subjects played a virtual taxi-driver game in which the goal is to drop off passengers as quickly as possible in an unfamiliar city.

“The bottom line was that you turn this thing on, and later on, you remember better what you learned,” Dr. Fried said. Dr. Fried’s team will test the same technique more widely in epilepsy patients before trying it in people with T.B.I.

Dr. Kahana’s team will take a different approach. Working with several leading epilepsy centers, including Dr. Michael Sperling’s at Thomas Jefferson, the researchers will study the electrical signature of successful memory storage and retrieval in the brain — and attempt to isolate “biomarkers” for when that process goes wrong.

The frontier of the direct-recording approach is in implants that act something like thermostats, adjusting levels of simulation when signals in the brain become too faint or too noisy. Experts caution that some big practical and ethical questions remain. One is how closely stimulation truly mimics the brain’s internal language and whether such experiments may cause more harm than good.



Dakota Smith traveled to Philadelphia from Virginia to have her epileptic seizures treated while a series of tests were run. Photo Credit: Jessica Kourkounis for The New York Times.

“We have to keep reminding ourselves that, no, we are not speaking the brain’s secret language — we’re doing some very crude stimulating,” said Dr. Anthony Ritaccio, the director of neurosurgery at Albany Medical Center in New York. “When working with the brain, you have to keep slapping yourself in the face as a reality check; we still understand so little.”

Another is whether experiments done in people with healthy memory will help those with deficits.

“Just because stimulation helps normal brains with memory does not mean it will fix damaged brains, any more than putting higher octane gas in a car will help a car with a busted engine,” said Paul Root Wolpe, the director of the Center for Ethics at Emory University.

For Ralph, the results of his exploratory surgery were a cold dose of reality. The recordings showed that the region where his seizures originated overlapped with crucial memory organs. Removing that damaged area was possible but had a cost.

You are going to lose some memory if we do it, Dr. Sharan remembers telling him.

How much? Ralph asked.

I do not know for sure; but if your I.Q. is 120 now, it could go down to 80, the doctor said.

“That was too much,” Ralph said in an interview. “I still need to work. I can’t afford to lose that much.”

MEMBER'S CORNER

Do you have news or an article to share with Headway? We would like to hear from you!

Beginning with the next issue of this newsletter (spring 2015) we will kick off a new section of this newsletter called Member's Corner. This new feature will include your news and articles of interest.

Please submit articles for consideration to cmelchiorre@headwayofwny.org or support@headwayofwny.org

Depending on interest and submissions, select articles will appear each quarter throughout the year.

HEADWAY WELCOMES NEW MEMBERS AND THANKS RENEWING MEMBERS

Thank you to all our new and renewing members for your support during our recent Membership Drive!

If you have not done so, please consider joining us at one of the many levels offered. All memberships are good for one year (12 months from start date) and offer a variety of benefits.

Your membership helps make it possible for us to continue providing outreach

and support in a variety of different ways, including: monthly support groups, in-services, presence at health fairs, relevant and timely publications (including this quarterly newsletter) and other outreach activities to increase awareness throughout the community.

A membership form is included with this newsletter for your consideration.

"How Gaming Helped..." continued from page 5

Now this became my new secret identity, and the first thing I did as a slayer was call my twin sister -- I have an identical twin sister named Kelly --and tell her, I'm playing a game to heal my brain, and I want you to play with me. This was an easier way to ask for help.

She became my first ally in the game, my husband Kiyash joined next, and together we identified and battled the bad guys. Now this was anything that could trigger my symptoms and therefore slow down the healing process, things like bright lights and crowded spaces. We also collected and activated power-ups. This was anything I could do on even my worst day to feel just a little bit good, just a little bit productives like cuddling my dog for 10 minutes, or getting out of bed and walking around the block just once.

Now the game was that simple: Adopt a secret identity, recruit your allies, battle the bad guys, activate the power-ups. But even with a game so simple, within just a couple days of starting to play, that fog of depression and anxiety went away. It just vanished. It felt like a miracle. Now it wasn't a miracle cure for the headaches or the cognitive symptoms. That lasted for more than a year, and it was the hardest year of my life by far. But even when I still had the symptoms, even while I was still in pain, I stopped suffering.

Now what happened next with the game surprised me. I put up some blog posts and videos online, explaining how to play. But

not everybody has a concussion, obviously, not everyone wants to be "the slayer," so I renamed the game SuperBetter.

And soon I started hearing from people all over the world who were adopting their own secret identity, recruiting their own allies, and they were getting "super better" facing challenges like cancer and chronic pain, depression and Crohn's disease. Even people were playing it for terminal diagnoses like ALS. And I could tell from their messages and their videos that the game was helping them in the same ways that it helped me. They talked about feeling stronger and braver. They talked about feeling better understood by their friends and family. And they even talked about feeling happier, even though they were in pain, even though they were tackling the toughest challenge of their lives.

The game was helping us experience what scientists call post-traumatic growth, which is not something we usually hear about. We usually hear about post-traumatic stress disorder. But scientists now know that a traumatic event doesn't doom us to suffer indefinitely. Instead, we can use it as a springboard to unleash our best qualities and lead happier lives.

Here are the top five things that people with post-traumatic growth say: My priorities have

changed. I'm not afraid to do what makes me happy. I feel closer to my friends and family. I understand myself better. I know who I really am now. I have a new sense of meaning and purpose in my life. I'm better able to focus on my goals and dreams.

Now, does this sound familiar? It should, because the top five traits of post-traumatic growth are essentially the direct opposite of the top five regrets of the dying. Now this is interesting, right? It seems that somehow, a traumatic event can unlock our ability to lead a life with fewer regrets.

I wanted to understand the phenomenon better, so I devoured the scientific literature, and here's what I learned. There are four kinds of strength, or resilience, that contribute to post-traumatic growth, and there are scientifically validated activities that you can do every day to build up these four kinds of resilience, and you don't need a trauma to do it.

To read this complete transcript or view this talk live, go the Headway Facebook page or visit www.ted.com/talks/jane_mcgonigal_the_game_that_can_give_you_10_extra_years_of_lifecm

“
I know who I
really am now.
”



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YOU ARE NOT ALONE, MOVE FORWARD WITH HEADWAY.

HEADWAY'S SUPPORT GROUPS FOR SURVIVORS OF BRAIN INJURY AND THEIR FAMILIES

All meetings, except as noted, will take place at Headway
2635 Delaware Ave., Suite E, Buffalo, NY 14216/716-408-3100
(Please take note of changes to dates and times of support groups)

PEER SUPPORT

Enter at Suite B
1st and 3rd Tuesday
6:30p.m. to 8p.m.

CARE GIVERS SUPPORT

Enter at Suite E
1st Tuesday
6:30p.m. to 8p.m.

WOMENS SURVIVOR'S SUPPORT

Enter at Suite E
1st Tuesday
1p.m. to 2:30p.m.

YOUTH SUPPORT BY PHONE

Direct contact with Youth
Counselor. Please phone us
716.408.3100

DeGraff Hospital
Dining Conf. Rm/Gr. Fl.
**PEER SUPPORT
IN RURAL
COMMUNITIES**
3rd Tuesday
6:30p.m. to 8p.m.

**VETERANS/
CARE GIVERS
SUPPORT BY PHONE**
716.408.3100

St. Paul's Lutheran Church
4007 Main Street
Egbertsville, NY
**COMPLEX REGIONAL
PAIN SYNDROME SUPPORT**
4th Monday
7:00p.m.

PLEASE NOTE:
If the Buffalo Schools are
closed due to inclement
weather, support meetings
listed here are also
cancelled.

WWW.HEADWAYOFFWNY.ORG

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