

FROM THE DIRECTOR



Dear Friends of Headway, We are reaching the end of 2024 and the beginning of 2025 where we will be celebrating Headway's 40th anniversary. A glimpse of our recent History can be reviewed by going to our Web Page, HeadwayofWNY.org and searching Newsletters, which documents some of Headway's history since 2014 which was when our Web page was significantly updated.

Included are important issues and events, our past conferences focusing on Veterans, the public's awakening to the issue of concussions in sports and war, the continuation of our two waivers in 2018 during NY State long term care reorganization, and the threat of Covid that we got through together, our steps into the world of social media, and the increased use of video conferencing for the waiver programs and for most Headway meetings.

What we do next is most important but a clear understanding of where we have been and what worked and didn't are essential to navigate what is ahead. In addition, looking back I feel a sense of pride and accomplishment that our small agency with a large important role in Western New York has been, and will be continuing to be a place where people can turn to who are facing Brain Injury, and life altering changes due to cognitive challenges and aging. It is important as we continue our mission to continue to administer for the DOH the TBI and NHTD Waivers and to maintain and gain financial support for our programs that are supported by donations, programs like our navigation services, support groups and education outreach.

Ronald Fernández, RRDS, LMHC, CRC (retired)
Director

Chicken BBQ 2024 Fundraiser Re-cap



In September 2024, Headway held their 2nd annual drive-thru chicken BBQ fundraiser at the People, Inc. Headquarters on North Forest Rd. The event was a success, doubling our fundraising goal and bringing together incredible volunteers and community members in support of our mission, of providing resources and support for people with traumatic brain injuries, other cognitive conditions and the senior population. B&W BBQ was our vendor for the second year and live music was provided by Director, Ron Fernandez.

Chicken BBQ 2024 Fundraiser Re-cap



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Severe Traumatic Brain Injury - What's Next?

Dr. Jacob McPherson, DPT, PhD

Traumatic brain injuries (TBI's) occur unpredictably and can upend the lives of the survivor and those close to them. Immediate medical treatment priorities focus on life preserving efforts and mitigation of secondary complications resulting from the initial injury. Once medically stable, individuals with severe TBI embark on a rehabilitation journey that is often lengthy and filled with choices to be made about unfamiliar topics. The purpose of this article is to highlight the stages and settings that individuals may progress through following severe TBI.



Intensive Care Unit

Following admission to the hospital, patients with the most severe injuries are likely to experience a stay in the Intensive Care Unit (ICU). ICU's are strategically staffed and equipped to provide comprehensive medical care to individuals with critical injuries and illnesses. During an ICU stay, physical therapists (PT's), occupational therapists (OT's), and speech-language pathologists (SLP's) will likely be called upon to perform assessments and provide input to the patient's care plan. Once a patient's status improves or stabilizes, they may be transferred to a step-down unit.

Step-downs Unit and Medical/Surgical Floors

Still a part of the hospital, step down units or medical/surgical floors offer intermediate levels of care for patients with TBI who continue to need consistent monitoring but whose clinical condition is stabilizing. If not initiated already, conversations may now begin regarding plans for rehabilitation once inpatient hospital care is no longer needed.

Patients will be evaluated by rehabilitation providers (PT, OT, SLP) who will provide recommendations on the most appropriate next level of care to medical providers and discharge planners.

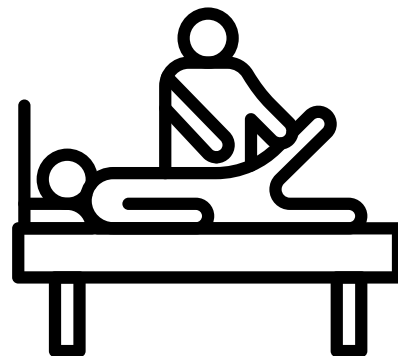
Key factors influencing decisions related to discharge and rehab placement options include but are not limited to: injury severity, cognition, needs for continued medical services, prior level of function, ability to tolerate therapy interventions, and levels of support available in the home. Common destinations for discharge from the hospital are summarized below.

1. Inpatient Rehabilitation (also called Medical Rehab Units)

Inpatient rehab units are considered to offer the highest intensity rehabilitation services available. Patients typically receive at least 3 hours of skilled therapy per day, 5-7 days per week, while living at the inpatient facility. Individuals also often need medical supervision from a physiatrist and/or a hospitalist. To be placed within an inpatient rehabilitation setting, patients should be able to tolerate the significant intensity and duration of therapy and have a reasonable expectation to be able to transition back to living in the home.

2. Subacute Rehabilitation

Subacute rehab also offers comprehensive rehab services (PT, OT, SLP) in a residential setting, however the therapy may be less intensive than at an inpatient rehab facility. Patients who cannot tolerate the vigorous intervention offered by inpatient rehab but who still require multifaceted services are often good subacute rehab candidates. Subacute rehabilitation may focus on addressing issues related to mobility, community living, cognition, behavior and emotions, employment, recreation, and independent living. After subacute rehabilitation, patients may return home or move to other levels of care.

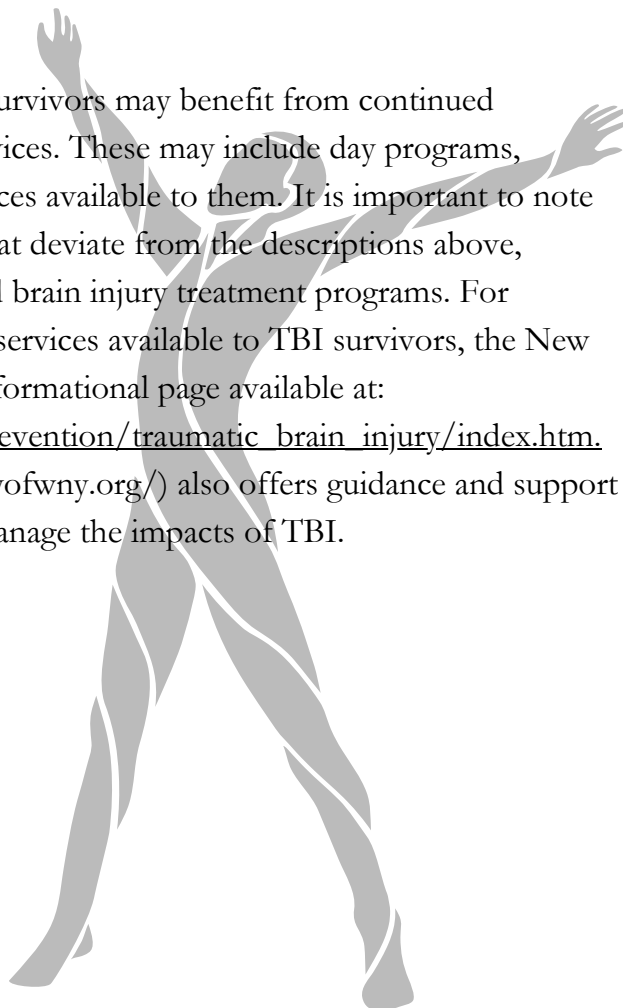


3. Home with Home-based or Outpatient Services

Patients with TBI who do not require residential rehabilitation treatment and who are deemed safe to return to their home may be able to do so. Patients may be recommended to have varying levels of support available to them at home ranging from care for a portion of the day, to requiring 24-hour care. Home health services including nursing, PT, OT, and SLP may be recommended to help facilitate a successful reintegration into home, especially for patients whose mobility or cognitive function limit their ability to participate in community-based outpatient services. Individuals not requiring in-home services may be referred to outpatient rehab services to address issues related to mobility, self-care, cognition, communication, or other deficits that may persist.

4. Life After Rehabilitation

At the conclusion of rehabilitation services, TBI survivors may benefit from continued participation in structured brain injury-related services. These may include day programs, vocational training, support groups, or other services available to them. It is important to note that there may be other care pathways available that deviate from the descriptions above, especially within organizations offering specialized brain injury treatment programs. For additional information related to the spectrum of services available to TBI survivors, the New York State Department of Health maintains an informational page available at: https://www.health.ny.gov/prevention/injury_prevention/traumatic_brain_injury/index.htm. Headway of Western New York (<https://headwayofwny.org/>) also offers guidance and support to individuals and care partners as they learn to manage the impacts of TBI.



MUSIC THERAPY FOR TBI

Music therapy is a therapeutic modality that helps people address various mental, emotional, and physical health needs (American Music Therapy Association, 2024). A qualified music therapist guides clients through activities such as listening to music, singing, playing instruments, and songwriting to help them express emotions, improve social skills, and manage symptoms of conditions like depression, anxiety, and chronic pain. It can help individuals process feelings, improve mood, and enhance overall well-being by tapping into music's ability to evoke memories and emotions (American Music Therapy Association, 2024). Research has shown that music therapy can have profound impacts on individuals of all ages, from children to the elderly.



In addition to psychological benefits, music therapy is known to positively influence physical health, such as lowering heart rates, reducing muscle tension, and alleviating pain (NHI, 2022). It's also commonly used in hospital settings to support patients undergoing medical treatments, like chemotherapy or surgery, which can reduce anxiety and promote relaxation. Music therapy is especially beneficial for the elderly and individuals who have experienced traumatic brain injuries (TBI), as it can aid in cognitive, emotional, and physical recovery. For elderly individuals, particularly those with dementia or Alzheimer's disease, music therapy can evoke memories, improve mood, and reduce agitation, often enhancing quality of life and facilitating communication with caregivers and family members (González-Ojea et al., 2022). For those who have sustained TBIs, music therapy stimulates areas of the brain involved in movement, speech, and memory, promoting neuroplasticity—the brain's ability to reorganize and form new neural connections (U.S. Department of Defense, 2017). Techniques such as rhythmic entrainment, where individuals synchronize their movements with a beat, can improve motor skills and coordination, while singing and vocal exercises may help with speech and language recovery (Braun Janzen et al., 2022). Music therapy provides a unique pathway that can be combined with other healing modalities to help people who are suffering from a brain injury or disease continue the process of healing.

Local Music Therapy Resources:

<https://communitymusicbuffalo.org/programs/music-therapy/>

<https://www.mattsmusicinc.com/musictherapists>

<https://askbhsc.org/early-childhood-education/music-therapy-services/>

For the National Music Therapy Association: <https://www.musictherapy.org/>

References

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González-Ojea, M. J., Domínguez-Lloria, S., & Pino-Juste, M. (2022). Can Music Therapy Improve the Quality of Life of Institutionalized Elderly People?. *Healthcare (Basel, Switzerland)*, 10(2), 310. <https://doi.org/10.3390/healthcare10020310>

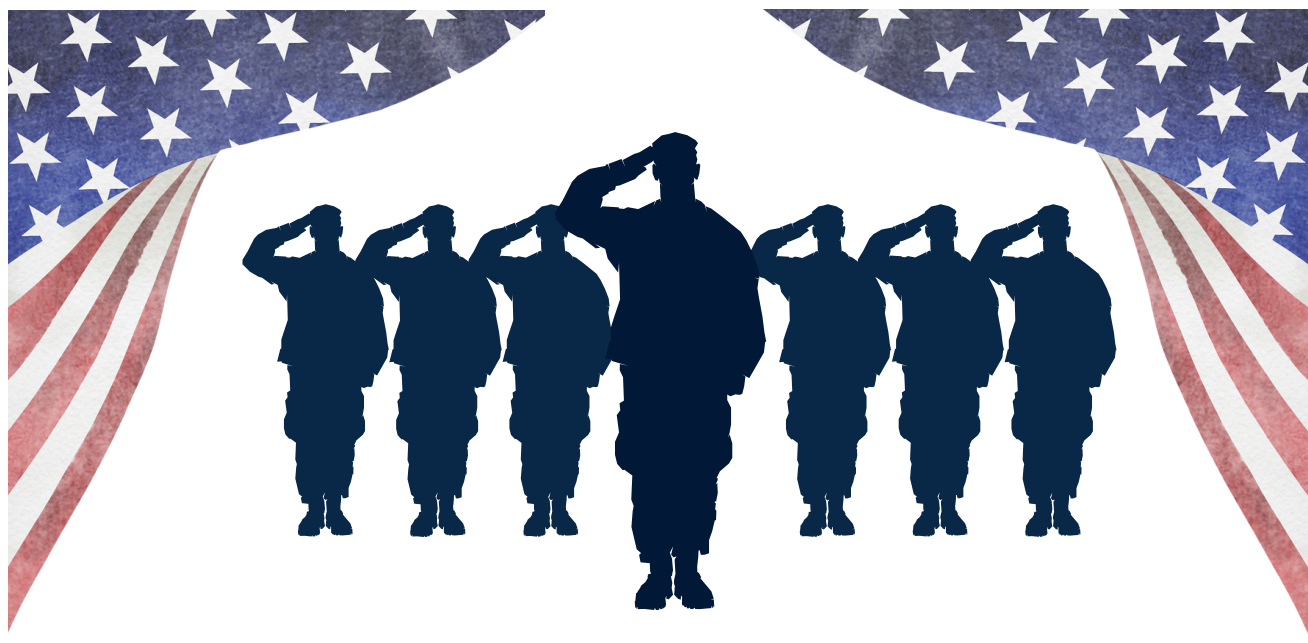
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Braun Janzen, T., Koshimori, Y., Richard, N. M., & Thaut, M. H. (2022). Rhythm and Music-Based Interventions in Motor Rehabilitation: Current Evidence and Future Perspectives. *Frontiers in human neuroscience*, 15, 789467. <https://doi.org/10.3389/fnhum.2021.789467> <https://pmc.ncbi.nlm.nih.gov/articles/PMC8801707/>.



Veteran Centers, TBI and Continuing Care

Mark Davis, LCSW



For Veterans transitioning to civilian life, support systems are vital for navigating the unique challenges they face. Vet Centers, part of the Department of Veterans Affairs (VA) Readjustment Counseling Service (RCS), play a crucial role in providing this support. Established in 1979, Vet Centers were created in response to the needs of Vietnam War Veterans and have since expanded their services to help Veterans with readjustment in various forms. While Post Traumatic Stress Disorder PTSD is considered the signature injury from the Vietnam War, Traumatic Brain Injury (TBI) is that of the Post 9-11 War on Terror. Vet Centers offer Veterans with cooccurring PTSD and TBI a place for individual and group therapy in a safe and healthy environment. Vet Center offices are community-based facilities that offer a variety of readjustment counseling services for Veterans, active-duty service members, and their families. Walking in it looks more like a living room than a medical facility and that is often the disarming factor that helps our clients feel safe. There are currently over 300 Vet Centers across the United States, including in Puerto Rico, Guam, and right here in Western New York opening soon at 2929 Union Road in Cheektowaga. We can always be reached at our office number 716-862-7350, which is monitored 24/7 by the Vet Center Call Center in Colorado Springs, CO. While eligibility for our program is more specific than traditional VA services, a Veteran does not have to be enrolled with VA to receive care at Vet Centers.

WRITER BIOS



Mark Davis, LCSW, is a Readjustment Counselor at the Buffalo Vet Center and is the most recent member to join the Headway Advisory Counsel. Mark served two deployments in Iraq as an Infantryman with the Army's 10th Mountain Division between 2004 and 2007 and then continuing service with the NY National Guard including being activated in support of Super Storm Sandy. Mark received a BS in Human Services from Hilbert College and then a MSW from SUNY at Buffalo School of Social Work. Mark has worked as a case manager for Veterans, and later as a Counselor for individuals with substance use disorder at Horizon Health Services, before taking his current position as a Readjustment Counselor at the Vet Center in 2018.



Jacob I. McPherson, DPT, PhD has specialized in brain injury management since 2011. He serves in concurrent roles as a member of the University at Buffalo (UB) Rehabilitation Science faculty and the UB Comprehensive Concussion Management Center's Research Team. His research work includes interdisciplinary concussion management as well as the effects of sport and non-sport related concussion on vestibular function. His PhD work investigated relationships between functional performance outcomes and molecular changes within different brain regions following mild traumatic brain injury. He maintains clinical practice and regularly conducts seminars and other programming focused on concussion and vestibular rehabilitation.

Brain Injury Peer Support Group



Headway offers a Brain Injury Peer Support Group that meets every first and third Wednesday of the month from 2-3pm EST through our telehealth online platform. The support group offers a vital space for individuals navigating the challenges of brain injury to connect, share experiences, and find strength in community. Through shared stories, members can gain valuable insights, reassurance, and encouragement to persevere through the ups and downs of their recovery process. Within this safe environment, participants find community in knowing they are not alone in their journey. If you're interested in joining, please email support@headwayofwny.org or call 716-408-3110 and please leave a call back number.



SOCIAL MEDIA



Follow our Instagram and Facebook page to learn more about our TBI and NHTD waiver programs and reminders for our TBI and other cognitive conditions peer support group. We offer tips on brain injury recovery such as different types of rehab services, foods that promote wellness and recovery, organization events and updates. As we grow our community network, we appreciate you sharing our social media posts and spreading the word. Your support means a lot to us! @headwayofwny

To support our mission you can
make a donation here

