

# RAP Sheet

The Latest in Disability Research, Advocacy, Policy, and Practice

Summer Issue 2009

## THE LONG ROAD HOME



### CREATING A SAFETY NET

By Daisy Wojewoda, MS, CRC, CVE, Project Director, Easter Seals NH, Inc.

*Welcome to the Summer Issue of the Rap Sheet. All of us owe an enormous debt of gratitude to the brave men and women who have served in America's armed forces. Our freedom and safety are secure because of the sacrifices they have made. To honor their service we need to ensure that American's veterans – most especially those with disabilities – have the opportunities and supports they need to lead full and productive lives.*

Sgt. B is a New Hampshire service member who was deployed to Iraq in 2006-2007. During the war he was exposed to direct fire, suffered injuries, and saw several comrades critically wounded. Prior to being called up, Sgt. B lived with his girlfriend and ran an auto repair business with a good friend. When he shipped out for Iraq he left his friend in charge of the business and gave his girlfriend access to his savings account to help pay the rent while he was gone. When Sgt. B returned home from Iraq he found his world had turned upside down. His buddy had closed the business and his girlfriend had emptied his savings account, broken their lease, and moved in with another man. Sgt. B found himself alone trying to come to terms with both the emotional aftermath of the war and significant personal losses on the home front. He knew he needed help, but the complexity of the social service system and the confusing paperwork were too overwhelming. Sgt. B tried to pick up the pieces on his own. He rented a room and found a job in a local garage. Things didn't go smoothly; the loud noises in the repair shop triggered traumatic memories of his time in Iraq and the pain associated with his war injuries caused him to miss work. Within months, the garage had let him go and with no money for rent he was out on the street. Winter was fast approaching and Sgt. B was bouncing between odd jobs and



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SUSAN COVERT, EDITOR

A COLLABORATIVE EFFORT BY THE

DISABILITIES RIGHTS CENTER, INSTITUTE ON DISABILITY, AND NH COUNCIL ON DEVELOPMENTAL DISABILITIES

*(Cover story continued)*

living out of his car. Fortunately, Sgt. B's situation came to the attention of the military Chaplain's office. The office put Sgt. B in touch with a pilot program that provides a safety net for service members and their families.

Thousands of soldiers from New Hampshire have served in Iraq and Afghanistan; many have been called up for second, third, and even fourth deployments. In the coming years thousands more will be called for overseas duty. Those returning from war zones report that they routinely were exposed to IEDs (improvised explosive device), shot at, and experienced other life-threatening situations. They witnessed terrible events including watching their comrades suffer horrific injuries or die. There are veterans who return with life long physical and emotional disabilities.

The trauma associated with war can take its toll on even the best-prepared service members. Post traumatic stress disorder (PTSD), traumatic brain injury, depression, and substance abuse are common issues for returning vets. The battle

mind – constant hyper-vigilance, emotional detachment, and aggression – critical for survival in the war zone, is often difficult to shake once back home. In the civilian world, these behaviors are not only inappropriate, but often dangerous. They also are detrimental to re-establishing family relationships, holding down a job, and returning to the everyday life the service member enjoyed prior to deployment. As compared to the general population, the rate of unemployment, homelessness, divorce, substance abuse, child abuse/neglect, and domestic violence is higher for combat veterans.

Easter Seals, both in New Hampshire and at the national level, has a long history of supporting U.S. veterans. When a member of the Easter Seal's Board of Directors proposed "Veterans Count," an effort to help raise money to support local military families, the agency jumped at the opportunity to help. Easter Seals also assumed a leadership role in working with the New Hampshire National Guard/Reserves, the New Hampshire Department of Health and Human Services, and other organizations to design a statewide social



## IN MEMORIAM

This Spring New Hampshire lost a long time advocate for citizens with disabilities. On May 24<sup>th</sup> David Robar died at his home in New London. He was 44. A nationally ranked ski jumper, Robar competed in the trials for the 1988 Winter Olympics. In 1990, at the age of 26, Robar as a result of a motorcycle accident suffered a spinal cord injury that left him paralyzed from the chest down. Following his accident Robar committed his life to advocating for equal opportunities for people with disabilities. In 1992 he went to work for Granite State Independent Living; over his 17 years with the agency Robar worked in a variety of capacities, most recently as Advocacy Coordinator. Robar was instrumental at both the national and state level in passage of MEAD "Ticket to Work" legislation that allows people with disabilities to work without

losing their Medicaid benefits. In 2000 Robar addressed the Democratic National Convention speaking about the importance of equality and independence for people with disabilities. David Robar will be remembered for his warmth, optimism, and the positive difference he made in the lives of those living with disabilities. Memorial donations may be made to Granite State Independent Living, David B. Robar Memorial Fund, 21 Chenell Drive, Concord 03301 or to Lake Sunapee Region Visiting Nurse Association, P.O. Box 2209, New London 03257.

service program for military personnel and their families. The Department of Defense gave New Hampshire National Guard Joint Forces special approval to pilot the Deployment Cycle Support Program, an innovative approach for supporting service members and their families that is based upon the following premise:

1. The military's expertise is in commanding our armed forces and keeping us safe. The expertise of the civilian social service system is the provision of community services; this system can offer clinical treatment and a social support infrastructure to address the unique needs of New Hampshire's military families.
2. The availability of comprehensive, pro-active support to military families *PRIOR* to deployment will significantly mitigate future challenges for service members and their families.

The pilot project provides comprehensive services through a one-stop, outreach model with emphasis on pro-active, preventative interventions. This approach is especially suited for those serving in the National Guard or the Reserves. These soldiers train for service on a part-time basis and live in the civilian community. They lack access to the close camaraderie and supports available to service members and families who live on military bases. Service members are introduced to the program at their pre-deployment drills and are assigned a "care coordinator" as part of their military deployment preparation. The coordinator is a seasoned clinician who establishes a supportive relationship with the service member and family months before the soldier leaves for the war-zone. The coordinator helps families prepare for deployment by providing or arranging for services, which might include counseling, services for children, and employment and financial assistance for spouses. As importantly, the care coordinator is there to help with the transition to civilian life when the service member returns stateside. If needed, the care coordinator can assist the veteran in navigating the social service and mental health systems.

In Sgt. B's case, support didn't happen until after he had hit bottom. After receiving the referral from the military Chaplain, an Easter Seals care coordinator was assigned to work with Sgt. B. The coordinator was persistent in reaching out to Sgt. B and worked with him to make a plan for getting his life back on track. Funding from Veterans



Count helped pay for temporary housing, food, and vehicle maintenance. The care coordinator assisted Sgt. B in getting mental health treatment through the VA and Vet Center. The Easter Seals job placement team helped him to find a quieter, less physically demanding job as a parts specialist in a car dealership. Today, Sgt. B works full time, is buying a home, and is in a new relationship. He continues counseling for PTSD at the Vet Center and meets periodically with his care coordinator. Sgt. B commented that had if he had met his coordinator *before* he went to war, his homecoming would have been much easier.

Now rounding out its second full year, the Deployment Cycle Support program is reaching hundreds of New Hampshire service members and their families. While PTSD and other war related injuries will continue to be a reality for combat veterans, providing support prior to and through deployment and helping with the transition home can make an enormous difference. New Hampshire's Deployment Cycle Support Program is working to ensure that every New Hampshire combat service member and his or her family have access to the supports and services they need. We believe that this program offers a viable model for creating a safety net for all our nation's service members and their families.



# TREATMENT FOR PTSD IN VETERANS

By Daniel Potenza, MD, Psychiatrist Veterans Administration, Manchester

Post traumatic stress disorder in our returning Iraq and Afghanistan combat veterans has taken the center stage in our national headlines and has impacted thousands of combat veterans. PTSD affects not only the individual veteran, but also can have a significant impact on the veteran's family members, friends, and community.

To understand PTSD it is important to understand the soldier's experience. In basic training, soldiers are put through a rigorous program to prepare them for combat. While this training makes them very proficient warriors, it also changes how they view the world. As a VA psychiatrist, returning veterans have talked with me about how their intensive military training and their war time experience has changed their mindset and affected how they interact with others. For veterans who experience any degree of combat-related trauma, which is the norm for the majority of the veterans I see, PTSD is a common challenge. Veterans with PTSD often find that simple things – a loud noise, flashing lights, specific smells – can thrust them into "combat mode." Veterans suffering from PTSD also report that they are constantly on edge and "always waiting for the other shoe to drop." With PTSD, brain changes occur that heighten anxiety and affect the individual's ability to reason. The veterans I treat talk about needing "always to be ready just in case," and "never being able to let their guard down." These are all examples of how the brain functions when it is in combat mode.

Many combat veterans tell me their perceptions change after being in combat and this "change" comes home with them. Veterans returning from war report that their experiences have quite literally transformed how they perceive and experience things. The dramatic shift in their physical surroundings is reflected in an equally dramatic shift in their emotional and physical functioning. Making the adjustment to nonmilitary life can be difficult for any former soldier, for veterans with PTSD re-integrating into every day life can be extremely challenging.

Veterans experiencing PTSD remain in a self-protective mode and exhibit the survival skills that they utilized

in combat. For example, radically swerving a vehicle to avoid piles of garbage or cans left on the side of the road is a survival tactic soldiers employed while driving in the "red" or combat zone. As soldiers living in a war zone, they needed to be hyper vigilant to avoid hitting a potential improvised explosive device (IED). IEDs are typically concealed in innocuous looking items on the roadside and can be remotely detonated; they are extraordinary lethal. For the soldier adopting behaviors to avoid IEDs or other dangers becomes virtually automatic. While combat behavior maximizes a soldier's chance of survival in Iraq or Afghanistan, it can cause great difficulty back home. On New Hampshire roads erratic driving is likely to get you pulled over by a state trooper or the local police.

Even when veterans realize that their behavior is inappropriate for the situation, it can be extremely difficult for them to stop engaging in a combat mode response. Survival instincts are automatic and not easily changed or replaced. In addition to exhibiting combat response behaviors, many returning veterans also report that they feel "detached" from others, particularly loved ones, and experience a profound sense of isolation.

Treatment for PTSD focuses on reducing anxiety and improving emotional reasoning and behavioral responses. Treatment includes both antidepressants, many of which are FDA approved for treating PTSD, as well as psychological counseling. Professionals treating PTSD engage in very specific therapies that help the veteran re-live and come to terms with the traumatic event or events in their lives. While treatment generally takes several months, for some veterans treatment for PTSD may be needed for much longer, in some cases, even years. In addition, recovery from PTSD does not always follow a straight path; individuals may make significant gains and still experience setbacks. The key to treatment is the shared understanding with the veteran that while PTSD may be difficult to overcome, recovery is possible. Equally important, is showing respect to the veteran who has sacrificed so much for the rest of us.



# GETTING BACK ON HIS FEET

By Julia Freeman-Woolpert, MEd, Disabilities Rights Center

Last year, "Edward," a Korean War veteran, found himself without a place to live and in a bad state of mind. He had moved to New Hampshire from out of state to be with his family. It didn't work out. His family took advantage of Edward and once they had used up his financial resources they kicked him out of the house. With no roof over his head, Edward lived out of his truck. He was depressed, anxious, a little paranoid, and unable to get his life back on track.

"I was just so down I didn't care," he said.

Edward, who did not want his real name used for this article, is a private person. He is deeply pained by the stigma of homelessness and his mental health problems. He only consented to being interviewed because he hopes his story will encourage other veterans who are in similar situations to get help.



After a few months on the street, Edward was referred to Liberty House in Manchester, a transitional residential facility for honorably discharged homeless veterans. Liberty House came into being in 2004 when a private home was donated to the local Veterans of Foreign Wars (VFW). The VFW leases the building to Liberty House for \$1 per year; services at the house are funded primarily through private donations from businesses and individuals. Liberty House also receives a \$50,000 annual grant from the federal Department of Housing and Urban Development. Liberty House staff members are all veterans.

Liberty House is one of only a small number of New Hampshire residential programs for homeless veterans. Another one is Harbor Homes, which operates Veterans F.I.R.S.T., a transitional housing program providing housing and services at two locations in the Nashua area.

The National Coalition for Homeless Veterans estimates that a third of the nation's homeless men are veterans. A number of factors contribute to homelessness for this population, including: a lack of affordable housing, substance abuse, lack of social support networks, and mental illness. According to the US Department of Veterans Affairs, 45% of homeless veterans have a mental illness.

When Edward moved out of his truck and into Liberty House, he was greeted warmly and told, "Welcome home."

"They made me feel comfortable," he said. "Interacting with the others helped me come alive again."

At Liberty House, Edward had a safe place to live, regular meals, and emotional support. He started pulling his life back together. Over the next few months Edward began to regain his confidence and started saving money to put towards rent. The staff at Liberty House helped him apply for public housing. When he finally got his own place, they helped him furnish it. Edward still goes back to Liberty House for visits; he checks in with his friends and helps out other veterans. He gets support when he needs it.



## DEFENSE AND VETERANS BRAIN INJURY CENTER – OFFERING HOPE TO SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES

By Melodee A. Hursey, MSW, CBIS, DVBIC Regional Education Coordinator for the Northeast Region

**D**o you know someone who is currently serving in Iraq or Afghanistan? Or maybe you know someone who has returned from an overseas deployment. For more than 6 years the United States has been engaged in a war on two fronts; nearly every American has in some way been personally touched by these conflicts. Chances are you know *at least* one person – a friend, neighbor, colleague, or a family member who is in the military or who is a veteran of the Iraq and Afghanistan conflicts.

There are a significant number of soldiers who are returning from Iraq and Afghanistan with war injuries; estimates are that over half of the injuries are blast related. These are injuries that result from the complex pressure wave generated by an explosion from rocket-propelled grenades, improvised explosive devices, or land mines. Traumatic brain injury (TBI) is the condition most associated with blast casualties. Of those service members who have required medical evacuation for battle-related injuries from theater to Walter Reed Army Medical Center, 33% have TBI, making this the “signature injury” of the current conflicts.

Originally established in 1992 as the “Defense and Veterans Head Injury Program,” the Defense and Veterans Brain Injury Center (DVBIC) serves active duty military, their dependents, and veterans with traumatic brain injury. Funded by the Department of Defense, DVBIC is a unique collaboration of the Department of Defense, the Department of Veterans Affairs health care system, and civilian partners. In 2007, DVBIC became the TBI operational component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. DVBIC provides advanced evaluation, medical treatment, and follow-up care for individuals with TBI. DVBIC also conducts innovative clinical research that defines optimal evaluation and treatment for individuals with TBI and develops and delivers effective educational materials for the prevention and treatment of TBI and the management of its long-term effects.

Since 2003, DVBIC has served over 10,000 patients with TBI; the majority of these are men in their 20's. Fortunately, 84% of injuries are considered mild and most soldiers with TBI will recover from their injuries within 18 months with no lasting effects. However, there are some veterans with more severe TBI who struggle with persistent symptoms that make it difficult for them to lead productive, normal lives. Symptoms of TBI may include memory loss, poor concentration, fatigue, headaches, mood swings, anxiety, and depression. In some instances veterans are not diag-



nosed with a brain injury until after they have returned to civilian life. For these veterans, it is family members, friends, and co-workers who notice that something has changed and the person is “different” than the individual they knew before the war.

In addition to a brain injury, many returning vets also may have Post Traumatic Stress Disorders (PTSD). While TBI and PTSD may share similar symptoms there are also significant differences. Common PTSD symptoms include cognitive deficits, irritability, fatigue, insomnia, depression, and anxiety. It is important that veterans have a thorough work up and accurate diagnosis, as PTSD and TBI both need to be addressed and if one condition is left untreated it may adversely affect the outcome for the patient.

Through the works of the Defense and Veterans Brain Injury Center thousands of service members and veterans have received the help they need to return to their community, jobs, and lives after a traumatic brain injury. In addition to receiving needed treatment, many veterans have experienced an enormous sense of relief in knowing they are not crazy and that they are definitely not alone. Help may be something as simple as reading the widely distributed *Recovering from Traumatic Brain Injury*, the flip book developed and disseminated by DVBIC, or it may include intensive treatment and rehabilitation services offered at one of DVBIC's many treatment sites. Regardless of the complexity of the person's situation or the severity of TBI, DVBIC is there to help America's service members, veterans, and families return to their lives.

While DVBIC treatment sites are not located in every state, regional care coordinators and regional education coordinators ensure that there is DVBIC presence across the nation, as well as at Landstuhl Regional Medical Center in Germany. These care and education coordinators are just a phone call away for anyone seeking information about TBI or looking for help for service members and veterans affected by brain injury. Whenever possible the goal for DVBIC is to help veterans return to or stay in their own community. For active duty military or veterans in need of services, the support, treatment, and information offered through the DVBIC system is free.

In New Hampshire those interested in DVBIC services and resources should contact Scott Shaw, the Regional Care Coordinator for the Northeast Region, at 814-255-8141 or Melodee Hursey, the Regional Education Coordinator for the Northeast Region, at 814-619-4217. More information is also available on the DVBIC website at [www.dvbic.org](http://www.dvbic.org).

## DARTMOUTH LEADS EFFORT TO HELP MILITARY PERSONNEL WITH BRAIN INJURY AND PTSD

By Thomas D. McAllister, Director of Neuropsychiatry at Dartmouth Medical School

The Dartmouth TBI Research Group has been chosen as one of ten clinical sites participating in the national Clinical Consortium on Traumatic Brain Injury and Psychological Health. With funding from the Department of Defense, the Consortium is engaging in a series of critical studies to understand the complex issues facing military personnel and veterans returning from Iraq and Afghanistan with traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD).

**TBI in Military Personnel:** Estimates of TBI in the current conflicts are higher than in previous wars. The Joint Theater Trauma Registry reports that 22% of the wounded soldiers passing through the Landstuhl Regional Medical Center in Germany had injuries to the head, face, or neck, as compared to 12 – 14% for the Vietnam War. This increase may be due to a variety of factors, including improved survival rates associated with use of body armor, increased awareness of TBI, and the use of explosive devices (particularly improvised explosive devices) as a primary mode of attack in the conflicts in Iraq and Afghanistan. It is not known whether the effects of blast injury on the brain are related to the mechanical effects of the over-pressurized wave (with distortion of vascular tissue, neural tissue, or both), the effects of being buffeted by the alternating high and low pressure events, or something else. It is clear that other factors often come into play, including impact, the effects of rapid acceleration/deceleration of the brain, and penetrating injuries from shrapnel or debris. Not all individuals exposed to a blast situation experience a TBI, although many do.

**PTSD in Military Personnel:** The core symptoms of PTSD include re-experiencing the traumatic event (in dreams or daytime flashbacks), avoidance of places or situations that trigger memories of the trauma, increased

*(Continued on page 9)*

## LEGISLATIVE COMMISSION TO STUDY VETERANS' LEGAL AID ADVOCACY PROJECT

*In the 2009 session, the New Hampshire Legislature passed and Governor Lynch signed into law, legislation establishing a Commission to study creating a Veterans' Legal Aid Advocacy Project. The Legislature recognized that there is a significant need for pro bono legal advocacy for veterans. New Hampshire veterans of all ages face difficulty securing and maintaining public benefits, livable income, and safe and affordable housing. Veterans currently returning from service in Afghanistan and Iraq are confronted with psychological, physical, and economic obstacles that sometimes require legal advocacy. Hundreds of New Hampshire veterans are homeless; many unaware of services that are available to them. A significant number of veterans are low to moderate income and cannot afford attorneys. Veterans in rural areas encounter greater difficulties acquiring legal counsel. Targeted legal outreach may help veterans secure needed services and bring some veterans out of poverty.*

*The Commission will study creating a Veterans' Legal Aid Advocacy Project as a component of New Hampshire Legal Assistance. The Commission is charged with identifying the scope of the legal need of New Hampshire's underserved low and moderate income veterans and determining the best model for delivering legal services to them. The Commission will consider how such a project could complement the work of existing veterans' service organizations, particularly the State Veterans Council. The Commission's preliminary report is due before December 1, 2009 and a final report on or before August 1, 2010. The Commission's report will include findings and recommendations for proposed legislation, funding, and other proposals to address this issue.*

## DISABILITY BENEFITS FOR

By Dan Feltes, Esq., Staff Attorney, NH Legal Assistance

New Hampshire veterans make up more than 10% of the state's population. With the continuing wars in Iraq and Afghanistan this number will only increase. The number of veterans with disabilities is also growing. Over one-third of service members returning from Iraq and Afghanistan suffer from some form of mental health disability including post-traumatic stress disorder (PTSD), many have traumatic brain injuries, and others return with significant physical disabilities.

Veterans with "service connected" disabilities are entitled to monthly cash benefits from the Veterans Administration (VA). VA disability benefits are determined by "rating" the degree of the veteran's disability (ratings range from 0% to 100% and are calculated in 10% increments). The higher the disability rating, the larger the monthly VA benefits. Veterans can file for disability benefits through their VA Regional Office. New Hampshire's Regional Office is located in Manchester in the Norris Cotton Federal Building at 276 Chestnut Street. The toll free number for the office is 1-800-827-1000. Depending upon the circumstances, some veterans with disabilities also may receive a monthly pension benefit from the VA.

Many veterans with disabilities also may be eligible for benefits through the Social Security Administration (SSA). SSA and VA benefits are determined by different federal regulations; veterans who have received a VA disability rating will not necessarily qualify for SSA disability benefits. Veterans who have higher VA disability ratings generally are more likely to be eligible for SSA benefits than those with lower ratings. Eligible veterans who have a substantial employment history also are more likely to qualify for the SSA disability benefits. Veterans can file for Social Security disability benefits at their local Social Security office.



# VETERANS

Those who are denied SSA benefits have a right to appeal this decision and to acquire legal representation to help with the appeal.

Many service members file for VA service-connected disability benefits before their discharge and receive a pre-discharge disability rating. However, some service-connected disabilities, like PTSD, are not always immediately evident. Veterans should know that they have the right to challenge their pre-discharge disability rating and may still apply for disability benefits after they have been discharged from the military.

The process of filing for benefits can be complicated. There are a variety of Veterans Service Organizations (VSOs) that can provide assistance, including the State Veterans Council (603-624-9230) and the Disabled American Veterans (603-222-5788). Veterans seeking legal representation in the claims process can contact the Pro Bono program at the New Hampshire Bar Association (603) 624-9230 for help in finding an attorney. New Hampshire Legal Assistance also may be able to provide help through its offices in Manchester (1-800-562-3174), Concord (1-800-921-1115), Littleton, (1-800-548-1886), Nashua (1-800-517-0577), Portsmouth (1-800-334-3135), Claremont (1-800-562-3994), and Berlin (1-800-698-8969).

Good record keeping will help veterans through the claims process. Veterans should keep copies of all separation papers for all periods of service (e.g. DD Form 214). In applying for benefits or appealing a decision regarding benefits, veterans should keep copies of all paperwork and keep a written record of all meetings or telephone contacts, including the date and time of the contact, the person(s) spoken to, and the content of the conversation.

*(Continued from page 7)*

arousal with a tendency to be easily startled, and a sense of emotional detachment. Among veterans of the current war in Iraq, PTSD prevalence has been estimated to be approximately 17%. Given the well-known relationship between traumatic exposure and PTSD onset (the greater the exposure, the more likely the occurrence of PTSD symptoms), and the ongoing threat to life associated with the Iraq and Afghan conflicts, it is not surprising that PTSD prevalence among combat veterans is high.

**The Combination of TBI and PTSD:** There is some controversy in the civilian literature about the prevalence of co-morbid (co-existing) TBI and PTSD. TBI is associated with partial or complete amnesia for the event, whereas a core symptom of PTSD is recurrent memory and re-experiencing of the event. At a theoretical level there is a question about whether an individual can have both a TBI and PTSD. Some posit that if there is a partial or incomplete PTSD syndrome (i.e., a PTSD that occurs without a memory for or a re-experiencing of the event), the two conditions can co-exist. A study done at Walter Reed Hospital found that none of the military patients with TBI interviewed met full criteria for PTSD, because none had re-experiencing symptoms of the event. However, 13% of the patients did experience the avoidance and arousal symptoms of PTSD, suggesting that individuals can develop a form of PTSD without the re-experiencing symptoms. Most available research looks at co-morbid MTBI and PTSD from the same event and focus primarily on the civilian population. Little is known about the co-morbid condition in military populations and others who may have PTSD from exposure to psychologically traumatic events experienced at time points unrelated to the TBI. Anecdotal reports from troops seen in the VAMC clinic in White River Junction, Vermont, suggest that returning National Guard troops have high rates of both MTBI and PTSD often related to events occurring at different times.

The Clinical Consortium for TBI and Psychological Health will provide participating researchers and clinicians the opportunity to exchange ideas, develop research proposals,

*(Continued on page 14)*

# NORTHEAST PASSAGE PROGRAM FOCUSES ON NEW HAMPSHIRE VETERANS

By Keely Ames, Northeast Passage

Northeast Passage's PATH (Promoting Access Transition and Health) is a unique program that utilizes recreation to help individuals accomplish their goals. The PATH program works with individuals on a one to one basis to improve functional independence, healthy behaviors, and quality of life. Northeast Passage therapists work with individuals and their families in their home communities, using recreation as the tool and motivator to develop skills for independence across all life activities. PATH has found that its approach has reduced individual dependence on services and resulted in savings to the health care system.

PATH had its origins in 1999 as a research project to decrease the incidence of secondary conditions for people with spinal cord injuries; the program has expanded to serve individuals with a variety of disabling conditions including amputation, traumatic brain injury, multiple sclerosis, stroke, and arthritis. In 2004, the PATH program was implemented as a value-added service to members of Martin's Point Health Care, a non-profit health care organization that offers health plans and primary care to members in northern New England and New York, and the US Family Health Plan that serves military beneficiaries. In 2006, PATH entered into a partnership with the Manchester, New Hampshire Veterans Administration (VA); the PATH program is now being offered to both retired and recently returned service members, who receive services through this branch of the VA.

Northeast Passage therapists meet with veterans in their homes and spend time with them in their communities to assess their individual situations. Conducting an intensive initial assessment with the veteran (and in some cases with the veteran's family) helps the therapist to determine the best approach for addressing the individual's needs. Over the course of several visits, the therapist will work with the veteran to help him or her accomplish the goals that they have set for themselves.

Northeast Passage currently has a caseload of over 40 veterans living in New Hampshire and Maine and the program continues to grow. NEP therapists have supported veterans to discover and explore accessible places in their communi-



Photographer: Cara Carr

*NEP staff member, Tom Carr, assists a participant in the PATH program with adaptive golf.*

ties, increase functional ability, improve overall strength, endurance, and balance. All of these goals are accomplished through a wide variety of recreational activities including adaptive golf, water skiing, and cycling.

Recently, Northeast Passage also has facilitated:

- ◆ Building a raised garden bed for a veteran whose decreased mobility prevented him from working in the garden.
- ◆ The acquisition of a digital camera, tripod, and remote control to assist with a veteran's independent communication and photography.
- ◆ Problem solving with a double-amputee veteran looking to return to mountain biking.
- ◆ Networking and researching opportunities for a veteran interested in white water kayaking.
- ◆ Exploration of community YMCAs and fitness centers for veterans who want to increase their physical fitness.

The PATH program epitomizes Northeast Passage's motto, "explore the possibilities." A veteran who worked with Northeast Passage recently said, "With the help of the PATH program I have found new life. I am doing things that I never thought possible."

*Northeast Passage develops and delivers disability-related health promotion and adapted sports programming throughout New England. Northeast Passage is a program of the University of New Hampshire's College of Health and Human Services in the Department of Recreation Management and Policy. Visit [www.nepassage.org](http://www.nepassage.org) for more information.*



## FIGHTING FOR MEDICAL CARE

By Julia Freeman-Woolpert, MEd, Disabilities Rights Center

There are many days when Dawn (not her real name) stays in bed because of the pain and fatigue that have taken over her body. Yet that doesn't stop her from watching out for "her" vets. A self-styled advocate for homeless and disabled veterans, Dawn is often talking on two phones at once while typing on her computer. She's contacting her vets to find out how they are doing and helping them to secure services, apply for benefits, get an apartment, or do whatever she can to help. As a disabled veteran herself, Dawn knows how tough it can be.

In 1989, while on duty in the National Guard, Dawn tripped. She knew she had hurt herself badly; she had excruciating pain in her neck and shoulders and was experiencing severe spasms in her right hand. Within a day she hurt everywhere. Though she tried to soldier on in her job as a Radio Tele-Tech operator, her supervisor realized something was wrong and sent Dawn to sick call.

The military clinic diagnosed wrist pain and Dawn eventually had surgery for carpal tunnel syndrome. She sought treatment through the military for her other symptoms and was seen at Walter Reed Medical Center in Washington DC. Dawn said the doctors at Walter Reed told her that she had too much global pain to be defined. Despite her appeals, the military discharged her against her will with 10% disability for arthralgia of the wrist.

But Dawn's medical problems extended far beyond the pain in her wrist. She hurt all over and at times her leg would give out unexpectedly, causing her to fall. Dawn spent years trying unsuccessfully to get the Veterans Administration to do a full diagnostic work up and treat her symptoms. Beyond taking a few x-rays, the VA Medical Center was unwilling to pursue the matter further. Dawn said, "The VA Medical System failed me."

Eventually she sought medical help from private orthopedists, who diagnosed her with a number of serious problems, including herniated discs, torn medial and lateral menisci, a crushed ulnar nerve, a torn rotator cuff, and a severed anterior cruciate ligament. Several surgeries later, Dawn is

better but still experiences frequent pain. After a years-long battle, the VA found that Dawn is 100% permanently and totally disabled.

Since the Iraq war, problems with VA health care have been prominently featured in the national news, including recent coverage about veterans who contracted HIV and hepatitis from contaminated endoscopic equipment used in a VA clinic. The Washington Post's investigative report on horrific conditions at Walter Reed have helped to bring about needed changes and other reports indicate that the quality of VA health care is improving. According to Dawn, the medical care at the Manchester VA has gotten much better in recent years. She reports that she is now receiving good medical care and is treated with more respect.

Her own struggle to get the help she needed is what fuels Dawn's passion to advocate on behalf of homeless veterans and those with disabilities. She said it is especially important to her that every vet she talks with knows how much she appreciates their service to America. "I'm a no-holds-barred person when it comes to my vets," she said. "I know firsthand what it's like not to have somebody who understands."







# Veterans with Disabilities Returning to Work

By Julia Freeman-Woolpert, MEd, Disabilities Rights Center

With the economy in a downturn, many people are having trouble finding work or staying employed. Even in good times, people with disabilities often have difficulty with employment; this is equally true for veterans with disabilities. Veterans can benefit from the protections afforded all people with disabilities. They also have access to additional services, resources, and legal protections specifically designed to help veterans train for, find, and keep a job.

## Protection from Discrimination

Veterans with disabilities are protected from discrimination by the Americans with Disabilities Act (ADA), as are all other Americans with disabilities. Veterans with service-connected disabilities also are protected from employment discrimination under the Uniformed Services Employment and Reemployment Rights Act (USERRA). USERRA goes further than the ADA in that it requires employers to help the veteran to become qualified for the job; this includes providing training or reasonable accommodations beyond those required by the ADA.

## Vocational Rehabilitation (VR)

For veterans with service-connected disabilities who want to go back to work, the Department of Veterans Affairs (VA) offers Vocational Rehabilitation and Employment services. For information visit the website: <http://www.vba.va.gov/ro/manchester/vremain/vre.htm>. Veterans

also can apply for vocational and other benefits online through the Veterans Online Application (VONAPP) at: <http://vabenefits.vba.va.gov/vonapp/main.asp> or by speaking with a VR Program Specialist at (603) 222-5751. For veterans who are unable to work, the VA also can offer independent living services.

# Study Commission on PTSD and TBI in Returning Veterans of the

By Julia Freeman-Woolpert, MEd, Disabilities Rights Center

Traumatic brain injury has been called the signature injury of the conflicts in Iraq and Afghanistan. Many New Hampshire service members are returning with significant disabilities due to TBI and post-traumatic stress disorder (PTSD). New Hampshire needs to ensure that these veterans and their families have the supports and services they need to recover and move on with their lives. For those whose disabilities are lifelong, adequate ongoing supports and services need to be available.

During its 2008 session, the New Hampshire Legislature established a Study Commission on the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers returning from Iraq and

Afghanistan. Since its first meeting in August 2008, the Commission has heard from a wide variety of presenters on the effects of these traumas and New Hampshire's available to provide the necessary treatment and supports for its veterans who have TBI and PTSD.

In her testimony to the Commission Col. Deborah Carter, NH National Guard Joint Chief of Staff, reported that members in the Guard and Reserves and other military personnel who return home unattached to a military base, are at the highest risk for post-deployment problems. In New Hampshire, over 5,000 service members fall into this high risk category.

Several veterans and active duty personnel shared with the Commission their personal experiences with PTSD and TBI,



## Preferences for Federal Employment

The federal government has special preferences and protections for hiring and accommodating veterans in federal jobs, including some preferences in appointments and affirmative action programs. More information can be found at <http://www.opm.gov/veterans/html/vetguide.asp>

## New Hampshire Employment

Local offices of the New Hampshire Department of Employment Security have veterans' employment representatives. New Hampshire veterans get top priority for referrals to jobs, services, and training. The department also has an online resource guide: <http://www.nh.gov/nhes/veterans/documents/ForVetsOnly-718-ResourceGuide-1-1-07.pdf>

## Employer Support of the Guard and Reserve (ESGR)

ESGR is an organization of the Department of Defense that assists veterans with disabilities who are having problems with employment or reemployment. Veterans looking for help or wanting answers to questions about their rights under USERRA can by speak with an ESGR ombudsman by calling toll free 1-800-336-4590 and selecting option 1 or by emailing [USERRA@osd.mil](mailto:USERRA@osd.mil). Additional information is available on the ESGR website: <http://www.esgr.net/>. If the ESGR ombudsman is unsuccessful in resolving the problem with the employer, the veteran may contact the US Department of Labor's New Hampshire representative, Dennis Viola, (603) 225-1424 to investigate the situation.

## Veterans Employment and Training Service (VETS)

VETS is a program of the U.S. Department of Labor. Its mission is to provide veterans and service members with the resources and services

to succeed in the 21st century workforce by maximizing their employment opportunities, protecting their employment rights, and meeting labor-market demands with qualified veterans. In New Hampshire – U.S. Department of Labor, James C. Cleveland Federal Bldg., Room #3602, 55 Pleasant Street, Concord, NH 03301, Telephone: (603) 225-1424, Fax: (603) 225-1545. <http://www.dol.gov/vets/aboutvets/contacts/main.htm#hamp>

## Expansion of the Family and Medical Leave Act

In January 2009 a new benefit for military families was signed into law as part of the federal Family and Medical Leave Act. Eligible employed family members now can take up to 26 work weeks of leave in a 12-month period to care for a family member who is a veteran or currently enlisted in the military and undergoing treatment for a serious injury or illness.

For online links to additional information and resources visit the Veterans page of the Disabilities Rights Center's website: <http://www.drcnh.org/Issue%20Areas/Veterans.htm>.



# Iraq / Afghanistan Conflicts

and their difficulties with making the transition back to civilian life. The hidden injuries of combat, including post-traumatic stress disorder, and traumatic brain injury, can be severe and lifelong, and require a comprehensive, coordinated, and funded system of services and supports. While there are promising new and existing programs to assist veterans with TBI and PTSD and their families, in general the system is fragmented. Veterans don't know about, and have trouble accessing, treatment and services, and many veterans fall through the cracks.

The Commission will continue to meet through 2009. Priorities for the Commission include consideration of how to meet the need for a coordinated system of treatment and

services for veterans and how to provide education, awareness, and training for service members, families, and the community on the effects of TBI and PTSD. The Commission also will look at how to improve coordination between the military, National Guard, and state and community services to better support the needs of our veterans.

The Commission is seeking public input and recommendations. Please contact Jo Moncher, DHHS Bureau Chief of Community-Based Military programs, [JAMoncher@dhhs.state.nh.us](mailto:JAMoncher@dhhs.state.nh.us), for a schedule of Commission meetings and to be included on the Commission's email distribution list.

*This article first appeared in Headway, the newsletter of the Brain Association of NH.*



## CONSIDERING COLLEGE

Veterans with disabilities interested in pursuing a college degree will find that colleges and universities offer a variety of supports and accommodations to help students with disabilities. At the University of New Hampshire, the Disability Services for Students (DSS) office provides accommodations and services to students with documented disabilities to ensure that all university activities and programs are accessible. The office also promotes the development of student self-reliance and the personal independence necessary to succeed in a university climate. DSS seeks to create a fully accessible learning environment where students have the opportunity to be judged on the basis of their ability, not their disability.

UNH's Disability Services for Students office provides individualized accommodations and support services. Students meet with a professional DSS staff member to discuss options for needed accommodations. All meetings and contacts are discrete and **CONFIDENTIAL**.

Students seeking services from DSS must provide documentation of their disability from an appropriate professional; this may include discharge and separation forms, a diagnostic exam, or an evaluation. Please contact the DSS office for specific documentation guidelines.

DSS understands the difficulties in getting necessary documentation from the Veteran's Administration and

will assist veterans in this process. If you have trouble obtaining any VA documentation, please contact DSS Director, Kathy Berger by email – [kathy.berger@unh.edu](mailto:kathy.berger@unh.edu) or telephone (603) 862-0830.

Disability Services for Students (DSS)  
University of New Hampshire  
83 Main Street/118 Memorial Union Building  
Durham, NH 03824-3594  
voice (603) 862-0830  
tty (603) 862-2607  
fax (603) 862-4043



*(Continued from page 9)*

consider alternative approaches, and collaborate with investigators from around the country. The Dartmouth clinical site is a collaborative initiative with the Department of Veterans Affairs' National Center for Post-Traumatic Stress Disorder, the Northern New England VA Research Consortium (including the VA Hospitals in White River Junction, VT; Manchester, NH; and Togus, ME), and the Traumatic Brain Injury Research Group at Dartmouth Medical School. The focus of our work, and that of the entire Consortium, is to improve our understanding of the neural mechanisms associated with the

co-occurrence of PTSD and TBI and to develop strategies for improved diagnosis, assessment, and treatment of this co-morbid condition. At the Dartmouth clinical site, military personnel and veterans from Maine, New Hampshire, and Vermont will have an opportunity to participate in clinical research studies testing new treatments for TBI and PTSD.

*A longer version of this article first appeared in the Spring 2009 Issue of Headway – the Newsletter of the Brain Injury Association of NH*



Capitol Center  
for the Arts

## PETER LAMPRON AND FRIENDS

Spotlight Cafe Benefit Concert

Friday, August 14, 2009

8:00 PM

Pete Lampron brings his original blues, rock and acoustic music to the Spotlight Café at the Capitol Center for the Arts in Concord with an evening to benefit the *Including Samuel Project*.<sup>\*</sup> Featuring special guests: Tim Vendt, Joe Cadrette, Mike Pollini, and Randy Ellis.

Lampron has opened for local and national artists and played at venues across New Hampshire. His blend of rock, blues and folk music, fiery guitar playing and thoughtful lyrics have entertained listeners for many years. The evening of music will feature cuts from Lampron's upcoming Razz Rock Records album as well as material from previous releases, and appearances by some of his most cherished musical friends.

*\* A portion of the proceeds will be donated to the Including Samuel Project, a program of the Institute on Disability at the University of New Hampshire, a non-profit 501(c)3 organization. Donations to the Including Samuel Project will help build more inclusive schools and communities through curriculum, training, and outreach.*



# SAVE THE DATE



## REAL CHOICE 2009 CONFERENCE

### WORKFORCE INNOVATION: ENSURING THE FUTURE OF NH'S DIRECT SUPPORT WORKFORCE

A one-day conference to address public policy and best practices for ensuring the future of a quality direct support workforce in home and community based services.

TUESDAY, OCTOBER 27, 2009

8:00 AM TO 4:00 PM

CENTER OF NH RADISSON  
MANCHESTER, NH

#### KEYNOTE PRESENTATION:

*"VALUING CARE WORK: PRIORITIES FOR PUBLIC POLICY"*  
NANCY FOLBRE, PH.D., UNIVERSITY OF MASSACHUSETTS

For more information, call 603.228.2084  
or visit [www.iod.unh.edu](http://www.iod.unh.edu)

# Veterans Resources

## Disabilities Rights Center Veterans webpage

<http://www.drcnh.org/Issue%20Areas/Veterans.htm>

*For your convenience, links to all the resources below can be found on DRC's website.*

## Brain Injury Association of NH

*Works to improve the quality of life for survivors of brain injury and their families. Resource directory, newsletter, event listings, support groups.*

Helpline: 800-773-8400

<http://www.bianh.org/>

## Defense and Veterans Brain Injury Center (DVBIC)

*The mission of the Defense and Veterans Brain Injury Center (DVBIC) is to serve active duty military, their dependents and veterans with traumatic brain injury (TBI) through state-of-the-art medical care, innovative clinical research initiatives and educational programs.*

<http://www.dvbic.org>

Northeast DVBIC Regional Care Coordinator –  
Scott Shaw 814-255-8141

Northeast DVBIC Regional Education Coordinator –  
Melodee Hursey 814-619-4217

## Disabled American Veterans (DAV)

*The DAV has a service to help you with "filing claims for VA disability compensation, rehabilitation and education programs, pensions, death benefits, employment and training programs, rides to medical appointments, and many other programs." They also help with appeals of adverse decisions.*

Manchester office

Norris Cotton Federal Building

275 Chestnut St., Rm. 515

Manchester, NH 03101

(603) 222-5788

<http://www.dav.org/>

## Federal Benefits for Veterans and Dependents

*From the Department of Veterans Affairs, a guide to the broad array of benefits and services that veterans, dependents, and survivors may be eligible for.*

[http://www1.va.gov/OPA/vadocs/current\\_benefits.asp](http://www1.va.gov/OPA/vadocs/current_benefits.asp)

## Liberty House

*A substance free transitional residential facility for honorably discharged homeless veterans*

75 West Baker Street

Manchester, NH 03103

(603) 669-0761

[Libertyhouse75@aol.com](mailto:Libertyhouse75@aol.com)

## Military Parent Special Needs Toolkit

*From the Department of Defense:* [http://www.militaryhomefront.dod.mil/portal/page/mhf/MHF/MHF\\_DETAIL\\_1?section\\_id=20.40.500.570.0.0.0.0.0&content\\_id=218947](http://www.militaryhomefront.dod.mil/portal/page/mhf/MHF/MHF_DETAIL_1?section_id=20.40.500.570.0.0.0.0.0&content_id=218947)

## Military Onesource

*"The service is available by phone, online and face-to-face through private counseling sessions in the local community. Highly qualified, master's prepared consultants provide the service. Personalized consultations on specific issues such as education, special needs, and finances are provided. Customized research detailing community resources and appropriate military referrals are offered. Clients can even get help with simultaneous language interpretation and document translation services."*

1-800-342-9647, <http://www.militaryonesource.com>

## Military Handbooks

*These free handbooks, written specifically for military service members, include a variety of information about pay, benefits, education and transitioning from the military. There is a benefits handbook covering health care benefits, disability compensation, pension, vocational rehabilitation and employment, education and training, home loan guarantees, life insurance, survivor benefits, homeless veterans, overseas benefits, appeals, workplace benefits, and more.* <http://www.militaryhandbooks.com/>

## New Hampshire State Veterans Council

*"The mission of the State Veterans Council (SVC) is to assist veterans who are residents of New Hampshire or their dependents in securing all benefits or preferences to which they may be entitled under any state or federal laws or regulations."*

Norris Cotton Federal Building

275 Chestnut Street Room 517

Manchester, NH 03101-2411

(603) 624-9230; NH Toll Free 1-800-622-9230

<http://www.nh.gov/nhveterans/>



## Veterans Administration Medical Center Patient Advocates

*If you are having problems with VA services, each facility has a patient advocate to assist in resolving problems.*

Manchester VA: Marti Jones, (603) 624-4366,  
ext. 6491 or toll free (800) 892-8384 ext. 6491.

White River Junction, Vermont VA: Karen Campbell.  
(802) 295-9363 ext. 6293.

## Veterans Count, a program of Easter Seals

*Easter Seals offers case management, family support, rehabilitation, and transportation to veterans.*

Daisy Wojewoda, Project Director

Dwojeewoda@eastersealsnh.org

(603) 621-3579 [http://nh.easterseals.com/site/  
PageServer?pagename=NHDR\\_VeteransCount](http://nh.easterseals.com/site/PageServer?pagename=NHDR_VeteransCount)

## Veterans F.I.R.S.T.

*A Harbor Homes, Inc. Transitional Housing Program*

46 Spring Street

Nashua, NH 03060

603-882-3616 x1173

[http://www.harborhomes.org/contactus/  
HHVeteransBrochure%20print%20ready%205%20](http://www.harborhomes.org/contactus/HHVeteransBrochure%20print%20ready%205%2013%2008.pdf)

[13%2008.pdf](http://www.harborhomes.org/contactus/HHVeteransBrochure%20print%20ready%205%2013%2008.pdf)

## Yellow Ribbon Program

*The Yellow Ribbon GI Education Enhancement Program (Yellow Ribbon Program) provides partial funding for veterans to cover the cost of tuition at participating private universities. Participating colleges and universities voluntarily enter into an agreement with VA to fund tuition expenses that exceed the highest public in-state undergraduate tuition rate. The institution can contribute up to 50% of those expenses and VA will match the same amount as the institution.*

[http://www.gibill.va.gov/GI\\_BILL\\_Info/CH33/Yellow\\_ribbon.htm](http://www.gibill.va.gov/GI_BILL_Info/CH33/Yellow_ribbon.htm)

For participating NH colleges visit [http://www.gibill.  
va.gov/GI\\_Bill\\_Info/CH33/YRP/states/nh.htm](http://www.gibill.va.gov/GI_Bill_Info/CH33/YRP/states/nh.htm)



# SEEK

**Skills, Ethics, Equality, Knowledge**

## Coming In October!

## 15<sup>th</sup> Annual Direct Support Professionals Conference

### October 23 - 24, 2009

Grand Summit Hotel & Conference Center  
Bartlett, New Hampshire

# SAVE THESE DATES

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## **Autism National Committee Annual Conference 2009 Opening Doors: Voices & Choices**

**Date:** September 25-26, 2009

**Location:**  
Crowne Plaza, Nashua, NH

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## **Mental Health in the Schools: Supporting Students with Emotional and Behavioral Disabilities in General Education Classrooms and Local Communities**

**Date:** Monday, October 5, 2009

**Time:** 9:00–3:00

**Location:**  
Southern New Hampshire  
University, Manchester, NH

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## **Real Choice Systems Transformation 2009 Conference Workforce Innovation: Ensuring the Future of NH's Direct Support Workforce**

**Date:** Tuesday, October 27, 2009

**Time:** 8:00–4:00

**Location:**  
Center of NH Radisson,  
Manchester, NH

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**INSTITUTE ON DISABILITY / UCED**  
*A University Center for Excellence on Disability*

### **Methods, Models & Tools – Person-Centered Planning Facilitation Training**

An intensive five-day summer institute designed to help develop the competencies needed to facilitate consumer and family-directed life planning. The summer institute incorporates lecture, role-playing, action learning, and peer support to provide an interactive forum for participants to develop and practice effective group facilitation skills.

**Dates & Location:** July 15-17, 20 & 21, 2009 –  
The Browne Center, Durham, NH

**Time:** 9:00 – 4:00

**Cost:** \$700

**Presenters:** Patty Cotton, M.Ed. & Pam McPhee, MSW

*\*\$50 per person discounts available for groups of three (3) or more.*

*\*Includes all breakfasts and lunches, plus dinner on 7/15 and 7/20.*

*\*Affordable overnight accommodations are available at UNH and in Durham. Call 603.228.2084 for more information.*

*\*Approved by the NH Chapter NASW for thirty (30) Category 1 Continuing Education Units for social workers.*

### **Third Annual Assistive Technology Summer Institute – Achieving Educational Success Through Assistive Technology (AT) and Universal Design for Learning (UDL)**

The institute will explore innovative and creative ways technology can increase the accessibility of curriculum and enrich the learning experience for all students. Each of the three interactive and hands-on workshops will provide practical, cost effective, and proven strategies and tools that can be applied to any learning environment.

#### **Dates & Topics:**

Wedn., July 22: IntelliTools Level I – Introduction to Classroom Suite 4

Thurs., July 23: IntelliTools Level II – Next Steps with Classroom Suite 4. (*Workshop pre-requisite: Level I or other introductory Classroom Suite 4 course*).

Fri., July 24: Technology Tools for Student Access and Success

**Location:** Institute on Disability, Concord, NH

**Time:** 9:00 – 3:00

# IOD TRAINING & EVENTS

**Cost:** \$75 each

**Presenter:** Dan Herlihy

*\*Includes continental breakfast, lunch, and free trial version software or freeware programs.*

*\*A laptop with an administrative password for downloading and installation is required for each session.*

## **11th Annual Autism Summer Institute Show Me The Evidence: Evidence-Based Practices for Supporting Students with ASD in Schools and Communities**

The goal of the Autism Summer Institute is to provide strength-based perspectives about students with ASD to improve the quality of education in inclusive settings. Participants will gain knowledge and skills to evaluate and select supports and strategies based on research evidence that will enhance the full participation of students with ASD in their schools and communities. The full institute registration fee includes participation in all four days' activities, continental breakfast, lunch (Monday - Wednesday only), materials, and parking.

**Dates & Location:** August 10–13, 2009 – Holloway Commons / Memorial Union Building, University of New Hampshire, Durham, NH

**Time:** Monday: 8:00–3:30; Tuesday and Wednesday: 9:00–3:30; Thursday: 9:00–12:00 (optional lunch)

**Cost:** Professionals: \$399  
Parents/Full-Time Students/Self-Advocates: \$325  
Groups of three or more (subject to verification): \$375  
Keynote(s) only: \$30 each

**Keynote Presenters:** Ari Ne'eman, Dan Habib, Lana L. Collet-Klingenberg, Ph.D., Cathy Pratt, Ph.D., Michael McSheehan

*\*UNH course credit available. For more information e-mail: cheryl.jorgensen@unh.edu.*

*\*Family and self-advocate scholarships may be available. For full details, call 603.228.2084.*

*\*Reduced rate available for rooms at the New England Center and Holiday Inn Express until July 9, 2009.*

## **Fourth Annual Achievement in Dropout Prevention and Excellence (APEX) Summer Leadership Institute**

This year's institute will be open to teams from high schools that are interested in Positive Behavioral Interventions and Supports (PBIS), improving school culture and climate, student leadership and participation, intensive school-to-career interventions, data-based decision-making, creating multiple and individualized pathways to graduation, and function-based assessment and intervention.

**Dates & Location:** August 18-19, 2009 – Attitash Inn and Conference Center, Bartlett, NH

**Time:** Tuesday: 8:00–4:15, evening activities start at 6:00; Wednesday: 8:00–1:15

**Cost:** APEX School Participants: Free  
(Overnight reservations will be made for you. Please do not call the hotel.)  
Non-APEX School Participants: \$125  
(Contact the Attitash Grand Summit at 603.374.1900 to make reservations.)

*\*All registrations include breakfast and lunch on 8/18 and 8/19, dinner on 8/18, and conference materials.*

**Presenters:** Joe DiMartino, M.Ed., Dan Habib, LeDerick Horne, Hank Bohanon, Ph.D.

### **4 EASY WAYS TO REGISTER!**



1 online  
**WWW.IOD.UNH.EDU**



2 call to register or to request a registration form  
**603.228.2084**



3 mail a completed registration form  
**INSTITUTE ON DISABILITY  
56 OLD SUNCOOK ROAD, SUITE 2  
CONCORD, NH 03301**



4 fax a completed registration form  
**603.228.3270**

# RAP Sheet

The Latest in Disability Research, Advocacy, Policy, and Practice

Summer Issue 2009

## NH COUNCIL ON DEVELOPMENTAL DISABILITIES

21 South Fruit Street, Suite 22, Room 290  
Concord, NH 03301-2451

**CHANGE SERVICE REQUESTED**

## INSIDE THIS ISSUE

- ◆ *Treatment of PTSD*
- ◆ *Veterans Brain Injury Center*
- ◆ *Disability Benefits for Veterans*
- ◆ *Personal Stories*

## DISABILITIES RIGHTS CENTER, INC.

18 Low Avenue, Concord, NH 03301-4971

Voice and TDD: (603) 228-0432 ◆ 1-800-834-1721 ◆ FAX: (603) 225-2077

TDD access also through NH Relay Service: 1-800-735-2964 (Voice and TDD)

E-mail: [advocacy@drcnh.org](mailto:advocacy@drcnh.org) ◆ Website: [www.drcnh.org](http://www.drcnh.org)

*"Protection and Advocacy System for New Hampshire"*

*The Disabilities Rights Center is dedicated to eliminating barriers to the full and equal enjoyment of civil and other legal rights for people with disabilities.*

## INSTITUTE ON DISABILITY/UCED – UNIVERSITY OF NH

10 West Edge Drive, Suite 101, Durham, NH 03824-3522

Phone (Tel/TTY): (603) 862-4320 ◆ Fax: (603) 862-0555 ◆ Website: [www.iod.unh.edu](http://www.iod.unh.edu)

## Institute on Disability/UNH – Concord

56 Old Suncook Road, Suite 2

Concord, NH 03301

Phone (Tel/TTY): (603) 228-2084

*The Institute on Disability advances policies and systems changes, promising practices, education and research that strengthen communities and ensure full access, equal opportunities, and participation for all persons.*

## NH COUNCIL ON DEVELOPMENTAL DISABILITIES

21 South Fruit Street, Suite 22, Room 290

Concord, NH 03301-2451

Phone: (603) 271-3236 ◆ TTY/TDD: 1-800-735-2964 ◆ Website: [www.nhddc.org](http://www.nhddc.org)

*Dignity, full rights of citizenship, equal opportunity, and full participation for all New Hampshire citizens with developmental disabilities.*

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