For 13 months, Kym Molaskey called Gaylord Hospital her home.

It was the summer of 2012 and the then-23-year-old had just graduated from college and was about to take her first classes at Seton Hall in pursuit of her master’s in political science. Kym had big ambitions to work for the United Nations and ultimately “create world peace.”

But Kym’s dreams were put on hold after a massive accident that August. The car she was riding in that day crashed, with her side of the vehicle bearing the brunt of the impact. “I broke everything,” she said. “My bones, my organs, my lungs, and even my brain,” she said, referring to the traumatic brain injury she sustained. “Everything was broken … except my heart.”

Blessed

Kym, indeed, is all heart. Despite her lengthy recovery, lingering memory issues, and physical limitations, the former four-sport athlete focuses only on the silver linings in her life and gives thanks for the abilities she once took for granted. “How blessed we are to be able to walk! To breathe! Even to just use the toilet!” she gleefully exclaimed.

Kym’s exuberance for life and her penchant for making others smile make her a sought-after addition to Gaylord’s Acquired Brain Injury (ABI) Peer Mentor program. Once a week, Kym visits patients who are recovering from a traumatic brain injury or stroke in Gaylord Hospital or in the Traurig Transitional Living Center to provide a listening ear and encouragement to those whose shoes she once filled.

Continued on page 13
Dear Friends,

In this edition of Contributions, we highlight some of the ways that we offer support to our acquired brain injury patients (which includes those with a stroke) and their families through our Acquired Brain Injury Peer Mentor Program, and the Brain Injury Coping Skills Family and Support Group (BICS).

Our Peer Mentor Program is made up of past patients and several family members of patients who volunteer to offer support to current patients. Some peer mentors also meet with Traurig House residents.

BICS is an 8-week program to help patients, who are at least three to six months post-injury, and their families develop coping skills in a supportive environment as they face many ongoing life adjustments.

We are also thrilled to announce that the new MoraLee Guest Cottages and the renovated Maximilian E. and Marion O. Hoffman Foundation Guest Cottage opened in November, offering expanded on-site housing to the families of our patients (see the center spread). We are very grateful to everyone who donated to these projects. Your gifts are making a huge difference in the lives of families with a loved one hospitalized at Gaylord.

As our peer mentors help rekindle the light of those with an acquired brain injury, so do you, our donors, through your generous gifts. Your support helps restore hope in the lives of our patients and their families as they face the changes that occur with a serious injury or illness. We cannot do this enormous task without your partnership.

Thank you for your support!

Tara Knapp
VP of Development, Marketing, and Public Relations
tknapp@gaylord.org
(203) 284-2838

“Sometimes our light goes out but is blown into flame by another human being. Each of us owes deepest thanks to those who have rekindled this light.” Albert Schweitzer

About this issue:
Contributions is produced by the Development Office, which can be reached at (203) 284-2881 or gaylorddevelopment@gaylord.org.

Articles in this issue were written by Katherine L. Kraines and Joy Savulak.
In her wildest dreams, Kathy Dann never thought that her quiet life on the Connecticut shoreline would turn out as it did. She couldn’t imagine that she and her husband, Roger, would become hospital volunteer visiting patients in the very rooms where they’d once been treated.

The Dann’s lives were shattered in the early afternoon of Saturday, November 8, 2014. “Roger and I were running an errand. We made a left turn at a green light, when a large truck loaded with stones ran the light,” Kathy said. The truck rammed into the passenger side, propelling the car across the road. Roger’s head slammed against the steering wheel and the passenger compartment was so mangled that Kathy had to be cut out with the Jaws of Life.

Critically Injured
Paramedics rushed the critically injured couple to Yale New Haven Hospital. Kathy had a torn aorta (an injury with a 15% survival rate), a broken pelvis, nine broken ribs, a torn bladder, and a fractured occipital bone at the base of her skull. Roger’s heart stopped three times and his head injury was one of the worst his neurosurgeon had ever seen. Surgeons performed a craniotomy to reduce the pressure on Roger’s brain, and they repaired Kathy’s aorta and stabilized her pelvis with a rod.

Several weeks later, the Danns arrived at Gaylord for rehab. But due to the nature of their injuries, they were on different floors. Roger’s brain injury had wiped out his ability to have or express empathy and he would frequently aim outlandish accusations at Kathy. “People didn’t know what to make of me as I sobbed while rolling my wheelchair back to my room,” Kathy said. “I was grieving the husband I once knew, while trying to adjust to the consequences of his brain injury.”

Many Changes
Over the next three months, Kathy juggled managing life details and legal issues while trying to focus on her recovery. She received physical and occupational therapy to help her walk again and speech therapy to overcome paralysis of her larynx from the breathing tube that was inserted after the accident. In February, she left Gaylord and spent several weeks in a nursing home before returning home. Roger’s recovery took another five months, including a stay in Traurig House, Gaylord’s residential facility that offers patients with a brain injury or stroke a transitional program between the hospital and home.

When Roger finally came home, Kathy was determined to help him adjust to their new life. But it was incredibly challenging. His lack of empathy made relating difficult and he didn’t have a good assessment of what he could do.
It’s one thing for patients to hear from their families and the staff that they are going to get better. That’s all true, but it means so much more coming from someone who’s actually lived it. Rob Pisciotti

Stroke survivor Rob Pisciotti has an important message of hope and it’s his mission to spread it to those who need it most at Gaylord. Twice a week, Rob volunteers in Gaylord’s Acquired Brain Injury (ABI) Peer Mentor Program, where he shares his experience of recovery with patients and their families facing similar circumstances.

His strategy to capture patients’ attention is simple, yet brilliant, knowing that patients with a brain injury or stroke are often worried and struggling to adjust to their new reality. “I walk in and say, ‘I have good news!’ When they ask what it is, I point at myself,” Rob said. “And I say ‘Here! It’s right here! This guy did it and you can, too!’”

Someone Who’s Lived It:

After suffering a debilitating stroke in 2007, Rob was overwhelmed with despair. “I was in a wheelchair and I couldn’t move my left side. I wasn’t at a good point. I was very depressed and the stroke was getting the best of me,” he said.

“I came to Gaylord as an outpatient, and they got the ball rolling. They gave me back my [ability to] function and gave me confidence and hope. It’s one thing for patients to hear from their families and the staff that they are going to get better. That’s all true, but it means so much more coming from someone who’s actually lived it,” Rob explained.

Dorene Scolnic, LCSW, a clinical social worker in the hospital’s psychology department, echoed Rob’s sentiment as the driving force that led her to create the ABI Peer Mentor Program in 2014. “The goal of the program is to enhance our patients’ ability to adjust and cope with their acquired brain injury. By giving them the opportunity to share common concerns and quality-of-life issues, our mentors support our patients’ recovery and act as a resource for families.”

The 16 peer mentors have made nearly 1,000 visits since the program’s launch and are considered extensions of the acquired brain injury clinical team. Each mentor is carefully screened and receives extensive training and ongoing education. Mentors log the details of each visit for review by a clinician. “Sometimes a patient feels more comfortable opening up to a peer mentor about being depressed or anxious than to a doctor or nurse,” Dorene noted. “Our mentors know to alert us if they think someone is more down than to be expected so we can promptly intervene.”

The Urge to Help:

Before the program was organized, past Gaylord patients would sometimes drop by the hospital to offer support to current patients. Such was the case of Ray Radovich, who was considered a “regular” at the hospital before becoming an official peer mentor. Family and friends frequently asked Ray to visit acquaintances who had suffered a stroke to offer encouragement.

Five years ago, a heart attack put Ray into cardiac arrest for nearly an hour before doctors were able to revive him. Repeat EEGs showed that the anoxia — or lack of oxygen to the brain —
left him with no brain activity. To the surprise of every medical professional familiar with his case, Ray woke up from a weeks-long coma. His speech was garbled, he was paralyzed on one side, and his memory was completely erased. It was as if he’d suffered a massive stroke.

At Gaylord, Ray had to relearn the basics of “nearly everything.” “I couldn’t even recognize a toothbrush,” he said, “but two years later I was back at work and golfing with friends.” Ray feels strongly that he is there not only to inspire patients, but also to manage their expectations. “They see that I’m working, driving, and playing golf. They want so badly to know that they’re going to be able to do all that the week after they are discharged,” he said. “I tell them, ‘you don’t know me, but I’m here to visit you.’ I’ll ask them if they like animals and if they do, I take out pictures of my rescue greyhounds. It helps breaks the ice.”

Ray stayed in touch with the young man, but was never quite sure if he was making an impact until one day when the patient’s therapist stopped Ray in the hallway. “He told me [this patient] said today was going to be a great day because Ray was going to see him. That made it all worthwhile,” Ray said.

Once a week, Ray visits patients in the hospital and at Traurig House, Gaylord’s brain injury and stroke residential program. In the last year, he estimates having put in more than 150 hours as a peer mentor.

Messages of Hope: Eileen

Eileen McCaughern was also inspired to join the ABI Peer Mentor Program after her recovery at Gaylord from “a doozy of a stroke.” Each week, the 66-year-old shares her incredible story of “surviving and thriving” with visits to about a dozen patients.

Two years ago, Eileen suffered a stroke, alone at home. She lay on her kitchen floor for nearly three days until her boss notified the police of her absence. After emerging from a 15-day coma, she came to Gaylord unable to walk or talk. The fact that Eileen now walks with a lively gait and speaks in a crystal-clear voice is a fact that isn’t wasted on the patients she meets.

But she said it can be difficult to reach patients she’s meeting for the first time, when their stroke is still so new. “I tell them, ‘you don’t know me, but I’m here to visit you.’ I’ll ask them if they like animals and if they do, I take out pictures of my rescue greyhounds. It helps breaks the ice.”

“By the end of that first visit,” she said, “I can see hope and relief on their faces. To know that I went that long without medical care and can function like I do is an inspiration to them. They ask, what can I do to recover like you? And I tell them work hard. Always work hard.”

A Win-Win

Program head Dorene Scolnic explained that the ABI Peer Mentor Program is just as beneficial for the mentors as it is for patients. “As they look back, it makes them realize how far they’ve come. It’s very much a part of their ongoing recovery process.”

Rob agrees. “It keeps me positive. My message is always that things will get better, and that reminds me to keep going because sometimes I can lose sight of that,” he said. “It’s a blessing to be able to help out. I don’t see it as volunteering, but I do see it as giving back to Gaylord for everything they’ve been to me.”
When Dorene Scolnic, LCSW, joined Gaylord as a clinical social worker in 2013, her first impulse was to create a peer mentor program to support the needs of patients with an acquired brain injury and their families. With twenty years of experience at Yale New Haven Hospital, Dorene knew this type of program could be a tremendous resource.

Gaylord’s Acquired Brain Injury (ABI) Peer Mentor Program is designed to bridge the gap between the clinician and patient by collaborating with survivors who are able to relate to the feelings and challenges that occur with a brain injury. Meeting someone who has tackled these issues and is successfully reintegrated into the community reinforces the importance of recovery and offers hope to patients and their families.

**Integrated into the Hospital**

The Peer Mentor Program is unique in the way it is integrated into the hospital via the Volunteer Program, where potential mentors first complete training as a traditional volunteer. To accomplish this goal, Dorene teamed up with Patient Relations and Volunteer Services Manager Dorothy Orlowski.

“Not every patient with a brain injury or stroke is in a good place in terms of being able to mentor another survivor,” Dorothy said. “We partnered to ensure that interested or identified peer mentor candidates have gone through the psychological screening process and that they’re well adjusted in terms of their recovery.”

The Peer Mentor Committee, which meets monthly, offers program oversight and includes Dorene and Dorothy as well as Allison Greco, MS, CCC-SLP, an inpatient speech and language pathologist, and Joy Oliano, RN, CRRN, CCM, the case manager for the Brain Injury and Stroke Residential Program at Traurig House.

**Peer Mentor Training**

After completing the volunteer orientation, participants work as a traditional volunteer for a few months to get their feet on the ground. Then, they do the four-hour Peer Mentor training, which is led by Dorene, Dorothy, and Allison, and covers a variety of topics, including a review of stroke and brain injury. The group role-plays meeting with patients, and the training reinforces that the focus is on the patient’s needs, not their own. Mentors receive ongoing supervision and continuing education throughout their tenure.

“’The training is essentially social work 101,’” said Dorene. “’We talk about how to meet a patient and how to engage them. For example, the mentor first checks in with the nurse to be sure that the patient is up for a visit.’” Weekly visits are no longer than 15 minutes and patients can refuse mentoring...
ASSESSING PILOTS:

When to Return to the Cockpit?

When Jonathan Woodhouse, PsyD, ABPP-CN, did his fellowship at the University of Oklahoma Health Sciences Center, he was exposed to aerospace neuropsychology assessments. As the new director of Gaylord’s psychology department, he wanted to develop independent medical evaluations from different referral sources. Woodhouse was particularly interested in the Federal Aviation Administration’s (FAA) neuropsychological aviation exam, which screens pilots to ensure that they are ready to fly after recovering from a medical or substance abuse issue. With only two neuropsychologists trained to offer this assessment in Connecticut, he saw this as a niche opportunity for Gaylord.

CogScreen-AE

Woodhouse recently completed the first tier of training allowing him to assess pilots with a medical issue. The aviation exam includes the standard paper and pencil neuropsychological assessment and the CogScreen-Aeromedical Edition (CogScreen-AE). As described on the company’s website, the CogScreen-AE is “a computer-administered and scored cognitive-screening instrument designed to rapidly assess deficits or changes in attention, immediate and short-term memory, visual perceptual functions, sequencing functions, logical problem solving, calculation skills, reaction time, simultaneous information processing abilities, and executive function.” Results from the CogScreen-AE offer important detailed information about a pilot’s readiness to fly.

“The FAA wants to ensure that pilots receive treatment for medical conditions and pass this exam before getting back into the cockpit,” said Woodhouse. “This is true for commercial pilots and general aviation pilots.” For example, if someone gets a pilot’s license for recreational or personal transportation and they have a medical issue, such as a concussion, they must get medical clearance to fly again, which requires the neuropsychological aviation exam.

Increased Sensitivity

The CogScreen-AE runs on a tablet with a specialized processor that accelerates how quickly it can record information. “This technology extends the tablet’s processing parameters, making it even more sensitive, allowing a new level of time accuracy,” he explained. “For example, it can assess how quickly someone is tapping images on the screen. The pilot has to visually scan and use working memory and respond very quickly. These kinds of skills become a life or death issue when you are flying a plane at 36,000 feet going 600 miles an hour, and they are skills that a paper and pencil test can’t measure with this level of accuracy.”

Woodhouse hopes to offer the exam at Gaylord sometime in 2019 or 2020 after the latest version of CogScreen-AE is released. “Adding this assessment fits very well with our mission to improve a person’s health and function,” he said. “It’s a great application of the skills we have to offer and, in this case, we are helping people preserve their careers.”

ADOPTING ARTIFICIAL INTELLIGENCE:

Informing Business and Care Decisions

Gaylord Specialty Healthcare and Groton-based AI pioneer Decision Options are joining forces to deploy a series of artificial intelligence (AI) solutions that will ultimately enable Gaylord staff to make more informed business and care decisions.

Why AI?

The adoption of artificial intelligence in the healthcare setting is on the rise with half of U.S. hospitals expected to adopt AI within three years. “And for a good reason,” said Gaylord Vice President of Clinical Operations Peter Grevelding. “Healthcare systems have multiple sources of data on medical care, outcomes, scheduling, and more. By deeply analyzing this data with artificial intelligence, we expect to be able to predict future events more accurately. This will help us to be more nimble and proactive in adjusting any processes needed to improve care, outcomes, or efficiencies.”

Grevelding expects that in the coming months, the system will be able to identify patients most likely to miss an appointment or inpatients most at risk of an emergent transfer to an acute care hospital. “The system will be a guide to make informed decisions and help us identify and address potential issues before they happen,” he said.
On November 27, 2018, we held a ribbon cutting for the new MoraLee Guest Cottages. MoraLee houses four spacious hotel-style suites that offer the families of Gaylord patients the opportunity to stay on our campus. Each suite is tastefully decorated and equipped with a kitchenette and large accessible bathroom. The building’s foyer is warm and welcoming and offers a place for families to mingle.

The former Crockett House was also recently completely updated and renamed the Maximilian E. and Marion O. Hoffman Foundation Guest Cottage. MoraLee and Hoffman are located just steps from the hospital and share a dedicated guest parking area.

Our deepest thanks to the many donors who helped us build and furnish the MoraLee Guest Cottages. We are also grateful to the Maximilian E. and Marion O. Hoffman Foundation for their generous support toward refurbishing the Hoffman Guest Cottage. Both facilities are seeing steady use and are providing many families a place of refuge and support while a loved one is hospitalized at Gaylord.

Washington, D.C., resident Juan Cruz received the call that every parent dreads: His 23-year-old daughter Gabriela was in the hospital with a traumatic brain injury. Gabriela worked in Windsor, Connecticut, and was on her way to work when her car hit a patch of black ice and slammed into a tree. Juan and his ex-wife rushed to Hartford, where their daughter was being treated.

About a week after the accident, physicians recommended Gaylord as the next step in Gabriela’s care. Juan assumed he’d have to stay at a hotel, but then he discovered that on-campus housing was available at Gaylord in the MoraLee Guest Cottages. Without a car, staying on site would make it much easier to spend time with his daughter, but Juan was unsure of what he’d find. “I assumed it was probably space that had been repurposed from some other use,” he said. “Instead, I walked into a new building with a warm and cozy lobby and opened the door to a spacious suite.”

Peace of Mind
To date, Juan has spent about two weeks in MoraLee and says it has been a great experience. “This [housing option] has offered me peace of mind, and it’s very convenient,” Juan said. “Having the kitchenette with the Keurig adds comfort and security, especially when you come in late from a visit or have to get up early. The kitchenette also offers a nice alternative to eating in the cafeteria.
The Maximilian E. and Marion O. Hoffman Foundation Guest Cottage

or going to a restaurant. The welcome bag with the K-Cup® pods is a nice touch!”

Juan said dealing with a loved one’s injury or illness is an emotional roller coaster. “It isn’t helpful if the patient feels like you’re exhausted and demoralized. So anything that helps reduce a family’s stress also makes it better for the patient,” he added. “The suite is a little oasis that gives me space to decompress and regroup.”

Comforting Atmosphere
MoraLee’s cozy lobby area has oversized chairs and offers a space for guests to meet, something that impressed Juan right away. “The lobby invites conversation and a chance to offer emotional support to others in a similar tough spot,” Juan said. “It’s clear that a lot of thought went into designing MoraLee.”

Each of the four MoraLee suites offers a queen-sized bed, flat screen television, Internet access, a large desk, a sitting area with comfortable chairs, and a handicapped accessible bathroom. Each room also has a kitchenette with a small sink, refrigerator, microwave, dishes, and a Keurig coffee maker. Guest parking is located just steps from the cottage.

“I stayed in the Hoffman Foundation Cottage while my husband was at Gaylord and it directly decreased my stress. Being just steps away from my husband allowed me to see him every day during his treatment and I didn’t have to worry about traveling back and forth.” Carolynne Taylor-Peters

For families who have a loved one who is a patient at Gaylord, on-site accommodations include the MoraLee Guest Cottages and the Hoffman Foundation Guest Cottage. For more information or to make reservations, call (203) 284-2817.
Gaylord Specialty Healthcare has appointed five new members to its Board of Directors, including: Bo Bradstreet, Cynthia J. (CJ) Griffith, Clement Lewin, PhD, MBA, Mary Pepe, and William J. Simione, III.

**Bo Bradstreet** is principal of Bohan & Bradstreet, a boutique national talent acquisition partner in Guilford. “The Board of Directors and the executive leadership team at Gaylord have done a fantastic job of positioning the organization for sustainable future growth,” he said. “The strategic pillars and foundation are in place; it is an exciting time to be a part of this journey and help guide them as it embarks on its next chapter.”

**Cynthia J. (CJ) Griffith** is partner with Sullivan, Griffith & Beatty, LLP in Guilford, a firm specializing in estate planning, elder law, estate and trust administration, business planning, and residential and commercial real estate. She said that she “was drawn to Gaylord because of the tremendous good that is being done to restore quality of life to people who have suffered from an accident or illness.”

**Clement Lewin, PhD, MBA** is the associate vice president of research and development strategy at global biopharmaceutical company Sanofi Pasteur in Cambridge, Mass. Lewin has extensive experience in large pharmaceutical and biotechnology environments.

“Gaylord is a nationally recognized institution with a wonderful team dedicated to ensuring the best outcomes for its patients,” he said. “My late wife, Susan, was a passionate advocate for Gaylord and I understood why after becoming a Gaylord patient myself in 2015. Gaylord helped me make a full recovery from a car accident. I hope that my 25 years of experience in the healthcare field and my perspective as a past patient will add value.”

**Mary Pepe** of Branford is director of human resources for the Town of Greenwich. “I am extremely excited to be appointed to Gaylord’s Board of Directors,” she said. “The work they do to give someone the opportunity to live a good life is nothing short of amazing.”

**William J. Simione, III** is managing principal of Simione Healthcare Consultants, a home healthcare and hospice consulting agency headquartered in Hamden. Simione is the third generation in his family to become involved with Gaylord Specialty Healthcare.

“My grandmother was a nurse at Gaylord and my father was a former board member, so I am very proud to carry on the tradition. I look forward to using my 30 years’ experience in post-acute care to help Gaylord in any way I can,” he said.
or discontinue a session at any time. Afterwards, the mentor fills out a brief questionnaire that provides some information about the visit.

The Process
A patient can be referred by staff or a family member and is screened by Dorene to assess suitability for the program, based on the patient’s current status. In the early stages of recovery, a patient may be unable to interact, and family members may benefit from extra support by meeting with a peer mentor.

Once Dorene identifies appropriate patients, she sends the list to Dorothy, who matches them to mentors. “We work together to make the best peer-patient matches,” Dorothy said. “Recently, we’ve had more mentors than ever. On a weekly basis, we average about 15 mentors, and some weeks we can have as many as 50 visits a week.”

Traurig House and Peer Mentors
Last year, the Peer Mentor Program was extended to residents of Traurig House, expanding the program across the continuum of care. Because mentors are meeting with residents who are further along in the recovery process, they must be selected for this particular role. The mentor-resident meetings, which are about 45 minutes, take place in the café in the Jackson Pavilion, which offers a relaxed social setting much like meeting a friend for coffee or lunch.

“The Peer Mentor Program is first and foremost for patients and their families. Because families also wonder if there’s life after a brain injury,” Dorene said. “But it is also very much a program for the mentors. They are very committed to it and take it seriously. It’s also been an education for us because all of the mentors have had a brain injury and some of them have ongoing issues and needs. Recovery from an acquired brain injury is an open-ended process with many ‘new normals’ along the way.”

Peer Mentor Qualifications
Currently, the program has about 16 mentors. Qualifications for becoming a peer mentor include:

• Being at least 1 year post-injury and being screened by the ABI Peer Mentor Committee;
• Having a positive and realistic outlook on life after experiencing a brain injury;
• Having excellent interpersonal skills and being well-versed in the phases of brain injury recovery and the unique demands these events have on patients and their families;
• Being able to accurately communicate information about the brain injury experience in the hospital and community;
• Being able to demonstrate an understanding of how physical and emotional stress impact a patient’s ability to listen, learn, and remember;
• Completing the volunteer application and orientation process and the Peer Mentor training.

For more information about the ABI Peer Mentor Program, contact: Dorene Scolnic, LCSW, (203) 679-3506 or dscolnic@gaylord.org
Acquired brain injury survivors, such as individuals with a traumatic brain injury, stroke, brain aneurysm, or tumor, may look fine to the casual observer or even to friends and family. But often they are dealing with injury-related behavioral, emotional, or cognitive changes that may not be immediately obvious. An acquired brain injury can result in memory loss, an inability to concentrate, mood disorders, depression, anxiety, sleep disorders, changes in personality, cognitive and speech impairment, or physical disability.

Feeling Isolated
The potential disconnect between a survivor’s appearance and his or her altered behavior or thinking can be isolating for survivors and caregivers alike. It’s common for caregivers to hear, “But he (or she) looks fine,” while feeling overwhelmed with helping their loved one manage life and struggling to cope themselves. Most caregivers — frequently spouses or family members — and survivors say that no one understands the complexities and stresses of living with a brain injury unless they are walking a similar path.

Dorene Scolnic, LCSW, a clinical social worker in the psychology department, is intimately familiar with the consequences of brain injury. While the Brain Injury Support Group and the Acquired Brain Injury Peer Mentor Program can help patients when they are at Gaylord, she knows that there will be ongoing issues in the future. “A lot of patients and families think if only they can return home, then everything will be okay. But it isn’t — there are more struggles and challenges. I give them resources when they’re discharged, but those are limited in Connecticut.”

Filling a Critical Void
To fill this void and offer another step in the continuum of care, Dorene created the Brain Injury Coping Skills (BICS) Family and Patient Support Group in the spring of 2018, after attending a conference where she was trained in a similar program. The 8-week program is available to Gaylord patients who can communicate in a group setting, are at least 3 to 6 months post-injury/event, and have a primary caregiver who is willing to attend the entire program.

“The 8-week commitment is important because we cover a lot of information and the group needs time to build rapport and trust,” Dorene said. “The group dynamic is critical. For example, in one group, we had a husband who was very protective of his wife. She was making a steady recovery but was frustrated by his intense oversight. The group encouraged her to tell him that he didn't need to call her many times a day. The conversation helped him realize that he needed to listen better.”

Remaining Agile
Dorene will shift the focus of meetings to adapt to particular needs that arise. “One semester we had someone with a substance abuse issue. I explained that drinking alcohol with the different medications puts a brain injury patient at high risk for seizures,” she said. “The family was bringing up the issue, and the survivor wanted to know what was wrong with having one drink. I explained that it’s a big deal with possible serious consequences.”

Because there is a lot of interaction, the group is limited to five dyads — about ten people. During the sessions, Dorene uses marriage, family, and group therapy in tandem with the group’s dynamics. “In each session powerful things come up,” she said. “The process also includes validating different feelings that arise. Caregivers may feel...”
Sharing Her Recovery, continued from page 1

A Bright Spot
Dorothy Orlowski, patient relations and volunteer services manager, said that Kym is a bright spot in the lives of everyone she meets. “She’s able to meet a complete stranger and build a sincere friendship within minutes,” Dorothy explained adding that Kym’s youth and fluency in Spanish make her a unique asset to the program.

“Kym relates so well to our younger patient population, many of whom don’t want to burden their parents by talking about their fears or concerns. And for our Spanish-speaking patients, it means so much to converse in their native tongue with someone who knows their trials. There’s an instant sense of trust,” said Dorothy. “I’ve lived it,” Kym said. “I have empathy for what they’re feeling. I can meet with the people and make them feel understood and hopefully inspire them.”

Creating a Future
Kym is currently working on her master’s degree in social work, a point that she makes sure to tell each patient she visits to reinforce the fact that she doesn’t let her memory issues and inability to drive stand in her way. She’s matched up with a job coach who helps her with transportation.

“There are so many reasons why I shouldn’t be able to do this. Nothing is impossible … even the word impossible says ‘I’m possible,’” she said. “Our society offers so many adaptations that there is no reason to let your limitations end your dreams. Our community is so ready to help, we just have to be willing to accept that help.”

Families and Healing
Kym makes an extra-special effort to reach out to patients’ families. She understands all too well the sacrifices that her own “angel of a mom” made to travel an hour and back to visit her at Gaylord each day. “Families are a huge part of the healing process,” she reflected, “and they’re not hearing from their loved one the appreciation they deserve to hear because they are so focused on healing. I reassure them that they may not be telling you how much it means to them, but trust me, it’s a really big deal!”

As for her future, Kym still plans to create world peace; for now, she intends to do it one person at a time. “I am not sad for what I lost, only grateful that I can give back,” she said. “Gaylord got me focused on the future, and I hope to be able to do that for others, too.”

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▶ It puts you on a team with like-minded donors.

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https://www.gaylord.org/support-gaylord
“I cried and grieved nearly every day,” she said.

Roger was eventually able to drive and he took up running again. Two years after the accident, the Danns decided to celebrate life with a trip to Barbados. The second day on the island, Roger said he didn’t feel well. Kathy took him to the doctor where, about 30 minutes after they arrived, he suffered a heart attack and died.

**Becoming a Peer Mentor**

Kathy worked for another year and then retired. Because her experience at Gaylord was so positive, she decided to volunteer. After completing the volunteer training, she was quickly recruited to become a peer mentor in the Acquired Brain Injury (ABI) Peer Mentor Program. Peer mentors receive additional training to help support patients with a brain injury or stroke and their families.

“As a peer mentor, I wanted to work with people who had a family member or friend with a brain injury at Gaylord.” Kathy explained. “I know how overwhelming it is. I wanted to listen and share some of my story.”

“Peer mentors first attend the basic volunteer training and then participate in peer mentor training, including role playing and talking about the different scenarios you might encounter,” she said. “There’s a fine balance between helping people feel hopeful and making sure you don’t offer false expectations.”

To date Kathy has met with about ten patients. “It often involves visiting a patient who needs some socialization,” she explained. “A visit usually lasts about 15 minutes and the goal is to ask questions and listen. I’ve seen as many as two or three patients a day as a mentor.” Kathy said she’s also met with some families. “They really appreciate the time and said it meant a lot knowing that I understood what they are going through.”

She recalled talking with the wife of a patient who wasn’t able to communicate in an organized manner. “She told me that her husband was driving her crazy! He couldn’t get the order of doing things straight and she was constantly correcting him,” Kathy said. “So, I calmly said, ‘You know, those things don’t really matter unless he is doing something dangerous. If you keep correcting him, you’ll drive both of you crazy!’ Of course, that’s easy to say when it isn’t your spouse.”

Kathy’s cheerful spirit and resilience in the face of dramatic life changes bring comfort to everyone she meets. Her “can do” attitude carries over to her additional volunteer position in the public relations and marketing department. Whether as a peer mentor or helping in PR, Kathy exemplifies the dedication of all of our volunteers as they support patients, their families, and the extended Gaylord community.
The BICS Group, continued
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angry and then feel guilty for feeling angry. Survivors may be over-reactive or oblivious to their own feelings or behavior.”

Bonds of Trust
Each survivor’s recovery is usually embedded within a family system, which makes the survivor-caregiver scenario unique. In the program, Dorene has seen many different situations, from a couple who, ten years after the husband’s brain injury, said they were still struggling and needed support; to a recently married young woman who smashed her fist into a wall from the stress of caring for her husband after his brain aneurysm; to a mother and daughter who were co-caregivers for a family member, but had different caregiving philosophies that resulted in conflict; to a wife who was thrust into the role of managing a company while caring for a husband who was angry about his injury and still wanted to drive and handle his guns, which she had to hide.

As these diverse situations and individuals come together in the BICS program, the group forms bonds of trust and support that often endure after the program ends. Last spring’s group shared so much about their lives and struggles that they started getting together once a month. “Sometimes friends and family just don’t understand what goes on,” said Dorene. “This group, which is made up of people from different walks of life, created its own support system. This outcome is a wonderful success for me, too!”

For more information about the BICS program, contact: Dorene Scolnic, LCSW, (203) 679-3506 or dscolnic@gaylord.org

SHE’S “WHEELY” GOOD:

Finding the Right Equipment

There are hundreds of chairs, seating options, add-on technology, and other options to consider … finding the correct, unique combination to meet each individual’s needs is a science. Jillian Cacopardo, MPT, ATP/SMS

You can say that Jillian Cacopardo, MPT, ATP/SMS, is really on a roll. The clinical program coordinator of the Gaylord Wheelchair Assessment Clinic will stop at nothing to make sure that the hundreds of wheelchair users who each year seek her expertise are properly evaluated, prescribed, and fitted with the equipment that’s right for them.

“Wheelchairs are not one-size-fits-all,” she explained. “There are hundreds of chairs, seating options, add-on technology, and other options to consider … finding the correct, unique combination to meet each individual’s needs is a science.”

And she’s committed to keeping on top of that science. Jillian recently earned her Seating and Mobility Specialist certification, a distinction that recognizes competence in seating and mobility and positioning assessment, funding, intervention, and outcome assessment. She is one of only five certified specialists in Connecticut.

This March, Jillian shared her vast knowledge of her trade in an original article, “Wheelchair Assessment: Bringing Technologies and Users Together” in the national trade magazine, Rehab Management. Read her article online at: www.bit.ly/gaylordwheelchair.

For more information on Gaylord’s Wheelchair Assessment Clinic, contact (203) 284-2888.