



BRAIN waves

Information, Support, and Stories That Matter

2026 | Issue 2

BRAIN GAMES = BRAIN GAINS: NEUROSIZE AND THE POWER OF PLAY

**BY: GABRIEL
ALFRED &
BRANDI
DAWSON, MS**

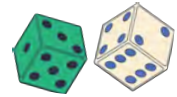


How Play and Imagination Help Rebuild the Brain After Injury

What if healing your brain looked less like a worksheet... and more like a game night? For many people living with brain injury, traditional cognitive rehabilitation can feel exhausting, repetitive, or discouraging. The reality is that rebuilding attention, memory, processing speed, and focus takes repetition. A lot of repetition. But the brain does not always respond well to drills that feel frustrating or sterile.

That is where brain games come in. Research continues to show that structured cognitive engagement through games and play can support neuroplasticity, the brain's incredible ability to reorganize, reroute, and strengthen neural connections after injury. Or, in simpler terms: The brain can build new roads when old ones become damaged.

Why Games Work



After a brain injury, many people notice challenges with attention, processing speed, memory, organization, problem-solving, and mental fatigue.

Brain games activate these systems in a way that feels engaging instead of clinical. Fast-paced games can improve selective attention and reaction time. Strategy and puzzle games strengthen executive functioning and flexible thinking. Memory games help reinforce working memory and recall. Even social games can improve communication, emotional regulation, and connection.

And perhaps most importantly... games encourage people to keep trying.



Traditional rehabilitation sometimes feels like failure repeated over and over. Games create something different: safe failure, immediate feedback, motivation to continue, and small wins that build confidence.

Essentially, games trick the brain into doing the reps.

The Science Behind the Fun



This is not just entertainment. There is real

neuroscience happening behind the scenes at Neurosize.



Games can stimulate areas of the brain responsible for memory, decision-making, planning, attention, coordination, and reaction speed.

Interactive play also increases dopamine, a brain chemical tied to reward, motivation, and learning.

That matters because many individuals with brain injury struggle not only with cognition, but also with initiation, energy, and motivation. When the brain feels rewarded, it is more likely to stay engaged in the healing process.

Introducing Neurosize



Neurosize is not passive “brain training.” It is not sterile rehabilitation software.

It is structured imagination engineered for cognitive activation.

Using guided cognitive games and interactive exercises, Neurosize challenges focus, flexibility, processing speed, creativity, and engagement in ways that feel playful and approachable. Sessions are designed to activate the brain while reducing the pressure and intimidation people often associate with rehabilitation.

The experience combines guided live activities, cognitive engagement games, imagination-based exercises, social interaction, movement, and mental flexibility.

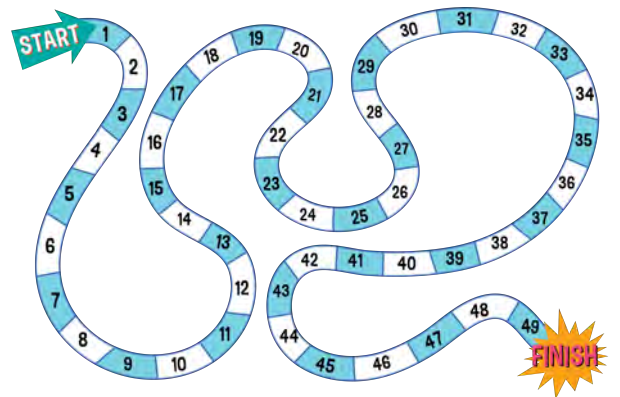


Neurosize offers reusable large-format cognitive cards that allow individuals, caregivers, and organizations to continue structured engagement activities offline, along with scalable digital licensing options for organizations and companies seeking broader implementation across teams, programs, and communities.

For many survivors, that combination of movement, laughter, challenge, and connection can become one of the most meaningful parts of recovery.



If you are a brain injury survivor, and interested in seeing just what Neurosize does, join Neurosize and the UAMS Brain Injury Program for a monthly hour of Exercise with Neurosize. Every first Wednesday of the month from noon to 1 p.m., Neurosize conducts a game session, virtually, and at no cost. The hour is hosted by the Brain Injury Program, who also present a short presentation on the science of the brain. If you are interested in joining or would like more information, please email bdawson@uams.edu.



Play Is Not “Extra”

One of the biggest myths about healing after brain injury is that recovery only counts if it looks serious.

But neuroscience tells a different story. The brain changes through repetition, challenge, emotion, novelty, and engagement. Play naturally combines all those things.

So whether it is a strategy game, a guided Neurosize activity, a movement challenge, a puzzle, or even laughing through a cognitive exercise with friends, those moments are not distractions from healing. They are healing. Because sometimes the road back is not built with pressure. Sometimes it is built one game at a time.

MEET THE BIP TEAM



Coral Robison, PT, DPT
Director of Operations



Eddie Williams, RN, BSN, CBIS
Assistant Director



Amber Watson, MBA, CBIS
Program Manager



Gayla Caldwell, BS
Project Manager



Dianne Campbell, LCSW, CBIS
Social Worker



Brandi Dawson, MS
Health Educator



Constance Tullis, LMSW
Social Worker
Peer Support Lead



Sheila Beck, MSPT, CBIST
Clinical Operations
Coordinator



Jonelle Tindall, BS
Administrative
Coordinator

ARKANSAS BRAIN INJURY COUNCIL

The mission of the ABIC is to engage, integrate, inspire and advocate for brain injury stakeholders to help achieve the Statewide vision for brain injury policies and services throughout Arkansas. The ABIC consists of positions for people living with brain injury as well as positions for professionals that serve the community.

[LEARN MORE](#)



FROM SURVIVAL TO SERVICE: A STORY OF RESILIENCE, PURPOSE, AND HOPE

BY: TANYA PHILLIPS, M.Ed., M.H.Sc.

Survival is not just about making it through the moment that changes everything—it is about what comes after. It is about rebuilding, redefining, and, ultimately, rediscovering purpose in a life that no longer looks the way it once did.

For me, that moment came immediately following my service in Iraq.

The injuries I sustained there did not end when I left the battlefield. They followed me home, reshaping my body, my mind, and my future. In addition to having four bulging discs, a torn disc, a dislocated disc, sciatica in both legs, and Achilles tendon issues, I also sustained a brain injury—an invisible wound that would alter how I process the world around me. Alongside it came a profound visual impairment: I am now partially blind, with vision loss affecting a quarter of my sight in both eyes. None of these injuries are injuries you simply “recover” from. They are ones you learn to live with, adapt to, and carry forward every single day. In addition to my physical injuries, my husband had wiped out the bank account and asked for a divorce, and my civilian teaching job informed me they cut my job. So in addition to a divorce I now had no income, and when I left my twins were only a year and a half old, and so when I returned home, broken, they didn't know who I was.

Needless to say, the transition from citizen soldier to survivor was not easy. Like many who experience trauma, I faced moments

of darkness—times when the weight of everything felt overwhelming. I even thought about ending my life just to relieve the pain, physical and emotional. But somewhere in that struggle, I found something unexpected: a calling. A purpose. My reason to keep going.

After the death of 15 veterans in the state of Arkansas to suicide, I received a call asking me to become the state's first suicide prevention program manager. No, the irony was not lost on me. Stepping into that role required both professional strength and personal vulnerability. I was no longer just navigating my own survival



—I was helping others fight for theirs. That work was not abstract or distant; it was deeply personal. Every conversation, every intervention, every life touched was a reminder that survival is hard and it is not meant to be done alone.

Over time, that calling grew into something more. I founded a 501(c)(3) nonprofit organization, Reinventing Ourselves, dedicated to promoting health, happiness, and hope—three things that can feel out of reach for those navigating trauma, injury, or mental health challenges. This organization is not just about resources or programming; it is about connection. It is about reminding people that even in their hardest moments, they are not forgotten, they are not alone, and they can make it through this.

A central part of my journey—and one of the most meaningful connections in my life—has been my work with the UAMS Brain Injury Program. This program is more than a professional partnership; it is a community that understands the



complexities of brain injury in a way few others can. It is a place where lived experience is not only acknowledged but valued.

Brandi Dawson asked if I would be willing to start an eBook club for participants in the program. What began as a simple idea—a shared space to read and discuss—has grown into something far more powerful. It has become a support network. A place where stories are exchanged, challenges are understood without explanation, and victories—no matter how small—are celebrated.

This group has been just as impactful for me as it has been for others. As a survivor, having a space where I am not just leading, but also belonging, has been transformative. It is a reminder that healing is not linear, and it is not solitary. It happens in connection—with people who see you, understand you, and walk alongside you. *(Continued on next page)*

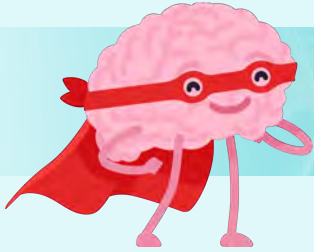


Today, my life is not defined solely by what happened in Iraq. It is defined by what came after: the decision to keep going, to turn pain into purpose, and to build something meaningful out of adversity.

My story is not one of perfection or easy triumph. It is one of persistence. Of learning to navigate a world that looks and feels different—literally and figuratively. Of finding strength not in the absence of struggle, but in the willingness to face it and fight it.

And most importantly, it is a story of hope.

Because survival is not the end of the story—it is the beginning of a new one.



Want to share your story?

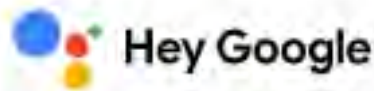
EMAIL US AT BRAININJURY@UAMS.EDU

HELPFUL APPS



Make the most of your time. Schedule due dates, visualize your week in calendar view, and set recurring tasks with ease.

Free version available. Upgrade is available with a monthly subscription.



A free virtual assistant app available on smartphones, smart speakers, and other devices. It enables users to perform tasks, control smart-home functions, and access information using voice commands or text input.



Lumosity has short, game-like exercises that adapt to a user's level. They are categorized by cognitive domain such as speed, memory, or attention and tracks performance. Free version available. Upgrade is available with a monthly subscription.



Team Member Spotlight

Meet Our New Brain Injury Program Director, Coral Robison, PT, DPT

We are excited to introduce and officially welcome Coral Robison, PT, DPT as the new director of the UAMS IDHI Brain Injury Program. We are truly thrilled to have her join our team and the Arkansas brain injury community.

Coral joins us with a strong clinical background as a physical therapist, with years of experience working in both acute rehabilitation and outpatient settings. Throughout her career, she has seen firsthand how important it is for survivors and families to have access to education, services, and ongoing support. That passion for helping people and growing programs that make a real difference is what drives her work.

Coral is known for being approachable, open to new ideas, and deeply committed to the people she serves. She believes strongly in creating a “yes culture” — focusing on solutions, removing barriers, and working together to make meaningful change. She also values transparency and building trust, both with her team and with the communities she serves.

One professional accomplishment Coral is especially proud of is being named Regional Program Director of the Year. She credits that recognition to the teams she worked with and the shared commitment to quality patient care and program growth. That team-first mindset is something we are excited to see continue here in the Brain Injury Program.

As Coral steps into this role, she is most excited about helping the program to reach and support even more survivors, caregivers, and professionals. She wants the TBI community to know that she is here to listen, learn, and work alongside you. She is committed to helping expand awareness of available services and making sure people feel supported when navigating brain injury resources.

We are incredibly happy to have Coral here and look forward to all the great work ahead.





Team Member Spotlight

10 Fast Facts:

Get to Know Coral Robison, PT, DPT

Early bird or night owl?

Night owl all the way.

Favorite way to spend a day off?

Cheering on my kids at their sports.

Go-to comfort food?

Does wine count??? If not, cheese dip.

Favorite music or artist right now?

Country music, especially Chris Stapleton

Favorite season?

Summer — lake, beach, pool, river... anytime outside in the water.

One hobby you love (or want to try)?

Right now, life is travel sports mom life. One day I will have time for hobbies again.

Dogs, cats, or both?

Dogs. I have two and they are my babies.

Favorite movie or TV show to rewatch?

Any Christmas movie.

Favorite holiday?

Christmas, because of all the traditions.

One word friends would use to describe you?

Trustworthy.



HEAT HAPPENS! SUMMER SURVIVAL TIPS FOR BEATING THE ARKANSAS HEAT

BY: BRANDI DAWSON, MS

Arkansas summers can be very hot. The months of June, July, and August can bring temperatures in the 90's and higher. Heat can be especially hard on people living with a brain injury. Some people may not notice when they are getting too hot or dehydrated.



Here are a few simple tips to help you stay safe and survive the Arkansas heat:

Drink Water Often

Don't wait until you feel thirsty. Drink water throughout the day, especially if you are outside or active. Most adults should drink 64-100 ounces of water each day. On hot days, you need to drink even more. The more you sweat, the more water you need to drink. A good sign you are well hydrated is pale yellow urine.

Replace Electrolytes

When you sweat, your body loses more than water. It also loses important minerals called electrolytes. Sports drinks, electrolyte packets, or electrolyte tablets can help replace what your body loses during hot weather. On extra hot days consider adding electrolytes to your water. Talk with your healthcare provider if you have questions about what is right for you.



Stay in the Shade

If possible, stay indoors in air-conditioned or cooler buildings. If you must be outside or in the heat be sure to:

- Stay in the shade when you can.
- Wear a hat to protect your face and neck.
- Use sunscreen (SPF 30 or higher).
- Wear sunglasses if bright sunlight bothers your eyes.
- Take breaks in air conditioning when possible.

Wear Light Clothing

Choose lightweight, loose-fitting, and light-colored clothes to help your body stay cool. For hot weather, the best colors are white, light blue, green, pink, or yellow, and khaki, tan or beige. Avoid darker colors, such as black, dark blue or purple, or red, because these colors absorb more heat. Fabric matters too. Try to wear breathable, lightweight, loose-fitting clothes made from cotton, linen, and moisture-wicking athletic fabrics.

Cool Your Body Quickly

Cooling the back of your neck can help lower your body temperature. Consider using:

- Cooling neck wraps
- Reusable ice packs made for the neck and shoulders
- Cool, wet washcloths

Portable handheld or wearable fans can also help keep you comfortable when you are outside or away from air conditioning.

Take Breaks

If you are working, exercising, gardening, or spending time outside, take frequent breaks in a cool place. While there is no exact answer for how often one should take breaks, you should at the very least take a break in the shade or air conditioning every 30 minutes.

Depending on the temperature, humidity, sun exposure, age, health, and activity level, you may need to take even more frequent breaks.

Listen to your body. Don't wait until you start feeling sick, dizzy, or exhausted to take a break. Rest early. Hydrate often.

Watch for Signs of Overheating or Getting Sick from the Heat

Pay attention to symptoms such as:

- Dizziness
- Headache
- Nausea
- Confusion/Difficulty concentrating
- Extreme tiredness/Fatigue
- Muscle cramps
- Increased irritability
- Balance issues

If you experience these symptoms, immediately move to a cool place, drink water, and seek medical help if symptoms do not improve within a few minutes.

Plan Outdoor Activities Carefully

Try to be outside during the cooler parts of the day, such as early morning or evening. Avoid the hottest hours between 10:00 a.m. and 4:00 p.m. when possible.

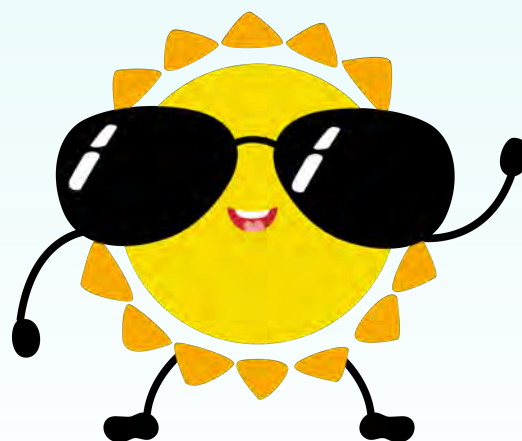
Check on Others

Heat can affect anyone. Check on family, friends, neighbors, and fellow survivors during periods of extreme heat. Elderly individuals are at a higher risk for heat-related illnesses or incidents. Don't forget about your furry loved ones either. Be sure pets have a shady place to rest, plenty of water, and can have a cool place to rest indoors on extremely hot days.

Final Thoughts

Staying hydrated and cool can help improve energy, thinking, mood, and overall health. A little planning can go a long way toward having a safe and enjoyable summer.

Stay cool, stay hydrated, and take care of yourself!





SUPPORT GROUPS

Brain injury support groups provide a safe space for survivors to connect, share experiences, and learn strategies from others who truly understand. They reduce isolation, build hope, and offer encouragement throughout the recovery journey.

Online Survivor Group

Meets every Tuesday
1:00 to 2:00 p.m.

Online Caregiver Group

Meets 1st Monday of each month
2:30 to 3:30 p.m.

BHRI Support Group

In-Person at BHRI
2nd Wednesday of the Month
11:30am to 1:00 p.m.

Looking for more support group options?

Find support group details, sign-up information, and a list of current groups on our website: idhi.uams.edu/brain-injury-program

FEATURED RESOURCE

Arkansas Library for the Blind & Print Disabled

Did you know that individuals with visual impairments, and other conditions that make reading difficult may qualify for free services through the National Library Service for the Blind and Print Disabled (NLS)?

NLS offers access to over 350,000 audio and braille books, magazines, braille learning resources, talking book equipment, and much more. They also provide a free currency reader through a partnership with the Bureau of Engraving and Printing.



(501) 682-2858



www.loc.gov/nls/

SEEN, HEARD, AND SUPPORTED: BUILDING A COORDINATED RESPONSE TO DV/IPV-RELATED BRAIN INJURY IN ARKANSAS

BY: BRANDI DAWSON, MS

Traumatic brain injury (TBI) is often associated with sports injuries, falls, or motor vehicle crashes. Far less visible, and far less discussed, is the profound intersection between traumatic brain injury and domestic or intimate partner violence (DV/IPV). This gap in awareness, education, and coordinated response is exactly why the DV/IPV-TBI Arkansas Brain Injury Council (ABIC) Subcommittee was created.

Nationally, domestic and intimate partner violence remains alarmingly common. One in four women and one in seven men in the United States will experience severe physical violence from an intimate partner during their lifetime. Among survivors of DV/IPV, studies estimate that between 19% and 75% sustain one or more traumatic brain injuries, with some studies reporting rates as high as 100% when head injury is already identified. Even more concerning, approximately 75% of DV/IPV-related TBIs go undiagnosed or unreported, meaning many survivors never receive appropriate evaluation, education, or care.

These injuries are often complex, cumulative, and life-altering. Survivors may experience long-term cognitive, emotional, and behavioral effects including memory difficulties, challenges with concentration, mood changes, anxiety, depression, sleep disturbances, and post-traumatic stress. Research has shown these effects can



continue for years, and sometimes decades, after the abuse has ended, impacting health, safety, independence, relationships, and overall quality of life.

One of the most overlooked contributors to brain injury within DV/IPV is strangulation. Strangulation does not require loss of consciousness to cause a brain injury. Even brief interruptions of oxygen to the brain can result in a traumatic or acquired brain injury with serious and potentially fatal consequences. Importantly, any instance of strangulation should be treated as a medical emergency. Survivors who have experienced strangulation should always be evaluated by a medical provider, even when symptoms are not immediately visible. Failure to recognize strangulation as a mechanism for brain injury places survivors at risk for delayed neurological complications, permanent injury, or death.

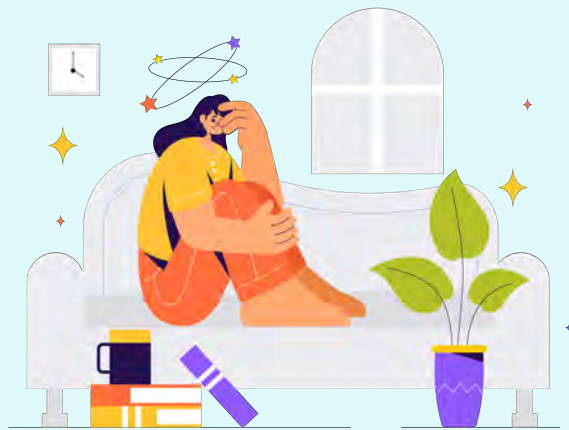
Here in Arkansas, traumatic brain injury is already a significant public health concern.

An estimated 33,126 Arkansans are living with long-term disability related to TBI, with at least one moderate-to-severe TBI occurring every day and a TBI-related death occurring every three to four days. Yet Arkansas is still in the early stages of recognizing and addressing the unique impact of DV/IPV-related brain injuries, particularly mild TBIs and concussions, which are often overlooked and underrecognized.

As a result, survivors of domestic and intimate partner violence, who are among those at highest risk for repeated and cumulative brain injuries, often remain invisible within systems of care and broader conversations surrounding brain injury identification, education, and support.

The DV/IPV-TBI ABIC Subcommittee was formed in response to this unmet need. Historically, survivors of domestic and intimate partner violence have not been intentionally included in brain injury education, screening efforts, or resource development despite facing some of the highest rates of injury and some of the greatest barriers to care. This sub-committee exists to help change that reality by bringing together professionals across brain injury, healthcare, advocacy, legal services, victim services, and survivor support to elevate awareness, strengthen education, improve collaboration, and increase connections to resources and systems of care.

While I may have helped bring this sub-committee to fruition, it is now in the capable hands of Tanya Phillips, M.Ed., M.H.Sc., chair, and Teresa Belew, co-chair. Under their leadership, the committee is supported by passionate, knowledgeable, and deeply committed individuals united by



a shared goal: creating meaningful change through education, resource development, systems improvement, collaboration, and policy advancement. Their dedication reflects both the seriousness of this issue and the level of care required to address it responsibly.

At its core, this work is about recognition and dignity. Survivors deserve to have their symptoms understood in the context of possible brain injury. Advocates and providers deserve the tools to recognize red flags, ask informed questions, and make appropriate referrals. Communities deserve systems that acknowledge the full scope of harm caused by DV/IPV and respond with compassion, knowledge, and coordinated care.

Starting this sub-committee was never simply about statistics. It was about listening to survivors, recognizing patterns that have long been overlooked, and committing to addressing a gap that carries lifelong consequences. By naming the intersection of DV/IPV and TBI, we take an important step toward safer responses, better outcomes, and a more informed and supportive Arkansas for those who need it most.

Why This Work Matters

What We Know

- 1 in 4 women and 1 in 7 men in the United States will experience severe physical

violence from an intimate partner during their lifetime.

- Among DV/IPV survivors, studies estimate that 19% to 75% sustain one or more traumatic brain injuries.
- Approximately 75% of DV/IPV-related TBIs are undiagnosed or unreported.
- Survivors of DV/IPV-related TBI experience higher rates of anxiety, depression, PTSD, sleep disorders, and long-term cognitive challenges.
- DV/IPV-related TBIs are associated with increased ICU admissions, longer hospital stays, and poorer long-term outcomes.

Strangulation Matters

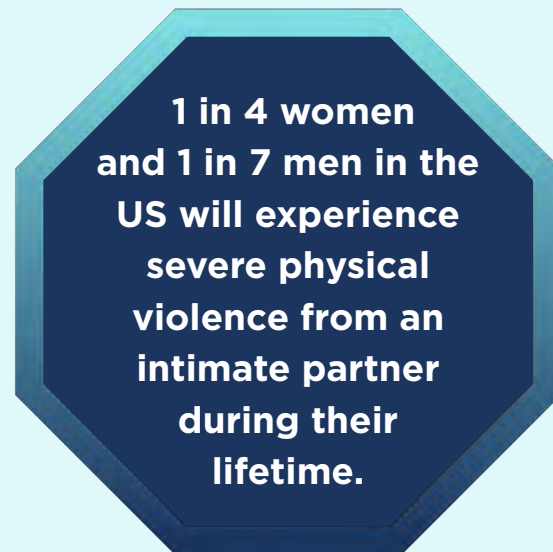
- Strangulation is a major but often overlooked cause of brain injury.
- Loss of consciousness is not required for a brain injury to occur.
- Even brief oxygen deprivation can result in serious neurological injury.
- Any strangulation event should be treated as a medical emergency and evaluated by a medical provider immediately.

Arkansas Context

- An estimated 33,126 Arkansans live with long-term disability related to TBI.
- At least one moderate-to-severe TBI occurs every day in Arkansas.
- A TBI-related death occurs every three to four days in the state.
- Arkansas is continuing to build awareness, education, and collaborative responses surrounding DV/IPV-related brain injury.

Call to Action

Addressing the intersection of domestic violence, intimate partner violence, and traumatic brain injury requires collaboration across multiple systems and professions. We encourage healthcare providers, advocates,



first responders, legal professionals, policymakers, educators, and community partners to learn more, share knowledge, and engage in this work.

By increasing awareness, improving education, strengthening cross-system partnerships, and recognizing the role brain injury may play in survivor experiences, we can reduce missed diagnoses, improve outcomes, and build safer, more informed responses across Arkansas.

If you are interested in learning more about the DV/IPV-TBI ABIC Subcommittee, accessing educational resources, or exploring opportunities to collaborate, we encourage you to connect with the Arkansas Brain Injury Program. Together, we can help ensure this historically overlooked population is finally seen, heard, and supported.





EVENTS

EXERCISE WITH NEUROSIZE

The BIP has partnered with Neurosize to bring you monthly sessions of virtual brain games. Come have some fun with us!

**1st Wed. of Each Month
12:00 - 1:00 PM CT**



[tinyurl.com/
NEUROSIZE](https://tinyurl.com/NEUROSIZE)

CONNECTION HOUR

A weekly virtual hangout exclusively for survivors. A space to socialize, build friendships, laugh, share stories, or talk about what's on your mind.

**Every Friday
12:00 - 1:00 PM CT**



[tinyurl.com/
CONNECTIONHOUR](https://tinyurl.com/CONNECTIONHOUR)

BOOK CLUB!



TURNING PAGES TOGETHER EBOOK CLUB

This is a virtual eBook club for brain injury survivors. This eBook club is adapted with audio/visual chapters and the books are specific to TBI. This club is co-hosted with the UAMS Brain Injury Program.

Held Online Every Thursday 10:30 - 11:30 AM CT

ReinventingOurselves.org/ebook-club

PROFESSIONAL EDUCATION OPPORTUNITY



NASHIA.org

SOS: STATE OF THE STATES IN BRAIN INJURY CONFERENCE

August 31 - September 3, 2026

Little Rock, Arkansas

Join us in welcoming NASHIA's 37th annual State of the States in Brain Injury conference. SOS continues to bring state leaders together, alongside brain injury support/education organizations, partners, researchers, and providers.

THE BRAIN INJURY ASSOCIATION OF ARKANSAS: GIVING VOICE, HOPE, AND SUPPORT ACROSS OUR STATE

**BY: LAURA DINA, BA,
AND EDITED FOR PUBLICATION
BY BRANDI DAWSON, MS**

A Voice for the Invisible Injury

A brain injury can change a life in an instant, but no survivor or caregiver should have to face that journey alone.

The Brain Injury Association of Arkansas (BIAAR) continues to serve as a voice for survivors across the state by providing hope, education, advocacy, and connection for individuals and families navigating life after brain injury.

As the organization looks toward the future, its mission remains clear: to help build a stronger Arkansas where survivors are empowered, caregivers are supported, and brain injury awareness leads to meaningful change.

Who We Are

The Brain Injury Association of Arkansas is a nonprofit organization dedicated to supporting individuals affected by acquired brain injury, including traumatic brain injuries caused by accidents, falls, violence, sports injuries, strokes, and other life-changing events. BIAAR recognizes that brain injury does not discriminate. It can happen to anyone, at any age, at any time.

At the heart of the organization is a simple but powerful mission: to ensure that every brain injury survivor and caregiver in Arkansas has access to support, resources, advocacy, and hope. BIAAR strives to create



a stronger and more inclusive Arkansas where survivors are seen, heard, valued, and empowered to thrive beyond their injury.

The organization is driven by survivors, caregivers, advocates, healthcare professionals, and community partners who understand the challenges that come with brain injury and are passionate about helping others navigate the journey.

What We Do

Survivor Support Groups

One of the cornerstones of BIAAR's work is the development and support of brain injury

survivor groups across Arkansas. These groups provide safe, welcoming environments where survivors and caregivers can connect with others who truly understand their experiences.

Support groups help reduce isolation, encourage healing, build confidence, and provide practical strategies for navigating everyday life after brain injury. BIAAR currently supports survivor groups in communities including Little Rock, Conway, Hot Springs, and Mountain Home. The organization is committed to helping connect survivors and caregivers with support and encourages individuals interested in starting or locating a support group in their area to reach out.

Advocacy and Public Awareness

BIAAR actively advocates for policies, education, and legislation that improve access to care, rehabilitation, and long-term support services for brain injury survivors across Arkansas. The organization works to ensure the voices and needs of survivors and caregivers are represented and recognized at both the community and state levels.

Our History

The Brain Injury Association of Arkansas was established in 1984 to support individuals living with acquired brain injuries and the families who care for them. Since its founding, the organization has grown from a grassroots effort into a recognized statewide voice for brain injury awareness, education, advocacy, and support.

Looking Toward the Future

The future of the Brain Injury Association of Arkansas is rooted in hope, innovation, and impact.



BIAAR envisions an Arkansas where every survivor has access to the resources, rehabilitation, advocacy, and community support needed to live a meaningful and fulfilling life. The organization hopes to continue expanding its reach into underserved communities, increasing education and awareness efforts statewide, and strengthening systems of support for survivors and caregivers across Arkansas.

How You Can Get Involved

Become a Board Member

Serving as a board member is an opportunity to make a meaningful impact within the brain injury community. Board members help guide the mission of the organization by supporting advocacy efforts, increasing community awareness, strengthening partnerships, and helping shape the future of brain injury support across Arkansas.

Attend Events and Support Groups

Participating in support groups, conferences, educational opportunities, and awareness events helps strengthen the brain injury community while providing encouragement, connection, and support to survivors and caregivers.

STATE OF ARKANSAS
EXECUTIVE DEPARTMENT
PROCLAMATION

TO ALL TO WHOM THESE PRESENTS COME - GREETINGS:

WHEREAS: Traumatic brain injuries affect thousands of individuals each year, often resulting in long-term physical, cognitive, emotional, and behavioral challenges that impact not only survivors but also their families and caregivers;

WHEREAS: Public awareness and education are critical to the prevention of brain injuries, including those caused by falls, motor vehicle accidents, sports activities, and other preventable incidents;

WHEREAS: Early recognition, timely treatment, and access to specialized rehabilitation services significantly improve recovery outcomes and overall quality of life for individuals living with brain injuries;

WHEREAS: Healthcare professionals, researchers, educators, and advocacy organizations play an essential role in advancing prevention strategies, treatment innovations, and support systems for those affected by brain injury; and

WHEREAS: Observing Brain Injury Awareness Month provides an opportunity for all Arkansans to promote safety, support survivors and their families, and reaffirm a statewide commitment to brain injury prevention and recovery.

NOW, THEREFORE, I, SARAH HUCKABEE SANDERS, Governor of the State of Arkansas, by virtue of the authority vested in me by the laws of the State of Arkansas, do hereby proclaim March 2026, as

"BRAIN INJURY AWARENESS MONTH"

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Arkansas to be affixed this 27th day of February, in the year of our Lord 2026.



Sarah Huckabee Sanders
Sarah Huckabee Sanders, Governor

Attest:

Cole Jester

Cole Jester, Secretary of State

Signed Proclamation declaring March 2026 as Brain Injury Awareness Month. Efforts led by Laura Dina, BIAAR President



**BRAIN INJURY
ASSOCIATION**
OF ARKANSAS

501-747-9596

info@biaarkansas.org

www.biaarkansas.org



WANT TO GET INVOLVED?

The BIAAR currently is seeking board members. Contact the BIAAR for more information.

Open Board Positions

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BRAIN INJURY SURVIVORS' DAY HIGHLIGHTS COMMUNITY RESILIENCE, CAMARADERIE

BY: CHRIS CARMODY

In the 38 years since an automobile accident changed his life, Jan Williams has seen how much the field of brain injury rehabilitation has progressed.

“Right after my injury, I went through the same kinds of speech and language, occupational, and physical rehab that so many people know so well,” he said. “But that was a long time ago, and our medical understanding of the brain has grown tremendously since then.”

His decades long search for support eventually led him to the University of Arkansas for Medical Sciences (UAMS), where he found a flourishing community in the UAMS Brain Injury Program, part of the Institute for Digital Health & Innovation. Williams recently reunited with many of those community members at the 2026 Arkansas Brain Injury Survivors' Day, an annual event that recognizes the resilience of survivors and their caregivers.

The free educational event, held March 27 at the Second Baptist Church Downtown in Little Rock, is organized by the UAMS Brain Injury Program with support from Chris Crain Hyundai.

Brandi Dawson, a health educator with the Brain Injury Program, said 100 people attended this year's event, which gives survivors an opportunity to learn, play games, and enjoy the company of their peers.



Jan Williams (right) chats with another attendee during the 2026 Arkansas Brain Injury Survivors' Day.

Image by Chris Carmody

“This is really the one time of the year when we have a chance to celebrate and educate these survivors while they're all in the same room,” she said. “They come in here and know they are going to find the support they need.”

The event featured a panel discussion involving several people who serve as mentors to their fellow survivors. Williams took part in the panel, giving the audience an overview of the nearly four-decade journey that brought him to the Brain Injury Program.

Williams, a Little Rock native, was 17 years old when the vehicle he was driving was struck by a bus in 1988. After a yearlong deferment, he was able to enroll at Kalamazoo College in Michigan, where he earned a degree in economics. But he describes that period as a “false rehabilitation.”

“It was not a real rehabilitation in the organized clinical sense; it was something pieced together by me, my family and my school,” he said.

In the ensuing decades, Williams participated in rehabilitation programs in Massachusetts and Ohio, and he noted that the quality of those programs improved over time.

However, one of his biggest steps came after he decided to return to Little Rock in 2022.

“One of the best things I have ever done for myself was contacting UAMS to ask whether it had a brain injury rehab program,” he said.

Williams said the Brain Injury Program has taught him many techniques that have helped him in his everyday life. His efforts as a mentor have also played a critical role in his rehabilitation.

“When you mentor another injured person, you’re also shown something about yourself,” he said. “You know what you have lived through, and you notice what has changed. You recognize your own progress in a way that is very hard to do when you’re alone.”

The event included segments that focused on the physical and emotional workings of the brain.

Rani Gardner, M.D., associate professor in the UAMS College of Medicine’s Division of Physical Medicine and Rehabilitation, delivered a keynote address that gave attendees a better understanding of traumatic brain injuries. She talked about the neural pathways that connect different parts of the brain, as well as how the brain forms new paths in the wake of an injury.

Charlie Simpson, a therapist at the Arkansas

Relationship Counseling Center, led a discussion about how to build family connections after a brain injury. The session gave survivors an opportunity to speak candidly about their struggles — and celebrate their triumphs.

Each speaker was met with a round of applause that reflected the survivors’ desire to uplift one another.

“They’re honestly just one big family,” Dawson said. “This is the most supportive, most kind group of people I have ever met.”

Leyah Bergman Lanier is one of the community’s newest members, but she said she has already felt that support.

Bergman Lanier, former executive director of the Spring International Language Center at the University of Arkansas at Fayetteville, was injured in 2009 when a driver ran a red light and struck her vehicle. Despite a doctor’s prediction that she would never work again, she continued to serve in her executive role until the center’s closure in 2025.

But Bergman Lanier said she struggled to cope with the effects of her brain injury.

“I didn’t find any real help,” she said. “I’ve had good therapists, but they didn’t specialize in brain injuries.”

A few months ago, she decided to enroll in the RISE to Thrive initiative, a program developed and led by neuropsychologist Chrystal Fullen. It was during the 12-week virtual workshop, which provides brain injury survivors with practical tools for daily life, that Bergman Lanier first heard about Arkansas Brain Injury Survivors’ Day.

Bergman Lanier and her husband traveled from Fayetteville so she could attend the event. As she made her way through the venue, she was warmly embraced by peers who were seeing her in person for the first time.

“I didn’t find a community like this until I joined the Thrive workshop,” she said.



Leyah Bergman Lanier takes part in an activity during Arkansas Brain Injury Survivors’ Day
Image by Chris Carmody

RISE TO THRIVE

Would you like to learn more about your brain injury and how to cope with it? Now you can! Join RISE to Thrive. Work with a neuropsychologist and content experts to gain new knowledge and skills after a traumatic brain injury.

The workshop is hosted by Baptist Health and supported by the UAMS Brain Injury Program. The workshop is free and spots are limited. The workshop will be held a few times each year with both in-person and virtual options.

Topics include: Attention, Memory, Adjusting to Injury, Community Support, Depression, Anxiety, Communication and more!

Learn more and complete the interest form at idhi.uams.edu/brain-injury-program/resource-directory/rise



Survivor Shout-Outs!

BIG OR SMALL, WE CELEBRATE THEM ALL!

Starting in our next issue, we’ll feature accomplishments and milestones from across the brain injury community.

If you have an achievement you’d like to share, let us know! Big or small, we’re excited to celebrate your successes.



Want to share your accomplishments?

EMAIL US AT BRAININJURY@UAMS.EDU

GREAT THINGS, BROUGHT TOGETHER: THE POWER OF THE STATE OF STATES CONFERENCE

BY: MARIA CROWLEY,
DIRECTOR OF PROFESSIONAL DEVELOPMENT, NASHIA

***Great things are done by a series of small things brought together.”
Vincent van Gogh***



Forty years ago, more individuals began to survive traumatic brain injury thanks to advances in trauma response and increased utilization of preventative measures like seat belts and helmets. Post-injury these people hoped to be successful in their communities, returning home, to work, and to independent living. At the time, a handful of states were designing programs to support these specific needs and state program leaders wanted to find out about other efforts to create something bigger — a national model. Who had initiated programs and services worth replicating? What kinds of emerging research were being conducted in this new field? Where could funding be found?

Drawn together by a common need to discuss the future of creating systems of care for people with brain injury, the National Association of State Head Injury Administrators (NASHIA) hosted their first State of the States (SOS) in Brain Injury Conference in 1990, in New Orleans, Louisiana.

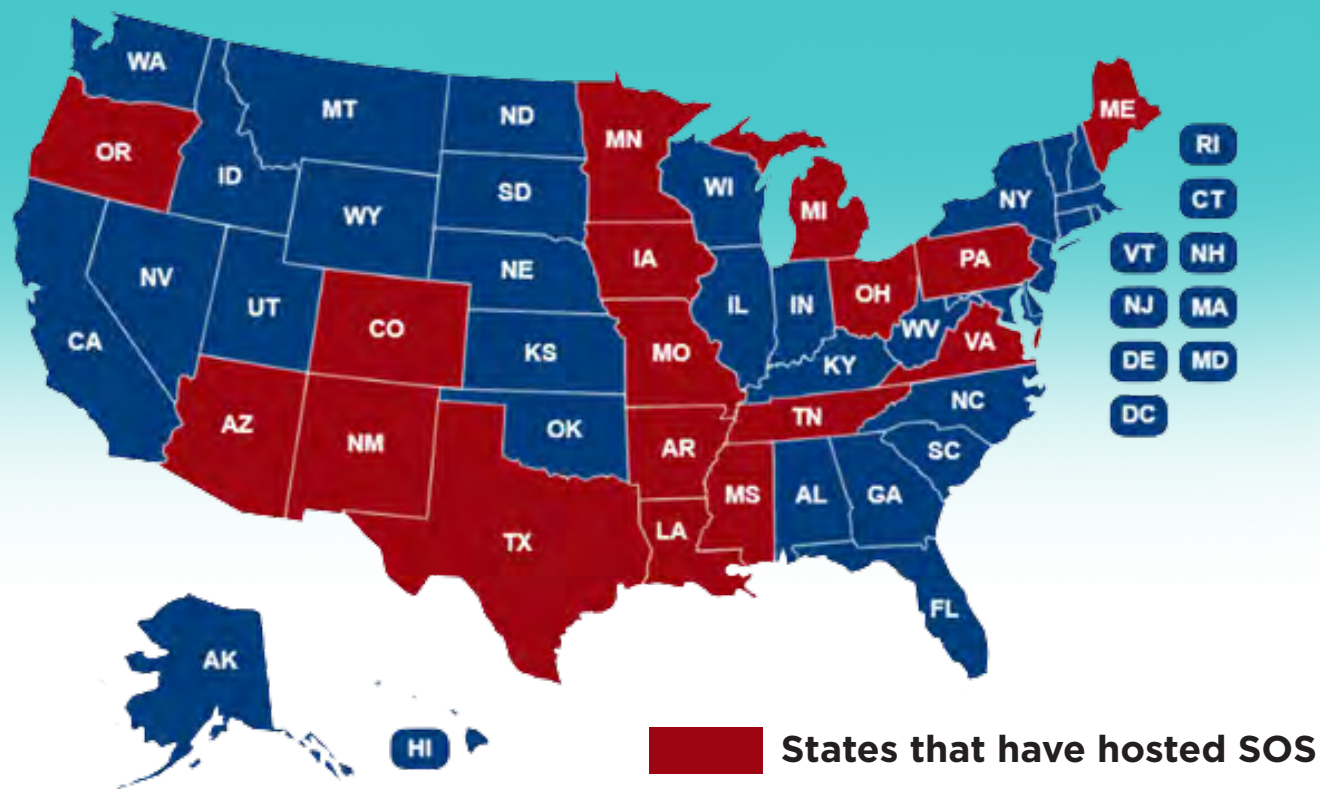
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Administrators (NASHIA) hosted their first State of the States (SOS) in Brain Injury Conference in 1990, in New Orleans, Louisiana.

Since that time, NASHIA has coordinated an SOS event every year to bring together state leaders, brain injury advocacy organizations, partners, researchers, providers, and individuals with lived experience to highlight promising practices. Because NASHIA's membership is comprised of members across all states, SOS moves from state to state, drawing in new partners, presenters, and sponsors every year. Last year's SOS drew 46 states, 78 presenters, and 41 sponsors to Portland, Maine to learn and connect.

The 2026 SOS Conference will be held in Little Rock, Arkansas from August 31 through September 3, 2026, and will host exciting special content tracks that highlight replicable innovative approaches in the criminal legal system (CLS), clinical practices (CP), behavioral health (BH), and Medicaid/long-term services and supports arenas, while also providing content applicable to the whole brain injury community. NASHIA is collaborating with state brain injury program staff and partners to create another incredible opportunity.





What brings people to SOS?

“This event has a sense of community. That is rare to experience at a conference setting. The NASHIA team cultivates that throughout the year. Community atmospheres are intentional and never by accident.”

“I am so in awe of this brain injury community of ours. It’s the first and only conference I’ve been to where I walked out energized and not completely exhausted. Great job and can’t wait for the next one!”

2025 SOS Attendees

Still serving as a linchpin for the system as a whole, the SOS conference is the only event that is focused on scaling state programs, and draws administrators, providers, and partners together like no other. NASHIA combines quality content with intentional networking opportunities to create lasting bonds in the brain injury community. There

There is palpable shared passion and commitment felt during the days that attendees spend together. Participants return year after year to feel that same level of excitement and connection that SOS fosters. States still want to know about efforts across the U.S., promising practices that yield successful interventions in brain injury. Attendees depart with renewed purpose and takeaways to implement in their home states.

Who is NASHIA?

Serving as the leading source of information and education for state government programs who support individuals with brain injury, NASHIA shares knowledge on national trends, develops and promotes best practices, and serves as a convener for state and federal agencies, associations, and brain injury partners across the country.

NASHIA provides technical assistance to state governments and their partners and supports federal policy change that expands state services available.

NASHIA is a national membership organization established by state government employees to help one another plan, implement, and administer public programs and services for individuals with brain injury and their support systems. Members include active and retired state government employees, service providers, community organizations, researchers, students, and others interested in the field of brain injury. NASHIA has a team of staff and numerous consultants, led by Executive Director Rebeccah Wolfkiel, and a board of directors who oversee the organization. NASHIA is supported by membership dues, grants, contributions, and an array of federal and state contracts.

NASHIA mission: To empower state governments and their partners to enhance collaboration and strengthen capabilities to address the needs of individuals with brain injuries and their support systems.

NASHIA strives to assist members and partners in creating initiatives that ultimately benefit individuals with brain injury and the people who support them. The SOS Conference brings it all to light. Great things are getting done from a lot of small things being brought together.

Support States. **Grow** Leaders. **Connect** Partners.




For more information:
www.nashia.org/sos2026

SOS SERVICE PROJECT

Every year, NASHIA gives back to our host city through the Serving Our Surroundings (S.O.S.) project. A project is chosen that has a strong intersectionality with brain injury. Those in the criminal legal system are disproportionately affected by brain injury. Thus, for 2026, we are stepping up to help individuals in the Pulaski Co. Detention Center Re-entry Program bridge the food-insecurity gap as they transition back into the community. Working with the City Center Food Pantry in Little Rock, AR, we are making it happen!



Connect with Us !

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 braininjury@uams.edu

 idhi.uams.edu/brain-injury-program

 [instagram.com/uams_idhi_bip](https://www.instagram.com/uams_idhi_bip)

 [facebook.com/arbraininjury](https://www.facebook.com/arbraininjury)

Brain & Spine Call Center

1-855-767-6983

**Have a brain or spine related health question?
We have nurses on call 24/7!
It's completely FREE!**

This is not for emergency services. For emergencies, call 911

The nurse call center is a partnership of the UAMS Institute for Digital Health & Innovation and the UAMS Department of Physical Medicine and Rehabilitation, and is funded by the Brain Injury Program.



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Brain Injury Program

**ACL**
Administration for Community Living