

## **35<sup>th</sup> Annual Brain Injury & Stroke Conference Brain Injury Association of New Hampshire**

### **Grievance Policy for Social Workers, Psychologists and Nurses**

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### **Accommodations for the Differently Abled**

Commonwealth Educational Seminars' training facilities are handicap accessible. Individuals needing special accommodations, please contact: Lori Sandefur at 603-568-8817.

### **Presenter bio/credentials/program description & objectives**

#### **Intense Aphasia Therapy Programs: Is intense always better?**

This presentation will provide an overview of the existing intensive aphasia therapy programs that exist in the United States. Information about the philosophies and therapeutic approaches driving each will be presented and evidence providing support, or not, of those programs will be discussed. The audience will leave this session feeling informed about best practices in aphasia treatment and what options exist that can help achieve the best possible outcomes.

Amy E. Ramage, Ph.D, CCC-SLP

Amy Ramage's research, teaching and clinical interests center on the neurologic bases of cognition and emotion as they interact with communication competence. My work involves the study of memory, attention and language primarily in the acquired neurogenic communication disorders seen following traumatic brain injury and stroke. My research utilizes neuroimaging data to characterize brain systems that are aberrant in a patient population, to identify variables that contribute to the dysfunction of these brain systems, and to understand and optimize the mechanisms of action of treatments.

#### **Objectives: Participants will be able to:**

1. Increase his/her knowledge of the state of the evidence for intensive therapy approaches for aphasia.
2. Name 2 intensive aphasia programs in the United States and the approach/philosophy driving those programs.
3. Name 2 metrics for evaluating an aphasia program regarding optimizing treatment outcomes.

#### **A Novel (iDeA): Testing the Efficacy of an EHR-integrated Health Decision Aid for Stroke Prevention in Atrial Fibrillation**

The choice of stroke prevention strategy for patients with atrial fibrillation is a preference-sensitive decision. Clinicians who care for these patients have an opportunity to improve the delivery of preference-sensitive care, and therefore increase the quality of healthcare delivery, by using a shared decision making (SDM) approach. Recent research suggests that using HealthDecision, an integrated decision aid (iDeA) that launches directly from the electronic health record (EHR), might help clinicians incorporate SDM conversations into the clinical encounter.

Stacey L. Schott MD is a current Cardiovascular Disease Fellow, Leadership Preventive Medicine Resident and Instructor of Medicine at Dartmouth Hitchcock Medical Center, Lebanon, NH. In addition to her fellowship, Stacey is actively completing her Master of Public Health degree at The Dartmouth Institute

for Health Policy & Clinical Practice, Hanover, NH. Prior to coming to DHMC, Stacey completed internal medicine residency and served as Assistant Chief of Service at Johns Hopkins-Bayview Medical Center, Baltimore, MD. She completed a Patient Safety and Quality Improvement Fellowship at Johns Hopkins Armstrong Institute, Baltimore, MD. Her research interests include Audio-Visual Healthcare Communications and Shared Decision Making. She is a current member of TDI's Open Recordings research group and serves on the DHMC Quality Committee. Her clinical work includes Preventive Cardiology and Quality Improvement.

**Objectives: Participants will be able to:**

1. *Define Shared Decision Making*
2. Name 2 web resources for accessing Decision Aids
3. List at least 5 risk indicators from CHA2Ds2Vasc Score and 5 risk indicators from HAS-BLED score.
4. Name 3 medication options for stroke prevention in Afib

**Current Paradigm for Acute Ischemic Stroke Therapy 2018**

This workshop will cover current evidence based practice of the therapy for acute ischemic stroke.

Archie R. McGowan, M.D., M.B.A, Neurointerventional Radiologist, Portsmouth Regional Hospital (PRF)  
~ He is a member of American Society of Neuroradiology, the Society of Neurointerventional Surgery, a Founding member for the Portsmouth Regional Hospital stroke program and Director of Interventional and Neuroradiology Program at PRH

**Objectives: Participants will be able to:**

1. Describe the best practices currently recommended by the American heart Association for the therapy of Acute ischemic stroke based on the recent positive stroke trials.  
List indications for thrombectomy therapy based on recent trials and AHA recommendations.
2. Describe time dependent contraindications based on the DAWN trial for the therapy of AIS

**Emerging Roles for the Immune System in Traumatic Brain Injury**

Traumatic brain injury (TBI) affects an ever-growing population of all ages with long-term consequences on health and cognition. Many of the issues that TBI patients face are thought to be mediated by the immune system. Primary brain damage that occurs at the time of injury can be exacerbated and prolonged for months or even years by chronic inflammatory processes, which can ultimately lead to secondary cell death, neurodegeneration, and long-lasting neurological impairment. This talk will cover insights gained from recent studies that approach TBI research from an immunological perspective and will summarize our current understanding of the involvement of specific immune processes in TBI pathogenesis.

Francesca Gilli, PhD, MS, received her MS in Medical Biotechnology and PhD in Human Biology from the University of Torino (Italy). She then completed her postdoctoral research in neuroimmunology at University of Torino (Italy), University of Basel (Switzerland), and Geisel School of Medicine at Dartmouth (USA). Dr. Gilli currently serves as Assistant Professor of Neurology at Geisel School of Medicine at Dartmouth, where she works as a basic scientist. She has a broad background in neuroimmunology, neurobiology and molecular biology, with specific training and expertise in both human systems and animal modeling toward preclinical research. Dr. Gilli's current research attempts to understand the basic biology of neuroinflammation, demyelination and neuronal injury by using different rodent models.

**Objectives: Participants will be able to:**

1. Describe the main inflammatory process involved in TBI pathogenesis
2. Explain how neuroinflammation mediates brain injury following TBI
3. Explain the importance of preventing and treating inflammation in TBI.

### **Post Rehab Skill Building Groups: A service leaning initiative with UNH OT students and stroke survivors**

A community based post-rehabilitation therapy group for stroke survivors that utilizes Occupational Therapy students to provide rehabilitative programming through a service-learning collaboration.

Dr. John Wilcox OTD, OTR/L, CAPS

Dr. Wilcox has been a practicing OT for 19 years with clinical experience in the areas of geriatrics, acute care, in-patient & out-patient rehab, pediatrics and falls prevention programming. He has been a Clinical Assistant Professor in the Occupational Therapy Department at UNH for the past 5 years, specializing in community based programming for populations at risk and health promotion initiatives.

#### **Objectives: Participants will be able to:**

1. Increase knowledge of how Occupational Therapy Students at UNH are strengthening their communities by providing post-rehabilitation group services to stroke survivors.
2. Increase understanding of the rehabilitative scope of student led Occupational Therapy post-stroke support groups

### **What About Those Who Survive? Rehabilitation of Individuals Who Have Sustained Anoxic Brain Injury in the Midst of the American Opiate Epidemic**

In this presentation, anoxic brain injury rehabilitation will be discussed in the context of the recent American opioid crisis. Much attention is paid in the media to the number of deaths, declining life expectancy, and workforce due to fatalities due to opiate overdoses. Comparatively little attention has been paid to the individuals who survive overdose with significant anoxic brain injuries. We will discuss what is known so far about the epidemiology of anoxic brain injury in the setting of the opioid crisis, how the brain is injured by anoxia, what functions are most impacted by anoxic brain injury, prognosis for recovery, rehabilitative options and recommendations, and areas for future research and funding. In addition, we will discuss rare complications of anoxic brain injury that are presenting more commonly, and how to approach these complications clinically to optimize long-term functional outcome in these particular cases.

Caroline Sizer, MD

Dr. Sizer is a physical medicine and rehabilitation doctor practicing at Northeast Rehabilitation Hospital Network as medical director of the Brain Injury inpatient and outpatient program. She completed her undergraduate training at Brown University, graduating magna cum laude with a bachelor of science in Neuroscience. She then completed her medical degree at Rutgers School of Medicine. After completing her preliminary year in internal medicine at Brown University, she completed her residency in physical medicine and rehabilitation at the National Rehabilitation Hospital in Washington, DC. After graduating, she finished her fellowship in Brain Injury Medicine at Virginia Commonwealth University and Hunter Holmes McGuire VA Medical Center. She returned to New England to bring the knowledge she gained from her training to New Hampshire. She has several publications in peer-reviewed literature, including a book chapter on the rehabilitation of individuals with overlapping anoxic and traumatic brain injuries.

#### **Objectives: Participants will be able to:**

1. List the three types of anoxic brain injury, and how they differ from one another in pathophysiology.
2. Describe the most common finding on routine imaging for anoxic brain injury.
3. Describe two challenges that are particularly unique to a person who has overlapping anoxic brain injury which may complicate the effectiveness of routine substance abuse treatment.
4. Based on the information presented about prognosis for independence and recovery in this talk, describe one thing that you think that your community can do to improve the lives of those who have survived not only opiate overdose, but also anoxic brain injury.

### **Blood Pressure: One Size Doesn't Fit All**

This presentation will provide an explanation of the current blood pressure goals in management of acute and subacute stroke, including current research and guideline updates. Effective management of blood pressure in the acute setting requires knowledge of the underlying etiology. An overview of the most common etiologies and implications for clinical practice will also be discussed.

Jillian C. Belmont, DNP, FNP-BC, SCRNP

Jillian Belmont is an Assistant Professor in Neurology at the Geisel School of Medicine and a board certified Family Nurse Practitioner with an expertise in stroke and acute neurological disorders. She began her career in health care by working as a registered nurse at Dartmouth Hitchcock Medical Center in 2008. Since that time, she has advanced her education by obtaining a Master of Science in Nursing from the FNP program at UNH and a Doctorate in Nursing Practice from Northeastern University. Jillian has accumulated 10 years of nursing experience at Dartmouth Hitchcock in various areas including primary care, acute care, and neurology. She is currently a key player on the stroke team at Dartmouth Hitchcock Medical Center and has been involved in the development of the stroke program over the past 6 years. Further, Jillian is an active member of several professional organizations and currently serves as the President of the American Association of Neuroscience Nurses Green and White Mt. Chapter and is the Upper Valley Regional Representative for the New Hampshire Nurse Practitioner Association. Jillian also received the 2018 AANP Nurse Practitioner State Award for Excellence from New Hampshire.

#### **Objectives: Participants will be able to:**

1. List four common etiologies of acute stroke and the recommended blood pressure goals associated with each
2. Increase his/her knowledge of the importance in varied blood pressure goals related to cerebrovascular disease

### **ThinkFirst National Injury Prevention Foundation**

This presentation aims to educate you on the ThinkFirst Program. The goal for ThinkFirst is to prevent brain, spinal cord and other traumatic injuries through education, research and advocacy. The ThinkFirst National Injury Prevention Foundation's educational programs are aimed at helping people, especially those at high risk (children, teens and young adults) learn to reduce their risk for injury.

Zoe McLean, MSOTR/L, CSRS, CBIS.

Zoe McLean works as a full-time Occupational therapist at Northeast Rehab in Portsmouth NH. She is a Certified Brain Injury and Certified Stroke Rehabilitation Specialist. She is the NH State ThinkFirst Directory and oversees Northeast Rehab's ThinkFirst Chapter.

#### **Objectives: Participants will be able to:**

1. To explain the process and requirements for implementation of ThinkFirst programs.
2. To explain what Think First programs are available to the community.
3. To explain the process and requirements of becoming a VIP speaker (voices of injury prevention)

### **Draw A Clock: Improving Clinical Interpretations**

Just about every cognitive assessment tool contains a Draw a Clock testing item. Its value to clinicians is most often underutilized due to our limited exposure to a more advanced clinical interpretation of the patient's drawing. Today's session will provide the cognitive clinician with actual examples of patient's drawings and an exploration of the executive dysfunction associated with each drawing. In addition, 2 research based scoring procedures will also be discussed and demonstrated. Participants will take home a set of interpretive drawings for future reference during clinical assessments.

Gina England Degree: MA, CCC-SLP

Gina has worked as a Speech Pathologist in NH for 35 years in all areas along the medical continuum of care. Her clinical specialties include dysphagia, cognitive rehabilitation, aphasia, and motor speech disorders. She has spoken publicly on these topics within and outside of New Hampshire.

**Objectives: Participants will be able to:**

1. Re-iterate 5 clinical observations that can be made during the drawing of a clock
2. State 4 executive cognitive functions that can be observed during the drawing of a clock
3. Describe one research based scoring protocol for the Draw a Clock Test
4. Identify the likely presence of a dementia syndrome in the drawing of a clock

**The Write Way to Well-Being After Brain Injury**

Writing about thoughts and feelings for just a few minutes at a time helps reduce stress, increase happiness, manage difficult experiences, and boost clarity. The simple act of writing helps restore well-being as you continue your post-injury journey, as a survivor or family member. In this hands-on session, you will experience basic journaling techniques you can do any time. *No writing or journaling experience necessary!*

Barbara Stahura, CJF

Barbara Stahura, certified journal facilitator, for nine years guided people with brain injury and family caregivers in harnessing the power of journaling for healing and well-being, first in Arizona and then in Indiana. Today she presents journaling programs on a variety of topics. She has presented programs for HealthSouth Rehabilitation Hospitals in Tucson, Ariz. and Evansville, Ind., nine state Brain Injury Association/Alliance conferences, the National Guard Bureau and the Arizona National Guard, Ivy Tech Community College, University of Southern Indiana, University of Evansville, and many others. Primary author of the acclaimed *After Brain Injury: Telling Your Story*, the first journaling book for people with brain injury, Barbara is a member of the Therapeutic Writing Institute faculty and the Journal Council of the International Association of Journal Writing. She lives in Indiana with her husband, a survivor of traumatic brain injury. <http://www.barbarastahura.com>

**Objectives: Participants will be able to:**

1. Define what journaling is and the benefits it offers.
2. Apply their own creativity and self-expression to their writing.
3. Use *5-Minute Sprint* to experience the effectiveness of journaling for even a short time.
4. Use *Unsent Letter* as a tool for safely and privately expressing deep emotion.
5. Use *I Still Have This* to emphasize and explore the positives that remain, or occur, after brain injury, either as a survivor or family member.
6. Use *People Should Know This About Me* to express qualities, talents, quirks, and other aspects of personality for self-exploration and/or communication to others after brain injury or while caregiving.

**Secondary Prevention Stroke Care: What is it and Why is it so important?**

Many healthcare providers and stroke survivors are not aware of secondary prevention strategies to prevent stroke recurrence. There are gaps in our stroke care after hospitalization and secondary prevention clinics can not only help fill those gaps, but can also provide a great support to primary care providers in caring for their stroke patients.

Susan Barnard, MS, APRN, CCRN

Sue was a critical care nurse at St Joseph Hospital for 31 years working in the intensive care unit and then running the stroke and trauma programs for 14 years. She saw a gap in resources and education for stroke patients after they left the hospital and, in collaboration with her Stroke Medical Director, opened a Secondary Prevention Stroke Clinic in the neurology office in July of this year. Sue is Co-chair of the NH Stroke Collaborative and represents the American Heart Association on the NH Emergency Medical Services Coordinating Board.

**Objectives: Participants will be able to:**

1. State the difference between primary prevention and secondary prevention of stroke
2. State 3 important stroke risk factors
3. Identify 3 evidence-based strategies for secondary prevention of stroke

**A Taste of Motivational Interviewing-Guiding Conversation**

Motivational Interviewing is an evidence based practice, person centered style of communication. It is a process that supports positive health behavior changes through a collaborative interaction that strengthens a person's own motivation for change, rather than imposing externally-driven changes. The guiding style of having a Motivational Interviewing conversation helps clients recognize their own needs and wellness interests and what steps they would like to take to achieve them.

Lisa Stockwell MEd, has over 20 years' experience presenting, and working with organizations, groups and individuals in the issues related to health behavior change, personal development, chronic disease management and personal healing. She believes that the style of the conversation is essential in helping a client move towards health behavior change that will improve their quality of life. Lisa is certified Train the Trainer, Motivational Interviewing Trainer and Life Coach. She is a member of MINT (Motivational Interviewing International Trainers) and Master Trainer in Stanford Chronic Disease Self-Management Program

**Objectives: Participants will be able to:**

1. Describe active listening and its impact on the behavior change
2. Describe: What is Motivational Interviewing (MI) and the "spirit" behind it
3. Describe the listening skills (OARS) used in MI framework
4. Demonstrate one or more micro-skills used in MI framework

**Providing Cognitive Retraining with Concussion**

A better understanding of the neurometabolic cascade of concussion and its related symptoms has been emerging in recent years. Practice is moving towards active rehabilitation during the recovery period rather than prescribed rest. As a result, Speech Pathologists are being asked to provide the cognitive retraining needed to facilitate successful return to the work and academic settings without symptom provocation. To provide effective cognitive retraining in concussion, the distinction needs to be made between TBI with concussion versus other acquired brain injuries. This presentation will explore typical symptoms associated with concussion and a therapeutic approach that is systematic with gradual stimulation provided on a hierarchy. It will include three key elements: symptom management, patient/caregiver education, and cognitive endurance building. Strategies for assisting with the return to work and learn will also be covered.

Mary Ann Williams-Butler, MA, CCC-SLP, CBIS at Emerson Hospital

Supervisor of speech pathology department at:

Emerson Hospital (acute inpatient)

Center for Rehabilitative and Sports Therapies (outpatient)

Dr. Robert C. Cantu Concussion Center

Certified Brain Injury Specialist from Brain Injury Association of America

Subject Matter Expert contributor to Pediatric Acquired Brain Injury Practice Portal for American Speech Hearing Association (ASHA)

Over 36 yrs experience evaluating and treating individuals with acquired brain injury affecting complex linguistic skills

Developed the current cognitive retraining program used at Emerson Hospital and the Cantu Concussion Center

Presented both internationally and nationally on the topic of TBI with Concussion, Cognitive Deficits, and Dysphagia.

**Objectives: Participants will be able to:**

1. Describe the three critical elements that make up the framework for cognitive retraining with concussion
2. Formulate at least three strategies to address symptom management with concussion
3. Discuss appropriate examples of therapeutic tasks to aid in building cognitive endurance in the areas of auditory processing, visual processing, attention/memory, and executive function
4. Formulate at least three possible accommodations when transitioning back to work or academic settings

**Guidance for School-based Concussion Management**

This full day conference is intended to provide comprehensive instruction to the educators, administrators, related service providers, and athletic staff working directly with students reentering the classroom following an mTBI.

Jennifer Parent-Nichols, DPT, PCS, CBIS: Dr. Parent-Nichols is a physical therapist and certified pediatric and brain injury specialist. She has worked extensively in the area of pediatrics with experience in early intervention, school based therapy, and adolescent sports medicine. She serves as an assistant professor in the Doctor of Physical Therapy Program at Franklin Pierce University where she teaches Pediatrics and Neurology. Her areas of research include pediatric bracing, management of stress, adolescent sports medicine, and education. She serves as an expert consultant for Concussion Chalk Talk, a grant-funded, school-based concussion management program. Dr. Parent-Nichols has presented her research both nationally and internationally.

Jonathan D. Lichtenstein, Psy.D., MBA: Dr. Lichtenstein is the Director of Pediatric Neuropsychological Services at Dartmouth-Hitchcock Medical Center, and an Assistant Professor of Psychiatry, Pediatrics, and The Dartmouth Institute at Dartmouth's Geisel School of Medicine. He serves as a consultant to concussion management programs at middle schools, high schools, and colleges in New Hampshire, and is the team neuropsychologist for Dartmouth College Athletics. Dr. Lichtenstein's work in concussion management has extended from the youth to the professional level. He is the principal investigator and clinical director of Concussion Chalk Talk, a grant-funded school-based concussion management program, which places an emphasis on return to learn and changing the concussion culture in New Hampshire. His research and publications in peer-reviewed journals have focused on test administration, effort, recovery, and program evaluation in concussion management. Dr. Lichtenstein lectures widely on neuropsychology, with specific applications of neuropsychological principles to concussion management in the school setting. He is also Dartmouth's academic representative to the Big-Ten/Ivy League TBI Research Collaboration.

**Objectives: Participants will be able to:**

1. Describe basic neuroanatomical structure and function
2. Recognize the biomechanics of injury that may result in mTBI
3. Describe the typical onset, course, symptom picture and criteria for identification of mTBI
4. Explain how risk factors, both pre and post injury may influence injury occurrence and recovery
5. Categorize efforts that represent primary, secondary, and tertiary prevention of mTBI
6. Describe tools commonly used for assessment on the sidelines and during the recovery process
7. Interpret the impact of the psychometric properties of commonly used tools for mTBI assessment
8. Compare and contrast a variety of treatment approaches commonly used to address mTBI
9. Utilize return to play and return to learn protocols
10. Distinguish current best practices in mTBI management in schools

## **Yoga Nidra**

Yoga Nidra leads you through a meditation to relax as deeply as sleep, while awake. This practice empowers your inner awareness. It is believed that 45 minutes of Yoga Nidra is as restorative as 3 hours of sleep.

Lisa Garside, Ohana Yoga Owner & Instructor

Lisa Garside Instructor/Owner

Lisa is a certified yoga instructor, through Lithe & Easy Yoga, with over 16 years combined experience in both teaching and practice.

She began to explore yoga after a car accident left her with multiple pains, nerve damage and weight gain. Having tried many other conventional methods of coping, nothing seemed to help her daily headaches and focus. After taking one Yoga class, she was immediately rid of that days headache. It helped her cope with the day-to-day limited mobility. After a couple of years she was able to fully comprehend how yoga can help anyone and everyone.

The slow transition, into this lovely science, all happened while she worked in the corporate world for 8 years. Having experience in the work force stresses and long work hours allows her to bring understanding and compassion into her teaching.

She was able to practice yoga through her 3 pregnancies and thankfully teach through the last. This brings a whole new knowledge and focus on what is needed during pregnancy and the benefits of a good bond during gestation.

Her biggest lesson learned is that the body and mind are limitless, no matter who you are, you just need to modify each practice to suit your own body and its capabilities. She is able to adapt each class to the individual students body and how they show up energetically.

She also runs the Ohana Yoga Training program, helping to pass on the traditions she has studied.

Deb Sullivan, Ohana Yoga Instructor

Deb comes fresh off of the Ohana Yoga Teacher Training Program. She has been a practitioner of Ohana for the past 5 years taking classes almost daily, allowing the beautiful benefits to unfold in her own body. She has put so much time into her practices to have quality experiences in her own Self. She now brings to you her version of a fully encompassed yoga class. Where you will feel wrapped in love and peace throughout.

### **Objectives: Participants will be able to:**

1. Perform 2 warm-up exercises
2. Guide themselves through a visualization exercise

### **KEYNOTE – “Weasilience: Handling Life’s Wild Moments”**

Carole will be sharing resilience strategies with us today during her presentation.

Carole Starr has a Master's Degree in Adult Education. Before her brain injury, she was self-employed as a corporate trainer. She was also a classically trained violinist and singer. In 1999, while in her home state of Maine, she was broadsided on the driver's side by a vehicle going 50 mph, resulting in a brain injury. For many years, she struggled to cope with the many symptoms of brain injury and to adapt to a life forever changed. Carole was unable to return to full-time work or to music. She's reinvented herself as a brain injury keynote speaker and the leader of the award-winning survivor volunteer group Brain Injury Voices. She's also the author of the forthcoming book *To Root and To Rise: Accepting Brain Injury*. Her 17-year brain injury journey has taught her a great deal about coping with adversity and finding ways to move forward. She'll be sharing resilience strategies with us today during her presentation.

### **Objectives: Participants will be able to:**

List three "Weasilience" lessons that relate to overcoming adversity  
List three strategies to increase resilience

### **Mind-body Medicine and You**

This presentation will cover the basic science and practice of mind-body medicine. It will discuss the tools, such as mindfulness meditation, yoga, tai chi, and others we currently have available and the science behind them. If time is available there will be a class demonstration.

James E. Stahl, M.D., C.M., M.P.H. is Section Chief of General Internal Medicine at Dartmouth-Hitchcock Medical Center. He is an outcomes researcher with expertise in decision science, operations research, health technology assessment, ethics, philosophy and mind-body medicine.

Dr. Stahl attended medical school at McGill University and completed a joint internal medicine residency between NSUH - Cornell Medical School and Memorial Sloan Kettering Cancer Center. He then completed a National Library of Medicine fellowship in Clinical Decision Making, Informatics and Telemedicine at New England Medical Center - Tufts University School of Medicine. While there, he worked on the clinical decision analysis consult service and helped develop the international telemedicine program. He then went to University of Pittsburgh, where he worked in the area of organ allocation policy and completed his MPH at the Graduate School of Public. From there he went to MGH where he was both a Senior Scientist at the MGH Institute for Technology Assessment and worked the MGH Benson Henry Mind Body Institute. In 2015, Dr. Stahl joined the faculty of the Dartmouth Geisel School of Medicine.

#### **Objectives: Participants will be able to:**

1. Learn 2 basic concepts of mind-body
2. Describe some of the basic science behind mind-body medicine
3. Learn 2 basic practices of mind-body medicine