

Fact Sheet: Inisfada Retreat House

Inisfada.org

St. Ignatius Retreat House (Inisfada)

251 Seasingtown Road
Manhasset, NY 11030
Tel: 516 621 8300
Inisfada.net

Currently owned by The New York
Province Society of Jesus
Main office: 39 East 83rd Street,
New York, NY 10025
Tel: 212 774 5500
Rev. Vincent Cooke, SJ in charge of the sale
Email: cooke@nysj.org

Potential Purchaser:

CWCOA - a non for profit corporation
Community Wellness Centers of America
Dr. Robert Evans, D.O. President & CEO
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*Motto: Closing the Gap in Healthcare
Disparities One Community at a Time*

Finance Group

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Future Plans for the Retreat House

CWCOA plans to keep the Retreat House intact, continue its mission as set forth by Nicholas and Genevieve Brady and carried out by The New York Society of Jesuits for the last 50 years.

CWCOA will also focus on spiritual development for those people and their families who have had Traumatic Brain Injury, PTSD (Post Traumatic Stress Disease) and those who have survived cancer.

Specialty Retreats will also be offered to those parents who have lost children, General Grief Counseling, and Marital Counseling. The Retreat House at Inisfada will be non denominational.

Business Plan: The Retreat House at Inisfada
“The St. Ignatius Retreat House”

Use of St. Ignatius Retreat House for Specialized Retreats
Convalescence through spiritual healing for, Stroke, Traumatic Brain Injury, Post Traumatic Stress Disorder, and Cancer

The Saint Ignatius Retreat House (Inisfada) is a Catholic retreat and apostolic Conference center inspired by the vision of Ignatian Spirituality. Inisfada offers a spiritual Home – a sacred and welcoming environment where people of all faiths and cultures can deepen their relationship with God, so that they may be renewed and be women and men for others. The Jesuits in collaboration with their partners – lay, religious, and clergy are committed to the ministry of the Spiritual Exercises of Saint Ignatius and to the Education and on-going formation of those engaged in this sacred ministry.

St. Ignatius retreat house has served the community for over 50 years under the auspices of the Society of Jesus. The retreat house is located on thirty wooded acres on the gold coast of Long Island. It is strategically located between the LIE and Northern Blvd on Searingtown Road in Manhasset, making it convenient by car, train or bus. It is less than one hour drive from New York City and 45 minute drive from Both LaGuardia and Kennedy airports. The house is ideal with its multiple meeting rooms and ample sleeping quarters for specialized retreats.

The house is currently for sale as the Jesuits have changed their mission for ministry. This proposal is to purchase the house and the property through Community Wellness Centers of America (CWCOA), a non for profit, 501C3 headed by Dr. Robert Evans. Dr. Evans, a well known community leader and physician, has dedicated his life to end the disparity in healthcare in our country. CWCOA would provide specialized spiritual retreats for patients who have undergone the protocols set up through the International Brain research Foundation (IBRF) and other specialty organizations.

CWCOA is also the management corporation for J-CAP Mental Health Village in Queens, New York. J-CAP has over 400 in patient beds dedicated to mental health and brain trauma. This is a very large referral base for the services at St. Ignatius. This meets the needs of patients with specific issues; this includes, but is not limited to, traumatic brain injury, post traumatic stress disorders and cancer.

See the enclosed information below about the retreat house, CWCOA, IBRF, J-CAP and other organizations.

What is Provided?

Days, evenings and weekends of prayer and reflection

Sacramental Ministry Individual and group spiritual direction, Nineteenth Annotation & Thirty-Day Retreats of the Spiritual Exercises.

Off-site outreach retreats and programs based on Ignatian Spirituality through our spiritual direction and mission teams.

Educational and professional development programs to support on-going formation for spiritual and retreat directors and other ministers for supervision of spiritual and retreat directors.

Parish- and community-based programs for renewal and spiritual growth.

Opportunities for Confirmation, Graduation, and High School Retreats.

Interfaith programs & expressions for contemplative prayer

Twelve-Step programs.

Programs for those who have lost loved ones

Outreach to new, disadvantaged and marginalized communities.

Hospitality and overnight accommodations for meetings, retreats, workshops, and conferences.

New opportunities for cross-cultural ministry

Core Values:

Ignatian Spirituality Hospitality

Training and on-going formation of Spiritual & Retreat Directors in the Ignatian tradition.

Professionalism on all levels

Empowerment of Laity in our Spiritual Ministry

Active Inclusive Love

Our Apostolic Priorities

Centrality of the Spiritual Exercises across Our Ministries

Partnership in Ministry with the Laity

To continue to seek ways to increase our Ignatian Mission with preferential option to the poor and marginalized.

To listen in order to be able to impart our mission to the public, i.e. to give the gift of the exercises to others.

St. Ignatius Retreat House.

It's Celtic name, Inisfada, in Gaelic, means Long Island. Nicholas and Genevieve Brady built the 87 room mansion between 1916-20 as a summer home. As you drive through its iron gates off Searingtown Road, a strong white figure of Christ greets you with open arms. You have now left the turbulent world and Long Island Expressway for the bucolic surroundings of pine, linden, oak, maple trees and one lone American Weeping Beech, God's own work of art. Thirty-three acres of rolling lawns, shrubs and flowers, a tea garden and reflecting pool soon define your new ambience. Enter with expectation.

Almost immediately a medieval like castle looks down upon you, a tall tower with slated roofs and embattlements. It once was the fourth largest mansion in 1920 and holds what is the most beautiful small chapel in the country, St. Genevieve, on the second floor.

Meanwhile thirteen sculptured fairy tales don the outside walls around the Tudor Elizabethan mansion beginning with little red riding hood and the big bad wolf. Ancient but attractive gargoyles, angels, dragons and clowns as well as many small animals peer at you from above under eaves and corners.. Even within its walls such creatures and foliage are replicated on ceilings and over fireplaces.

A visitor once remarked with reverence, "This is a place with soul."

After the death of her husband, Genevieve donated Inisfada in 1937 to the New York Province of the Society of Jesus, the Jesuits. By 1963 Fr. John Magan, S.J. converted it into a retreat house. What was formerly a summer refuge for the wealthy eventually became a spiritual oasis for all.

The long paned windows on the southern exposure of the main chapel, once the living room, gently filters in the daylight of each season upon the altar and pews to enhance your quiet.

In the end you have to turn your face again to the world but with more peace, renewed purpose and hope

Spirituality Center Program

St. Ignatius Retreat House has opened its arms to embrace many spiritual practices, although it has retained its Catholic orientation. The new management would continue to broaden the mission of the Retreat house to include many paths of spirituality while continuing to offer religious programs for those that seek this form of solace.

The difference as seen by the new management between a Religious Center and a Spirituality Center, is that a religious center encompasses a specific set of organized beliefs and practices usually shared by a group of people.

A Spiritual Center involves a broader spectrum of practices centered around a journey of self discovery which is very personal and although it does not necessarily solve or reach conclusions, it embraces the concept of searching and moving forward in the direction of purpose and meaning often finding peace and solace.

Spirituality is seen as a way of coping with change or uncertainty and it recognizes that our role in life has a greater value than what we do in every day life. The various forms of spirituality which will be available at the Retreat Center are:

1. Mystical Spirituality: is based on a desire to move beyond the material world, beyond the senses, ego and time. It centers on relationships and a sense of unity with all things.
2. Authoritarian spirituality: is a strong form of spirituality based on a need for rules and definition and is often found in religious practices.
3. Intellectual Spirituality focuses on building knowledge and understanding through the study of religion and history.
4. Service spirituality: is predominantly built around serving others as a form of spiritual expression.
5. Social spirituality: is practiced by people who experience spiritual feeling in the company of others. Social support is often seen as one of the most important aspects of spirituality.
6. Meditative spirituality: is the practice of quieting the mind through various practices including observing the breath, living in the present moment and chanting. This practice can be easily integrated into any of the other forms of spirituality.

Current Retreats

It is important to continue the religious Retreat structure, which has been in place for many years since it has a strong following and its inspiration is deeply rooted in the local community. Maintaining this following is critical since it creates a base, which can be expanded as new programs are instituted.

These retreats include Women's Retreats, Men's Retreats, Retreats for young adults and for children, Prayer Retreats, Easter Retreats and Zen Meditation Retreats. A list of the current programs is attached.

New Programs and Retreats.

The new management under the heading of a Spirituality Center now has the vehicle to bring additional programs particularly to those special groups mentioned in this proposal which include individuals and families of those who live with cancer, PTSD and brain injuries.

Since these individuals will already have had their physical and therapeutic needs met elsewhere, it is the intention of this Retreat Center to offer programs which uplift and inspire participants so that moving forward in a positive direction brings about well being, meaning and purpose to their lives.

Fortunately, we are living in a time where there exist an abundance of teachers for every aspect of spiritual development. Finding established teachers and speakers for this group will not be difficult since the venue is very attractive and the mission to support the designated group has its own appeal.

In addition, this retreat center would offer support groups to help incorporate new teachings which are learned during retreats. These groups led by expert coaches, would help facilitate an ongoing following since groups would meet daily to support new growth to those who seek it. Support groups allow a following to emerge, which will help populate new programs.

Meditation is an established vehicle for quieting the mind and reducing stress. The Zen meditation program at the Retreat House has a large following which grows each year under the internationally recognized teacher, Roshi Kennedy. This program will continue to be available.

Yoga, spirituality and the arts, health and spirituality, journaling, nature and healing programs, mindful dance, drumming and chanting and inspired singing are some other programs which are being considered.

Saint Ignatius Retreat House A Global Interfaith Zen Practice Centre

Men and women today are looking beyond conventional medicine and religion to keep themselves well physically and spiritually. Inisfada, easily accessible by public transportation and well situated close to stressful New York City and its suburbs, could become a Healing Center to aid people in recovering and maintaining their health, often broken by the stresses of business in cities as well as in suburbs, where people are often struggling to hold their families together in the face of pervasive media stress. Inisfada has an unusually beautiful and restorative campus and gardens and graceful interiors -- all such beauty is innately healing and is increasingly absent in our fast developing modern world. Primarily through meditation, nutrition, and rest Inisfada could become a successful and vibrant healing center, such as exists in Japan.

Orthopedic and Sports Rehabilitation, Physical Therapy, Personal Training, Occupational Therapy, Ergonomics, Reiki, Yoga, Counseling and Psychotherapy, Chiropractic, Podiatry, Acupuncture and Eastern Medicine, Stress Management, Wellness, Massage Therapy, Integrative Therapies, Traditional and Indigenous Healing Systems could also be offered.

However, since Inisfada already has an existing strong and committed core interfaith Zen meditation group practicing with certified Zen teachers; it seems a natural base from which to build such a Healing and Wellness Center, an important adjunct to the Center.

The retreat offerings could be doubled from four to eight, weekly sittings increased to daily sittings, an office established, with ideally a resident teacher, and the visiting teachers schedule could be expanded. A business plan can be developed for this.

The following, as prepared by Miriam Healy, is a vision of such an expanded Zen Practice Center at Inisfada:

History: Zen at Saint Ignatius

In 1998, Robert Kennedy S.J. a Jesuit priest, and Zen teacher, began to offer retreats at Saint Ignatius Retreat House, Manhasset Long Island. Fifteen years later, over three thousand six hundred people have poured through the doors of Saint Ignatius, returning year after year to study and to practice Zen with Fr. Kennedy from all over the world.

Over a million dollars has been brought in from four retreats per year in that time. A permanent dedicated sitting group calls Saint Ignatius its home and over 75 people sit each week together to study and practice Zen. The Zen group at Saint Ignatius is an Interfaith Zen group. There are many Zen Buddhist groups in the area that need a place for retreats.

What is the practice of Zen meditation?

Zazen [Sitting Zen] is the practice of stilling the mind through wholehearted attentiveness to the breath. This steady attentiveness, coupled with the stillness of the body, frees the mind from its ordinary activities of thinking, daydreaming, or speculating on the nature of life.

“Zen training does not allow us to analyze or theorize about life instead it plunges us from the outset into the contemplative act in which there is no subject or object.” (Roshi Robert Kennedy)

What is the purpose of practice?

When you practice Zen your resistance to life as it is softens. The true nature of your

existence becomes apparent and your ability to respond freely grows. Our capacity for life matures. Suffering diminishes. The Buddha's own motivation was to find a way to relieve human suffering. After years of ascetic practice, he finally sat down and did not move until he had realized the essential nature of his own life. On awakening he exclaimed: "I and all sentient beings attain enlightenment at the same time."

What are the benefits of practicing Zen?

When practiced attentively, Zen offers an ever-deepening insight into the oneness of life. This insight reveals to us our own human potential and calls us to use this potential in the service of others. Zen demands discipline and effort. The support of group sitting is a strong encouragement to practice and is considered one of the three jewels of Zen.

This is exemplified in the cohesion of the Zen group at Saint Ignatius. The necessity for extended periods of sitting with others is the reason all Zen groups take time for sesshin retreats every few months. Every group needs a welcoming place to hold their sesshin.

Why Zen

Seeing our essential nature is the work of a lifetime. Teachers, parents, educators, artists, physicians, know the extraordinary opportunity we have in Zen practice to wake up; to save our minds and hearts from distraction and stress. This leads to a healthy life. Paying attention is the foundation of a sane society. It is essential for a happy family, for a creative community, and a peaceful workplace. People of many different walks of life, religious and non religious, professionals, lay people, children, men and women, practice Zen.

A Global Retreat Centre

Saint Ignatius Retreat House has the potential to be a global interfaith spiritual center for the practice of Zen meditation. Two international airports are within ten miles of the retreat house. The Long Island railway station, five minutes away, connects Manhasset to New York City with a taxi service to the door. At exit 36 on the Long Island Expressway, driving by car to Saint Ignatius from the Tri State Area makes it one of the closest retreat houses to a huge urban population. Over thirty Zen teachers from across the United States gathered at Saint Ignatius in 2008 and recognized the gem that it was as a center for Zen practice.

Potential

The potential development of Saint Ignatius as a Healing Centre, Interfaith Zen Centre, and a Centre for the Contemplative Care of the Human Being is an idea that's time has come. Many Zen practitioners associated with Saint Ignatius are health professionals.

They have expressed a commitment to offering services at Saint Ignatius complimenting the ongoing Zen practice offered there. With hard work, and commitment, to pursue this dream, Saint Ignatius will flourish and continue to fulfill the needs of those who

Dr. Evans Leads Charge Against Disparities in Healthcare

As the founder and CEO/President of Community Wellness Centers of America LLC (CWCOA) and Equinox Electronic Medical Records (EMR), Dr. Robert Evans is working towards organizing and delivering required healthcare services in under-served communities that otherwise would be neglected.

As a medical physician and long time community activist, Dr. Evans understands the resources and programs required to address chronic illnesses through preventive programs, which are often absent from minority communities.

Dr. Evans has developed his companies with a primary mission to deliver state-of-the-art health programs and services, improve healthcare outcomes in under-served communities, and collaborate with hospital systems, physicians, and ancillary healthcare services.

All of these steps will help to create a coordinated healthcare delivery system to provide equality in healthcare for residents through increased emphasis on prevention.

CWCOA's goal is to improve the overall health and welfare status of the residents of Rochdale Village and Jamaica, Queens and insure that the residents receive comprehensive and state-of-the-art healthcare services, including an increased emphasis on health prevention programs that broad-based prevention programs cannot address.

Dr. Evans's healthcare delivery model is designed to focus on preventative diagnosis and treatment resulting in a healthier population that also reduces health care costs and creates a positive return on the community's investment.

Through Dr. Evans's concerted efforts, CWCOA will provides government-certified healthcare technologies through Equinox with an Electronic Medical Record (EMR) system — a comprehensive technological platform that supports all healthcare initiatives in the community – which will be fully integrated for record-sharing with any hospital or healthcare organization, physician, medical support service organization and fully compliant on the State and Federal level.

Dr. Evans introduction and of an Electronic Medical Record (EMR) in under-served communities will allow all healthcare providers, regardless of location, to monitor and

review clinical information, prescribe prescription with up-to-date complete medical information, review images from a radiology system, or document a clinical visit electronically.

The data entry modules will allow for quick documentation either by dictation, voice recognition, or by the use of templates or forms. The technology integration component has been proven to increase healthcare quality and improve the well being of patients being treated with accurate information which helps reduce medical errors.

Currently, CWCOA is working to build the infrastructure for an Accountable Care Organization (ACO) to provide efficient, integrated quality care by sharing data and coordinating care across the provider network.

This information will be integrated in conjunction with bioscience initiatives, which will also help reduce healthcare costs, improve the health of the population, and provide employment opportunities for communities.

Dr. Evans is a strong advocate of bringing a comprehensive and coordinated healthcare delivery model program into the community. Recently, Dr. Evans received a New York State Proclamation for his ongoing and tireless efforts to increase the quality of Healthcare and eventually eliminate healthcare disparities prevalent in Jamaica Queens.

Dr Evans also hopes to work to bring this program to other under-served communities in New York State, and eventually to other States throughout the country.

CWCOA Takes Concussion Injuries Head On Through Technology

Community Wellness Centers of America, LLC, has taken the lead to integrate safety technology into several Rochdale Village Sports Programs by giving away free “Smart Phone Concussion Protocol Applications.”

This technology allows the user to follow a protocol in diagnosing possible concussions. The integration of safety technology into sports is vital and gives parents and coaches a clear protocol to follow, states Dr. Robert Evans, President and CEO of Community Wellness Centers of America, LLC (CWCOA).

Dr Evans also states that most community based sports programs do not have sufficient concussion protocols in place to recognize possible concussion injuries, therefore many concussions go undiagnosed and lead to future mental impairments or even death. Not only is there a lack of protocols in place but a lack of healthcare providers in underserved communities to give immediate treatment after sustaining a head injury.

Local hospital emergency rooms in these underserved communities can take up to several hours for a patient to be seen. The waiting time alone may discourage an athlete or his parents from seeking immediate treatment and cause them to take a “wait and see attitude” which can be very dangerous.

In the United States, over 300,000 sports-related concussions occur annually and the likelihood of suffering a concussion while playing a contact sport is estimated to be as high as 19% per year of play. More than 62,000 concussions are sustained each year in high-school contact sports, and among college football players, 34% have had one concussion and 20%, multiple concussions. Concussions often cause significant and sustained neuropsychological impairments in information-processing speed, problem solving, planning, and memory. These impairments are worse with multiple concussions.

Mario Turner, Rochdale Village Board Member and Chair of the Rochdale Village Youth Committee, also agrees that there is a need to educate the youth about the symptoms of concussions. Mr. Turner wants to take it a step further and would like to see the young people of this community have the opportunity to be introduced to the principles behind the development and design of this exciting technology. “Dr. Evans continues to introduce our community to new healthcare technology that benefits us all.”

His easy to use application will help that coach or parent make a clear and educated decision on what should be done next. I would also like to see these applications used in other Rochdale Village community service departments such as the NORC Program, Rochdale Senior Citizen programs, and Rochdale Village Security Department.

We look forward to supporting all the technology initiatives that will help educate our friends and families to live safer and happier lives,” says Mrs. Jean Randolph Castro, Board Member of the Rochdale Village Board of directors.

CWCOA continues to stand by its mission to develop state-of-the-art health programs and services to improve health outcomes in underserved communities and attain health equality status for the residents through increased emphasis on prevention and the introduction of new and innovative technology.

IBRF's mission is multifaceted, with a vision toward advancing cutting-edge brain discoveries for application in diagnosis a treatment.

Research: To encourage, support, design, conduct, and direct novel neuroscientific research studies worldwide.

Education: To provide state-of-the art training, educational programming, lecture series, research presentations, and conferences that share groundbreaking research findings and

novel, theoretical diagnostic/treatment paradigms in the neurosciences.

Technological Advancement: To develop new, innovative brain mapping, imaging, and diagnostic technology to advance the treatment of brain injury, disorders, diseases, and dysfunction.

International and Multi-Center Collaboration: To create highly functioning networks of collaborative research relationships that connect multidisciplinary teams of international experts across a variety of research and treatment venues.

About Us

The International Brain Research Foundation, Inc. (IBRF) is a 501c3 public charity that serves as a platform for support of, and collaboration with, leading neuroscientists and research institutions around the world. The objective is to create, operationalize, validate, and disseminate diagnostic and treatment protocols derived from innovative, novel research and translate those protocols into clinical practice for implementation with individuals afflicted with disorders, diseases, and injuries of the brain.

The IBRF has developed the **Advanced Care Protocol (ACP)** that utilizes targeted neuromodulation procedures to normalize the brain's electrochemical environment to improve brain function. *IBRF has already been successful in awakening 43 of 52 coma patients with its remarkable ACP*The International Brain Research Foundation, Inc. (IBRF), a 501(c)3 not-for-profit corporation registered in New York State and New Jersey, is dedicated to making advances in translational neuroscientific research to support progress in novel care utilizing advanced treatment protocols.

Through a network of neuroscientists and clinicians, the IBRF is developing partnerships with numerous institutions worldwide to meet that end. Through this global reach, the IBRF is able to expedite discovery and to accelerate the scientific findings in an efficient manner, which ultimately will accelerate the scientific community's progress in solving some of the complex issues related to brain health and disease processes.

The IBRF mission is multifaceted, with a vision toward advancing cutting-edge brain research through global collaboration. The foundation goals consist of designing, conducting, supporting, and overseeing research studies in brain disorders. The IBRF is making progress in the application and development of brain mapping techniques, nanotechnology, brain-computer interface and other ground-breaking technologies to further advance diagnostic and interventional capabilities in neuroscience.

We have developed multi-center international collaborations and opportunities for grants as well as instituting multi-university training and educational programs on leading-edge neuroscience, including certification programs, lecture series, seminars, and conferences.

In 2005, the IBRF was founded based on a desire to modify the inefficiencies surrounding grant-based research, and to accelerate translational clinical research to clinical practice. On average, 40-68% of monies that are donated to research today are consumed by operational overhead. The typical research scientist today faces a myriad of obstacles in trying to obtain grants. The IBRF streamlines this process to eliminate many of the burdens associated with grant-based funding by supporting research alliances, allowing scientists to devote the majority of their time to their respective research efforts.

In our efforts, the IBRF focuses on three major areas: traumatic and non-traumatic brain injury, neurodevelopmental issues (e.g. autism), and neurodegenerative disorders (e.g. Alzheimer's disease). We have developed a multimodal, "neuromarker-driven" model of assessment, diagnosis, and treatment. This model utilizes neuroimaging, neurophysiology, and neuropsychology in establishing assessment data to accurately diagnose brain disorders.

Functional imaging data can give us very specific, clinically relevant information that can lead to more effective diagnostics that can help direct better targeted therapeutics. Within the context of the functioning brain, these neuromarkers look at electrical and magnetic waveforms, blood flow, blood oxygen consumption, glucose consumption, levels of neurotransmitters (e.g. dopamine, serotonin, n-acetyl aspartate, glutamate, endorphins), as well as metabolic markers from blood, cerebral spinal fluid, and saliva.

Evaluating these discrete components of brain functioning within the framework of a multivariate systems approach is the basis of our "Integrity-Deficit Matrix." This systems approach assists our IBRF collaborators to develop assessment algorithms. Specifically, for mTBI, we are starting to utilize methodologies that assess "functional brain maps" to assist us in differentiating Post Traumatic Stress Disorder from mild traumatic brain injury.

The brain-mapping assessment can then be utilized in the formation of specific, individualized treatment protocols based on the unique brain mapping of each patient.

Our treatment protocols include the use of qEEG-guided neurofeedback, transcranial magnetic stimulation (TMS), transcranial direct current stimulation (tDCS), median nerve stimulation (MNS), and the synergistic use of "nutraceuticals", combined with "off label" use of pharmaceuticals, together with more traditional forms of therapy.

The IBRF has received some high profile attention starting with the successful treatment of a 12-year-old New Jersey boy who suffered a rare condition called commotio cordis, which resulted in a vegetative state for three months following a baseball striking his chest. Additionally, the IBRF team, led by Julian Bailes, M.D., successfully treated the sole survivor of the Sago West Virginia coal mine disaster. The IBRF coma recovery team was consulted by doctors treating Israeli Prime Minister Ariel Sharon after his stroke. Since that time, the IBRF team has successfully treated dozens of patients considered "hopeless" by standard definitions.

Currently, we have collaborative research affiliations with Kessler Institute for Rehabilitation (KIR), The Kessler Research Foundation, New York University (NYU), Louisiana State University (LSU), and Harvard Medical School. Our long list of worldwide associated research scientists and clinicians is extensive and encompasses many fields of expertise.

Currently, the IBRF has been granted the largest Congressional appropriation for civilian funding through the Department of Defense appropriations bill (FY-09) to develop our assessment algorithms and treatment protocols focusing on patients suffering from severe traumatic brain injury with an associated severe disorder of consciousness.

Additionally, IBRF is involved in a national consortium for the Department of Defense to develop the latest in research initiatives and to continue to develop a new paradigm for understanding and treating brain injury.

We at the IBRF are in the early stages of data collection with plans to release this clinical research information through a series of articles now being prepared. The International Brain Research Foundation encourages top researchers to join us in our endeavors to establish joint working relationships in the areas of translational clinical research, advanced treatment programs and educational programs for TBI and NTBI.

This past November, while attending the International Workshop on the Rehabilitation of the Severe Acquired Brain Injury in Rome, I had the opportunity to meet with Nathan Zasler, M.D., Chairperson of the International Brain Injury Association (IBIA).

We discussed developing a working relationship given that IBRF and the IBIA are both international organizations with overlapping missions. We are advocating for cooperation between the two organizations to improve the science of brain injury in a mutually beneficial manner. We at the IBRF look forward to hearing from members of the IBIA to develop collaborative working relationships.

Post-traumatic Stress Disorder (PTSD) Symptoms, Treatment and Self-Help

After a traumatic experience, it's normal to feel frightened, sad, anxious, and disconnected. But if the upset doesn't fade and you feel stuck with a constant sense of danger and painful memories, you may be suffering from post-traumatic stress disorder (PTSD). It can seem like you'll never get over what happened or feel normal again. But by seeking treatment, reaching out for support, and developing new coping skills, you can overcome PTSD and move on with your life.

What is post-traumatic stress disorder (PTSD)?

Wendy's PTSD Story

Three months ago, Wendy was in a major car accident. She sustained only minor injuries, but two friends riding in her car were killed. At first, the accident seemed like just a bad dream. Then Wendy started having nightmares about it. Now, the sights and sounds of the accident haunt her all the time.

Wendy has trouble sleeping at night, and during the day she feels irritable and on edge. She jumps whenever she hears a siren or screeching tires, and she avoids TV programs that might show a car chase or accident scene. Wendy also avoids driving whenever possible, and refuses to go anywhere near the site of the crash.

Post-traumatic stress disorder (PTSD) can develop following a traumatic event that threatens your safety or makes you feel helpless. Most people associate PTSD with battle-scarred soldiers—and military combat is the most common cause in men—but any overwhelming life experience can trigger PTSD, especially if the event feels unpredictable and uncontrollable.

Post-traumatic stress disorder (PTSD) can affect those who personally experience the catastrophe, those who witness it, and those who pick up the pieces afterwards, including emergency workers and law enforcement officers. It can even occur in the friends or family members of those who went through the actual trauma.

PTSD develops differently from person to person. While the symptoms of PTSD most commonly develop in the hours or days following the traumatic event, it can sometimes take weeks, months, or even years before they appear.

Traumatic events that can lead to PTSD include:

- War
- Natural disasters
- Car or plane crashes
- Terrorist attacks
- Sudden death of a loved one
- Rape
- Kidnapping
- Assault
- Sexual or physical abuse
- Childhood neglect

Or any shattering event that leaves you stuck and feeling helpless and hopeless
The difference between PTSD and a normal response to Trauma

The traumatic events that lead to post-traumatic stress disorder are usually so overwhelming and frightening that they would upset anyone. almost everyone experiences at least some of the symptoms of PTSD. When your sense of safety and trust are shattered, it's normal to feel crazy, disconnected, or numb. It's very common to have bad dreams, feel fearful, and find it difficult to stop thinking about what happened.

These are normal reactions to abnormal events.

For most people, however, these symptoms are short-lived. They may last for several days or even weeks, but they gradually lift. But if you have post-traumatic stress disorder (PTSD), the symptoms don't decrease. You don't feel a little better each day. In fact, you may start to feel worse.

A normal response to trauma becomes PTSD when you become stuck

After a traumatic experience, the mind and the body are in shock. But as you make sense of what happened and process your emotions, you come out of it. With post-traumatic stress disorder (PTSD), however, you remain in psychological shock. Your memory of what happened and your feelings about it are disconnected. In order to move on, it's important to face and feel your memories and emotions.

Signs and symptoms of post-traumatic stress disorder (PTSD)

The symptoms of post-traumatic stress disorder (PTSD) can arise suddenly, gradually, or come and go over time. Sometimes symptoms appear seemingly out of the blue. At other times, they are triggered by something that reminds you of the original traumatic event, such as a noise, an image, certain words, or a smell. While everyone experiences PTSD differently, there are three main types of symptoms:

Re-experiencing the traumatic event

Avoiding reminders of the trauma

Increased anxiety and emotional arousal

Symptoms of PTSD: Re-experiencing the traumatic event

Intrusive, upsetting memories of the event Flashbacks (acting or feeling like the event is happening again)

Nightmares (either of the event or of other frightening things)

Feelings of intense distress when reminded of the trauma

Intense physical reactions to reminders of the event (e.g. pounding heart, rapid breathing, nausea, muscle tension, sweating)

Symptoms of PTSD:

Avoidance and numbing

Avoiding activities, places, thoughts, or feelings that remind you of the trauma
Inability to remember important aspects of the trauma
Loss of interest in activities and life in general
Feeling detached from others and emotionally numb
Sense of a limited future (you don't expect to live a normal life span, get married, have a career)

Symptoms of PTSD:

Increased anxiety and emotional arousal

Difficulty falling or staying asleep
Irritability or outbursts of anger
Difficulty concentrating
Hypervigilance (on constant "red alert")
Feeling jumpy and easily startled

Other common symptoms of post-traumatic stress disorder (PTSD)

Anger and irritability
Guilt, shame, or self-blame
Substance abuse
Feelings of mistrust and betrayal
Depression and hopelessness
Suicidal thoughts and feelings
Feeling alienated and alone
Physical aches and pains

Symptoms of PTSD in children and adolescents

In children—especially those who are very young—the symptoms of PTSD can be different than the symptoms in adults.

Symptoms in children include:

Fear of being separated from parent
Losing previously-acquired skills (such as toilet training)
Sleep problems and nightmares without recognizable content
Somber, compulsive play in which themes or aspects of the trauma are repeated
New phobias and anxieties that seem unrelated to the trauma (such as a fear of monsters)
Acting out the trauma through play, stories, or drawings
Aches and pains with no apparent cause

Irritability and aggression

Post-traumatic stress disorder (PTSD) causes and risk Factors

While it's impossible to predict who will develop PTSD in response to trauma, there are certain risk factors that increase your vulnerability.

Many risk factors revolve around the nature of the traumatic event itself. Traumatic events are more likely to cause PTSD when they involve a severe threat to your life or personal safety: the more extreme and prolonged the threat, the greater the risk of developing PTSD in response.

Intentional, human-inflicted harm—such as rape, assault, and torture—also tends to be more traumatic than “acts of God” or more impersonal accidents and disasters. The extent to which the traumatic event was unexpected, uncontrollable and inescapable also plays a role.

Other risk factors for PTSD include:

High level of stress in everyday life

Lack of support after the trauma

Lack of coping skills

Getting help for post-traumatic stress disorder (PTSD)

If you suspect that you or a loved one has post-traumatic stress disorder (PTSD), it's important to seek help right away. The sooner PTSD is confronted, the easier it is to overcome. If you're reluctant to seek help, keep in mind that PTSD is not a sign of weakness and the only way to overcome it, is to confront what happened to you and learn to accept it as a part of your past. This process is much easier with the guidance and support of an experienced therapist or doctor.

It's only natural to want to avoid painful memories and feelings. But if you try to numb yourself and push your memories away, post-traumatic stress disorder (PTSD) will only get worse. You can't escape your emotions completely—they emerge under stress or whenever you let down your guard—and trying to do so is exhausting. The avoidance will ultimately harm your relationships, your ability to function, and the quality of your life.

Why Should I Seek Help for PTSD?

Early treatment is better. Symptoms of PTSD may get worse. Dealing with them now might help stop them from getting worse in the future. Finding out more about what treatments work, where to look for help, and what kind of questions to ask can make it easier to get help and lead to better outcomes.

PTSD symptoms can change family life. PTSD symptoms can get in the way of your family life. You may find that you pull away from loved ones, are not able to get along with people, or that you are angry or even violent. Getting help for your PTSD can help improve your family life.

PTSD can be related to other health problems.

PTSD symptoms can make physical health problems worse. For example, studies have shown a relationship between PTSD and heart trouble. By getting help for your PTSD you could also improve your physical health.

Source: *National Center for PTSD*

Treatment for post-traumatic stress disorder (PTSD)

Treatment for PTSD relieves symptoms by helping you deal with the trauma you've experienced. Rather than avoiding the trauma and any reminder of it, treatment will encourage you to recall and process the emotions and sensations you felt during the original event. In addition to offering an outlet for emotions you've been bottling up, treatment for PTSD will also help restore your sense of control and reduce the powerful hold the memory of the trauma has on your life.

In treatment for PTSD, you'll:

Explore your thoughts and feelings about the trauma

Work through feelings of guilt, self-blame, and mistrust

Learn how to cope with and control intrusive memories

Address problems PTSD has caused in your life and relationships

Types of treatment for post-traumatic stress disorder (PTSD) Trauma-focused cognitive-behavioral therapy.

Cognitive-behavioral therapy for PTSD and trauma involves carefully and gradually “exposing” yourself to thoughts, feelings, and situations that remind you of the trauma. Therapy also involves identifying upsetting thoughts about the traumatic event—particularly thoughts that are distorted and irrational—and replacing them with more balanced picture.

Family therapy.

Since PTSD affects both you and those close to you, family therapy can be especially productive. Family therapy can help your loved ones understand what you're going through. It can also help everyone in the family communicate better and work through relationship problems caused by PTSD symptoms.

Medication is sometimes prescribed to people with PTSD to relieve secondary symptoms of depression or anxiety. Antidepressants such as Prozac and Zoloft are the medications most commonly used for PTSD.

While antidepressants may help you feel less sad, worried, or on edge, they do not treat the causes of PTSD.

EMDR (Eye Movement Desensitization and Reprocessing) incorporates elements of cognitive-behavioral therapy with eye movements or other forms of rhythmic, left-right stimulation, such as hand taps or sounds. Eye movements and other bilateral forms of stimulation are thought to work by “unfreezing” the brain’s information processing system, which is interrupted in times of extreme stress.

Traumatic Brain Injury Program

Do you know someone who's had a Traumatic Brain Injury? Chances are you do...

It may have been called by a different name: a concussion, Shaken Baby Syndrome, head injury, or anoxia due to trauma. These are just a few of the other names for Traumatic Brain Injury (TBI), but all of them have the potential to kill or leave an individual with a need for life-long assistance.

A bus sideswiped **Melissa** as she was driving her car to work. She moved in and out of consciousness during the ambulance ride, but was coherent when she arrived at the hospital. She was treated for cracked ribs and a ruptured spleen and was given an MRI which showed no apparent brain injury. Several months later she began having memory problems and serious depression. She began drinking heavily to deal with the depression and lost her job as a legal secretary. She is attempting to live off of unemployment insurance.

A babysitter shook **Alfred** when he was 6 months old. He was in a coma for 2 days and diagnosed with Shaken Baby Syndrome. Alfred walked and talked much later than other children his age. He was evaluated for developmental disability services and enrolled in special education when he started school.

Ricardo was blindsided by a puck in a high school hockey game. He was diagnosed with a concussion resulting in his missing two games. He began having problems concentrating in class and his grades dropped. As a result his parents are concerned about his being admitted to college.

Despite their outward differences, all of these people have experienced a Traumatic Brain Injury (TBI). These examples provide a glimpse into the complex and unique nature of TBI and its effects.

Program Vision

The goals of the Federal Traumatic Brain Injury Program focus on helping State and local agencies develop resources so that all individuals with TBI and their families will have accessible, available, acceptable, and appropriate services and supports.

Goals

Assist States in expanding and improving State and local capability which, in turn, will enhance access to comprehensive and coordinated services for individuals with TBI and their families;

Use existing research-based knowledge, state-of-the-art systems development approaches and the experience and products of previous TBI grantees in meeting program goals; and generate support from local and private sources for sustainability of funded projects after Federal support terminates, through State legislative, regulatory, or policy changes which promote the incorporation of services for individuals with TBI and their families into the State service delivery systems.

Background

Current estimates state that *at least* 3.2 million Americans have a long-term or lifelong need for help to perform activities of daily living as a result of a TBI. These individuals and their families are often faced with challenges, such as improper diagnosis, inability to access support or rehabilitation services, institutional segregation, unemployment, and being forced to navigate complicated and cumbersome service and support systems.

Recognizing the large number of individuals and families struggling to access appropriate and community-based services, Congress authorized the Federal TBI Program in the TBI Act of 1996 (PL 104-166). The TBI Act of 1996 launched an effort to conduct expanded studies and to establish innovative programs for TBI. The Act gave the Health Resources and Services Administration (HRSA) authority to establish a grant program for States to assist it in addressing the needs of individuals with TBI and their families.

The TBI Act also delegated responsibilities in research to the National Institutes of Health, and prevention and surveillance to the Centers for Disease Control and Prevention. The Traumatic Brain Injury Act of 2008 (P.L. 110-206) reauthorized the programs of the TBI Act of 1996. The 2000 Amendments (PL 106-310 – Title XIII of the Children’s Health Act) recognized the

importance of protection and advocacy (P&A) services for individuals with TBI and their families by authorizing HRSA to make grants to Federally mandated State P&A Systems.

The HRSA Maternal and Child Health Bureau administers the Federal TBI Program.

Current Centers for Disease Control and Prevention estimates 9.8 million persons (Selassie et al., 2009) include only TBI emergency department visits, hospitalizations and deaths in the United States (2002-2006). In the Children's Health Act of 2000, Congress recognized that the estimated figure of Americans living with TBI-related disability is an under-count.

Estimates fail to capture individuals who have visited physician's offices, individuals who have not sought treatment for a head injury, State-level TBI data, or TBIs counted from Federal, military or Veterans Affairs hospitals.

J-CAP: Queens Village Committee for Mental Health

The mission of the J-CAP organization is to help people learn to help themselves.

J-CAP's Therapeutic Community (TC)* is designed to reach and direct people toward recovery through dynamic personal growth and social interaction. All participants in our TC are welcomed into a supportive residential environment with respect and shown responsible concern regardless of their gender, race, political ideas, religious beliefs, or medical, physical or mental disabilities. We are mindful of the past yet focused on the future.

In all our programs, we aim to reclaim disordered lives by improving our attitudes, outlooks and behaviors. J-CAP encourages responsibility at the individual, family and community levels. We strive to safeguard public health and safety and to promote a drug and violence-free society as a caring community. We value our human and civil rights to education, health, dignity, privacy, confidentiality, and a desire to achieve real freedom from exploitation and harm.

At the heart of the TC mission is action to maximize opportunities for mental, physical, spiritual, emotional and cultural development. *A Therapeutic Community (TC) is a group based approach to drug addiction and/or mental illness where residents actively participate in their own and each others treatment in a highly structured setting. Responsibility for the daily operation of the community, such as housekeeping and meal preparation, is shared by the residents. Community members earn status and privileges as part of the recovery process.

Conclusion:

The need for spiritual help for those patients and their families who have been victims of the medical conditions previously discussed is tremendous. These patients who have received

treatment for these conditions are often left with the void of spiritual assistance after they have been treated.

Through the sponsorship of Community Wellness Centers of America, we plan to continue the magnificent spiritual work St. Ignatius Retreat House has offered the community through out the last 50 years. We plan to increase the scope of its mission and provide specialized spiritual guidance for members of the community and their families who have undergone treatment for a variety of certain diseases.