



the

# HEADLINER

Summer 2010  
Vol. XII Issue 2

The Newsletter of the Brain Injury Association of Oregon

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## Cruise the Willamette: Have Fun and Make a Difference

Brain injury is alive and well. It will continue to be as we age, as we survive calamity and as we better learn to recognize symptoms of brain injury.

Read this newsletter. Look at the facts. Consider the implications. Then try to block out the image that brain injury could happen to you or someone you love. Be aware, but keep your distance lest it is "catching". Why not? – it is too scary to contemplate. Maybe hiding from reality will keep it from happening to you. Maybe.....

BUT—always be aware that:

Survival, treatment, symptom recognition and education can prevent and minimize impact of brain injury

Ready or not, it WILL "happen" to you or someone you love. It can come in the form of a stroke, auto accident, a hit to your head, a heart attack, an illness, or even a fall.

All around us we interact with people who have had some form a brain injury, have survived, thrived and live regular lives.

**So COME CELEBRATE and SUPPORT ALL THE REALITIES of BRAIN INJURY!**

The annual Brain Injury Association of Oregon (BIAOR) fundraising auction deserves a "save the date" on your December calendar! You've been to auctions – but ever been to one while cruising the Willamette? (check it out [www.portlandspirit.com](http://www.portlandspirit.com)) Enjoy the holiday spirit on the Portland Spirit, December 5, 2010 for a Champagne Brunch, silent and live auction, raffle and balloon prizes.

Celebrate the holiday session by:

- ˆ Bringing friends to share your table for a delightful Sunday champagne brunch and excitement
- ˆ Purchasing holiday gifts without mall shopping while supporting the BIAOR



ˆ Taking a cruise on the river! (Probably want to bring a coat)

Who should come?

- ˆ individuals and families living with brain injury
- ˆ legislators
- ˆ public figures
- ˆ medical care providers
- ˆ physical therapists
- ˆ care managers
- ˆ nurses
- ˆ educators
- ˆ coaches
- ˆ attorneys
- ˆ vocational counselors
- ˆ your neighbors
- ˆ your friends
- ˆ your co-workers
- ˆ your family
- ˆ YOU

This annual auction is BIAOR's only fundraiser. Auction proceeds help provide education, resources and support to individuals and families dealing with the realities of brain injury. This newsletter, one of the most comprehensive available in any of the western states, is made possible your contributions.

*(BIAOR Fundraiser Continued on page 8)*

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**Headliner DEADLINES**

<u>Issue</u>	<u>Deadline</u>	<u>Publication</u>
Spring	April 15	May 1
Summer	July 15	August 1
Fall	October 15	November 1
Winter	January 15	February 1

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**Advertising in Headliner**

Rate Schedule	Issue	Annual/4 Issues
A: Business Card	\$100	\$ 350
B: 1/4 Page	\$200	\$ 700
C: 1/2 Page	\$300	\$ 1,000
D: Full Page	\$600	\$ 2,000

**Advertising on BIAOR Website:**  
\$5000/year for Banner

**Policy**

The material in this newsletter is provided for education and information purposes only. The Brain Injury Association of Oregon does not support, endorse or recommend any method, treatment, facility, product or firm mentioned in this newsletter. Always seek medical, legal or other professional advice as appropriate.

We invite contributions and comments regarding brain injury matters and articles included in *The Headliner*.

**When looking for a professional, look for someone who knows and understands brain injuries. The following are supporting professional members of BIAOR.**

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ThinkFirst Oregon,

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¥ Sustaining Member £ Non-Profit

\* Support Group Facilitator p. 22-23

To become a supporting professional member of BIAOR see page 21 or contact BIAOR, [biaor@biaoregon.org](mailto:biaor@biaoregon.org).

# The Lawyer's Desk: A Look at TBI Legal Representation

By David Kracke, Attorney at Law  
Nichols & Associates, Portland, Oregon



Over the years in this column I've written about the personal stories of clients and friends of mine whose experiences have been the catalyst for change in our communities. In all those columns, however, I have yet to explain my personal reasons for my commitment to the Brain Injury Association of Oregon and to the cause of educating the public about what we can do to minimize the occurrence and the severity of brain injuries. In the paragraphs that follow, I'll share a few private stories that will shed some light on my motivations.

I am forty nine years old and as a result I grew up in a time when few people thought about the relationship between actions and consequences in terms of brain injuries. As all of you of similar (or older) age and experience will remember, in the 1960s, when I was a kid, we didn't give much thought to head injuries. Car seats and seatbelts were either not invented or merely a suggestion to be ignored for the most part. I remember crawling across rows of seats in the Mercury station wagon while my dad whisked us down the freeway without a care in the world. When I rode my bike it was without a helmet because who would think about wearing a helmet while riding a bike? When my brother skateboarded down steep hills without any type of head or body protection (on a board with metal roller skate wheels) who would act differently? When my sister jumped her horse over the tall jumps in the riding ring everything was perfectly fine. Until it wasn't.

When I was in second grade I rode my bike everywhere. I jumped off curbs and homemade ramps and acted every bit the daredevil. One of my tricks was pulling and pushing the handlebars of my bike right and left while riding down the street. On the fateful day, I pushed the limits of the right and left wobble a little too far and the front tire caught on the asphalt throwing me over the handlebars head first. I landed square on my jaw shattering it in three places and knocking out eight teeth in the process. I was a literal bloody mess and after regaining consciousness and being rushed to the hospital, I ended up with a jaw wired shut and blood clotted in my ears. As for cognitive problems, I was lucky, and after seven weeks the wires were removed and I could move my jaw, gently, again.

A few years later it was my brother's turn. He

took my skateboard and climbed to the top of the steepest street in our neighborhood. No one knows what really happened next, but my brother was able to somehow walk home. When he entered the house, he passed right by our mom and crawled into bed. When mom asked him what was wrong, why was he in bed, he stared at her blankly and cried "Who are you?"

At the hospital the x-rays revealed a skull fracture from ear to ear across the back of his skull. He suffered amnesia for a couple days and then the long recovery. Luckily it was in the summer and by the time school started he was surprisingly recovered. He has since gone onto tremendous success as a businessperson, but to this day that episode was a serious brush with a terrible "What if."

My sister's experiences caused some of the most anxious periods for my parents. She was an accomplished horse jumper who competed in various shows. Horseback riding was one of the few sports that required the use of a helmet, or a riding hat, and she wore it without question. Unfortunately, when falling from a horse from six feet in the air riding hats can only do so much. She suffered multiple concussions over the years some of which required hospital stays. Luckily, despite our general ignorance about second impact syndrome, none of the concussions occurred in such close temporal proximity as to make that potential a reality.

With these personal stories in my past I have recognized from a young age the stark realities of having a head injury and caring for someone who does. I am much more fortunate than many in that I and my family members recovered from our injuries with little, if any, residual effects from those injuries. But, even so, I have always been a person who recognizes the bullet as it whizzes by, and in the events recounted in this column, I recognize that the bullets barely missed their targets, and that we as a family are tremendously fortunate as a result. I also recognize that for many the bullet hit its mark, and lives have been changed for the worse as a result.

Today my kids wear their helmets whenever they are riding their bikes or skiing down a slope on Mt. Hood. If they are in the car, we don't move until all the seatbelts are secure. If they have

suffered a head injury they refrain from physical activity until they are symptom free for at least a week or more.

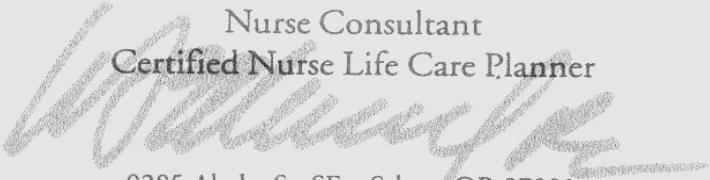
I have a good friend who does not have kids and he is constantly berating the "Nanny State" that requires kids and adults (motorcyclists) to wear helmets and requires adults to wear seatbelts. In his eyes it is up to the individual to make that choice. I take the opposite position. In my mind it is a cold analysis of costs versus benefits, risk versus reward, and safety precautions tend to win out every time I apply the logic to the activity. I wear a helmet every time I get on my bike. I wear a seatbelt every time I ride in a car, and if the law mandates the particular safety measure, so much the better. I am modeling behavior for my kids to see and I am ultimately safer in whatever risky endeavor I choose when I utilize the protection devices. The state is essentially doing the same thing.

Finally, I am a staunch adherent to the concept that we all need to continue to educate ourselves as to the dangers present in our environment. I take this responsibility seriously, and my involvement with the Brain Injury Association of Oregon has given me a forum to spread my opinion on this matter to the readers of this newsletter and through other events and legislation sponsored by the BIAOR. For this, I am truly thankful, and despite enduring the criticisms of the occasional friend who thinks I'm being overly sensitive, I will continue to educate people on these issues and will continue to be an advocate for those people who need legal representation as part of their recovery from a brain injury. It is not the 1960s any more, and we, as a society, know better.

*David Kracke is an attorney with the law firm of Nichols & Associates in Portland. Nichols & Associates has been representing brain injured individuals for over twenty two years. Mr. Kracke is available for consultation at (503) 224-3018.*

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## 2010-2011 BIAOR Calendar of Events

For updated information, please go to  
[www.biaoregon.org](http://www.biaoregon.org)

- Aug 28 Will Urban race & BIAOR booth Portland Triathlon
- Oct 9 CBIS Training- to Register call Sherry 800-544-5243
- Oct 24 Deadline for 2011 Conference Presenters Submissions—Abstracts and Posters  
[www.biaoregon.org/presentations.htm](http://www.biaoregon.org/presentations.htm)
- Dec 5 Columbia River Portland Spirit Cruise Fundraiser—limited seating-sign up early  
[www.biaoregon.org/products.asp?cat=34](http://www.biaoregon.org/products.asp?cat=34)
- Dec 11 CBIS Training- to Register call Sherry 800-544-5243
- March 3-5, 2011 Annual Pacific Northwest Regional Conference 2011: Living with Brain Injury: Thriving in Changing Times  
Hotel Registration online at  
<http://www.starwoodmeeting.com/Book/BIAOR>

Traumatic /Acquired Brain Injury	Anxiety
PTSD (Posttraumatic Stress Disorder)	Biofeedback
Imago Relationship Therapy	Trauma

**Nancy Irey Holmes, PsyD, CBIS  
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On the MAX Light Rail at SW 2nd & Yamhill

# New Coalition Gains Support

By Tootie Smith, President, Brain Injury Association of Oregon



The Oregon Brain Injury Coalition, OBIC, quickly gained support from statewide groups wanting to raise awareness and change public policy relating to the treatment, education and prevention of brain injuries in Oregon. OBIC received financial support from four statewide groups interested in these issues. OBIC was formed to address quality systems of care, treatment, policy and funding for brain injury related programs through cooperative efforts and action. The target of these efforts is state and federal legislators, the public in general and policy makers at the state agency level.

Need comes from outgrowth. "The Coalition (OBIC) was formed in recognition of the fact that the need for advocacy far exceeds what the Brain Injury Association of Oregon can provide on a volunteer-only basis," said Sherry Stock, Executive Director, BIAOR. Advocacy has proved to be successful in past legislative sessions with the passage of laws that have been copied nationally, continued Stock. "The BIAOR Board recognizes that we have reached the point where professional representation is necessary to maintain momentum and achieve further legislative successes," said Stock.

BIAOR successfully sponsored SB 348 (sports concussion education for coaches), SB 381 (TBI Insurance mandate), and SJR 21 (permanently designating March as Brain Injury Awareness month). Other legislative efforts have included a statewide trust fund bill for TBI services and sustainability for TBI services in Oregon.

Success breeds success. OBIC will expand BIAOR's efforts by sponsoring a number of bills for the 2011 Legislative Session. These legislative goals include: strengthening the insurance mandate, creating a brain injury trust fund intended in part to educate and raise awareness, mandating continuing education for physicians, and continuing supported employment services for people with disabilities.

Currently, BIAOR is the only statewide non-profit organization that provides services to individuals living with a brain injury, their families and the professionals who treat them. It is estimated that 17,000 Oregonians will experience a brain injury each year. Approximately 33 percent of all returning military personnel serving in Iraq

and Afghanistan have sustained a brain injury, nearly 5,000 in Oregon.

BIAOR through OBIC is inviting all organizations, groups and medical professionals, regardless of size, with an interest in improved education, awareness and treatment to join the coalition. OBIC will expand capacity to develop and share resources, information, expertise and develop long-term collaborative relationships between the organizations.

OBIC is modeled after successful groups from other states that recognized the need for continued outreach and education relating to brain injury issues in state government decision making.

Tootie Smith is president of Brain Injury Assoc. of Oregon and is a former state legislator. She is a political and business consultant. She can be reached at [smithtootie@gmail.com](mailto:smithtootie@gmail.com).

**Make your voice heard by donating any amount to OBIC and Volunteer or join as a citizen lobbyist today!**

**Yes! I want to be a part of the Oregon Brain Injury Coalition (OBIC)**

<b>Name</b>					
<b>Business Name</b>					
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>	
<b>Email address</b>					

**BEST TIMES TO REACH ME:**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

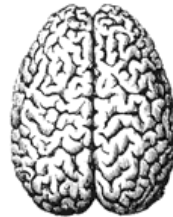
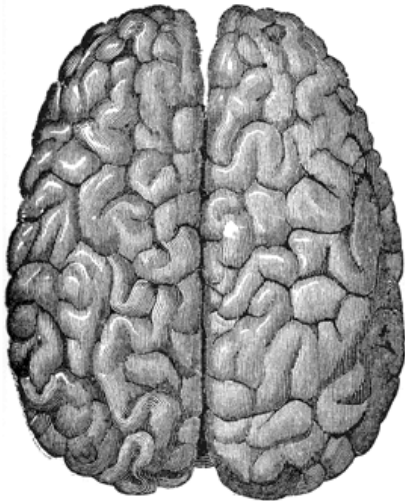
**I am enclosing a tax-deductible contribution of:**

**\$5.00** <sup>2</sup>      **\$10.00** <sup>2</sup>      **\$25.00** <sup>2</sup>      **\$50.00** <sup>2</sup>      **Other:** \_\_\_\_\_

**Having a seat on the OBIC Council: \$5,000** <sup>2</sup>      **\$10,000** <sup>2</sup>      **Other:** \_\_\_\_\_

**I am interested in:** <sup>2</sup>      **Volunteering with BIAOR:** <sup>2</sup>      **Becoming a Citizen Lobbyist for OBIC**

# Did you know...



The brain on the right is the same size as the brain on the left. It is simply farther away.

- ˆ Each year, 1.4 million Americans experience a brain injury, and 80,000 to 90,000 suffer from long-term disability.
- ˆ Over five million Americans today are living with a TBI-related disability.
- ˆ Each year, more than 50,000 Americans will die following traumatic brain injuries.
- ˆ The risk of experiencing a TBI is highest among adolescents, young adults, and people older than 75 years of age. More specifically, most studies indicate that the highest rates of TBI are found in persons 15 to 24 years of age.
- ˆ At any age, men are twice as likely to experience a TBI than women.
- ˆ The top three causes of TBI are motor vehicles accidents, falls, and firearms. Firearms cause more deaths from TBI than any other cause.
- ˆ An estimated \$48.3 billion a year is spent on traumatic brain injuries.

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**PLEASE** Join us and support the goals of this vital cause

Whether you are able to attend or not **PLEASE contribute.** Your contributions, large and small, will make this a more successful fundraiser. Cash donations allow BIAOR to provide scholarships to people with brain injury to attend this auction as well as the Annual Regional Brain Injury Conference.

Need ideas for giving?

- ˆ cash
- ˆ certificates to downtown hotels and restaurants

- ˆ tickets to sports event, plays, symphony, ballet
- ˆ get-a-way weekends
- ˆ ski passes
- ˆ spa treatments/packages
- ˆ health club memberships
- ˆ lap top computer
- ˆ home improvement items/service
- ˆ garden care items/services
- ˆ kids gifts/birthday packages
- ˆ bakery delights
- ˆ helicopter/plane flights
- ˆ fishing/sailing day trips
- ˆ theme/food/baskets
- ˆ frequent flyer tickets
- ˆ Cash

Donations can be made by contacting: Sherry at 800-544-5243 or by email at [sherry@biaoregon.org](mailto:sherry@biaoregon.org). Have an item to be picked up, contact Sherry and she will arrange for that.

Check out the BIAOR website, [www.biaoregon.org/fund.htm](http://www.biaoregon.org/fund.htm), for up to date auction items YOU will want to bid on and more details about the auction and fun to be had on the Portland Spirit, December 5, 2010.

Registration page 9

## Sign up early—tickets limited to the first 100

**For further information please contact: Brain Injury Association of Oregon**      **503-740-3155 • 800-544-5243**  
**Sherry Stock**      **PO Box 549**      **Fax: 503-961-8730**  
**[biaor@biaoregon.org](mailto:biaor@biaoregon.org)**      **Molalla OR 97038**      **Tax ID # 93-0900-797**



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Learning Services Neurobehavioral Institute - West

# Here's my reservation!

Tenth annual fundraiser!



## Brain Injury Association of Oregon

Sunday, December 5, 2010

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please Reserve the following:

**Table Sponsor • \$1,000.00**

\_\_\_\_\_ Please contact me about other sponsorship opportunities.

Sponsorship includes 10 tickets at the same table, name or company name listed in program, name or company name listed on BIAOR website with link, name or company name listed in newsletter, and signage on table the day of the event. (\$150 tax deductible - Tax ID # 93-0900-797)

• I NEED \_\_\_\_\_ **Crusie TICKETS** (one ticket per paid attendee).

**Please seat me at a no-host table • \$75.00 per person**

If you have several friends that you would like to sit with, we encourage you to submit one check or multiple checks in one envelope. Tables accommodate 10 people. (\$150.00 tax deductible)

• I NEED \_\_\_\_\_ **Cruise TICKETS** (one ticket per paid attendee).

I am unable to attend. Please accept my donation for: \$ \_\_\_\_\_

Payment Options: Check Enclosed payable to BIAOR (Brain Injury Association of Oregon)

Charge my: Visa      MasterCard      American Express      Discover

Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Signature \_\_\_\_\_

Address—if different than above \_\_\_\_\_

Please print guests' names clearly below:

_____	_____
_____	_____
_____	_____
_____	_____

Return Registration to:

Brain Injury Association of Oregon  
PO Box 549, Molalla OR 97038  
503-740-3155 • [biaor@biaoregon.org](mailto:biaor@biaoregon.org)

# CALL FOR SPEAKERS Abstract & Poster Application Guidelines

## 9th Annual Pacific Northwest Brain Injury Conference 2011

### Living with Brain Injury: Thriving in Changing Times

March 4-5, 2011 • Portland Oregon

*Application Deadline: October 24, 2010*

**ABSTRACTS:** Abstracts accepted for the 9th Annual Pacific Northwest Brain Injury Conference 2011 Living with Brain Injury: Thriving in Changing Times will be published on a CD. Submissions encourage data-driven or assessment/treatment model descriptions.

**PLEASE NOTE:** Abstracts will be published only if the presenting author is a registered paying attendee to the Conference. BIAOR does not pay or support the travel of presenters. Only abstracts written in English and submitted online will be considered. Be sure that abstracts do not contain grammatical or spelling errors, which may disqualify your submission. Presenters of all accepted papers, both oral and posters, must also complete and return the Conference disclosure form.

**Oral Presentations:** Unless otherwise noted, accepted oral presentations will be 50 minutes in length, including 10 minutes of Q&A.

**Poster Presentations:** Accepted posters should be formatted to fit within the following size: Width: 4 feet (1.2 m) Height: 3.5 feet (1.0 m)

**Audience:** March 3 and 4 will be predominately professional attendees and March 5 will include people with brain injuries, their families, and community members.

**Research Outreach:** Focus Groups and survey instruments can be arranged. Please contact Sherry Stock, [sherry@biaoregon.org](mailto:sherry@biaoregon.org)

**Date:** BIAOR, in partnership with The Brain Injury Association of Washington, will host The 9th Annual Pacific Northwest Brain Injury Conference 2011 Living with Brain Injury: Thriving in Changing Times from March 3 through March 5, 2011 in Portland, Oregon.

We are looking forward to a wonderful scientific and social/ psychological program with over 100 renowned experts in the field of brain injury presenting on a variety of topics across the continuum of care. BIAOR has also planned other special features including workshops, panels, scientific poster and paper presentations. The call for proposals includes traditional workshops, demonstrations, learning labs, facilitated discussions, invigorators and energizers, panels and techno-sessions in ten emphasis areas:

**Critical Issues of the Day -** Policy and programmatic issues, including funding and economic trends, health care reform, parity, access to housing, treatment and program effectiveness and cross-systems collaboration.

**Specific Populations -** Effective approaches for reaching and serving specific populations of men and women (prescription drugs, cognitive impairments and/or traumatic brain injury, military experience, adolescents, pediatrics, shaken baby, pregnant women and cultural and racial/ethnic minorities).

**Responsive Practices, Innovations & Curriculum -** Evidence based and emergent practices including educational/group curricula, medication assisted approaches, integration of arts/creativity, cognitive/behavioral interventions, therapeutic alliance, recovery support strategies and other promising approaches for reaching, retaining and promoting recovery for those sustaining a brain injury and their families.

**Trauma, Co-Occurring Disorders & Integrated Care -** Creating trauma-informed environments and delivering trauma informed services, as well as effective approaches for addressing co-occurring health and mental health disorders.

**Family and Family-Centered Approaches -** Family-centered approaches, family engagement, specific interventions for children and family members, Fetal Alcohol Spectrum Disorder, Anger Management and inter-generational cycles of substance use.

**Workforce Development -** Workforce and management issues pertinent to the substance use treatment field including issues of credentialing, attracting and retaining employees, strengths and concerns for staff in recovery, expanding staff roles and responsibilities, staff training and leadership development.

**Criminal Justice -** Addressing issues with involvement in the criminal justice system, including in-custody treatment, support for re-entry, working with parole and probation and addressing unique family, employment and recovery support considerations for women returning from incarceration.

**Technology -** Addressing the variety of technological innovations including the use of technology in treatment and recovery services; e-records, data collection and billing; health promotion and wellness and leadership and networking.

**Health and Wellness -** Topics relating to the primary health care, health promotion and wellness needs of those who have sustained brain injuries, as well as agency staff, the recovery community and the community-at-large.

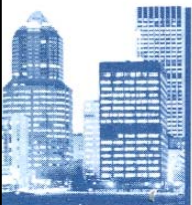
**Veterans and Community Supports -** Topics relating to the health and community support issues for returning military and their families.

**Legal Issues -** Mock Trial

Hotel Registration online at <http://www.starwoodmeeting.com/Book/BIAOR>

Contact Sherry Stock 503-740-3155 [sherry@biaoregon.org](mailto:sherry@biaoregon.org)

[www.biaoregon.org/presentations.htm](http://www.biaoregon.org/presentations.htm)



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"Interesting little article here. It says that the average human being only uses 17% of his brain. Boy, you realize what that means? We don't use a full, uh... 64%."  
Cliff Clavin from *Cheers*



# Neu Pathways

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## Residential Brain Injury Services

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Neu Pathways offers specialized, whole person focused, 24 hour care to survivors of acquired brain injury in a stimulating, home-like atmosphere. Additionally, we connect our clients with professional, ancillary services; coordinating care along the pathway to greater independence and maximal cognitive and functional ability.

We offer both long term and short term residential services. Openings currently available at our Hillsboro location.

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Jason Altman R.N.



jason@neupathways.com

# Americans With Disabilities Act Reaches 20th Anniversary

One survey finds gaps still exist, while another shows law has had major impact.

July 26 was the 20th anniversary of the Americans with Disabilities Act. A new survey reveals that the law has not made meaningful progress in improving the quality of life for people with disabilities.

Many social and economic gaps still exist between the 54 million Americans with disabilities and those without, according to a survey conducted by the Kessler Foundation/National Organization on Disability. The report found that the disabled still lag in key areas such as employment, access to health care and socializing.

The survey demonstrates that more must be done to help people with disabilities get ahead, said Carol Glazer, president of the National Organization on Disability. "While education has improved considerably, joblessness has not. We as a nation must figure this out," she said.

Some key findings from the survey:

- ˆ 19 percent of people with disabilities said they did not get the medical care they needed in the past year, with lack of insurance coverage cited as the top reason.
- ˆ 21 percent of disabled working-age Americans had a job in the past year, versus 59 percent for those without disabilities.
- ˆ 17 percent of people with disabilities have not graduated from high school, compared to 22 percent in 2000 and 40 percent in 1986 -- the first year the survey was taken.
- ˆ 48 percent of people with disabilities eat out at a restaurant twice a month, compared to 75 percent of those without disabilities.
- ˆ 34 percent of disabled people say inadequate transportation is a problem, compared to 16 percent of those without disabilities, a gap that has widened 5 percentage points since 1986.

Meanwhile, a different survey looking at the ADA's impact on the disabled community reached a more positive conclusion. This online survey, released in mid July and created by Lex Frieden, one of the crafters of the original law who is now a professor of biomedical informatics with the University of Texas Health Science Center in Houston, found that two-thirds of people with disabilities feel the law has been the most significant influence on their lives in the past two decades. The respondents added that the greatest improvements have come in areas that include access for the disabled to public places, transportation and public awareness.

Signed into law in 1990, the Americans with Disabilities Act protects people with physical or mental disabilities from discrimination. A disability is defined as any condition that impairs one or more major life activities, and the law was expanded in 2008 to include chronic health conditions such as diabetes, epilepsy and cancer.

Glazer said programs like Social Security, which pays cash and health benefits to people with disabilities who cannot work and earn less than \$1,000 a month, discourages the disabled from re-entering the workforce. "We have to fix this system so people with disabilities can go back to work, whether it's temporary, part-time or full-time, without fear of immediately losing their safety net."

Political participation represents one bright spot in the survey. 59 percent of both disabled and non-disabled people taking the survey said they voted in the 2008 Presidential election. In other election years, such as 1996 and 2000, the percentage of disabled voters was lower than non-disabled voters.

President Obama included a disability platform in his campaign which likely influenced voting rates, Glazer noted. Obama's initiatives include health reform, which will give the disabled better access to affordable health care, adding more workers with disabilities to the federal government workforce, and extending tax credits to businesses that hire disabled workers.

Even with this push from Washington, D.C., the majority of those in the disability community isn't convinced that the ADA has had an impact. In the survey, 61 percent said the law has not made a difference in their lives. Another 23 percent said the ADA has made a positive impact, and 4 percent said it has made their lives worse. "I do not think the ADA has helped all that much,"

said Michael Saggese, 32, an account executive at TecAccess, a Rockville, Va.-based information technology firm. Saggese has limited movement in his body and uses a wheelchair as the result of a traumatic brain injury he sustained in a car accident. He said he had difficulty finding a job after college and landed his current role through a counselor at the Virginia Department of Rehabilitative Services who helped him network with TecAccess.



Though the survey included participants of all ages, the younger generation -- particularly those who grew up with the ADA -- is more likely to embrace it, says Rodger DeRose, president and CEO of Kessler Foundation, a nonprofit that funds rehabilitation research and employment programs. "Acceptance of people with disabilities is far greater today. Younger people have adapted to the social changes brought about by the ADA that an older generation has had difficulty with."

For Eric Wright, 25, the ADA has been a factor for almost his entire life. He was born with cerebral palsy and uses a wheelchair to get to his job at the Internal Revenue Service in Washington, D.C., where he helps the agency comply with federal requirements for making the agency's electronic and information technology accessible to the disabled.

Wright participated in individual education plans (IEPs) throughout grade school, and in college he used a note taker in classes and was given extra time on tests because it took him longer to type. "There was never a point in my life where, if you saw me outside my home, that you wouldn't know I had a disability," Wright said. "But, thanks to the ADA, the people around me -- including my family, teachers and employers -- knew that I shouldn't be

*(ADA Continued on page 13)*

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**DAVID JENSEN, OF COUNSEL**

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(ADA Continued from page 12)  
excluded from a normal life."

Disability activists are hoping to use the anniversary to encourage more collaboration between business, government and nonprofits with a goal of bringing more education and job opportunities to the disability community. "As these two areas improve, other quality-of-life indicators are sure to follow," Glazer said.

#### More information

The U.S. Department of Justice has more on the [Americans with Disabilities Act](http://www.ada.gov/).  
<http://www.ada.gov/>

(SOURCES: Carol Glazer, president, National Organization on Disability; Rodger DeRose, president and CEO, Kessler Foundation; Michael Saggese, account executive, TecAccess, Rockville, Va.; Eric Wright, Internal Revenue Service, Washington, D.C.)

#### Disability Statistics for Oregon

13.3% of Total Population have a disability  
40.6% are employed  
23.3% employed full time  
11.7% have a college degree

Source: [www.ilr.cornell.edu/edi/disabilitystatistics](http://www.ilr.cornell.edu/edi/disabilitystatistics)



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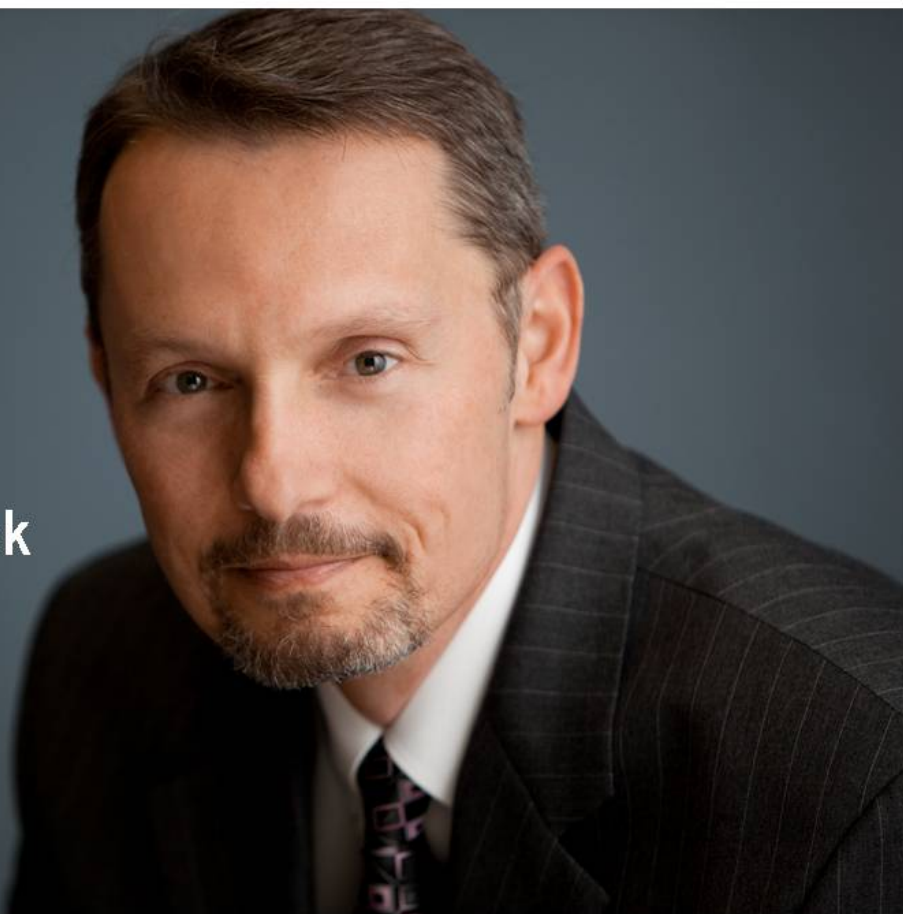
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# The Work Incentives Network WIN

WIN is a *free* benefits and work incentives planning service provided by 7 Oregon Centers for Independent Living to people with disabilities who want to work

Who does WIN serve?

People with disabilities who receive Supplemental Security Income (SSI)

People with disabilities who receive Social Security Disability Insurance (SSDI)

People with disabilities who *do not* receive any cash benefit or insurance benefits from Social Security, but need assistance in getting back to work

People with disabilities who are or have worked and have received notice from SSI or SSDI that they owe money to Social Security due to an "overpayment".

Many people with disabilities believe that if they go to work, they will lose all cash benefits or medical insurance they receive...and this is seldom true.

There are over 40 work incentives programs available that can help people with disabilities who work achieve their goals.

WIN staff can help with the creation of a PASS (Plan for Achieving Self Support) or IRWE (Impairment Related Work Expense)!

WIN staff will help you design an individual plan that allows you to be in control of your benefits and work incentives when you work.

To find the WIN staff nearest you go to <http://www.oregon.gov/DHS/vr/cep/index.shtml> and click on the link in the blue box at the right that says "WIN Staff".



## CONCERNED ABOUT HOW WORKING MIGHT AFFECT YOUR BENEFITS? TOP TEN REASONS TO KNOW ABOUT THE WORK INCENTIVES NETWORK!

### 10. In Section 8 or public housing?

No rent increase for one year after the day you start working; in the 2<sup>nd</sup> year only one-half of earnings count toward a rent increase.

This is called *Earned Income Disregard*

### 9. Are you legally blind?

Keep some or all of your SSI check when you work.

This is called *Blind Work Expense*

### 8. Are you a student under the age of 22?

Attend school regularly and you can keep some or all of your SSI check when working.

This is called *Student Earned Income Exclusion*

### 7. Do you get Social Security Disability Insurance (SSDI) and want to try working?

Keep your entire check for about 9 months while working no matter how much you earn.

This is called *Trial Work Period*

### 6. Do you get SSDI and don't want to lose your eligibility?

Keep your eligibility status for a 3 year period if you work too much to receive a cash check.

This is called *Extended Period of Eligibility*

### 5. Do you get SSDI or SSI?

Keep your SSDI check; or keep more of your SSI check when you work.

This is called *Impairment Related Work Expense*

### 4. Do you need help paying for things to reach your work goal?

Get SSI to cover your living expenses while using your money to pursue your vocational goal.

This is called *Plan for Achieving Self Support*

### 3. Do you get SSI and don't want to lose medical coverage?

Earn less than \$30,367.00 (non-Blind) a year and you keep your Medicaid coverage.

This is called *Medicaid Rule 1619b*

### 2. Do you get SSI and earn over the 1619b limit?

Buy into Medicaid if you have \$5,000 or less in resources and earn under \$4,599 a month.

This is called *Employed Persons with Disabilities Program*

### 1. Worried about figuring all this out by yourself?

You don't have to!

*The Work Incentives Network (WIN)* is a free service with professionals all over Oregon who are ready to help you maintain critical benefits and have more money in your pocket when you work!

***When you work, you WIN, so call your local WIN staff TODAY!***

***[www.win-oregon.com](http://www.win-oregon.com)***

## OREGON WORK INCENTIVES NETWORK (WIN) CONTACT LIST

CIL	LOCATION	WORK INCENTIVE COORDINATORS		COUNTIES SERVED	
<b>HASL</b> (Independent Abilities Center)	305 NE "E" St. Grants Pass, OR 97526	<b>NELSON FERGUSON</b> nelson_hasl@yahoo.com (541) 479-4275		Josephine, Jackson,	
		<b>DENYS HARTFIELD</b> denys_hasl@yahoo.com (541) 479-4275		Curry, Coos , Douglas	
<b>CORIL</b> (Central Oregon Resources for Independent Living)	20436 Clay Pigeon Court Bend, OR 97702	<b>LEONARD PEACH</b> leonardp@coril.org 1-541-388-8103		Crook, Deschutes, Jefferson	
<b>EOCIL</b> (Eastern Oregon Center for Independent Living)	322 SW 3 <sup>rd</sup> Suite 6 Pendleton, OR 97801	<b>LINDA VALENTINE</b> lindavalentine@eocil.org (541) 276-1037 1-877-711-1037 (Toll Free)		Gilliam,, Morrow, Umatilla, Union Wheeler	
	1021 SW 5th Avenue Ontario, OR 97914	<b>JENNIFER BONNELL</b> jbonnell@eocil.org (541) 889-3119 or 1-866-248-8369		Baker, Grant, Harney, Malheur , Wallowa	
<b>LILA</b> (Lane Independent Living Alliance)	99 West 10th Ave#117 Eugene, OR 97401	<b>EMMA LEVERT</b> elevert@lilaoregon.org (541) 607-7020		Lane	
	2561 Center Street NE Salem, OR 97301	<b>CHRISTIE RIEHL</b> criehl@lilaoregon.org 503-798-1971		Marion, Polk, Yamhill	
	99 West 10th Ave#117 Eugene, OR 97401	<b>LYNELLE WILCOX</b> lwilcox@lilaoregon.org 503-983-4711		Linn, Benton, Lincoln	
<b>ILR</b> (Independent Living Resources)	1839 NE Couch Street Portland, OR 97232	<b>JAY DYE</b> jay@ilr.org (503) 232-7411	<b>JAIME HEAD</b> jaime@ilr.org (503) 232-7411	Hood River, Multnomah, Sherman, Washington, Wasco	Clackamas, Clatsop, Columbia Multnomah, Tillamook,
<b>SPOKES UNLIMITED</b>	415 Main Street Klamath Falls, OR 97601	<b>JENNIFER KASPER</b> Jennnifer.kasper@spokesunlimited.org (541) 883-7547		Klamath, Lake	



**The Brain Injury Association of Oregon can deliver a range of trainings for your organization. These include:**

- CBIS Training (Certified Brain Injury Specialist)
- Brain Injury 101
- Anger Management and TBI
- Vocational Rehabilitation-working with clients
- Methamphetamine and Brain Injury
- ADA Awareness—including cognitive interactive simulation
- Judicial and Police: Working with People with Brain Injury
- Traumatic Brain Injury: A Guide for Educators
- Native People and Brain Injury
- Aging and TBI
- How Brain Injury Affects Families
- Brain Injury for Medical and Legal Professionals-What you need to know
- Caregiver Training
- Domestic Violence and TBI
- Dealing with Behavioral Issues
- Returning to Work After Brain Injury
- And more!

For more information contact Sherry Stock, Executive Director, Brain Injury Association of Oregon at [sherry@biaoregon.org](mailto:sherry@biaoregon.org) 503-740-3155 or 800-544-5243

# Imagine What Your Gift Can Do.

The most important achievements often start where they are least expected. That's why BIAOR is the perfect place to give. It allows your money to go where it's needed most, when it's needed most. BIAOR provides information about brain injury, resources and services, awareness and prevention education, advocacy, support groups, and conferences and meetings throughout the state for professionals, survivors and family members. Your gift makes a difference at BIAOR.

Please mail to:  
**BIAOR**  
**PO Box 549**  
**Molalla OR 97038**  
503-740-3155  
800-544-5243 Fax: 503-413-6849

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

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 Charge my VISA/MC/Discover Card \$ \_\_\_\_\_  
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Signature Approval: \_\_\_\_\_

Non-violence, which is the quality of the heart, cannot come by an appeal to the brain.  
- Mohandas Gandhi

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we have over 50 years experience  
providing legal services to  
sufferers of disability  
from traumatic brain injury

**Johnson, Clifton, Larson & Schaller, P.C.**

975 Oak St., Suite 1050

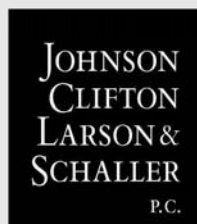
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## United Way Campaign

As a 501(c)3 tax-exempt organization, the Brain Injury Association of Oregon is eligible to receive United Way funds. When donating to United Way, you can specify that all or part of the donation be directed to the Brain Injury Association of Oregon .

On the donor form, check the "Specific Requests" box and include the sentence, "Send my gift to Brain Injury Association of Oregon, PO Box 549, Molalla OR 97038 -0549, Tax ID # 93-0900797"

If your employer has a policy of matching United Way donations, you can take advantage of that.

BIAOR Tax ID #: 93-0900797

## Using external aids to compensate for memory and organizational problems post-TBI

Research shows that rather than “fixing” cognitive impairments following brain injury, survivors can learn to compensate for these challenges by using a variety of helpful tools. These tools are collectively described as external aids. This research brief provides an overview of various external aids, the needs assessment process used for aid selection, and tips for training these aids across environments.

### What are external aids?

External aids fall into two categories: “low tech” and “high tech.”

Low tech aids include pencil/paper systems and simple organization tools. Examples include:

- Checklist: used to record lists for items (e.g., shopping list) and/or steps for specific routines (e.g., laundry routine, homework routine)
- Wall or pocket calendar: used to record/check appointments and events (e.g., doctor’s appointments, birthdays)
- Notebooks/daily planner: used to record/check information across several categories (e.g., calendars, contact information, expenses)
- Timer: used to monitor time during specific activities (e.g., homework, cooking task)
- Medication boxes: used to organize medications by day and time

High tech aids include electronic devices that have a range of programming options and uses. Examples include:

- Digital voice recorder: a device used to record information “in the moment” for later recall.  
Example: Olympus Voice recorder™
- Programmable watch: a wristwatch used for alarms/reminders to help recall important activities/events.  
Example: Timex DataLink™
- PDA (personal digital assistant): a “pocket computer” with several features including: alarms, calendar, contact information, internet, e-mail, and music.  
Example: iPod Touch™
- Cell phone: a mobile phone that includes contact information; several models include alarm/calendar programs, and camera.  
Example: Samsung™, Jitterbug™
- Smartphone: a device that combines a full-featured mobile phone with handheld computer functions as well as GPS (global positioning system).  
Example: iPhone™, Blackberry™

This Brief, supported by grant #H21MC06769 from the HHS, HRSA, MCHB is the sole responsibility of the authors and does not necessarily represent the official views of HHS. This is in the public domain.

## What is the Needs Assessment?

Before selecting an external aid, it is important to answer these questions to ensure that it is well matched to the needs of the user.

**Who?** Who will use the aid? What are his/her unique strengths and challenges? Specific considerations include: severity of injury; cognitive abilities (e.g., awareness, attention, executive functions, problem solving, memory, language); hearing; vision; motor; financial resources to pay for external aid and service contracts; and past/current use of external aids.

**Why?** Why is the aid needed? What goals and activities will the aid help the user achieve? Does the user need an aid to complete one simple task or to accomplish multiple tasks?

**Where & When?** Where, when and with whom will the individual use the aid?

Sample Needs Assessment		
	Liz (15 years old; 5 years post-injury)	Joe (45 years old; 1 year post-injury)
<b>Who?</b> (User background)	impaired awareness, executive functions, and vision; limited financial resources; no prior use of external aids	impaired memory; cell phone use pre & post-injury for phone calls only
<b>Why?</b> (Goals/activities)	needs to turn in homework consistently	needs to get to appointments on time
<b>Where &amp; When?</b> (Target environments)	school (teachers); home (parents)	work & community (e.g., medical appts)
<b>Recommended External Aid</b>	use large print homework checklist in the front cover of notebook ("Step 1: record assignments; Step 2: place sheets in course folder...")	use cell phone alarm as a reminder system; program alarms to go off at least 30 minutes before scheduled activity

## What is the best way to train external aids?

Once the external aid(s) has been selected, the user is provided with the opportunity to explore the aid followed by systematic *training* in how to check and enter information. Note: Initially users with more severe impairments should only be taught how to check information; someone else should enter the information for them. It is also possible that the user will not learn to program the device but that s/he can respond to the device and use it successfully.

Before *training*, the instructor (e.g., teacher, parent, job coach) determines the steps needed to learn how to use the aid across environments. *During training*, the instructor first models the steps, providing the user multiple opportunities to correctly practice each step until mastery is achieved. *After training*, the user and instructor determine whether the external aid is helping achieve the target goal. Future briefs will specifically address the topic of best practice instruction applied to a wide range of instructional targets.


### Where can I find out more information?

- \* Ehrlhardt, L., Sohlberg, M.M. et al. (2008). Evidence-based Practice Guidelines for Instructing Individuals with Acquired Memory Impairments: What Have We Learned in the Past 20 Years? *Neuropsychological Rehabilitation*, 18 (3), 300-342. [http://www.ncds.org/pdf/articles/Ehrlhardt\\_EBP\\_instruction.pdf](http://www.ncds.org/pdf/articles/Ehrlhardt_EBP_instruction.pdf)
- \* Gillette, Y., DePompei, R., & Goetz, E. <http://www.brainline.org/downloads/PDFs/PDAInterventionPlan.pdf>
- \* Matching Person and Technology. <http://matchingpersonandtechnology.com/>
- \* Sohlberg, M.M. & Turkstra, L. (in press). *Cognitive Rehabilitation: Teaching New Skills, Strategies and Facts to People with Acquired Brain Injury*. New York: Guilford Press.
- \* Sohlberg, M.M., Kennedy, M.R.T. et al. (2007). Evidence based practice for the use of external aids as a memory rehabilitation technique. *Journal of Medical Speech Pathology*, 15(1) [http://www.ncds.org/pdf/articles/sohlberg\\_et\\_al\\_jmslp2007-2.pdf](http://www.ncds.org/pdf/articles/sohlberg_et_al_jmslp2007-2.pdf)

To contact us or receive notification of new *Fact of the Matter* Briefs, email us: [mch@wou.edu](mailto:mch@wou.edu)

This is my simple religion. There is no need for temples; no need for complicated philosophy. Our own brain, our own heart is our temple; the philosophy is kindness.

Dalai Lama



**No One Knows  
TRAUMATIC INJURIES  
Better Than A  
GOOD DOCTOR**

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Traumatic Brain Injury

**DR. AARON DESHAW, ESQ., P.C.  
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Fox Tower  
805 SW Broadway, Suite 2720  
Portland, OR 97205

[www.DoctorLawyer.net](http://www.DoctorLawyer.net)  
**(503) 227-1233**



**Free concussion training for coaches**

In the same month in 2009 Oregon and Washington passed legislation mandating coach training on proper concussion management. Twenty-two states are attempting to pass similar laws.

A new e-learning program has been specifically designed to help coaches better recognize and manage concussion. Youth and high school coaches play a critical role by educating their athletes about concussion and emphasizing the importance of reporting any concussion symptoms.

ACTive: Athletic Concussion Training™ using Interactive Video Education, is now available free of charge at <http://activecoach.orcasinc.com>

This program was developed by the Oregon Center for Applied Science, Inc. with funding from the National Institute of Child Health and Human Development. This 20-minute interactive training program consists of modules covering general information about youth sports concussion, as well as how to recognize and manage athletes with signs or symptoms of a possible concussion.

Content for the ACTive program was based on the recommendations of the National Athletic Trainers' Association and the International Conference on Concussion in Sport.

Check it out for yourself  
Registration is simple, easy, and best of all, free. Take a look for yourself, then spread the word to other coaches and colleagues about this valuable resource.

Highland Heights  
503-618-0089  
Medically Fragile

Shaun's Place  
503-674-6790  
Medical Rehab

*Highland Heights & Shaun's Place*  
The Crown Jewel of Care



Serving the Community for 20+ Plus Years  
Specializing in Traumatic Brain Injury And Acquired Brain Injury

19715 NE Hassalo Ct. • Portland, OR 97230

Karen Campbell *Owner/Operator*

971-227-4350 Cell

# Resources

*If you, or someone you know needs help-contact:*

## People Helping People

Sharon Bareis

Phone: 503-875-6918

Email: [peoplehelpingpeople@comcast.net](mailto:peoplehelpingpeople@comcast.net)

Website: [www.phpnw.org](http://www.phpnw.org)

## Returning Veterans Resource Project NW

Returning Veterans Resource Project NW is a nonprofit organization comprised of politically unaffiliated and independent health care practitioners who offer free counseling and other health services to veterans of past and current Iraq and Afghanistan campaigns and their families. Our volunteers include mental health professionals, acupuncturists and other allied health care providers. We believe it is our collective responsibility to offer education, support, and healing for the short and long-term repercussions of military combat on veterans and their families.

For more information contact: Carol Levine, President/Returning Veterans 503-933-4996

[www.returningveterans.org](http://www.returningveterans.org)

email: [mail@returningveterans.org](mailto:mail@returningveterans.org)

"Brain Injury Partners: Navigating the School System," an interactive, multi-media intervention, is now available on-line free of charge. The easy-to-use website is designed to give parents of school-aged children with a brain injury the skills they need to become successful advocates. <http://free.braininjurypartners.com/>.

## FREE Brain Games to Sharpen Your Memory and Mind

[www.realage.com/HealthyYOUCenter/Games/intro.aspx?gamenum=82](http://www.realage.com/HealthyYOUCenter/Games/intro.aspx?gamenum=82)

<http://brainist.com/>

## Home-Based Cognitive Stimulation Program

[http://main.uab.edu/tbi/show.asp?](http://main.uab.edu/tbi/show.asp?durki=49377&site=2988&return=9505)

[durki=49377&site=2988&return=9505](http://main.uab.edu/tbi/show.asp?durki=49377&site=2988&return=9505)

## Sam's Brainsy Adventure

<http://faculty.washington.edu/chudler/flash/comic.html>

**Neurobic Exercise** [www.neurobics.com/exercise.html](http://www.neurobics.com/exercise.html)

**Brain Training Games from the Brain Center of**

**America**

[www.braincenteramerica.com/exercises\\_am.php](http://www.braincenteramerica.com/exercises_am.php)

## The Oregon TBI Team

The Oregon TBI Team is a multidisciplinary group of professionals and parents trained in pediatric brain injury. They provide support, in-service and consultation to educators of students with brain injury. TBI Team members are available to work with school teams and families to assist in locating resources and information about specific concerns such as: consultation and presentations on topics such as re-entry to school following a brain injury, support in schools, special education process, problem solving for academic and social difficulties and the creation of transition plans. For more information please go to the website at [www.tr.wou.edu/tbi/TEAM](http://www.tr.wou.edu/tbi/TEAM), email [tbiteam@wou.edu](mailto:tbiteam@wou.edu), phone 541-346-0573

## Oregon Brain Injury Resource Network (OBIRN)

Toll free: (800) 544-5243 Email: [tbi@wou.edu](mailto:tbi@wou.edu) Website: [www.tr.wou.edu/tbi](http://www.tr.wou.edu/tbi)

## BIHO Helpline - 866-412-2939 [www.braininjuryhelp.org](http://www.braininjuryhelp.org)

Peer mentoring help for the TBI survivor and their family in the Portland Metro/Southern Washington area.

## Affordable Naturopathic Clinic in Southeast Portland

An affordable, natural medicine clinic is held the second Saturday of each month. Dr. Cristina Cooke, a naturopathic physician, will offer a sliding-scale.

Naturopaths see people with a range of health concerns including allergies, diabetes, fatigue, high blood-pressure, and issues from past physical or emotional injuries.

The clinic is located at:

The Southeast Community Church of the Nazarene  
5535 SE Rhone, Portland.

For more information of to make an appointment, please call:  
Dr. Cooke, 503-984-5652

## Valuable Websites

[www.BrainLine.org](http://www.BrainLine.org): a national multimedia project offering information and resources about preventing, treating, and living with TBI; includes a series of webcasts, an electronic newsletter, and an extensive outreach campaign in partnership with national organizations concerned about traumatic brain injury.

[www.iCaduceus.com](http://www.iCaduceus.com): The Clinician's Alternative, the premiere web-based alternative medical resource.

[www.oregon.gov/odva](http://www.oregon.gov/odva): Oregon Department of Veterans Affairs

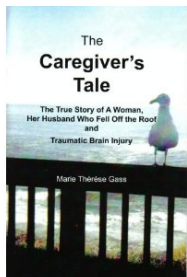
<http://fort-oregon.org/>: information for current and former service members

[www.idahotbi.org/](http://www.idahotbi.org/): Idaho Traumatic Brain Injury Virtual Program Center-The program includes a telehealth component that trains providers on TBI issues through video-conferencing and an online virtual program center.

[www.headinjury.com/](http://www.headinjury.com/) - information for brain injury survivors and family members

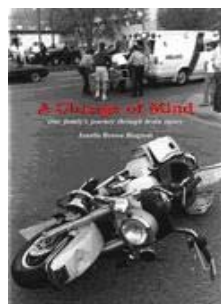
# ARE YOU A MEMBER?

The Brain Injury Association of Oregon relies on your membership dues and donations to operate our special projects and to assist families and survivors. Many of you who receive this newsletter are not yet members of BIAOR. If you have not yet joined, we urge you to do so. It is important that people with brain injuries, their families and the professionals in the field all work together to develop and keep updated on appropriate services. Professionals: become a member of our Neuro-Resource Referral Service. Dues notices have been sent. Please remember that we cannot do this without your help. Your membership is vitally important when we are talking to our legislators. For further information, please call 1-800-544-5243 or email [biaor@biaoregon.org](mailto:biaor@biaoregon.org).



## The Caregiver's Tale: The True Story Of A Woman, Her Husband Who Fell Off The Roof, And Traumatic Brain Injury

From the Spousal Caregiver's, Marie Therese Gass, point of view, this is the story of the first seven years after severe Traumatic Brain Injury, as well as essays concerning the problems of fixing things, or at least letting life operate more smoothly. Humor and pathos, love and frustration, rages and not knowing what to do--all these make up a complete story of Traumatic Brain Injury. \$15



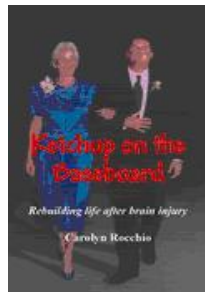
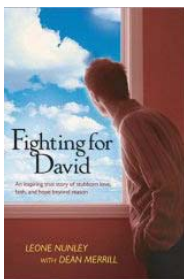
## A Change of Mind

A Change of Mind by Janelle Breese Biagioni is a very personal view of marriage and parenting by a wife with two young children as she was thrust into the complex and confusing world of brain injury. Gerry Breese, a husband, father and constable in the Royal Canadian Mounted Police was injured in a motorcycle crash while on duty. Janelle traces the roller coaster of emotions, during her husband's hospital stay and return home. She takes you into their home as they

struggle to rebuild their relationship and life at home. \$20

## Fighting for David

Leone Nunley was told by doctors that her son David was in a "persistent coma and vegetative state"--the same diagnosis faced by Terri Schiavo's family. Fighting for David is the story how Leone fought for David's life after a terrible motorcycle crash. This story shows how David overcame many of his disabilities with the help of his family. \$15

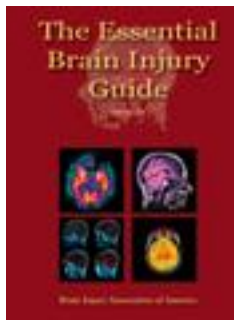


## Ketchup on the Baseboard

Ketchup on the Baseboard tells the personal story of the authors' family's journey after her son, Tim, sustained a brain injury. Chronicling his progress over more than 20 years, she describes the many stages of his recovery along with the complex emotions and changing dynamics of her family and their expectations. More than a personal story, the book contains a collection of articles written by Carolyn Rocchio as a national columnist for newsletters and journals on brain injury. \$20

## The Essential Brain Injury Guide

The Essential Brain Injury Guide provides a wealth of vital information about brain injury, its treatment and rehabilitation. Written and edited by leading brain injury experts in non-medical language, it's easy to understand. This thorough guide to brain injury covers topics including: Understanding the Brain and Brain Injury; Brain Injury Rehabilitation; Health, Medications and Medical Management; Treatment of Functional Impacts of Brain Injury; Children and Adolescents; Legal and Ethical Issues; and MORE! Used as the primary brain injury reference by thousands of professionals and para-professionals providing direct services to persons with brain injury over the past 15 years. \$60.00



## Brain Injury Association of Oregon

- New Member       Renewing Member

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Type of Membership

- Survivor Courtesy \$ 5 (Donations from those able to do so are appreciated)  
 Basic \$35    Family \$50    Students \$25    Non Profit \$75  
 Professional \$100    Sustaining \$200    Corporation \$300  
 Lifetime \$5000

## Sponsorship

- Bronze \$300    Silver \$500    Gold \$1,000    Platinum \$2,000

Additional Donation/Memorial: \$ \_\_\_\_\_

In memory of: \_\_\_\_\_

(Please print name)

Member is:

- Individual with brain injury    Family Member    Other: \_\_\_\_\_

- Professional. Field: \_\_\_\_\_

## Book Purchase (mailing included):

- The Caregiver's Tale \$15       A Change of Mind \$20  
 Fighting for David \$15       Ketchup on the Baseboard \$20  
 The Essential Brain Injury Guide \$60

## Type of Payment

- Check payable to BIAOR for \$ \_\_\_\_\_

- Charge my VISA/MC/Discover Card \$ \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code from back \_\_\_\_\_

Print Name on Card: \_\_\_\_\_

Signature Approval: \_\_\_\_\_

Date: \_\_\_\_\_

## Please mail to:

BIAOR PO Box 549  
 Molalla, OR 97038

800-544-5243 Fax: 503- 961-8730

[www.biaoregon.org](http://www.biaoregon.org) • [biaor@biaoregon.org](mailto:biaor@biaoregon.org)

# Oregon Brain Injury Support Groups

## Bend

### **CENTRAL OREGON SUPPORT GROUP**

2nd Saturday 10:30am to 12:00 noon  
St. Charles Medical Center  
2500 NE Neff Rd, Bend 97701  
Rehab Conference Room, Lower Level  
Joyce & Dave Accornero, 541 382 9451  
Accornero@bendbroadband.com

## Brookings

### **BRAIN INJURY GROUP (BIG)**

To be announced  
1-877-469-8844, 541-469-8887

## Cottage Grove

**BIG II (Brain Injury Group II)**  
Thursdays 11 a.m. to 12:30 p.m.  
Jefferson Park Recreation Room  
325 S. Fifth St, Cottage Grove  
For directions and information,  
Anna, 541-767-0845.

## Corvallis

### **STROKE & BRAIN INJURY SUPPORT GROUP**

1st Tuesday 1:30 to 3:00 pm  
Church of the Good Samaritan Lng  
333 NW 35th Street, Corvallis, OR 97330  
Call for Specifics: Mary Quibrera, (541) 768-5157  
aeasterl@samhealth.org

## Coos Bay

Traumatic Brain Injury (TBI) Support Group  
2nd Saturday August 9<sup>th</sup> 3:00pm – 5:00pm  
Kaffe 101, 171 South Broadway  
Coos Bay, Oregon 97420  
tbicbsupport@gmail.com

## Eugene (2)

### **COMMUNITY REHABILITATION SERVICE OF OREGON**

3rd Tuesday 7:00 to 8:30 pm  
Central Presbyterian Church  
15th & Patterson, Eugene, OR. 97401  
Call for Information  
Jan Johnson, (541) 342-1980  
comrehabjan@aol.com

### **BIG (BRAIN INJURY GROUP)**

Tuesdays 11:00am-1pm  
Hilyard Community Center  
2580 Hilyard Avenue, Eugene, OR. 97401  
Curtis Brown, (541) 998-3951  
BCCBrown@aol.com

## Hillsboro

### **Westside SUPPORT GROUP**

1st Monday 7-8 pm  
For brain injury survivors, their families, care-givers and professionals  
Tuality Community Hospital  
335 South East 8th Street  
Hillsboro, OR 97123  
Carol Altman, (503)640-0818

## Klamath Falls

### **BRAIN INJURY SUPPORT GROUP**

2nd and 4th Tuesday 1:00pm to 2:30pm  
Klamath County Courthouse Lower Level  
316 Main St, Klamath Falls, OR 97601  
Cheryl Broyles, 541-273-0334  
biota@charter.net

## Lebanon

### **BRAIN INJURY SUPPORT GROUP OF LEBANON**

1<sup>st</sup> Thursday 6:30 pm  
Lebanon Community Hospital  
525 North Santiam Hwy, Lebanon, OR 97355  
Conf Rm #6  
Lisa Stoffey 541-752-0816 lstoffey@aol.com

## Medford (1)

### **SOUTHERN OREGON BRAINSTORMERS SUPPORT AND SOCIAL CLUB**

1st Thursday 3:30 pm to 5:30 pm  
751 Spring St.  
Medford, Or 97501  
Lorita Cushman @ 541-621-9974  
[BIAOregon@AOL.COM](mailto:BIAOregon@AOL.COM)

## Molalla

### **BRAIN INJURY SUPPORT GROUP OF MOLALLA**

5 pm—6:30, Every Monday  
Support group and Hydro-exercise - Molalla Pool  
For more information contact: Sherry Stock  
sherry@biaoregon.org or 503-740-3155

## Newport

### **BRAIN INJURY SUPPORT GROUP OF NEWPORT**

2nd Saturday 2-4 pm  
4909 S Coast Hwy Suite 340  
South Beach, Oregon 97366  
(541) 867-4335 or progop541@yahoo.com  
www.progressive-options.org

## Oregon City

3rd Friday 1-3 pm  
Clackamas Community College McLoughlin Hall  
Rm #M226 (2nd floor)  
Sonja Bolon, MA 503-816-1053  
Brain4you2@gmail.com

## Pendleton

Inactive at this time.  
For more information contact:  
Joyce McFarland-Orr (541) 278-1194  
jmcfarland@Oregontrail.net

## Portland (12)

### **BRAINSTORMERS I**

2nd Saturday 10:00 - 11:30am  
Women survivor's self-help group  
Wilcox Building Conference Room A  
2211 NW Marshall St., Portland 97210  
Next to Good Samaritan Hospital  
Northwest Portland  
Jane Starbird, Ph.D., (503) 493-1221  
drstarbird@aol.com

### **BIRC Alumni Support Group**

Last Tuesday of every odd month  
1815 SW Marlow, Ste 110, Portland, 97225  
Contact Doug Peterson for additional information  
503-292-0765 or doug@progrehab.com

### **BRAINSTORMERS II**

3rd Saturday 10:00am-12:00noon  
Survivor self-help group  
Emanuel Hospital, M.O.B.-West  
2801 N Gantenbein, Portland, 97227  
Northeast Portland  
Steve Wright biaor@biaoregon.org

### **CROSSROADS (Brain Injury Discussion Group)**

2nd and 4th Friday, 1-3 pm  
Independent Living Resources  
1839 NE Couch St, Portland, OR 97232  
Sara Gerth, 503-232-7411 sarah@ilr.org

### **FAMILY SUPPORT GROUP**

3rd Saturday 1:00 pm-2:00 pm  
Self-help and support group  
Currently combined with **PARENTS OF CHILDREN WITH BRAIN INJURY**  
Emanuel Hospital, Rm 1035  
2801 N Gantenbein, Portland, 97227  
Joyce Kerley (503) 281-4682 joycek1145@aol.com

### **FARADAY CLUB**

**Must be pre-registered -**  
1st Saturday 1:00-2:30pm  
Peer self-help group for professionals with brain injury  
Emanuel Hospital, Rm. 1035  
2801 N Gantenbein, Portland, 97227  
Arvid Lonseth, (503) 680-2251 (pager)  
alonseth@pacifier.com

## HELP

(Help Each Other Live Positively)  
4th Saturday - 1:00-3:00 pm  
TBI Survivor self-help group (Odd months)  
TBI Family & Spouse (Even Months)  
Cognitive Enhancement Center  
15705 S.E. Powell Blvd. Portland Or.  
Brad Loftis, (503) 760-0425  
bcmuse2002@yahoo.com  
Please contact at least two days in advance

### **PARENTS OF CHILDREN WITH BRAIN INJURY**

3rd Saturday 12:30 - 2:30 pm  
self-help support group.  
12:30-1 pm with  
Currently combined with **THRIVE SUPPORT GROUP for Pizza then joins FAMILY SUPPORT GROUP**  
Emanuel Hospital, Rm 1035  
2801 N Gantenbein, Portland, 97227  
Joyce Kerley (503) 281-4682 joycek1145@aol.com

### THRIVE SUPPORT GROUP

3rd Saturday 12:30 - 2:30 pm

*Teenage and Young adult Brain Injury Survivor support group*

Emanuel Hospital, 1075

2801 N Gantenbein, Portland, 97227

Northeast Portland

Kate Robinson, 503-318-5878

### TBI SOCIAL CLUB

Location varies, call for times & locations

Meets twice a month - days and times vary call for information

Sandra Ward, (503) 735-4857

slwsundance@qwest.net

### Greater Persons Toastmasters Club (for People with Brain Injury)

2nd Tuesday 6:00-7:00 pm

Open to all including family members

2154 NE Broadway #110, Portland OR 97232

Caleb Burns, (503) 913-4517 Call in advance

### Greater Persons Toastmasters Club (for People with Brain Injury) Eastside

Last Saturday of the month 10 am—11:30 am

Open to all including family members

Emanuel Hospital, M.O.B.-West

2801 N Gantenbein, Portland, 97227

Northeast Portland

Caleb Burns, (503) 913-4517

### Roseburg

#### UMPQUA VALLEY DISABILITIES NETWORK

2nd Monday 12 noon - 1pm

419 NE Winchester, Roseburg, OR 97470

Tim Rogers, (541) 672-6336 x202

timrogers@udvn.org

### Salem (3)

#### SALEM BRAIN INJURY SUPPORT GROUP

4th Thursday 6pm-8pm

Salem Rehabilitation Center

2561 Center Street, Salem OR 97301

Megan Brummitt & Jodi Kumar (503) 561-1974

Megan.Brummitt@salemhospital.org

#### SALEM STROKE SURVIVORS & CAREGIVERS SUPPORT GROUP

2nd Friday 1 pm -3pm

Salem Rehabilitation Center

2561 Center Street, Salem OR 97301

Scott Werdebaugh 503-838-6868

Ruby McElroy 503-390-3372

#### SALEM SOCIAL CLUB

Temporarily inactive

### Vancouver Washington

#### VANCOUVER TBI SUPPORT

2nd and 4th Thursdays 2-3 pm

disAbility Resources of SW WA

2700 NE Andresen, Suite D5

Contact: Charlie Gourde

charlie@darsw.com

10-4 Monday - Friday

360-694-6790 ext. 103

### Idaho and Surrounding TBI Support Groups

#### STARS/Treasure Valley BI Support Group

4th Thursday of each month 7-9 pm

Idaho Elks Rehab Hosp, Sawtooth Room (4th

Floor), Boise ID

Kathy Smith (208-367-8962; kathsmit@sarmc.org)

Greg Meyer (208-489-4963;

gmeyer@elksrehab.org)

#### Southeastern Idaho TBI support group

2nd Wednesday of each month 12:30 p.m.

LIFE, Inc., 640 Pershing Ste. A, Pocatello, ID

Tracy Martin (208-232-2747)

Clay Pierce (208-904-1208 or 208-417-0287;

[clayjoanep@cablone.net](mailto:clayjoanep@cablone.net))

#### Twin Falls TBI Support Group

3rd Tuesday of each month 6:30-8 p.m.

St. Lukes' Idaho Elks Rehab Hosp, Twin Falls, ID

Keran Juker ([keranj@mvrnc.org](mailto:keranj@mvrnc.org); 208-737-2126)

#### \*Northern Idaho TBI Support Group

\*For Veterans

3rd Sat. of each month 1-3 pm

Kootenai Med. Center, 2003 Lincoln Way, Rm KMC 3, Coeur d'Alene, ID

Sherry Hendrickson (208-666-3903,

[shendrickson@kmc.org](mailto:shendrickson@kmc.org))

Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

Ron Grigsby (208-659-5459)

#### Quad Cities TBI Support Group

Second Saturday of each month, 9 a.m.

Tri State Memorial Hosp. 1221 Highland Ave, Clarkston, WA

Deby Smith (509-758-9661;

[biaqcedby@earthlink.net](mailto:biaqcedby@earthlink.net))

#### Stevens County TBI Support Group

1st Tuesday of each Month 6-8 pm

Mount Carmel Hospital, 982 E. Columbia, Colville, WA

Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

Danny Holmes (509-680-4634)

#### \*TBI Self-Development Workshop

"reaching my own greatness"

\*For Veterans

2nd & 4th Tues. 11 am- 1 pm

Spokane Downtown Library 900 W. Main Ave., Spokane, WA

Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

### Spokane TBI Survivor Support Group

2nd Wednesday of each month 7 p.m.

St. Luke's Rehab Institute, 711 S. Cowley, #LL1, Spokane, WA

Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

Michelle White (509-534-9380;

[mmwhite@mwhite.com](mailto:mmwhite@mwhite.com))

Valerie Wooten (360-387-6428)

### Spokane Family & Care Giver BI Support Group

4th Wednesday of each month, 6 p.m.

St. Luke's Rehab Institute, 711 S. Cowley, #LL1, Spokane, WA

Melissa Gray ([melissagray.mhc@live.com](mailto:melissagray.mhc@live.com))

Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

Michelle White (509-534-9380;

[mmwhite@mwhite.com](mailto:mmwhite@mwhite.com))

### Spokane County BI Support Group

4th Wednesday of each month, 6:30 p.m.-8:30 p.m.

12004 E. Main, Spokane Valley WA

Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

Toby Brown (509-868-5388)

### Spokane County Disability/BI Advocacy Group

511 N. Argonne, Spokane WA

Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

### Moses Lake TBI Support Group

2nd Wednesday of each month, 7 p.m.

Samaritan Hospital

801 E. Wheeler Rd # 404, Moses Lake, WA

Jenny McCarthy (509-766-1907)

### Pullman TBI Support Group

3rd Tuesday of each month, 7-9p.m.

Pullman Regional Hospital, 835 SE Bishop Blvd,

Conf Rm B

Pullman, WA

Alice Brown (509-338-4507)

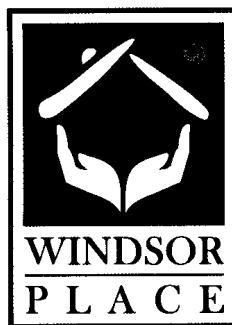
### Pullman BI/Disability Advocacy Group

2nd Thursday of each month, 6:30-8:00p.m.

Gladish Cultural Center, 115 NW State St., #213

Donna Lowry (509-725-8123)

\*For Veterans



### Sharon Slaughter

Executive Director

Phone: 503-581-0393

Fax: 503-581-4320

Windsor Place, Inc.

3009 Windsor Ave. N.E.

Salem, Oregon 97301

[sharonslaughter@qwest.net](mailto:sharonslaughter@qwest.net)



The Brain Injury Association of Oregon  
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 Portland, OR 97210-2924

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## *Calling for Presenters*

### The 9th Annual Pacific NW Brain Injury Conference 2011

**Living with Brain Injury: Thriving in Changing Times**



**March 3 - 5, 2011  
 Sheraton Airport Hotel  
 Portland, Oregon**

**[http://www.biaoregon.org/  
 presentations.htm](http://www.biaoregon.org/presentations.htm)**

This newsletter was sponsored in part by The Teaching Research Institute.

## How To Contact Us

### *Brain Injury Association of Oregon (BIAOR)*

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 Molalla, OR 97038  
 (503) 740-3155  
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Email: [biaor@biaoregon.org](mailto:biaor@biaoregon.org)  
 Website: [www.biaoregon.org](http://www.biaoregon.org)  
 Fax: 503-961-8730

#### **BIAOR Open**

[biaoropen-subscribe@yahoogroups.com](mailto:biaoropen-subscribe@yahoogroups.com)

#### **BIAOR Advocacy Network**

[BIAORAdvocacy-subscribe@yahoogroups.com](mailto:BIAORAdvocacy-subscribe@yahoogroups.com)

## Vehicle Donations



Through a partnership with VDAC (Vehicle Donations to Any Charity), The Brain Injury Association of Oregon, BIAOR, is now a part of a vehicle donation system. BIAOR can accept vehicles from anywhere in the country. VDAC will handle the towing, issue a charitable receipt to you, auction the vehicle, handle the transfer of title, etc. Donations can be accepted online, or call 1-866-332-1778. The online web site is <http://www.v-dac.com/org/?id=930900797>

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