the HEADLINER

Spring 2006
Vol. VIII Issue 2

The Newsletter of the Brain Injury Association of Oregon

What's Inside?

Oregonians helping Oregonians.
Donate your used cell phone & ink jet cartridges!
Save the environment. Save on taxes.
Help BIAOR.

The Brain Injury Association of Oregon is conducting a cell phone recycling fundraiser. There is nothing to buy. We are simply asking you to protect the environment by donating your used digital cell phone(s) and ink jet cartridge(s). Your used cell phone(s) may be tax deductible and will be recycled in accordance with EPA regulations or refurbished and sold. 100% of the proceeds will help fund programs and services provided by the BIAOR.

On average Americans replace their cell phones every 12 months.

Over 65 million cellular phones are stockpiled in U.S. households creating 30,000 tons of potentially hazardous waste.

In 2005, an estimated 130 million cellular phones were discarded in the U.S. alone.

Cell phones contain toxic substances including Arsenic, Antimony, Beryllium, Cadmium, Copper, Lead, Nickel and Zinc which leach into soil and groundwater from landfills and form highly toxic dioxins & furans during incineration.

These toxins have been associated with cancer and a range of reproductive, neurological and developmental disorders.

The cadmium from a single phone is capable of polluting 158,200 gallons of water. (That's 2.4 million 8-ounce sodas!)

The Brain Injury Association of Oregon is the only non profit in Oregon dedicated to the mission of creating a better future for over 70,000 Oregonians

(Recycling Continued on page 3)

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(Recycling Continued from page 1)

with traumatic brain injury (TBI) and their families through prevention, research, education and advocacy. The BIAOR has a mission of "Improving the quality of life for people with brain injuries, and their families."

BIAOR provides:

- Information and Referral
- Support Groups
- Advocacy:
- Awareness and Prevention activities
- Support Services
- Education

Call us and we will pick them up or you can drop them off at our office. We greatly appreciate your support!

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You'd better start mixing toothpaste with your shampoo. You're getting a cavity in your brain.
Archie Bunker (character in *All in the Family*, 1971)

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

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

One of the most difficult decisions facing family of a brain injured individual is whether or not to initiate Conservatorship and/or Guardianship proceedings in order to protect a brain injured individual. Oregon law provides for the establishment of both guardianships and conservatorships of adults and minors who are incapable of handling their own affairs. These proceedings are controlled by statute and codified in Chapter 125 of the Oregon Statutes.

The establishment of either a guardian or conservator should not be undertaken except with qualified counsel experienced in this type of law. The purpose of this article is merely to give you a brief overview of the procedures involved and to invite you to either contact me personally, or another attorney familiar with these types of proceedings if you have any additional questions.

In this column I will explore Guardianships within the State of Oregon.

GUARDIANS

Under the statute, a guardian may be appointed for an adult person only as is necessary to promote and protect the well-being of the protected person. The protected person in the context of this column is the brain injured individual. Under the statute, "A guardianship for an adult, must be designed to encourage the development of maximum self-reliance and independence of the protected person and may be ordered only to the extent necessitated by the person's actual mental and physical limitations." (ORS 125.300). It is important to note that under the statute an adult protected person for whom a guardian has been appointed is not presumed to be incompetent. Further, a protected person retains all legal and civil rights provided by the law except those that have been expressly limited by court order or specifically granted to the guardian by the court. Rights retained by the person include, but are not limited to, the right to contact and obtain legal counsel and have access to personal records. (ORS 125.300(2),(3)).

After determining that certain conditions have been established, the court may appoint a guardian as requested if the court determines by "clear and convincing evidence" that (a) the respondent (the protected person) is incapacitated; (b) the appointment is necessary as a means of providing continuing care and supervision of the respondent; and (c) the nominated person is both qualified and suitable, and is willing to serve.

The court shall make a guardianship order that is no more restrictive upon "liberty of the protected person than is reasonably necessary to protect the person." (ORS 125.305(2)).

In determining how restrictive the guardianship will be, the court shall consider the information in the original petition for guardianship, the report of "the visitor," the report of any physician or psychologist who has examined the protected person, if such an examination occurred and if evidence of that examination was presented at any court hearing. The "visitor" is a court appointed individual who will meet with the protected person typically in private and without influence from other factors such as family members or friends who may tend to skew the protected person's physical or mental condition. The visitor will then provide the court with their report based on the visitor's findings during the course of that meeting with the protected person. It is entirely possible that the visitor will determine that the protected person does not need a guardian to be appointed for him or her, just as it is possible that the visitor will, in fact, concur with the need for a guardian.

The court may require that the guardian post a bond. This is a way of ensuring that if the appointed guardian wrongfully uses any of the protected person's assets the bond will be available to reimburse the protected person.

The guardian has the following powers and duties:

The guardian has custody of the protected person and may establish the protected person's place of abode within or outside the State of Oregon. The guardian shall provide for the care, comfort and maintenance of the protected person, and whenever appropriate shall arrange for training and education of the protected person. The guardian shall take reasonable care of the protected person's clothing, furniture and other personal effects, (unless a conservator has been appointed for the protected person). And, subject to certain privileges, the guardian may consent, refuse consent, or withhold or withdraw consent to health care as defined in Oregon law. (ORS 125.315).

The guardian may receive money and

(Lawyer's Desk Continued on page 5)

(Lawyer's Desk Continued from page 4)

personal property deliverable to the protected person and apply the money and property for support, care and education of the protected person. The guardian shall exercise care to conserve any excess for the protected person's needs.

Strict limitations are placed upon a guardian as well. A guardian may not use funds of the protected person's estate for room and board that the guardian or guardian's spouse have furnished the protected person unless the charge for the service is approved by order of the court before the payment is made. Before a guardian may place the protected person in a mental health treatment facility, a nursing home or any other residential facility, the guardian must file a statement with the court informing the court that the guardian intends to make the placement. Certain notices are required as well if the guardian wants to act in this way.

The guardian is required to submit a guardian's report each year after the anniversary of the appointment of the guardian. The guardianship report is controlled by statute and the specific information required for the report is outlined in ORS 125.325. The information required in the guardian's report includes listing the current activities that the protected person is engaged in, the protected person's physical condition, the person's mental condition, the decisions that the guardian made on behalf of the protected person, a statement as to whether or not the guardian believes that the guardianship should or should not continue, an accounting of money spent on behalf of the protected person and other information. The report is then scrutinized by the court for accuracy and compliance with statutory requirements.

An individual who is appointed guardian of a protected person should understand the tremendous responsibility that follows that appointment. The most successful guardianships are those that are undertaken out of true love and respect for the protected person and a true desire to see that the protected person's life is as good as possible under the circumstances. The court provides scrutiny of the guardian's actions, and this typically provides a strong deterrent against any illegal or unethical behavior by the guardian.

It is my experience that a protected person who has a strong, loving and committed guardian to help with the person's daily life is happier and more fulfilled than he or she was before the appointment of the guardian. At the same time, however, volunteering to be a guardian is not a light decision and should only be undertaken after careful consideration of the work and commitment involved.

(This column is meant for general informational purposes only. It is not meant to impart any specific legal advice, and anyone who has a specific legal question regarding a person afflicted with a TBI should consult with an attorney skilled in that area of law.)

2006 BIAOR Calendar of Events

For updated information, please go to www.biaoregon.org
Call the office with any questions or requests

May	Molalla Bike Rodeo May 20-21 BIAOR, Molalla Fire & Police Depts
	Annual Membership Drive
June	BIAA Caregivers' Conference Honoring the Past - Charting the Future
October	Annual Conference Oct 6-7, 2006 *Living with Brain Injury: Creating a Future*
December	7th Annual Holiday Fundraiser
	Support Group Holiday Parties

A collection of a hundred great brains makes one big fathead.

Carl Gustav Jung

See BIAOR's New Online Store

Purchase: Books, Membership, Ornaments, Conference Registration, Advertising

www.biaoregon.org/store.asp

You have brains in your head.
You have feet in your shoes.
You can steer yourself
any direction you choose.

Dr. Seuss (from *Oh, the places you'll go!*, 1990)

Keeping in Touch with Family and Friends

"Derek" suffered a traumatic brain injury in a motor vehicle accident several years ago resulting in severe cognitive impairments that eventually lead to social isolation; friends and family drifted away. Three years ago Derek started using the Coglink email program to correspond with his family. His brother and sister lived in different states and Derek had not talked to them in a number of years. With help from the Coglink email staff, Derek found their email addresses and began emailing them. They reminisced about their childhoods, updated each other on current life events and even shared recipes. Using email to make travel arrangements, Derek was eventually able to visit his brother and sister. Coglink made reconnecting with family possible for Derek.

Derek had tried to use commercial email programs, but abandoned them because they were too confusing. He needed a simpler system that supported him in obtaining and inserting addresses and learning to use the email. Derek not only received help connecting with his family, he developed email correspondence with new partners.

Email is one of the most common ways people correspond with one another. That's why researchers from the University of Oregon and the Teaching Research Institute have developed Coglink: a simple, safe email program. Coglink was designed to be used by people who have difficulty with memory, learning, initiation or who have a fear of technology.

Coglink helps people build their own community of email partners. The email software is personalized; users choose the partners they want to correspond with. People or companies who send spam ("junk mail") and viruses are left out of that community. With Coglink, there are no hidden windows or distracting pop-up screens. Email messages and photographs from children, grandchildren, brothers, sisters, and friends in far-away places are just a click or two away.

Coglink email includes a training program that helps users learn the basic skills for using the mouse, keyboard, and email, and the Coglink HelpDesk provides the technical support necessary to maintain use of the Coglink Email program and add new partners.

Research showed that 100% of the people who tried Coglink became successful emailers, even though none of them could use common email programs like Hotmail. They also found that people enjoyed using Coglink email. Unlike a phone conversation, email allows people time to think and write their message, even to edit it, before they send it. One research participant had trouble "making a long story short". With Coglink email, she learned she could write a long story, then shorten the message to the right length before sending it.

Who uses Coglink?

- People who want a simple way to stay in touch with friends and family.
- People who have access to a computer, but don't use it because it's hard to set up and maintain.
- People who don't use other email programs because they are too hard to learn.
- People who want protection from computer viruses, ads for drugs, pornography, fake charities and get-rich-quick scams.

Please contact us for a free article describing the research about Coglink, or if you have any other questions.

PHONE: 1-800-716-9695
EMAIL: info@coglink.com
Or visit our website at: www.coglink.com

September 20 (Tue)

Jessie's photo

Hi Mom,
Did you get the picture I sent last week? Jessie thought that was so funny!

Allison

Type your response to Allison, then click Send

Oh yes I did. That was a great face.

Bye,
Mom

"What a waste it is to lose one's mind. Or, not to have a mind is being very wasteful. How true that is." Dan Quayle, 44th Vice President of the United States under George H. W. Bush, 1989 - 1993.

Managing Chaos: Dual and Triple Diagnosis Mental illness and ABI

Apart from the many cognitive effects of a brain injury, survivors may find themselves struggling with mental illness or additional problems as well.

The key parts for understanding peoples' experience of mental illness include 'distress', 'impairment of functioning' and 'increased risk'. The use of the term 'mental illness' may unfortunately imply that a person's suffering is 'all in their head'. Such uninformed views fail to appreciate the very real and genuine suffering that a person endures day after day.

It is also clear that there may be a physical basis to an individual's psychological problems e.g. depression related to cancer treatment, or, a psychological basis to physical problems e.g. a stress induced stomach ulcer. Understanding the relationship between a person's physical health and psychological well-being becomes particularly important for people with acquired brain injury where misunderstandings about the cause of symptoms are common.

Consider the following relationships that may exist between an individual's psychological well-being and physical health:

- Various types of mental illness may be either based upon or associated with a physical condition or biological process
- Some individuals with ABI have a history of pre-existing psychological problems that may be exacerbated by their injury
- Mental illness can develop as a direct result of the brain injury due to damage of specific areas of the brain
- Individuals can develop mental illness in reaction to the traumatic stress associated with an accident or ongoing negative experiences in life
- Individuals often experience other traumatic and stressful life events prior to ABI.

Therefore, an individual with an acquired brain injury who suffers from mental illness requires a high level of understanding and support. As previously discussed such individuals are often significantly distressed and at an increased risk of suffering, pain, disability and loss of freedom, or even death.

DEPRESSION

A very common type of mental illness experienced by people with acquired brain injury is depression. The symptoms of depression may include a sad mood for most of the day, loss of interest, poor sleep, negative self-concept and recurrent thoughts of death or suicide. For people who think about ending their lives, suicide may represent an answer to what they feel is an otherwise unsolvable problem. The choice may appear preferable to other circumstances such as enduring emotional distress or disability, which the person may fear more than death. It is worth noting here that the suicide rate of people with acquired brain injury is two to nearly five times higher than the

(Managing Chaos Continued on page 8)

Edith Jones
Alzheimer's Disease
Delusions, anxiety
& hallucinations

Peter Haak
Stroke
Paralysis of
right side

Jessica Townsend
Motor vehicle accident
Challenging behavior
& visual problems

Maree Xuong
Drug overdose
Confusion &
lack of insight

(Managing Chaos Continued from page 7)

general population.

DUAL DIAGNOSIS

There are several types, or combinations, of disabilities that come under the heading of 'dual diagnosis', one of which is acquired brain injury and mental illness. The people who fall into this group experience many difficulties.

People can be affected physically by a brain injury, but mostly, there are no obvious outward signs. Generally, it is the psychological and psychiatric problems associated with the brain injury that engender any number of complications, and ongoing distress for those in contact with the affected person.

A person's behavior following a brain injury may be different to what it was before; or, it can exacerbate previous behavioral traits. In fact, there is broad agreement that roughly two-thirds of people with acquired brain injury exhibit shifts in behavior[1] post-injury. Perhaps the most troublesome changes for the individual and those around him, or her, are depression, low frustration levels, poor impulse control and aggressive tendencies such as explosive verbal and/or physical outbursts towards others.

THE PSYCHIATRIC ASPECT

In regard to the psychiatric aspects of a brain injury, experts generally agree that people who have acquired a brain injury through traumatic means, such as car accidents or assaults, are at risk of developing psychiatric disorders (as well as subsequent brain injuries). Conversely, people with psychiatric conditions are at risk of incurring a subsequent brain injury[2].

The types of psychiatric disorders present either before or after a brain injury include major depression, anxiety disorders, borderline and avoidant personality disorders, and bi-polar affective disorder.

It is also fairly common for people who have experienced a traumatic brain injury to experience the problem of unrealistic self-appraisal. By this I mean that they may not be able to relate the problems they are having to their brain injury.

They may also have the associated problem of impaired social awareness so that they may not understand the intentions of others or be able to pick up on social cues in a way that the rest of us take for granted. This can cause them to become progressively suspicious and uncooperative. In time, some may become "frankly paranoid and even delusional"[3]. In most cases, this is related to significant cognitive dysfunction related to temporal lobe damage.

In short, some personality problems of people with acquired brain injury are clearly related to cognitive impairment. However, there are also many "non-neurological variables that seem to influence the presence and severity of psychiatric disturbances following brain injury"[4].

CONTRIBUTING FACTORS TO POOR SERVICE RESPONSES

People with acquired brain injury fall into a chasm. They either do not 'fit' the criteria of available programs or the programs are inadequate or inappropriate. Lack of understanding and awareness of people with this disability severely limits their access to services. Such situations are frustrating and distressing not only for people with this disability but also for family members and those service providers who struggle to support them.

The lives of people with acquired brain injury who experience homelessness are particularly bleak. However, if they also have a dual disability, ie, an acquired brain injury and a mental illness, a problem with alcohol and other drugs, and/or involvement with the criminal justice system, then life can get down to simply surviving each day and many are unable to do this. I might add that the inter-relationship between these three factors has been well established[5].

A brain injury can leave these people vulnerable to exploitation, violence and the commitment of criminal offences. Living on the streets and in other dangerous or unhealthy environments can also lead to incidents where they incur further brain injuries.

Despite the nature of a dual diagnosis, people affected by it are often refused assistance by mental health services. If they are accepted by a mental health service, they may receive treatment for the psychiatric aspect of the dual diagnosis, but their acquired brain injury is neglected.

There will also be many people in the mental health system with this dual diagnosis whose brain injury remains undiagnosed. It is an unfortunate thing to have to say, but mental health professionals will often deny the presence of an obvious mental health disorder on the basis that an individual has an acquired brain injury!

At the policy level, no government agency takes responsibility for this group of people. This plays out at the service level where people with a dual diagnosis are bounced back and forth between the disability, health and homelessness sectors.

STEPS NEEDED TO PLUG THE GAPS IN SERVICE

To stop people with dual diagnosis falling through the cracks, the following steps need to be taken:

- A short term plan and a long term strategy are needed, otherwise we are simply bandaiding and lurching from one crisis to another
- State governments as well as government funded agencies need to work together to ensure the development and implementation of short term plans and long term strategies.
- An interdisciplinary team is needed that is skilled in understanding acquired brain injury and the complex issues associated with dual and triple diagnosis and homelessness.
- It is important to involve the client and the family from the beginning in formulating strategies, ie, a client focused approach.

(Managing Chaos Continued on page 9)

(Managing Chaos Continued from page 8)

- Psychiatric services and disability groups need to work in unison. There needs to be a partnership where the client is the focus; not the professional or organizations.
- Training on acquired brain injury and dual/triple diagnosis should be required within mental health services. There needs to be neuropsychiatric services within mental health services.
- There needs to be Crisis Teams experienced in working with people with these types of dual and triple diagnosis;
- There needs to be routine screening for people with acquired brain injury within the criminal justice system as well as within homelessness services;
- A 24 hour dual diagnosis crisis team is needed.

This article has been adapted from a speech made by Jan Bishop as President of Brain Injury Australia, at the 3rd National Homelessness Conference in Brisbane, April 2003.

Footnotes

[1] Prigatano, G P, Psychiatric Aspects of Head Injury: Problem Areas and Suggested Guidelines for Research. In Levin, H S, Grafman J., Eisenberg, H N (Eds) (1987), Neurobehavioural Recovery from Head Injury, Oxford University Press, New York.

[2] Fann J R., Leonetti A., Jaffe K., Katon W J., Cummings P, Thompson R S (2002) Psychiatric illness and subsequent traumatic brain injury: a case control study, J Neurol Neurosurg Psychiatry 72:615-620.

[3] Prigatano (1987).

[4] Prigatano (1987), p.228.

[5] Greg Kreutzer J S, Harris Marwitz J, Witol A D (1995) Interrelationships between crime, substance abuse, and aggressive behaviours among persons with traumatic brain injury, Brain Injury, Vol. 9, No. 8, 757-768.

Brain Injury in the News

Palo Alto VA Hospital gets $75,000 grant

Members of the Palo Alto Elks Veterans Service have turned over a $75,000 grant to the Palo Alto Veterans Affairs Hospital. The grant, provided to the Elks by a charitable trust, will help Fisher House, a new home to be dedicated April 19, where families of veterans can stay for free.

Palo Alto's VA hospital is a center for care of veterans with post-traumatic stress disorder and spinal cord and traumatic brain injuries. Many need long-term care.

Families of young Iraq War veterans often can't afford to stay in local hotels or rent apartments in Palo Alto. In some instances, wives of veterans have had to sleep in chairs in the hospice unit, Dominick Garofano, a member of the Elks Veterans committee, said.

"Fisher House will provide them with 21 furnished apartments and a communal kitchen -- entirely free," he said.

The $75,000 grant was provided to the Elks by the Hurlbut-Johnson Fund, a $15 million charitable trust started by a Woodside cabinetmaker, Garofano said. The Elks presented the check to the hospital on March 20.

In addition to the check, the Elks are donating binders containing scrip for groceries, complimentary tickets to movies and other freebies to help families with everyday costs of living, Garofano said.

The Palo Alto Elks Veterans Committee aids veterans in recreational therapy, such as bingo, and provides other activities for veterans and their families in the Palo Alto Spinal Cord Injury unit, Traumatic Brain Injury unit, and the Blind Center.

April 11, 2006
Source: http://www.paloaltoonline.com/news/show_story.php?id=2687

After the coma

Eight years after a car accident changed everything, a mother and her son tell what it has been like to live with his traumatic brain injury.

It is estimated that 1.4-million people a year suffer traumatic brain injuries. For some of these patients and their families, life returns to normal. Ours did not.

More than eight years ago, on Thanksgiving night, our then 27-year-old son, Mike, went with friends to a popular bar in downtown St. Petersburg. He didn't worry about drinking, since he wasn't driving, but the Jeep he and two friends were riding in flipped over. The other two passengers suffered minor injuries, but Mike was tossed out and landed on his head.

The neurosurgeon told us Mike suffered a brain stem injury. He told us to imagine Mike's brain as a watermelon with dime-sized nicks in it.

Nine months of institutional care followed two weeks in a coma. Mike's relatives and friends visited him in hospitals, nursing homes and Bayfront Medical Center's Brain Injury Rehabilitation Unit. I, his mother, became his primary caregiver.

On Aug. 7, 1998, we brought Mike home to stay. His dad, Lon, had built plywood ramps to the front and back doors, to accommodate Mike's wheelchairs. Lon also installed grab bars in the bathroom for the special tub and toilet.

When Mike's large shower chair didn't fit into the bathroom, Lon rigged three poles around an outdoor shower and hung curtains there, so we could wheel Mike in his chair under that shower. That lasted until the first cool spell, when we began seating Mike on a special bench in the indoor shower.

Having a physiatrist - a physician who specializes in physical medicine and rehabilitation - is a must when dealing with a brain injury, and Mike's physiatrist immediately signed him up for Bayfront's Comprehensive Outpatient Brain Injury program. For two months, the staff tried to work with Mike on basic living skills: grooming, preparing a meal, shopping and physical therapy. He would have none of it.

Our previously laid-back, easygoing son became combative, pronouncing anything they tried to do "stupid, stupid, stupid."

That ended therapy. The staff suggested I take Mike home and "do everyday things with him." Overnight I became <his> speech, occupational, physical and social living therapist, with no background in any of those disciplines.

Mike's siblings - Julie, Tom, Cathie and Pat - and his dad pitched in with ideas and hands-on help. Cathie, an RN, had videotaped Mike's physical therapist giving us detailed instructions on exercises for Mike at home. She would drive from her home in Sarasota every week to work with him.

Julie, who lives in St. Petersburg, would come over daily between work and school to accompany Mike with his walker along the sidewalk or in his wheelchair. That gave me time for my therapeutic hour of lap swimming.

Tom kept Mike supplied with board games, to encourage cognitive skills. When Mike could get in the backyard pool with an "Aqua Jogger" around his waist, Lon and the siblings played water volleyball, to help Mike build stamina and coordination.

Pat continues to fly in often from Atlanta to entertain Mike, help him with his computer, challenge him to improve his cognitive skills.

Even Mike's nieces and nephews played games, colored or worked with clay with him, to help get his neurons clicking.

In January 1999, Mike joined a Lifestyle Family Fitness gym. With my help, he climbed on machines and returned to working out. Two years later, we met Shane Trevigno there, and he volunteered an hour a week to work with Mike on improving his balance and getting him out of the wheelchair. Shane, an ex-Marine, combined drill instructor tactics with fun stuff to motivate Mike.

Marci Anderson, a friend of Shane's, volunteered an hour of massage a week. Dr. Ric Lenholt, a chiropractor and friend of Marci's, volunteered his expertise.

In February 2000, Mike's physiatrist sent him for vocational rehabilitation, and Mike re-entered Bayfront's brain injury outpatient program, where he worked with a speech pathologist to prepare to return to college. Mike had been in his third year working toward a finance degree when he was injured; by now he wanted desperately to get back.

At St. Petersburg College, Mike benefited from being allowed a note taker, a quiet room for taking his tests, a tutor and more.

Over four semesters, he took courses in college success skills, elementary and intermediate algebra and calculus. The results were the same; Mike could do some of the work, but not enough to pass the class. Short-term memory loss plagued him.

After a neuropsychological exam and aptitude testing, Mike's counselor, Tracy Van Ess, suggested that he try Abilities of Florida. His teacher there, Jim Gardner, worked hard with Mike on computer-assisted drafting. Again memory loss tripped him up.

Now, Mike works two afternoons a week at Healthstat O2, the respiratory and home care services business co-owned by his brother Pat. Mike also has spoken a couple of times to high school classes about his rehabilitation and looks forward to doing more.

And he is being treated at Bayfront with a computer-based program aimed at improving his balance and thought

(After Coma Continued on page 11)

The Iraq War's Hidden Wound

Brain injuries are common in combat, but they're not always apparent

PALO ALTO, Calif. - Alec Geiss, a sergeant in the Oregon Army National Guard, broke several bones when his truck overturned in Iraq. Months after he was home and healed, his wife Shana began to notice changes in his personality.

"He was very quick to temper," she says, "[He] would get irritated at things that never bothered him before, sleeping all the time."

Alec did not perceive a problem. "I thought there wasn't anything wrong with me," he laughs. "Everybody else was screwed up."

Dr. Henry Lew of the Palo Alto VA Hospital says it is a very common scenario.

"You don't see shrapnel or bullets or open injuries," Dr. Lew says. "But the inside of the brain has been damaged to a point that it affects the daily function."

Veterans Affairs psychologist Harriet Zeiner says that often people will think a brain-injured vet is depressed or suffering from post-traumatic stress.

"It's really important," Dr. Zeiner says, "that individuals out in the public know that it's entirely possible for someone who's been in the combat theater to have a head injury and not know it."

Alec finally had his problem diagnosed. He's been through months of rehabilitation, but he still has occasional emotional outbursts and memory problems.

"Sometimes, a new memory will stick in there, like, I don't know why," he says. "And then other times — there's nothing."

Before the war, Alec ran a construction business. Now, even though he looks fine, he knows that he can't do that again.

"The hardest thing," he says, "is to tell yourself you're not fine. You're not... It's real hard to keep everything together when you're not together yourself and you don't even know that something is wrong."

Like thousands of other returning Iraq vets, Alec Geiss faces an uncertain future, because of a hidden wound.


Alec Geiss, Oregon Army National Guard

By Robert Bazell, Chief science and health correspondent, NBC News, April 26, 2006

Source: http://msnbc.msn.com/id/12501855/

(After Coma Continued from page 10)

processes.

In Mike's words: Before I had my traumatic brain injury, I was a full-time student at USF, renting to own my first home, working part time for the owner and also working as a waiter at Chili's. I played beach volleyball on weekends and had plenty of friends.

Now, I have finally realized that I'm still the same person I was before my accident, but I can't or won't do some things that I used to.

If I ever want to drive again, I will have to be evaluated and take driving lessons at Bayfront's Comprehensive Outpatient Brain Injury program.

I will never have alcoholic drinks again.

After a brain injury, alcohol greatly increases the chance of having a seizure. If I go to a bar or a party with friends, I only drink water or Sprite - because I'm not supposed to have caffeine, either.

I will never play beach volleyball again, because I almost always use a cane to walk: I have poor balance, a fused wrist and a dislocated shoulder - all from my accident.

I have learned to slow down and do things the correct way. I really think things through before I start them.

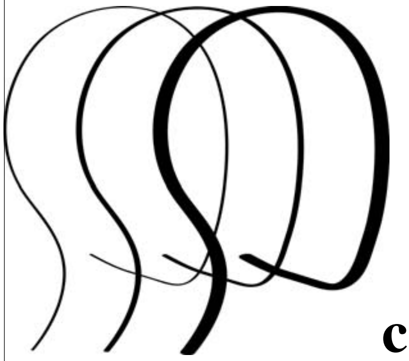
After my injury, I became very angry with all of the people who were caring for me, trying to heal and protect me. Unfortunately that anger is part of the recovery process, and I thank God that I didn't stay at that stage.

Now I'm much more positive, mostly because of all the love and support my family has given me. My parents, brothers and sisters have really supported me. I'm still living with my mom and dad.

People who work out alongside me at Lifestyle gym have given me many compliments while reaching out a helping hand. "You are my inspiration!" is one of my favorite things to hear.

I have learned that a brain continues to heal after a traumatic injury. I continue to see and experience improvements in myself, and that has encouraged me during these years of healing.

By JOAN DUNHAM
Source: www.sptimes.com/2006/04/11/Floridian/After_the_coma.shtml



Save on taxes.
Save the environment.
Help BIAOR.
Donate your used cell phone & ink jet cartridges!

The Brain Injury Association of Oregon is conducting a cell phone recycling fundraiser. There is nothing to buy. We are simply asking you to protect the environment by donating your used digital cell phone(s) and ink jet cartridge(s). Your used cell phone(s) may be tax deductible and will be recycled in accordance with EPA regulations or refurbished and sold. 100% percent of the proceeds will help fund programs and services provided by the BIAOR.

The Brain Injury Association of Oregon is the only non profit in Oregon dedicated to the mission of creating a better future for over 70,000 Oregonians with traumatic brain injury (TBI) and their families through prevention, research, education and advocacy. The BIAOR has a mission of "Improving the quality of life for people with brain injuries, and their families."

BIAOR provides:
- Information and Referral: an 800 toll free service receiving over 5000 calls a year, referring survivors, family and professionals to community, state and national services and professionals serving the brain injury community, sending information packets free of charge;
- Support Groups: over 30 throughout the state;
- Advocacy: working to educate legislators and voters on TBI issues;
- Awareness and Prevention activities: Bike Rodeos, helmet give-aways, community presentations in settings that range from schools to professional meetings to state prisons, Coach training to prevent concussions, Brain Injury Simulation trainings, fundraisers throughout the year;
- Support Services: dispersing donated computers, volunteering opportunities, in the office and in the community, training in the office to improve office skills;
- Education: through conferences, workshops, seminar's and presentations and our quarterly newsletter, The Headliner, reaching more than 2,700 members and supporters.

Call us and we will pick them up or you can drop them off at our office. We greatly appreciate your support

Best Regards,

Sherry Stock, Executive Director

The Brain Injury Association of Oregon (BIAOR) • 2145 NW Overton Street • Portland OR 97210
503-413-7707 • 1-800-544-5243 • Fax: 503-413-6849
www.biaregon.org • biaor@biaoregon.org

The brain is a monstrous, beautiful mess. Its billions of nerve cells - called neurons - lie in a tangled web that displays cognitive powers far exceeding any of the silicon machines we have built to mimic it.

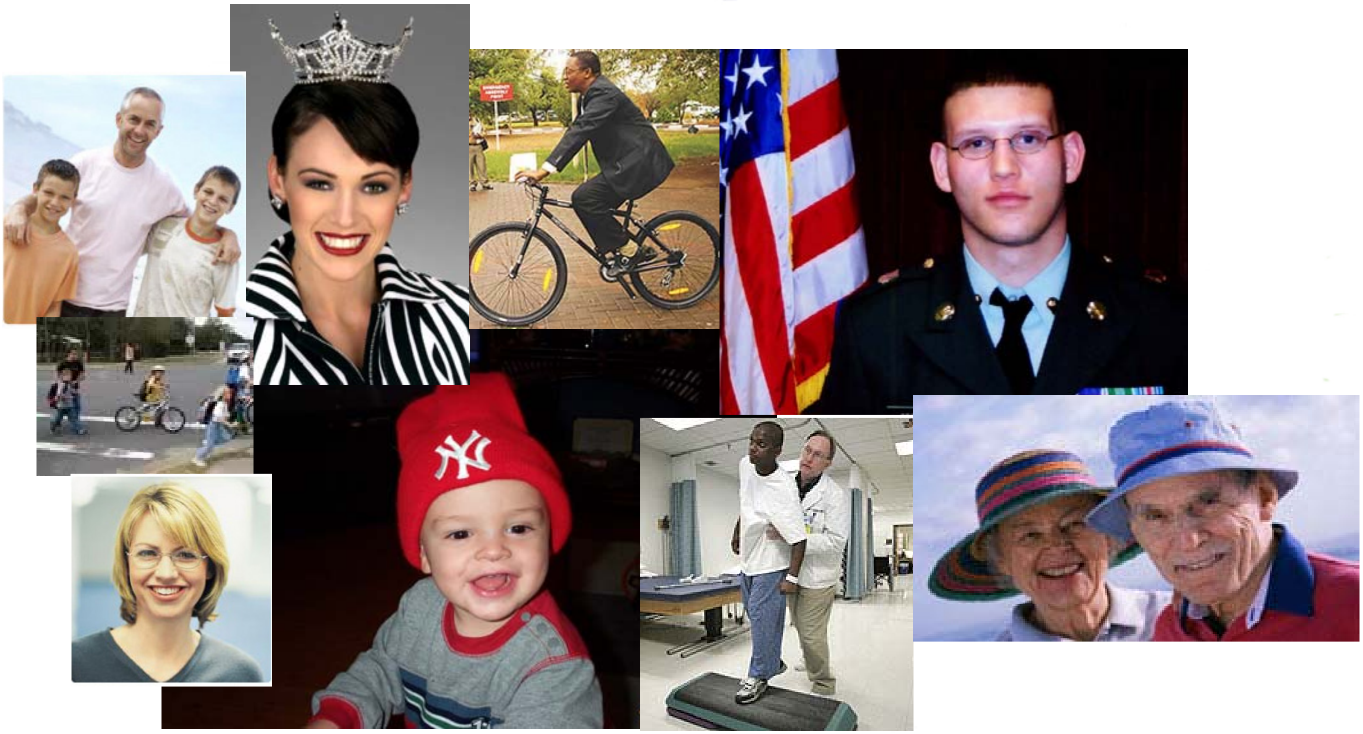
William F. Allman (from *Apprentices of Wonder. Inside the Neural Network Revolution*, 1989)

HELP!

Today 6,000 Americans will sustain a Brain Injury

Support Our Cell Phone & Ink Jet Cartridge Recycling Fundraiser

Oregonians Helping Oregonians



Proceeds to Benefit

The Brain Injury Association of Oregon

Call us for pickup or drop off at our office

CONTACT: Sherry Stock, 503-413-7707 1-800-544-5243
2145 NW Overton St.,Portland OR 97210 biaor@biaoregon.org

EcoPhones
The Future Of Fundraising

New Support Group

Hand in Hand

Caregivers can give each other a unique present: Understanding. A new support group will be meeting weekly to share experiences, vent our frustrations, and generally talk with guaranteed privacy about the life that has been trusted on us by way of a loved one's brain injury. In the seconds it took for an accident or stroke, everything changed. With the help of a facilitator, we will learn from each other the practical things that make daily routines bearable. It may feel like we are alone, but together we can cry, laugh and gnash our teeth so that going home is little easier.

Please call Karen Robertson at 503-771-1426 in Portland or 1-800-544-5243 to get on our list for notification of day and time. The meetings will be held at 2145 NW Overton St, Portland.

New Support Group

Remember Goodbye

By Karen Robertson

In predawn city quiet
Alley cats rob garbage cans
Outside my window.
Two stories down salt thick mist
From the Sound huddles on rose beds.

Rigid, eyes closed but awake
I listen to Father's last breaths slowing,
Machine-like comatose efforts.

Three days ago our silence began,
But his last sounds echo here,
They've followed me three hundred miles
From his home on a bluff to
Rented rooms on a hill.

Standing by his bed, holding
Mother's hand. I waited to
Clean him, to serve him one last
Time, to sprinkle sagebrush bits
On his sheets, loosing the wild scent
Of the Painted Hills he walked
Every October and in his dreams.

All the people he's been lie there:
Lone thin boy hunting squirrels,
University track man with black wavy hair,
Father milking cow in coveralls,
Middle-aged lawyer with potbelly and Stetson,
Judge in formal robes & white hair,
Tall, opinionated, curious without peer.
Few men study as endlessly to be right,
Suffer as deeply when rebuffed,
Expect naively to be welcomed at every door.

Eagerly he greeted morning, peed off the porch,
Took stock of his realm, shared his joy in
A wood duck on the pond, an eagle soaring
On Gorge currents, first bluebell of spring,
Horned owl in the barn, a honey tree,
Shakespeare's clowns, Churchill's History,
Quail family single file on the rock wall,
A new calf rescued from the snow,

First summer corn and rainbows over the river.

Starvation sucked his face tight
Across cheek bones, smoothed wrinkles,
Raised eyebrows as if
Cancer's hunger surprised him.

His hugs were as big as his temper
That subdued us, both now gone.

Only three days ago we stood watch
As eastern light filled his room.
With no respect for the cataclysm
Of death, the great river refused
To stop flowing.

"THE 10 IN 10 PROJECT"

Tickets of Hope

More people are diagnosed with traumatic brain injury in the United States every year than are diagnosed with HIV-AIDS, breast cancer, spinal cord injury and multiple sclerosis combined.

CDC 2001

According to the Walter Reed Army Medical Center, approximately 2/3 of our troops wounded in Iraq are coming home with traumatic brain injuries. This means that currently approximately 2000 young men and women who served our country with honor need our help.

Now there's a way to make a difference...

5.3 million *Americans are living with a brain injury.*

Every 23 seconds a brain injury happens

1.4 million individuals will sustain a traumatic brain injury annually in the United States

2/3 of the wounded soldiers coming home from Iraq have sustained a brain injury. While they receive immediate care and medical attention, the long-term effects of a brain injury require long-term attention, strategies and tools to enable the soldiers to build a life that he or she will want to live.

Brain injury is the leading cause of death and disability worldwide.

According to the Centers for Disease Control and Prevention, a traumatic brain injury (TBI) is caused by a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The severity of a TBI may range from "mild," i.e., a brief change in mental status or consciousness to "severe," i.e., an extended period of unconsciousness or amnesia after the injury.

The leading causes of TBI are:

- *Falls (28%);*
- *Motor vehicle-traffic crashes (20%);*
- *Struck by/against (19%); and*
- *Assaults (11%).*

Blasts are a leading cause of TBI for active duty military personnel in war zones.

The effects of a brain injury can be cognitive, emotional, behavioral, physical, social and financial and can include:

**inability to return to work*
**loss of memory*
**inability to maintain relationships*
**family breakup*
**alcohol and drug abuse*
**frustration*
**anger*
**isolation*
**heightened risk of a second brain injury and*
**even sometimes imprisonment.*

Brain injury is a silent epidemic. It is a devastating and often invisible disability to the person with the brain injury and their family.

For many, living with a brain injury is living with a disability nobody sees.

What is the 10 in 10 Project?

Right now, of every ten people who sustain a traumatic brain injury, less than two will get all the help they need to return to a meaningful life. "The 10 in 10 Project" is committed to changing that statistic from two in ten to 10 in 10.

"The 10 in 10 Project" will raise money through its' Tickets of Hope Fund raiser so that every person and their family can receive a Brain Injury Recovery Kit™ (BIRK) and be connected to long-term support through the state Brain Injury Associations. The 10 in 10 Project will also connect the individual and their family with other leading organizations that have been working for years in brain injury to improve this statistic.

WHAT IS THE BRAIN INJURY RECOVERY KIT™ (BIRK)?

The Brain Injury Recovery Kit "puts the tools that everyone needs to recover into one place. It's portable rehab."
Alya Reeve, M.D., Neuropsychiatrist
President, AAMR

"I'd love to be able to prescribe the Brain Injury Recovery Kit to a patient just the same as I write a prescription for a brace for a broken neck."
Ezriel Kornel, M.D., FACS, Neurosurgeon

From a case manager's perspective, I

(10in10 Project Continued on page 16)

(10in10 Project Continued from page 15)

couldn't be more thrilled about the growing popularity of the BIRK--I recommend it to dozens of people a week. There are millions of survivors out there who can't access services due to financial and geographic constraints. Thanks to the BIRK, these individuals now have a concrete resource that they can order and immediately begin making gains towards greater independence.

Michael Mason, Brain Injury Case Manager for the Neurologic Rehabilitation Institute at Brookhaven Hospital.

BIRK is the only tool of its kind in the world. This five-step program provides strategies, support and tools needed for the day-to-day challenges unique to brain injury. The kit was developed by Lisa Keller, recovering from a brain injury she sustained in 1993, Sandra J. Knutson, CRC, CDMS, CCM, and produced by Day-Timers, Inc., It is a five-step program that provides education, day-to-day coping strategies, organizational tools. The BIRK materials are built around the four keys to recovery: buddy, rest, acceptance, and routine and contain 11-hours of DVD's, a table top electronic machine to aid in memory, a uniquely designed Daytimer organizer, workbooks and more.

"The Brain Injury Recovery Kit is an awesome tool because it has been developed by someone who really understands what it means to recover from a brain injury. Only someone who has suffered a brain injury or his or her family can truly appreciate the built-in sensitivity of the kit."

Bruce Takami, Traumatic Brain Injury (TBI) 1997

"I know there are a lot of things in the kit that will help me and keep me organized. Bringing other soldiers into the program and helping them will be great. There are a lot of us with brain injuries."

United States Army Staff Sgt. Jessica Clements, TBI Iraq War 2004

"My brother received his BIRK in December 2005, 25-years after his TBI. I wish we had had it when Michael first had his accident to help our family prepare and understand the effects of TBI. A quarter of century later, the tools in kit are helping my brother manage his life and helping me understand the work required to sustain the meaningful life he has created."

Karen Fowler, Family member

WHAT IS A TICKET OF HOPE?

Each Ticket of Hope costs $600.00 and buys:

- One Brain Injury Recovery Kit™ (plus shipping) for an individual who experiences a traumatic brain injury;
- One membership/donation for the individual in his/her state Brain Injury Association (BIA);
- Instruction and support for the individual and their family/support persons to learn how to use BIRK through the state BIA or other brain injury organizations;
- Support to the state Brain Injury Association which provides telephone response and other direct support in the state and community where the individual lives;
- Connection with other organizations working in brain injury on the state and national level

HOW CAN I HELP?- You can contribute any amount toward the purchase of a $600.00 TICKET OF HOPE.

"I don't think you can hang a tag on what our soldiers are laying down for us in Iraq. How can you put a price tag on them? How can you put a price tag on a change in personality? How can you put a price tag on a loss of memory and your ability to support your family?"

Martin B. Foil Jr, National Brain Injury Research, Treatment & Training Foundation. USA Today 3/3/05

Whether you know someone who needs help or want to help someone you don't know personally, your tax-deductible contribution towards the purchase of one Ticket of Hope will make difference.

When you log onto www.10in10project.org to donate, you will be able to choose if you want your ticket to benefit

1) a specific soldier or the next soldier on the list
2) a specific individual or next individual on the list.

Contributions in any amount can be accumulated or added to other donations to reach the total for each ticket. Once a ticket is fully funded, the promise for the ticket fulfillment to the individual, the family, and the state Brain Injury Association is set in motion and can be tracked on the web site. The soldiers and their families will automatically come first as recipients unless individual or group donors (of complete ticket amounts) specify otherwise. Your support, at any level is appreciated.

Donations for all states can be made by:

- Logging on to the10in10Project.org via credit card as of June 21, 2006, or
- Calling The BIA of New Mexico at (505) 292-7414 with your credit card donation or
- Mailing your check to:
  The 10 in 10 Project Tickets
  c/o Los Alamos National Bank
  Att: BIANM Acct. Service Representative
  301 Griffin Street
  Santa Fe, New Mexico 87501

The 10 in 10 Project:

The 10 in 10 Project aims to provide tools and support to everyone living with a brain injury and their families who

(10in10 Project Continued on page 17)

(10in10 Project Continued from page 16)

need it. As well, The 10 in 10 Project is committed to raising public awareness on this devastating disability and of the legislative and research work being done by brain injury organizations that need their support.

Currently, the Tickets of Hope fulfillment is being hosted by the Brain Injury Association of New Mexico (BIA of NM) - a non profit 501c3 organization dedicated to brain injury work and an affiliate of the Brain Injury Association of America, McLean, VA. The Tickets of Hope will be hosted by BIA of NM until 10,000 Tickets of Hope are raised. At that time, The 10 in 10 Project will assume responsibility for hosting and fulfillment of the Tickets of Hope. The 10 in 10 Project is currently being established as an independent 501(c)(3) organization in New York.

The 10 in 10 Project needs the help of concerned individuals, and organizations.

To find out more log onto www.10in10project.org on June 21, 2006.

Lisa Keller displaying the Brain Injury Recovery Kit she developed.

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, for 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
2145 NW Overton
Portland, OR 97205
503-413-7707
800-544-5243 Fax: 503-413-6849

Name ______________________________

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☐ Check payable to BIAOR for $_______
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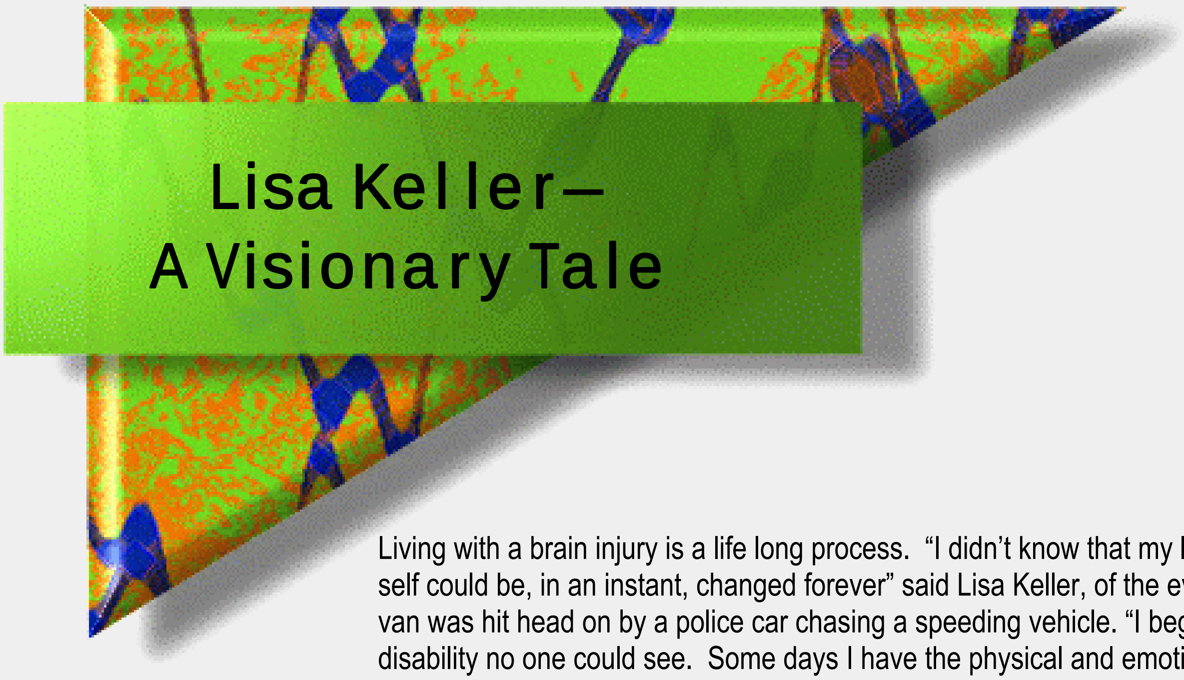

Lisa Keller— A Visionary Tale

Living with a brain injury is a life long process. "I didn't know that my life and my very self could be, in an instant, changed forever" said Lisa Keller, of the evening that her van was hit head on by a police car chasing a speeding vehicle. "I began to live with a disability no one could see. Some days I have the physical and emotional strength to maneuver through the day with ease, other times, handling the day's details can feel overwhelming. After brain injury, even after years of recovery, some days will be okay and others will not. I think the education about what brain injury is like, and the education of friends and family is one of the most important things that can help the person who is experiencing life after brain injury. "

In 1993 I sustained a traumatic brain injury (tbi) and whiplash to the head on a collision when my van flipped twice and rolled once. My life as I had known and loved it, fell apart.

In my second year of recovery, I was still facing the difficult changes in my life in the four categories of cognition, emotional/behavioral, physical, and social/financial/work.

One day, my brain injury caseworker, Sandra Knutson and I attended a brain injury conference. At that conference, I learned that although I was still struggling with getting through the day, I was actually a lucky one. Why? Because "In our country only 1 in 10 would receive all the help, intervention, education and support needed to have the chance to return to a meaningful life after brain injury." Because of Sandra Knutson, I realized that I was receiving all of the recommended help; the help that people have to be either lucky enough, wealthy enough or both - in order to receive.

My brother who had learned about brain injury in order to help me recover, sustained a brain injury in a logging accident in Wyoming. As I sought to find care, connections and education for my brother and his wife, I saw once again the luck and wealth needed for people in order for them to receive what they really need. I felt that I had failed him and others since the kit still did not exist. I returned from Wyoming to begin again to seek funds for the kit only to learn that during this time, my brother sustained a second brain injury within the first months of his recovery in a semi truck accident as he tried to get "back to work too soon". My brother, his wife and daughter came home to New Mexico and we have tried to do for him, what Sandy did for me.

In 2002-2005 Lisa worked with Daytimer to produce the Brain Injury Recovery Kit, over 10 years in development and using the best practices in brain injury cognitive therapy. In October 2005 the BIRK was unveiled.

On October 7, 2006, Lisa will be the Keynote Speaker at the 4th Annual Pacific Northwest Conference on Brain Injury. She will explain how she developed the Brain Injury Recovery Kit and the 10in10 Project.

SAVE THE DATE!

4th Annual Pacific Northwest Conference on Brain Injury

Living With a Brain Injury: Creating a Future

October 6 & 7, 2006
Portland OR, Holiday Inn Airport Hotel

Speakers include:

Ron Heintz, MD, Medical Director, DHS Mental Health and Substance Abuse Services
Dilantha B. Ellegala, MD, Assistant Professor, Director of Neurotrauma, OHSU
Danielle Erb, MD, Portland OR - McKay Moore Sohlberg, PhD, Univ. of OR
Geoffrey Lauer, Brain Injury Association of America
Tootie Smith, Former Oregon Legislator
Nancy Bill, Director, Indian Health Service (IHS) - Alta Bruce, TBI Specialist, IHS
Lisa Keller, developer of the Brain Injury Recovery Kit (BIRK)

Conference presentations will include:
Medical issues and advances in brain injury medications and management, a holistic approach, and current research
Managing Chaos: Dual and triple diagnosis , Social interactions and behavioral issues
What every attorney should know about brain injury: Attorney training, resources and information
Returning Military Personnel from Iraq and Afghanistan: What does the future hold
How you can make a difference: Advocacy training, caregiver training, support group training
Living with a brain injury: Living and housing options
Returning to work and new life styles of brain injury survivors
What other states are doing-sharing successes: Alaska, Arizona, California, Idaho, Washington,
Driving after a brain injury
Interactive products and hands on workshops
The 3rd Annual Native Peoples Brain Injury Conference

Register early online and save $50 - Call for further information on Sponsoring and Exhibiting
503-413-7707 www.biaoregon.org/2006Conference.htm

Registration Form
4th Annual Pacific Northwest Brain Injury Conference 2006
Living with Brain Injury: Creating a Future
In Portland OR, Holiday Inn Airport Hotel

Please register not later than September 1, 2006 to receive discount, assure admittance and facilitate check-in.
(Note: A separate registration form is needed for each person attending.
Please make extra copies of the form as needed for other attendees.)

First Name ____________________ Last Name ____________________
Badge Name ____________________ Affiliation/Company ____________________
Address ____________ City ____________ State ____________ Zip ______
Phone ____________ Fax ____________ Email ____________________
Special Needs

Please check all that apply:

__ I am interested in volunteering at the conference. Please call me.
__ I am requesting continuing education credits (CLE's, CEU's and CME's) for the conference.
__ I would like to make a donation to cover costs of survivors unable to pay (see below).
__ Call me about sponsorship/exhibitor opportunities.

Conference Registration Fees: Registration fees include: continental breakfast and lunch on Friday and Saturday; all conference related materials; continuing medical/educational units; and access to all conference sessions, exhibits, posters and roundtables.

	BIAOR Member [1]	*Non-Member*	Accompanying Person [2]	Amount
___ 2 Day 10/6-7/06 Conference Advance-	$250	$300	$130	
___ After September 1	$300	$350	$155	$
___ Friday Only 10/6 Advance-	$175	$225	$80	
___ After September 1	$225	$275	$105	$
___ Saturday Only 10/7 Courtesy[3] Advance	$25	$35		
___ Courtesy[3] After September 1	$25	$35		$
___ Saturday Only 10/7 Survivor/Family Advance-	$50	$100		
___ Survivor/Family After September 1	$100	$125		$
___ Saturday Only 10/7 Professional Advance-	$175	$225		
___ Professional After September 1	$225	$275		$
___ Donation to assist survivors participation in the conference				$

1) A limited number of conference scholarships are available to survivor members of BIAOR to cover the costs of conference registration.

2) Accompanying Person: Registration fee includes continental breakfast, lunch and exhibition only. Fee does not include admission to conference sessions.

3) Courtesy rate is for brain injury survivors with limited means.

I want to become a BIAOR member NOW to receive the discounted registration fee: ☐ Basic-$35 ☐ Student-$25

☐ Non-Profit-$75 ☐ Family-up to 3 people-$50 ☐ Survivor Courtesy[3]-donation ☐ Professional-$100 ☐ Sustaining-$250

☐ Corporation-$300 ☐ Sponsorship Bronze-$250 ☐ Sponsorship Silver-$500 ☐ Sponsorship Gold-$1000 ☐ Sponsorship Platinum-$2000

Sponsorships (2 day) and Exhibitors:
☐ Diamond $5,000 ☐ Silver $1,000 ☐ Gold $1,500 ☐ Platinum $3,000 (2 day) $2,000 (1 day) ☐ Copper $750
☐ Vendor/Exhibitor $500 (2 day)/$350 (1 day)

Customized Sponsorship:
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Traumatic Brain Injury (TBI) Information Project

Traumatic Brain Injury Risks Rise

The effort to develop an information packet for parents and caregivers of child and adolescent survivors is continuing on two fronts. The first week in May a postcard will be sent to a selection of health care providers across the state, including MD's and DO's, nurse practitioners, occupational therapists, physical therapists, psychologists, and speech and language pathologists. They will be asked to contribute to the design of the information packet by completing a survey located at http://www.surveymonkey.com/s.asp?u=488291818877. Any health care provider who has a stake in this issue is welcome to contribute. The survey will remain open through July.

A second effort is underway to recruit parents, caregivers, and young adult survivors for an interview about their experiences and their recommendations for the information packet. Some of these interviews have already been conducted. Survivors and their families are providing essential insights about the information they have needed and found most useful. Those interested in contributing and earning a $30.00 stipend may contact Aleyna Reed by email at tbiinfoproject@teleport.com, or they may leave a message for her at her office in Salem, 503-375-9696, voicemail box # 2. A complete description of the project may be viewed at her website, www.aleynareed.com. The website includes a poster recruiting these participants which may be downloaded by providers and posted in their offices.

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
Amy King, 541-382-5882
amyk@cohospise.org

Brookings
BRAIN INJURY GROUP (BIG)
2nd Monday 7:00—8:00 pm
Brookings Evergreen Federal Bank
850 Chetco Ace, Brookings OR 97415
Liz Prendergast, 541-469-5306
lizzietiz@usa.net

Cottage Grove
BIG II (Brain Injury Group II)
every **Thursday** 11 a.m. to 12:30 p.m.
the Jefferson Park Recreation Room
325 S. Fifth St, Cottage Grove
For directions and information,
Anna, 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
Amy Nistico, (541) 768-5157
aeasterl@samhealth.org

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 (3)
HELP
(Help Each Other Live Positively)
4th Saturday - 1:00-3:00 pm
TBI Survivor self-help group
(Odd months)
TBI Family & Spousal **(Even Months)**
Cognitive Enhancement Center
982 Naomi Court, Hillsboro, OR 97124
Brad Loftis, (503) 547-8788
bcmuse2002@yahoo.com

HOMEWARD BOUND SUPPORT GROUP
TBA
Carol Altman, (503)640-0818

Klamath Falls
SPOKES UNLIMITED TBI GROUP
4th Friday 3:00pm to 4:30pm
415 Main Street
Klamath Falls, OR 97601
Dawn Lytle, (541) 883-7547
dlytle@spokesunlimited.org

Lebanon
BRAIN INJURY SUPPORT GROUP OF LEBANON
1st 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
TURNING POINT
3rd Tuesday 4:00pm-5:00pm
Call for More Information
Pam Ogden, (541) 776-3427
PAM@sogoodwill.org

Newport
BRAIN INJURY SUPPORT GROUP OF NEWPORT
2nd Saturday 2-4 pm
657 SW Coast Hwy
Newport, OR 97365
(541) 574-0384
www.progressive-options.org

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

Portland (9)
BRAINSTORMERS I
2nd Saturday 10:00 - 11:30am
Women'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, 97211
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 (503) 413-7707
biaor@biaoregon.org

CROSSROADS (Brain Injury Discussion Group)
2nd and 4th Friday, 1-3 pm
Independent Living Resources
2410 SE 11th, Portland, OR 97214
Southeast Portland
Roxie Choroser, 503-232-7411 Roxie@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
Northeast Portland
Joyce Kerley (503) 413-7707
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
Northeast Portland
Arvid Lonseth, (503) 680-2251 (pager)
alonseth@pacifier.com

TBI CLUB
Location varies, call for times and location of meetings
Meets twice a month - days and times vary
call for information
Sandra Ward, (503) 735-4857
slwsundance@qwest.net

HANDLING STRESS AND ANGER
This group will meet once a month to learn methods of stress reduction and to explore ways of lessening impulsive anger. For more information contact: Joyce Kerley
(503) 413-7707
joycek1145@aol.com

PARENTS OF CHILDREN WITH BRAIN INJURY
This group will meet once a month, and is a self-help support group. Currently combined with *FAMILY SUPPORT GROUP*
Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Northeast Portland
Joyce Kerley (503) 413-7707
joycek1145@aol.com

Roseburg
UMPQUA VALLEY DISABILITIES NETWORK
2nd Monday 12 noon - 1pm
419 NE Winchester, Roseburg, OR 97470
Ian Evans, (541) 672-6336
ianevans@udvn.org

Salem (2)
SALEM BRAIN INJURY SUPPORT GROUP
4th Thursday 5pm-7pm
Salem Rehabilitation Center
2561 Center Street, Salem OR 97301
Carol Mathews-Ayers, (503) 561-1974
smpays@salemhospital.org

SALEM SOCIAL CLUB
6:30pm - 8:30pm
2nd Wednesday of
March, June, September and December
Windsor Place
3005 Windsor Ave. NE, Salem, OR 97301
Sharon Slaughter , (503) 588-7594
sharonslaughter@qwest.net

Vancouver Washington
VANCOUVER TBI SUPPORT
1st Thursday, 6-8pm
Disability Resources of SW Washington
5501 NE 109th Court Suite N
Orchards, WA
Cindy Falter (360) 694-6790
Kaycie Tolleson, (360) 750-6773

Average brain weights at different times of development:

AGE	BRAIN WEIGHT
Birth	just under one pound
18 months old	1 3/4 pounds
3 years old	2.5 pounds
Adult	3 pounds

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 Resource Referral Service. 2005 dues notices will be mailed this month. 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 503-413-7707 or 1-800-544-5243 or email biaor@biaoregon.org.

Brain Injury Association of Oregon

☐ New Member ☐ Renewing Member

Name: ______________________________

Street Address: ______________________________

City/State/Zip: ______________________________

Phone: ______________________________

Email: ______________________________

Type of Membership

☐ Basic $35 ($50 for family) ☐ Students $25

☐ Non Profit $75 ☐ Professional $100 ☐ Sustaining $200

☐ Survivor Courtesy $ 0 (Donations from those able to do so are appreciated)

Sponsorship

☐ Bronze $250 ☐ 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

☐ Professional. Field: ______________________________

☐ Other: ______________________________

Type of Payment

☐ Check payable to BIAOR for $ ____________________

☐ Charge my VISA/MC/Discover Card $ ______________

Card number: _______ _______ _______ _______

Expiration date: __________ _____

Print Name on Card: ______________________________

Signature Approval: ______________________________

Date: ______________________________

Please mail to:

BIAOR Membership
2145 NW Overton Street
Portland, OR 97210
503-413-7707 or 800-544-5243
Fax: 503-413-6849
www.biaoregon.org • biaor@biaoregon.org

If you are receiving unwanted or multiple newsletters or have errors in your name or address, please contact BIAOR—503-413-7707 or biaor@biaoregon.org. Thank you.

The Brain Injury Association of Oregon
2145 NW Overton
Portland, OR 97210-2924

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Register online before Sept 1, 2006 and save $50
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Thank you to all our contributors and advertisers.

How To Contact Us

Brain Injury Association of Oregon (BIAOR)

2145 NW Overton
Portland, OR 97210-2924
(503) 413-7707
Toll free: (800) 544-5243
Email: biaor@biaoregon.org
Website: www.biaoregon .org

Oregon Brain Injury Resource Network (OBIRN)
Toll free: (800) 544-5243
Email: tbi@wou.edu
Website: www.tr.wou.edu/tbi

BIAOR Open
biaoropen-subscribe@yahoogroups.com
BIAOR Advocacy Network
BIAORAdvocacy-subscribe@yahoogroups.com