



the

HEADLINER

Summer 2012
Vol. XIX Issue 3

The Newsletter of the Brain Injury Alliance of Oregon

What's Inside?

The President's
Corner
Page 2

Board of Directors
Page 2

Professional
Members
Page 3-5

The Lawyer's Desk
Page 6-7

Congratulations to
John Coletti
Page 7

BIAOR Calendar
Page 7

Challenging
Behaviors
Page 8

Acts One, Two and
Three
Page 9

Legal View Point
Page 10-11

Idaho Update
Page 12

CBIRT Update
Page 12

Aging with TBI
Page 13-14

Brain Injury &
Fighters
Page 17

Drug triggers neuron
growth
Page 18

Symptoms of Stroke
Page 19

What Did I Gain?
Page 20-22

Resources
Page 22-25

Support Groups
Page 26-27

New hand-held scanner can detect brain injury

A new hand-held, battery-operated sensor that can help detect the most serious of brain bleeds could soon be making its way to the fleet.

The device looks a lot like a Nintendo Wii controller and can be used in a mass casualty situation to prioritize needs. Corpsmen can use this device can to detect invisible wounds from explosive blasts. It could also be used at sea in the event of a mishap or even to detect an athletic injury.

What you need to know:

- **The device:** The InfraScanner, designed by Philadelphia-based InfraScan Inc., is designed to aid in identifying the type of brain bleeds that could result in death or serious brain damage. It's portable enough that corpsmen can keep the scanner in their pack. The device is resistant to water and performs well in a wide range of temperatures.
- **How it works:** The scanner uses infrared light to measure the brain. Eight spots are measured — four on the right and four on the left. Any asymmetry between the sides can indicate a

brain bleed.

The scanner's fiber optics can get a reading through hair so heads don't need to be shaved.

An area in the brain with a bleed would hold about 10 times more hemoglobin than the uninjured portion. The scanner can detect that concentration and identify the location of the bleed.

The measurements can be completed and results obtained in about two minutes.

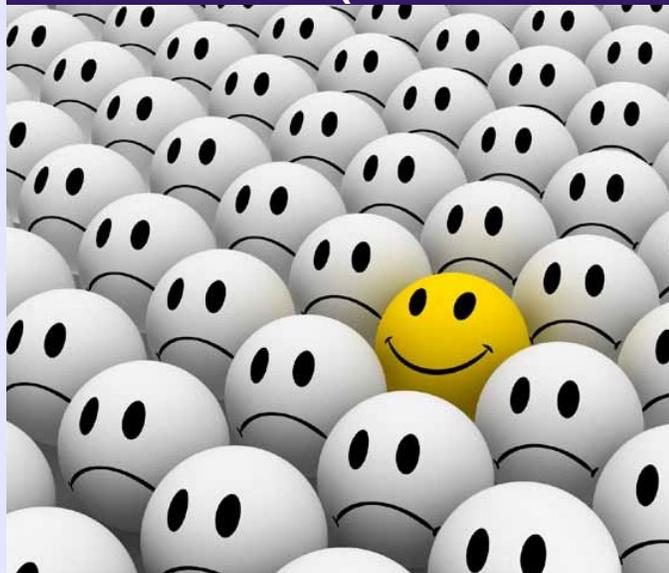
- **Specs:** The brain scanner weighs about one pound. It's approximately 9 inches by 3.5 inches by 2 inches. The screen on the front shows the results — it doesn't need to be plugged into a second device.

The cradle is used to recharge the battery and transfer data to a computer. The part of the device



(Brain Scanner Continued on page 5)

The Secret To Happiness (even after a brain injury!)



So what is happiness? For Aristotle, it was the practice of virtue. For a Buddhist, it involves freedom from suffering and cravings through the Eightfold Path. Thomas Aquinas described happiness as the "beatific vision of God's essence in the next life".

While spiritual views undoubtedly play a role in happiness for many people, we will define happiness as a state of mind or feeling characterized by contentment, satisfaction, pleasure or joy. What's more, we'll look at the key findings of rigorous research into what puts a lasting smile on our faces. It certainly can't hurt — happier people get sick less often, live longer and have more relationships.

(Happiness Continued on page 5)

**Brain Injury Alliance of Oregon
Board of Directors**

Ralph Wiser, JD/President.....Lake Oswego
 Chuck McGilvary, Vice Pres.....Central Point
 Cheryl Coon, JD Secretary.....Portland
 Carol Altman, Treasurer.....Hillsboro
 David DubatsWaldport
 Coleen Carney, RN.....Portland
 Paul Cordo, PhD.....Portland
 Lisa Cunningham.....Portland
 Wayne Eklund, RN.....Salem
 Rep. Vic GilliamSilverton
 Rik Lemoncello, PhD.....Portland
 Steve WrightPortland

Advisory Board

Kristin Custer, OLI.....Omaha, NE
 Danielle Erb, MD.....Portland
 Dr. Herbert Gross California
 Andrea Karl, MDClackamas
 Dave Kracke, JD.....Portland
 Col. Daniel Thompson.....Salem
 Bruce Wojciechowski, OD.....Clackamas

Staff

Sherry Stock, MS CBIST Executive Director
 Jeri Cohen, JD Associate Director
 John Botterman, Editor
 Becki Sparre, SG Facilitator, Admin, Trainer

Brain Injury Alliance of Oregon
 PO Box 549
 Molalla, Oregon 97038-0549

800-544-5243 • Fax: 503-961-8730
 www.biaoregon.org
 biaor@biaoregon.org
 501 (c)(3): Fed. ID 93-0900797

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

Editor: Sherry Stock, John Botterman
 Co-Editor: Jeri Cohen, 503-704-6122

Advertising in Headliner

Rate Schedule (Color Rate)	Issue	Annual/4 Issues
A: Business Card	\$100(125)	\$350(450)
B: 1/4 Page	\$200(250)	\$700(900)
C: 1/2 Page	\$300(375)	\$1000(1300)
D: Full Page	\$600(700)	\$2000(2400)
E. Sponsor Headliner	\$2500	\$10,000

Advertising on BIAOR Website:

\$10,000 for Banner on every page
 \$5000/year for Home Page
 \$250 for active link Pro-Members page

Policy

The material in this newsletter is provided for education and information purposes only. The Brain Injury Alliance 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*.

The President's Corner

By Ralph Wiser, JD



Summer is here, which often means more time for reading. I'm finding there are many more entertaining, fact-filled and story-driven books about the brain available that rival the best novels. Perhaps this is because they answer the interest, or perhaps craving, for more information about the anatomy and function of the brain and, in some cases, cutting edge treatments for brain disorders. Two that come to mind are the *Tell-Tale Brain*, by V.S. Ramachandran, and *Incognito*, by David Eagleman. You may have read brain-related books that you can recommend. If so, please do not hesitate to email me with your selections and recommendations at ralph@wiserlaw.com. I will publish a list of these books in a later column.

Although summer is here, the BIAOR keeps humming along under the stewardship of its energetic Executive Director, Sherry Stock. Sherry reports that movements are afoot on the national and regional levels which may make our affiliations with other brain injury organizations more productive and rational. It appears that our organization may benefit by affiliating with brain injury organizations in the Pacific Northwest and Alaska to deliver information and services to our constituency, rather than with national organizations based primarily in the east, given issues of funding, geography and the provision of services. That is not to say that our organization's

footprint is limited to this region as our outreach and connections span the nation. In this regard, Sherry Stock has been invited to appear at the NABIS conference in Florida to participate in a panel on brain rehabilitation. In addition, BIAOR receives inquiries from brain-injured persons and organizations from around the nation.

As regards upcoming events, long-time member Bruce Wojceschowski, O.D., will present a lecture at Good Samaritan Hospital in the Medical Office Building Auditorium on Saturday August 4, 2012, from 9:30–12:00 p.m. The event is free and open to the public. The lecture is titled, "A Real Look Into Brain Injury." As you know, vision is largely a construct of the brain (see *Incognito*, above). Dr. Wojceschowski's presentation is sure to be informative and well-done.

Finally, we have welcomed new Board members to the Board. They possess unique talents that will contribute to the further success of the organization.

Enjoy the summer.

Be safe.

Ralph Wiser, JD, can be reached at ralph@wiserlaw.com or (503) 620-5577.



David Dubats | CEO
 Second Step, Inc. | *Helping People Walk Again*
 P.O. Box 42121 | Eugene OR 97404

david@secondstepinc.com | secondstepinc.com
 Toll Free: 877.299.STEP | Direct: 541.337.5790 |
 Fax: 866.596.0765

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

Attorneys

Oregon Bend

† Dwyer Williams Potter Attorney's LLC,
Bend, 541-617-0555 www.RoyDwyer.com
John Warren West, Law Offices of John
Warren West, Bend, 541-382-1955

Eugene Area

Thomas Cary, Cary Wing Edmunson, PC,
Eugene, 541-485-0203 WC
Don Corson, Corson & Johnson Law Firm,
Eugene, 541-484-2525
Charles Duncan, Eugene, 800-347-4269
† Derek Johnson, Johnson, Clifton, Larson
& Schaller, P.C., Eugene 541 484-2434
Tina Stupasky, Jensen, Elmore &
Stupasky, PC, Eugene, 541-342-1141,
Sisters, 541-549-1617

Portland Area

William Berkshire, Portland 503-233-6507
PI
Mark Bocci, Portland, 503-607-0222 PI
‡ Cheryl Coon, Swanson, Thomas &
Coon, Portland, 503-228-5222
www.stc-law.com SSDI
James Coon, Swanson, Thomas & Coon,
Portland, 503-228-5222 PI
Tom D'Amore, D'Amore & Associates,
Portland 503-222-6333
Aaron DeShaw, Portland 503-227-1233
D'Autremont, Bostwick, Carter & Krier,
Portland, 503-224-3550
¥ Lori Deveny, Portland, PI 503-225-0440
Wm. Keith Dozier, Portland 503-594-0333
† R. Brendan Dummigan, Portland 503-
223-7770
Chris Frost, Swanson, Thomas & Coon,
Portland, 503-228-5222
Peggy Foraker, Portland 503-232-3753
Sam Friedenberg, Nay & Friedenberg, 503-
245-0894
€ Bill Gaylord, Gaylord Eyerman
Bradley, PC, Portland 503-222-3526
Timothy Grabe, Portland, 503-282-5223
James R. Jennings, PC, Gresham 503-669-
-3406 PI
David Kracke, Nichols & Associates,
Portland 503-224-3018 PI
Sharon Maynard, Bennett, Hartman, Morris
& Kaplan, Portland 503-227-4600, SSI/
SSD
Jeff Merrick, Lake Oswego 503-665-4234
Jeffrey Mutnick, Portland 503 595-1033
Robert Neuberger, Portland 503-228-1221
Cynthia Newton, Swanson, Thomas &
Coon, Portland, 503-228-5222 PI/
MediMal
Craig Allen Nichols, Nichols & Associates,
Portland 503-224-3018
‡ Paulson Coletti, John Coletti, Jane
Paulson Portland, 503.226.6361
www.paulsoncoletti.com

Stephen Piucci, Piucci & Dozier, Portland
503-228-7385
Charles Robinowitz, Portland, 503-226-
1464
J. William Savage, Portland 503-222-0200
Joshua Shulman, Shulman DuBois, LLC,
Portland, 503-222-4411
€ Richard A. Sly, Portland 503-224-0436,
SSI/SSD/PI
Steve Smucker, Portland 503-224-5077
Ray Thomas, Swanson, Thomas & Coon,
Portland, 503-228-5222
¥ Tichenor & Dziuba Law Offices, Portland
503-224-3333,
Uffelman, John, Adams & Uffelman LLP,
Beaverton, 503-644-2146
Richard Vangelisti, Vangelisti Law Offices
PC, Portland 503-595-4131
Ralph Wiser III, Wiser & Associates, Inc.,
Lake Oswego 503 620-5577, PI & SSI/
SSDI

Salem Area

Vance Day, Adams, Day & Hill, Salem, 503
399-2667
Daniel Hill, Adams, Day & Hill, Salem, 503-
399-2667

Roseburg

Samuel Hornreich, Roseburg, 541-677-
7102

Washington

Bremerton

Kenneth Friedman, Friedman Rubin,
Bremerton, 360-782-4300

Seattle

Richard Adler, Adler Giersch, Seattle, WA
206.682.0300
‡ Kevin Coluccio, Stritmatter Kessler
Whelan Coluccio, Seattle, WA 206-448-
1777 www.stritmatteer.com

CareGiver & Support Services

Micki Carrier, Caregiver Connection,
Portland, 503-246-4672
Cy Osborne, Pegasus Social Services, an
Oregon Home Care Services Co,
Portland, 503.380.4443

Care Facilities/TBI Housing

(subacute, community based, inpatient,
outpatient, nursing care, supervised-living,
behavior, coma management, driver evaluation,
hearing impairment, visual impairment,
counseling, pediatric)

**Carol Altman, Homeward Bound,
Hillsboro 503-640-0818**

Uhlhorn Program, Eugene, 541 345-4244
Supported Apt
Ashland View Manor-WestWind Enhanced
Care, Dan Gregory, Medford, 541-857-
0700
Linda Beasley, LPN CBIS, Autumn House,
Beaverton, 503-941-5908

Karen Campbell, Highland Height Home
Care, Inc, Gresham & Portland, 971-227-
4350 or 503-618-0089 Medically Fragile
£ Casa Colina Centers for Rehabilitation,
Pomona, CA, 800-926-5462
Maria Emy Dulva, Portland 503-781-1170
Fe Gutierrez, Everlasting Adult Care Home,
Milwaukie, 503-654-6559
Deanna Gwin, Portland, 503-238-1406
Medically Fragile-Ventilators
Jay Herzog, The Mentor Network, Portland
503-258-2440
Kampfe Management Services, Pam Griffith,
Portland, 503-788-3266 Apt
Learning Services, Northern CA & CO, 888-
419-9955
Joana Olaru, Alpine House, Beaverton, 503-
646-9068
† Oregon Rehabilitation Center, Sacred
Heart Medical Center, Director: Katie
Vendrsco, 541-228-2396
Quality Living Inc (QLI), Kristin Custer,
Nebraska, 402-573-3777
† Ridgeview Assisted Living Facility, Jolene
White, Medford, 541-779-2208
Fabiola Ruiz, All Season's Care, Salem, 503
-588-7470
† Sharon Slaughter, Windsor Place, Inc.,
Salem, 503-581-0393
Melissa Taber, Oregon DHS, 947-5169
Wally & Donna Walsh, Delta Foundation/
Snohomish Chalet, Snohomish, WA 360-
568-2168

Chiropractic/Massage Therapists

Carol Ford, Portland Cranial Sacral Therapy,
Portland, 503-608-2372
Thomas Kelly, DC, Chiropractic Neurologist,
Kelly Chiropractic, PS, Vancouver, WA,
360-882-0767
Garreth MacDonald, DC, Eugene, 541-343-
4343
Lawrence Nelson, Wilsonville, 503-722-7733
Bradley Pfeiffer, Bend 541-383-4585
George Siegfried, DCPC, Dunn Chiropractic,
McMinnville/Portland 503-977-0055

Cognitive Rehabilitation Centers/ Rehab Therapists/Specialists

Jane Conboy, certified TAT Trainer, Portland
503-703-3703
† Gentiva Rehab Without Walls, Mountlake
Terrace, WA 425-672-9219
† Progressive Rehabilitation Associates—
BIRC, Portland, 503-292-0765
Lynne Williams, Lynne Williams Cognitive
Rehab. Therapy, Central Point 541-655-
5925

Counseling

Sharon Evers, Face in the Mirror
Counseling, Art Therapy, Lake Oswego
503-201-0337

Looking for an Expert? See our Professional Members here

Donald W. Ford, MA, LMFT, LPC,
Portland, 503-297-2413
Joyce Kerley (503) 281-4682
Kate Robinson, MA, CRC, Portland,
503-318-5878

Dentists

Dr. Nicklis C. Simpson, Adult Dental Care
LLC, Gleneden Beach 541-764-3113

Educators/Researchers

Diana Allen, Linn Benton Lincoln ESD,
Albany

**Paul Cordo, PhD, Senior Researcher,
OHSU, 503-223-3442**

Sandra Crews, Southern Oregon ESD,
Medford, 541-776-8555

Laurie Ehlhardt Powell, CBIRT, Eugene,
541-346-0572

Penny Jordan, TBI Team Liaison,
Portland, 503-260-4958

± McKay Moore-Sohlberg, University of
Oregon, Eugene 541-346-2586

Lisa Myers, Portland Community College

Expert Testimony

Janet Mott, PhD, CRC, CCM, CLCP, Life
Care Planner, Loss of Earning Capacity
Evaluator, 425-778-3707

Financial Services

Kayla Aalberg Eklund, Structured
Settlement Broker, Oregon, 503-869-
6518

Life Care Planners/Case Manager/

Social Workers

Gerry Aster, RN, MS, Nurse Case
Manager, Vida, 541-896-3001

Priscilla Atkin, Providence Medford

Medical Center, Medford, 541.732.5676

Rebecca Bellerive, Rebecca Bellerive, RN,
Inc, Gig Harbor WA 253-649-0314

**Coleen Carney, RN, Carney Smith &
Associates, Beaverton 503-680-2355**

**Wayne Eklund, Wayne Eklund RN
CNLCP Salem 888-300-5206**

Michele Lorenz, BSN, MPH, CCM, CHPN,
CLCP, Lorenz & Associates, Medford,
541-538-9401

Vince Morrison, MSW, PC, Astoria, 503-
325-8438

Michelle Nielson, Medical Vocational
Planning, LLC, West Linn, 503-650-9327

Simon B. Paquette, LICSW, LCSW,
Vancouver WA 360 903-4385

Thomas Weiford, Weiford Case
Management & Consultation, Voc
Rehab Planning, Portland 503-245-
5494

Karen Yates, Yates Nursing Consulting,
Wilsonville, 503-580-8422

Legal Assistance/Advocacy/Non-Profit

£ Deborah Crawley, ED, Brain Injury
Association of Washington, 253-238-
6085 or 877-824-1766

£ Disability Rights Oregon, Portland, 503-
243-2081

Eastern Oregon Center for Independent
Living(EOCIL), Ontario 1-866-248-8369;
Pendleton 1-877-771-1037; The Dalles 1-
855-516-6273

Independent Living Resources (ILR),
Portland, 503-232-7411

ThinkFirst Oregon, (503) 494-7801

Legislators

**Vic Gilliam, Representative,
503-986-1418**

Long Term TBI Rehab/Day Program's/ Support Programs

Carol Altman, Bridges to Independence Day
Program, Portland/Hillsboro, 503-640-
0818

Anat Baniel, Anat Baniel Method, CA 415-
472-6622

£ ElderHealth Northwest, Patti Dahlman,
Seattle WA 206-467-7033

Benjamin Luskin, Luskin Empowerment
Mentoring, Eugene, 541-999-1217

Marydee Sklar, Executive Functioning
Success, Portland, 503-473-7762

Medical Litigation Funding

Dr. Ihan Rodriguez, Co-Funder, Medical
Funding Consultants, LLC, 407-448-8988

Medical Professionals

Gerry Aster, RN, MS, South Pasadena CA,
541-896-3001

Diana Barron, MD, Brownsville, (541) 451-
6930 clinic

Marie Ekkert, RN/CRRN, Legacy
HealthCare, Portland, 503-413-7918

Marsha Johnson, AnD, Oregon Tinnitus &
Hyperacusis Treatment Center, Portland
503-234-1221

Kristin Lougee, CBIS, 503-860-8215-cell

Carol Marusich, OD, Neuro-optometrist,
Lifetime Eye Care, Eugene, 541-342-3100

† Kayle Sandberg-Lewis, LMT,MA,
Neurofeedback, Portland, 503-234-2733

Dorothy Strasser, VA Medical Center,
Rehab, Portland, 503-285-6356

**Bruce Wojciechowski, OD, Clackamas,
Neuro-optometrist, Northwest EyeCare
Professionals, 503-657-0321**

Physicians

Sharon Anderson, MD, West Linn 503-650-
1363

Bryan Andresen, Rehabilitation Medicine
Associates of Eugene-Springfield,
541-683-4242

Diana Barron, MD. Barron-Giboney Family
Medicine, Brownsville, OR (541) 451-
6930

Jeffrey Brown, MD, Neurology, Portland 503
-282-0943

James Chesnutt, MD, OHSU, Portland 503-
503-494-4000

Janice Cockrell MD, Pediatric
Development & Rehabilitation-Emanuel
Children's Hospital, Portland 503-413-
4418

Maurice Collada, Jr, MD, PC,
Neurosurgeon, Salem 503-581-5517
Danielle L. Erb, M.D., Brain Injury Rehab
Center, Portland 503 296-0918

John French, MD, Salem Rehabilitation
Associates, Salem 503-561-5976

M. Sean Green, MD, Neurology, OHSU
Steve Janselwitz, MD, Pediatric

Physiatrist, Pediatric Development &
Rehabilitation-Emanuel Children's
Hospital, Portland Nurse: 503-413-4418
Dept:503-413-4505

**Andrea Karl, MD, Director, Center for
Polytrauma Care Unit, Portland, VA
Hospital 1-800-949-1004 x 34029**

Michael Koester, MD, Slocum Center,
Eugene, 541-359-5936

± Oregon Rehabilitation Medicine, P.C.,
Portland, 503-230-2833

Francisco Soldevilla, MD, Neurosurgeon,
Northwest Neurosurgical Associates,
Tualatin, 503-885-8845

Thomas P. Welch, MD, Psychiatry,
Portland 503-292-4382

Gil Winkelman, ND, MS, Alternative
Medicine, Neurobiofeedback,
Counseling, Portland, 503-501-5001

Psychologists/ Neuropsychologists

Tom Boyd, PhD, Sacred Heart Medical
Center, Eugene 541-686-6355

James E. Bryan, PhD, Portland
503.284.8558

*Caleb Burns, Portland Psychology Clinic,
Portland, 503-288-4558

Patricia S. Camplair, Ph. D., OHSU Dept
of Neurology, Portland, 503-827-5135

Amee Gerrard-Morris, PhD, Pediatrics,
Portland, 503-413-4506

Elaine Greif, PhD, Portland 503-260-7275

Jacek Hacia, PsyD, Oregon State
Hospital, Salem, 503-945-2800

Nancy Holmes, PsyD, CBIS, Portland 503-
235-2466

Terry Isaacson, PhD, Roseburg
Counseling Services, Roseburg 541-957
-1290

Sharon M Labs PhD, Portland 503-224-
3393

Ruth Leibowitz, PhD, Salem Rehab, 503-
814-1203

Michael Leland, Psy.D, CRC, Director, NW
Occupational Medicine Center, Inc.,
Portland, 503-684-7246

Will Levin, PhD, Eugene, 541-302-1892

Kate Morris, PhD, Salem Rehab Hospital,
Salem

Susan Rosenzweig, PsyD, Center for
Psychology & Health, 503-206-8337

To become a supporting professional member of BIAOR see page 23 or contact BIAOR, biaor@biaoregon.org.

Speech and Language

Channa Beckman, Harbor Speech Pathology, WA 253-549-7780

John E. Holing, Glide 541-440-8688

± Jan Johnson, Community Rehab Services of Oregon, Inc., Eugene, 541-342-1980

Sandra Knapp, SLP, David Douglas School District, Sandy 503-256-6500

Rik Lemoncello, Ph.D., CCC-SLP, PSU, Portland

Linda Lorig, Springfield, 541-726-5444

Anne Parrott, Legacy Emanuel Hospital Warren 503-397-6431

State of Oregon

Dave Cooley, Oregon Department of Veterans Affairs, Salem, 503-373-2000

Stephanie Parrish Taylor, State of Oregon, OVRs, Salem, (503) 945-6201 www.oregon.gov/DHS/vr/

Technology/Assistive Devices

Performance Mobility, Portland, OR, 503-243-2940

Second Step, David Dubats, Eugene, 877-299-STEP

Video/Filming

NuVideo Productions, LLC, specializing

in "day of the life" films Bend, 541-312-8398

Veterans Support

Mary Kelly, Transition Assistance Advisor/ Idaho National Guard, 208-272-4408

Vocational Rehabilitation/Rehabilitation/Workers Comp

Arturo De La Cruz, OVRs, Beaverton, 503-277-2500

† Marty Johnson, Community Rehab Services of Oregon, Inc., Eugene, 541-342-1980

‡ **Oregon Complete Employment Project, Salem 503-947-5469 www.win-oregon.com**

Ben Luskin, Launch Employment Mentoring, Eugene, 541-999-1217

Bruce McLean, Vocational Resource Consultants, Ashland, 541-482-8888

† SAIF, Salem, 503-373-8000

Stephanie Parrish Taylor, State of Oregon, OVRs, Salem, (503) 945-6201

www.oregon.gov/DHS/vr/

Kadie Wellington, OVRs, Salem, 503-378-3607

Patrons/Professional Members

Sharon Anderson, West Linn OR

Carol Berger, Talent OR

Laurie Burke, TN

Bruce Buchanan

William Griffiths, West Linn

Debby Hessick, Aloha

Helen Mills, Milwaukie

Senator Bill Morrisette, Springfield

James & Janet Moore, Portland

Craig Ness, Wasilla Alaska

± Bill Olson, Salem

Meg Rawlings & Russ Rudometkin, Medford

Charlene Sparlin, Roseburg

In Memory

Tina Treasurer In Memory of Tom Treasurer

Carol Sherbenou in Memory of David Sherbenou

Names in bold are BIAOR Board members

† **Corporate Member** ‡ **Gold Member**

€ **Silver Member** ± **Bronze Member**

¥ **Sustaining Member** £ **Non-Profit**

△ **Platinum**

To become a professional member see page 23 or go to the BIAOR website:

www.biaoregon.org/catalog-store.htm

(Happiness Continued from page 1)

What Doesn't Make Us Happy?

Money can't buy happiness. Once we have enough money to meet our basic survival needs, money has little bearing on lasting happiness despite what all those pop songs and ads might say.

Youth? Nope. Studies consistently show older people are happier.

Being smart? Your IQ has no bearing on your happiness, and neither does your education. So what can lift ones mood and make a difference?

What the Experts Tell Us

So what can the experts tell us about happiness? Researchers believe that about 50% of our happiness depends on our genetic makeup, so we are well on the way to happiness if we were born with a cheerful disposition and low levels of depression and anxiety.

An additional 10% to 15% of happiness is due to variables such as socioeconomic status, marital status and health.

The remaining 40% of happiness is attributable to a combination of

unknown factors and the result of actions in which we deliberately engage.

This last category is very important, as these variables are the ones over which we can often do something about. These variables include:

- relationships and social interaction
- employment or meaningful activities
- exercise
- optimism
- being around other happy people.

Our Relationships Are Crucial

Human relationships are consistently found to be the most important correlation with human happiness. If you have a brain injury, it means that staying on good terms with your family, maintaining your existing friendships, and creating new ones through a support group, are all crucial steps to happiness. Work hard on those social skills, close interpersonal ties and social supports for a much improved future!

The same applies for caregivers; you may feel guilty taking time off for socializing, but this is vital if you are to maintain your happiness and energy to

(Happiness Continued on page 15)

(Brain Scanner Continued from page 1)

that actually touches the patient is disposable, clipping to the top of the scanner and thrown out after the patient's measurements are taken.

- **On land:** Marine Corps Systems Command has been working with a rugged version of the InfraScan. The 60 tweaks or so the Marine Corps requested are nearly complete, and the sensor will be distributed for testing this month.

The device can help corpsmen determine the priority of injuries in the field. If there were 10 troops involved in a blast, for example, a corpsman could start checking for brain bleeds immediately.

- **At sea:** Retired Cmdr. (Dr.) Luis Becerra used an earlier version of the scanner in Iraq in 2008. He said he sees applications for it at sea, especially because necessary technology isn't always available on-site.

"I've been on ships and in submarines, and I know we're very far away, and I have to think about how I'm going to get them over to a hospital," he said.

The scanner could identify injuries in the interim, he said.

Source: Navy Times: <http://www.navytimes.com/news/2012/06/navy-portable-brain-scanner-bleeds-traumatic-injury-062612/>

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

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



There is always a follow-up. Any attorney will tell you that there is always something else to explore, some other avenue to walk down, some other question to ask. What I have from time to time done in this column is explore the realities of a legal case, what it means to the parties involved, what the litigation process is, what the client can expect in any given situation. In other words, I have tried to follow up the information I have imparted in this column over the years so as to complete the picture of the legal process better. But in all my columns, I have neglected to follow up with what happens after the lawsuit is over, after the injuries have healed as best as they can, after the judge pounds the gavel on the desk and the jury is adjourned.

No story is exactly alike with regard to the follow up from a TBI. There are similarities found in many of the stories, and that is what I want to explore here. To do so, I will focus on a friend of mine whose recovery and life after her head injury led to many awakenings, many discoveries and many challenges.

Cheryl Green is the current president of the Brain Injury Information Referral and Resource Development, otherwise known as BIRRDsong. Cheryl and the other "Birrdies" form a support group that has had real, tangible results in Cheryl's recovery from her TBI, results that have led Cheryl to an acceptance of her situation, an acceptance of where she is now in relation to where she was before the bike accident that injured her brain. With the help of her friends, and with the understanding that comes only with deep soul searching, Cheryl understands the process she is in, she accepts the challenges, and while she knows that things are harder now and different now, she also knows that things

are better now than they were just after her injury. In her words, she has accepted reality for what it is and will always be pushing forward toward her continuing recovery.

Cheryl wasn't always the outgoing person that her friends now know. On the contrary, before the bike accident that caused the final brain injury in a series of acquired brain injuries, she says that she was shy, cynical, and not very positive about what life had to offer.

The bike accident happened ten days before Cheryl was to begin her dream job as a speech pathologist at OHSU. She had worked years to achieve her Master's degree in Fine Arts as well as her qualifications for the speech pathologist's position. After the bike accident, it was obvious to those around her that the dream job was no longer an option, but Cheryl didn't see it that way. She kept fighting reality without the self-awareness necessary to assess the situation accurately. Months went by before she finally understood that her life had changed. It was then that Cheryl recognized that things were different. It was then that she began her recovery process.

Brain injuries are invisible to the outside world and even some of Cheryl's doctors behaved in ways that made her wonder if those doctors understood the challenges that she was facing. In her words, she would do "stupid stuff." One time, during a doctor's appointment, she flung her head backwards to demonstrate a point only to hit her head on some medical equipment, probably giving herself another concussion. After this incident, the doctor was fed up with the "crazy girl." Similar episodes with other doctors frustrated her as well. Finally, however,

she met a neurologist who got it. When the neurologist said "You know you had a traumatic brain injury?" a weight was lifted from Cheryl's shoulders. Here was recognition. Here was understanding. Here was the key to moving forward with her life. When the neurologist acknowledged her situation, acknowledged that there was a brain injury, Cheryl found strength. She was empowered by the recognition. It was a little thing, in reality, but for Cheryl, having the neurologist understand the struggles she was enduring made all the difference.

About this same time, Cheryl also met the good people at BIRRDsong, especially BIRRDsong's founder Mariah Alyn-Claire. Cheryl found in this group a place where her life skills were needed, where she could quash the feelings of uselessness, where she did not feel as if her life was being wasted. Cheryl found a group that motivated her to do her best, and where, so importantly, she felt relevant.

At BIRRDsong, Cheryl was given tasks that "had to be done," so Cheryl had to do them, and after a while found that she could do them. She felt that her life's skills were rebuilding because here was a group that needed her. She was recognizing again that she was valuable, that the skills she had before were the same skills that she was applying in her new volunteer position. She was realizing that there was an opportunity to do something more. Before BIRRDsong she would say "I used to be good at this." Now, she was realizing that she could be good at this again.

With this realization came a willingness to push the envelope. Cheryl had been an artist in her pre-injury life, and the arts again called to her. She was given an opportunity to make a film about her situation and decided to use the act of cooking as a metaphor for the struggles she experienced as a result of her TBI. From this opportunity came the short film "Cooking with Brain Injury."

I met Cheryl after watching this hilarious film at a BIRRDsong event. Because Cheryl was "in the boat" with regard to being a TBI survivor, she could say things in her film that would be difficult for a non-injured person to

Nancy Irey Holmes, Psy.D, CBIS
Psychologist, Certified Brain Injury Specialist

124 SW 8th St.
Redmond OR 97756
541-330-4428

4511 SE Cesar E. Chavez Blvd.
Portland OR 97202
503-235-2466

Confidential FAX: 503-200-5550

Traumatic Brain Injury
Chronic Pain Management
Biofeedback
Trauma
Anxiety
EMDR

(Lawyer's Desk Continued on page 7)

Congratulations John!!!

John Coletti has been inducted into The Inner Circle of Advocates. Founded in 1972, The Inner Circle of Advocates is an invitation-only group of 100 of the best trial lawyers in America who are selected for their character, experience and success in the courtroom. The Inner Circle of Advocates was described by The Washington Post as, "A select group of 100 of the nation's most celebrated trial lawyers," and is recognized as one of the most exclusive groups of attorneys in the nation. Although spread across the country, members work collectively to share experience, skills and knowledge in pursuit of justice.

John is a major supporter of BIAOR and we are very happy to have one of our professional members receive this outstanding honor.



(The Lawyer's Desk Continued from page 6)

say. She could show a character not turning the stove on and wondering why it was taking so long for the food to cook. She could show a character turning the heat to high and then stepping out for a cigarette with the food burning away. Where this material might be offensive if presented by a non-survivor, with Cheryl's deft direction it was extremely funny, extremely insightful.

I want everyone who reads this article to go to Cheryl's website and watch the short trailer for her film. Her site is found at ww.brainreel.wordpress.com. Contact her for more information. Buy her DVD. Let her know that she got it right.

"Art brought me back to life," Cheryl told me recently. Where some will see her art as therapy, Cheryl sees it as what she does, what she did before the injuries, and what she will do now, after the injuries, after finding herself again, after going through the gauntlet and finding on other side a life like the one she had before everything changed. The effort she has put forth, the success she has had, have given her a new outlook. "It's about hope and motivation for me," she told me. Truer words were never spoken.

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.

2013 BIAOR Calendar of Events

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

Oct	BIAOR Fundraiser
Nov	Anat Baniel Method Workshop - Transforming the lives of Children and Adults with TBI through practical applications of Brain Plasticity Principles
March 7	Pre-Conference Workshop Art & Music Rehabilitation After a Brain Injury
March 8	BIAOR Conference Dinner, Music, Dancing and Wine Tasting
March 7-9	Annual Pacific Northwest Regional Conference 2013: Living with Brain Injury www.biaoregon.org/annualconference-2013.htm

Order 2011 Conference DVDs \$ 10 each —No CEUs

Music and the Brain
Cognitive Rehabilitation: Using research evidence and careful documentation to strengthen the case for insurance funding
Searching the Cure: Advances in Brain Injury Rehabilitation
Aggressive Recovery Focused Physical Therapy
Teaching Executive Functioning Skills: Time Management Tools to Support the Brain Client
TBI: Introduction & Overview for Families and Caregivers
Concussion Is Not Just a Bump on the Head: Sequelae Of Mild TBI Associated with Sports and Other Traumatic Injuries
Toward Universal Access to Health Care
Improving School Services for Students with TBI

\$90 for all \$3 S&H Send Check to: BIAOR, PO Box 549, Molalla OR 97038



PortlandLawyer.com

Steven R. Smucker, Esq.
806 SW Broadway Ste 1200
Portland OR 97205

Our job is your access to justice

steve@portlandlawyer.com • 503-224-5077 • fax: 503-299-6178



HANDICAP VEHICLES AND MOBILITY EQUIPMENT IN CO , OR & WA

Performance Mobility is committed to providing the highest quality wheelchair accessible transportation to enhance quality of life for individuals and families. You'll find an informational, no-pressure approach and mountains of experience to meet your transportation needs.

503-243-2940 www.performancemobility.com

Challenging Behaviors

WHAT IS A CHALLENGING BEHAVIOR ?

There are two aspects to a challenging behavior. First, it can be a behavior that endangers the person displaying the behavior or anyone nearby (e.g. self-injury or violence towards others). Two, it can be inappropriate behaviors that limit or prevent access to the community (e.g. screaming in public). So challenging behaviors include:

- self-injury
- violence toward other people
- damaging property
- impulsive behavior
- not complying with reasonable requests.

THE PURPOSE OF THE BEHAVIOR?

This is the most important question we can ask — there is always a *message* being communicated. But after a brain injury, it can be difficult for someone to recognize and express causes of unpleasant emotions, so we need to find the message. When we are tired or frustrated, it is much easier to say, "Oh he's having another tantrum," instead of looking for the message. Example? Steve begins throwing everything out of his school bag when his mother drives a different way to school to avoid a traffic buildup because it's not Steve's usual routine. His mother's response will be more constructive if she understands the reason rather than just yelling at Steve to "stop being silly".

The message or purpose of a behavior will usually be communicating an *unmet need*. Examples include:

- There is a change in my routine that is making me very anxious
- I'm bored!
- This environment is far too bright, crowded or strange for me
- I'm experiencing a very unpleasant sensation e.g. too much noise
- I'm very tired/sad/frustrated at the moment and can't cope with tasks
- Too many demands are being made of me at once and I can't cope.

THE BEHAVIOR CYCLE

A challenging behavior involves a number of steps, and there are positive responses we can make at each step either to prevent or minimize the behavior.

TRIGGER PHASE

Learn all the things that can act as a trigger. These can then either be avoided or minimized, or we can provide the person with coping strategies. There should be a consistent response planned for each trigger. Any instruction should be given in a simple way as comprehension and understanding will be very limited.

CRISIS PHASE

The goal is to minimize the chances of harm to the person or others (including yourself!). It is still very important to remain calm as criticism or yelling will only heighten or prolong the crisis phase.

RECOVERY PHASE

Do not attempt to talk through the situation until the person has completely calmed down. During this recovery, there will still be trouble with thinking clearly, so questions like, "Now why did you behave like that?" or "How are we going to prevent this in the future?" could easily trigger the behavior again. It is important to review the situation, but not until enough time has passed for the person to be calm enough for this. Actively listen and be empathetic. We are often annoyed or frustrated ourselves, but remember there is a message to every behavior trigger (e.g. when Judy gets very anxious about a future event, we remind her to do her deep-breathing exercises). It is crucial that our response is done in a calm and non-judgmental way, as loud critical

responses are likely to escalate the situation for someone with a brain injury.

ESCALATION PHASE

There is still a good chance here to prevent the behavior reaching a crisis point if we remain calm and provide the planned responses to the unmet need in the given situation. If your family member tries to tell you about this but feels you aren't listening, or are critical, then you are likely to trigger the behavior again!

POSITIVE BEHAVIOR SUPPORT

Positive Behavior Support is currently the most effective response to challenging behaviors available. Why?

- It avoids old-fashioned approaches like punishment but aims to encourage appropriate behaviors
- It provides valuable life skills for dealing with difficult situations
- It isn't just reactive but proactive, looking for ways to prevent challenging behaviors before they occur
- It provides consistent positive, rational responses that aren't based on our own negative feelings and frustration.

Any challenging behavior is approached in the following way:

- Find the message behind the behavior and the unmet need being communicated
- Determine the triggers and how can they be avoided or minimized and which coping strategies are needed
- Choose the best strategy for behavior change
- Develop the responses for each stage of the behavior (the behavior cycle above).

EXAMPLE

John sometimes begins yelling when taken into stores, throws any item that he can get hold of, then runs away to a quieter area. The message of this behavior is that John is at times unable to cope with shopping and gets extremely anxious.

Careful analysis shows that the triggers are dogs, the sounds of young children yelling and too large and/or noisy crowds.

In some cases the triggers can now be avoided, i.e. such as walking the other way when a dog is spotted. Shopping can be scheduled for times when it is not so busy.

Strategies for behavior change are selected. For example, John may find certain relaxation exercises can help when the triggers can't be avoided.



Acts One, Two and Three

by Wendi Herzog

On a dry but bone-chilling winter afternoon as a coupe makes a left turn, a pickup truck barrels through a red light at highway speed and slams into the side of it. The coupe's driver sustains multiple physical injuries including a traumatic brain injury.

Like a screenplay, this was my Act One introduction into the conflict of living with a TBI. As difficult as it has been to admit at times over the last four and a half years, in this first scene my life forever changed.

I had started a new screenplay of my life that January afternoon. And, like a script, my antagonists were many, but none as difficult as myself and my personal challenge to accept the fact I had a TBI.

Looking back over the years of my second act, including the trials of untangling the web of doctors, therapists and the legal system, I wish I had been able to

read ahead in my personal script and had the answers to the many questions and conflicts along the way. Answers to such questions as: What is the difference between a physical therapist, speech therapist and an occupational therapist? Why can't family and friends see me as injured, not as lazy or unmotivated? Why does a dark, quiet room often feel like a warm embrace? Why do I feel and sense things so much stronger than before my accident? Why are my creative talents amplified?

And, like a screenplay, during these trials of my personal second act when, at times, all seemed hopeless, I wish I had heard others' third acts in which some conflicts were resolved and many survivors lead enriching lives. In some cases, lives more fulfilling than before their traumatic brain injuries.

On my own path to recovery I have found no one-size-fits-all healing process. Not

every brain injury is the same, nor is every healing process or acceptance of the new person a survivor is becoming. There are, however, common threads and the knowledge every person with a TBI is not alone in their recovery. There are many people who have walked down the path a person with a TBI is now traveling and others who have studied the road. I believe both groups care deeply enough to assist survivors on this new life journey.

My hope is this column will not only provide guidance and inspiration from survivors and professionals but also serve as a hopeful reminder that, like a screenplay, there is an Act Three in which resolutions and a promising new life emerge.

Email Wendy with any questions to: biaor@biaoregon.org

"With most brain injuries, the filter in our heads that we all use to get along in society slips. People lose their inhibitions in ways both shocking and painful for their loved ones."

In an Instant: A Family's Journey of Love and Healing, written by Lee and Bob Woodruff.



Sharon Maynard
• Social Security Disability



Nelson Hall
• Personal Injury
• Workers Compensation

Serious Injury and Death Cases

- Brain Injuries
- Construction Injuries
- Automobile Accidents
- Medical, Dental and Legal Malpractice
- Workers' Compensation Injuries
- Social Security Claims



BENNETT, HARTMAN,
MORRIS & KAPLAN, LLP
ATTORNEYS

"Working hard for hard working people"

210 SW MORRISON STREET, SUITE 500
PORTLAND, OREGON 97204-3149

503 227-4600

WWW.BENNETTHARTMAN.COM

Summer Sudoku

The object is to insert the numbers in the boxes to satisfy only one condition: each row, column and 3 x 3 box must contain the digits 1 through 9 exactly once. (Answer on page 11)

	4	8	6		5			2
	2	3						6
1			7					
8	3				7			
	5	4				9	3	
			2				5	1
					9			3
3						4	1	
9			3	2	6	8		

Legal View Point: Disability Benefits for Children with Brain Injuries

By Cheryl Coon, Attorney at Law
Swanson Thomas Coon & Newton, Portland, Oregon



Several years ago I received a call from the sister of a young man. She mentioned his difficulty holding a job, describing impulsive and childlike behavior that repeatedly got him into trouble at the workplace and ultimately caused him to be fired from every job. But it was when she

described how her brother, at the age of seven, was hit by a car while riding his bike, that her story began to make sense. I asked about head injury and she told me yes, he'd had a closed head injury but he had recovered.

As a social security disability attorney, I meet daily with folks who are disabled in a variety of ways, both physical and mental. Many of my clients have, at some point in their lives, suffered a brain injury. When their brain injury results in a significant decrease in their ability to perform past or new work, it may be appropriate to seek disability benefits. In this column, I'll discuss how the impact of a brain injury may affect a child --

immediately or later in life, as an adult – and the availability of disability benefits for a child with a brain injury.

The Social Security disability system includes a program that applies to children with brain injuries: Title XVI, Supplemental Security Income (SSI). The catch is that SSI is only available when a family meets the law's limitations on income and resources. But the first step is determining whether a child meets the *substantive* criteria for receiving disability benefits.

The Social Security Administration (SSA) evaluates disability in children somewhat differently from its evaluation of adults, where the focus is on ability to perform past or future work. For a child, SSA looks at six areas of functioning (which SSA calls "domains") and compares the child claimant to others his age. These six domains include:

1. Acquiring and using information
2. Attending and completing tasks
3. Interacting and relating with others
4. Moving about and manipulating objects
5. Caring for oneself
6. Health and physical well-being

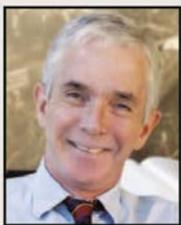
If a child is determined to be "markedly" limited in at least two of these areas, he can qualify for disability benefits.

As Dr. Rachel Berger, a pediatrician and associate director of the Safari Center for resuscitation research at the University of Pittsburgh medical center, noted in recent Congressional testimony:

- "The least mature area of the brain in an infant or child and the part that appears to be most vulnerable to early injury is the pre-frontal cortex. This area of the brain is critically important for executive function. The first two domains above cover executive function.
- "Since normal children do not develop executive function when they are very young, depending on the age they are at the time of injury, it may be difficult to assess executive

(Legal View Point Continued on page 11)

Experienced Representation Increases Your Chance of Recovery



James Coon



Raymond Thomas



Cynthia Newton



Chris Frost



Cheryl Coon



Charley Gee



Nicole Bockelman

Since 1981, we have handled some of Oregon's largest Workers' Compensation, Personal Injury & complex Social Security cases. Call us today for a FREE consultation.

We can help you: Brain Injuries | Workers Compensation | Construction Injuries
Death Claims | Personal Injury/Defective Products | Social Security Disability

Call 503-228-5222
www.stc-law.com



SWANSON, THOMAS, COON & NEWTON
ATTORNEYS AT LAW
820 S.W. Second Avenue, Suite 200, Portland, Oregon 97204
On the MAX Light Rail at SW 2nd & Yamhill

(Legal View Point Continued from page 10)

function or the extent to which it is impaired as a result of brain injury until children are older. "

- The least mature area of the brain in an infant or child and the part that appears to be most vulnerable to early injury is the pre-frontal cortex. This area of the brain is critically important for executive function. The first two domains above cover executive function.
- Since normal children do not develop executive function when they are very young, depending on the age they are at the time of injury, it may be difficult to assess executive function or the extent to which it is impaired as a result of brain injury until children are older.
- Demonstrating disability is most problematic for children who appear to have recovered or to be only mildly impaired at discharge from a hospital but who later fail to develop

milestones and who ultimately cannot perform their age appropriate activities. (For example, if a child gets a brain injury at age two and injures the part of the brain which is required for reading, disability will not be recognized until the child goes to kindergarten and reading becomes an age appropriate activity.)

- Early documentation is important because it makes it easier to link the brain injury to the emerging disability. For some children, the extent of disability can be identified on a standard IQ test; for others, neuropsychological testing is needed. (Unfortunately, such testing is very expensive, rarely covered by medical insurance and the number of qualified pediatric neuropsychologists is limited.)

So what should parents do? First, early documentation of the injury itself and thereafter, regular documentation of a child's progress (by parents and by teachers) are important steps. For

many children, this will be enough to determine whether they qualify for benefits. But for others, testing may be necessary. For the young man described above, it took neuropsychological testing to demonstrate just how impaired he was. To the rest of the world, he seemed like an impulsive young man with a childlike sense of adventure and mischief. But the testing revealed the degree of his limitations. With no other evidence than this, we were able to win him benefits.

The good news is that many children with brain injuries will recover sufficiently to lead normal lives. For those who do not, SSI fills an important gap to support the child and the family. It's worth considering if this fits your family.

Cheryl Coon, who practices social security disability and veterans' benefits law, can be reached at 503-228-5222 or ccoon@stc-law.com.

Have you had an insurance claim for cognitive therapy denied?
If so call: Julia Greenfield, JD Staff Attorney
Disability Rights Oregon
620 SW Fifth Avenue, Suite 500, Portland, OR 97204
Phone: (503) 243-2081 Fax: (503) 243 1738 jgreenfield@disabilityrightsoregon.org



Summer Sudoku
(Answer from page 9)

7	4	8	6	1	5	3	9	2
5	2	3	4	9	8	1	7	6
1	9	6	7	2	3	5	4	8
8	3	1	9	5	7	2	6	4
2	5	4	8	6	1	9	3	7
6	7	9	2	3	4	8	5	1
4	6	5	1	8	9	7	2	3
3	8	2	5	7	6	4	1	9
9	1	7	3	4	2	6	8	5

**Proud members of the
Brain Injury Association of Oregon,
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
 Eugene, OR 97401
 541-484-2434
 TOLL FREE 1-800-783-2434
www.jclsllaw.com

**JOHNSON
CLIFTON
LARSON &
SCHALLER
P.C.**

Free first consultation * No payment unless you win

You Have a Right to Justice™



Idaho Update

By Russ Spearman, M.ED.

Currently Idaho is working on two initiatives

ADRC sites and also via the Money Follows the Person grant offered through the Idaho Department of Health and Welfare. It is projected that along with building local sites, ADRC third-year funds will support the development of an online data base and online consumer decision support tools

Wakefield, Ph.D., R.N. "They reach out to families and help them and their children thrive."

Idaho's Aging and Disability Resource Center - Five Year Strategic Plan

The Institute of Rural Health at Idaho State University recently submitted a letter of support for Idaho's Aging and Disability Resource Center (ADRC) Five Year Strategic Plan coordinated by the Idaho Commission on Aging (ICOA). The purpose of the plan is to develop and implement an Aging and Disability Resource Center initiative in Idaho. In conjunction with the six area agencies on aging, the ICOA will establish designated sites in the six regions for statewide coverage. With over 260 ADRC's nationally, the vision of the Idaho ADRC falls in line with the newly-formed Administration for Community Living to increase access to community supports while focusing attention and resources on the unique needs of older Americans and people with disabilities, including people with brain injury. The ICOA established an agreement with Idaho's 211 Care Line to be the centralized phone number for the ADRC, and it anticipates that this agreement will provide streamlined access to services for people in Idaho. The 211 Care Line operators will screen and refer to the

Parent Training Center in Idaho Receives Funding To Continue as the State Family To Family Health Information Center

Idaho's Parent Training and Technical Assistance Center- Idaho Parents Unlimited (IPUL) was recently awarded \$95,700 in funding to support Family-to-Family Health Information Centers, primarily non-profit organizations run by and for families with children with special health-care needs. Created in 2005, the centers are state-wide, family-led organizations that provide information, education, training, outreach and peer support to families of children and youth with special health care needs and the professionals who serve them. The centers are staffed by trained family leaders who have both children with special health care needs and expertise in navigating federal, state and local public and private health care systems. HHS' Health Resources and Services Administration (HRSA) oversees the centers. "The centers benefit all families and especially those with the greatest needs," said HRSA Administrator Mary K.

IPUL, in collaboration with the Federation for families and FACES- Family Advocacy Center and Education Services, recently modified a support group training manual specifically for children who have been sexually abused and plans to offer training in the fall. IPUL is also working in collaboration with the Division of Medicaid and the Children's Health Improvement Collaborative (CHIC) which involves the establishment of medical home pediatric practice sites. Currently, care coordinators exist in three sites around the state: Coeur d'Alene Pediatrics; St. Luke's; and Primary Health Pediatrics. These coordinators work approximately 10-15 hours per month and receive a stipend of approximately \$150.00. IPUL and the CHIC collaborative will assist in training the Parent Partners. IPUL will provide ongoing support and resources. The Institute of Rural Health participates on the advisory committee for this project. For more information on the program, and other HRSA maternal and child health programs, visit <http://www.mchb.hrsa.gov/>. Information on the Affordable Care Act can be found at www.HealthCare.gov.

Contact Russ at spearuss@isu.edu

There are two ways to live: you can live as if nothing is a miracle; or you can live as if everything is a miracle.

Albert Einstein

Center on Brain Injury Research and Training (CBIRT) Update

cbirt.org

Quick insights and strategies regarding brain injury are now available on our Facebook page, <http://www.facebook.com/CBIRTonline> in the new series, *Did You Know*. A new issue of *Did You Know* will be posted each Wednesday. From the cbirt.org website, click the Facebook icon at the bottom of the page to follow us. Our Facebook page provides links to current topics related to TBI.

Spinning has many definitions. For one survivor's description of spinning, see the latest Cory's Corner. If you have ever said to yourself, "now what did I

come in here for?" you will appreciate Cory's new column, "Here One Minute, Gone the Next". There are even some ideas about coping strategies. Cory's Corner can be found at cbirt.org.

Over 1000 people have completed our interactive training module, "Traumatic Brain Injury, an Overview". This free training provides basic information helpful for anyone working with individuals with brain injury. The training is available under Resources at cbirt.org.

Priscilla Havlis joined the CBIRT team on our Transition Web project. Priscilla

has experience as a project coordinator with projects focusing on juvenile justice, middle-school aged girls, preschool transition, and suicide and depression. Her background also includes mentoring parents with cognitive limitations including those with TBI. Priscilla has a M.A. in Applied Linguistics from the University of Illinois, and a B.A. in Psychology from St. Mary's College.

Please follow us on Facebook at CBIRT Online! There is a direct link at the bottom of cbirt.org.

Aging with a Traumatic Brain Injury (TBI): Cognitive Changes and Management Strategies

Advances in medical technology have led to the survival of more than 125,000 individuals each year in the U.S. who will live with the long-term consequences of TBI. Separately, TBI and aging can affect many aspects of life: cognition, physical health, vision, hearing, and psycho-emotional health as well as community integration. This brief will focus on cognitive changes.

What cognitive changes are associated with *normal aging*?

Normal aging is associated with changes in cognitive abilities such as reaction time, processing speed, recalling the details of new information, and solving new types of problems. With age-related changes in other areas such as hearing and vision, everyday functioning may be affected. Long-term memory and language skills are generally maintained and can even improve with age.

What does current research tell us about cognitive changes while *aging with a TBI*?

The cognitive challenges associated with TBI in the first few years post-injury (e.g., attention, memory, executive-function challenges) are well documented. However, research on the long-term effects of TBI is in its early stages. Current evidence suggests that aging with a TBI does not affect all individuals in the same way. Risk factors that predict more challenges include: (a) injury later in life exacerbated by increasing years post-injury; (b) a more severe injury (longer loss of consciousness); (c) repeated injuries; (d) genetic markers (presence of the ApoE4 genotype); and (e) gender (male).

What cognitive changes are associated with *dementia/Alzheimer's Disease (AD)*?

Dementia/AD significantly changes everyday life and results in the progressive loss of function across several cognitive abilities, including but not limited to changes in new learning and recent memory, language (word finding), and controlling one's behavior. Long-term memory is often preserved far into the disease process. Although frequently associated with aging, dementia/AD is not an inevitable part of the aging process. Increased supports are needed as dementia/AD progresses.

Current research indicates that **TBI increases the risk of dementia/AD for some but not necessarily all individuals with TBI**. As with other challenges related to TBI, severe injury, repeated injuries, the presence of the ApoE4 genotype, and/or being male appear to increase the risk of dementia/AD in this population. However, more long-term research is needed to evaluate these and other contributing factors.

What are other health-related challenges to keep in mind as one ages with a TBI?

These challenges include but are not limited to: medication management issues, falls, deconditioning, fatigue, depression, headaches, seizures, sleep disturbance, metabolic (hormone) disturbances, sexual dysfunction, chronic pain, spasticity, visual-perceptual loss, hearing loss, and swallowing/gastro-intestinal issues.

What strategies promote graceful aging with a TBI?

- Prevention:** Take steps to prevent another TBI (see CDC link below).
- Current Medical Records:** Ensure that the TBI is documented in the current medical records. Keep copies of all past medical records.
- Health Team:** Schedule regular check-ups with a team of health care providers trained in the complex issues of TBI, including a primary care physician, rehabilitation physician (physiatrist), and/or nurse practitioner as well as other specialized professionals (e.g., physical, occupational, speech-language therapists; vision specialists; psychologists; dentists; social workers).
- Health Plan:** Ask this team for a comprehensive medical and rehabilitative health and well-being plan to minimize and prevent complications.
- Health Advocate:** Ask a family member or other advocate to attend all health care-related appointments to record and track information.
- Health Notebook:** Use a notebook to organize information such as medical records, medication lists, and treatment recommendations. Prepare questions ahead of time and ask professionals to record their answers in the notebook or use a voice recorder (on a smart phone, for example).
- Planning:** Anticipate the need for extra supports later in life, including assistance with physically and/or cognitively demanding activities.
- Staying Healthy:** Eat a nutritious diet and manage weight. Avoid alcohol, drugs, and smoking.
- Staying Active:** Increase activity levels by engaging in a health-care-provider approved physical exercise program and cognitively stimulating, personally meaningful activities that promote safe community integration and a sense of purpose in life (e.g., volunteering, work, educational or recreational activities).

Where can I find more information?

- * Brain Injury Alliance of Oregon—www.biaoregon.org
- * Center on Brain Injury Research and Training (CBIRT) Ask a Librarian—www.cbirt.org/ask-librarian
- * www.cdc.gov/traumaticbraininjury/pdf/PreventingBrainInjury_Factsheet_508_080227.pdf
- * www.brainline.org/content/2009/06/aging-with-a-brain-injury.html
- * Selassie, A. W., Zaloshnja, E., Langlois, J. A., Miller, T., Jones, P., & Steiner, C. (2008). Incidence of long-term disability following traumatic brain injury hospitalization, United States, 2003. *The Journal Of Head Trauma Rehabilitation*, 23(2), 123–131.
- * Senathi-Raja, D., Ponsford, J., & Schönberger, M. (2010). Impact of age on long-term cognitive function after traumatic brain injury. *Neuropsychology*, 24(3), 336–44. doi:10.1037/a0018239.

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

be effective in the caring role.

Choosing to be around happy people is important too. Recent research suggests that happiness might spread through a population like a virus. A 2008 study in the *British Medical Journal* reported that happiness in social networks may spread from person to person in clusters that spread up to three degrees of separation. It might pay to spend less time around gloomy pessimists if you are struggling with unhappiness yourself.

Getting Religion?

Extensive research by American researchers suggests that religious people living in predominantly religious countries are happier and less stressed, although the causes are unclear. It could be the social contact and support gained from religious activities, the likelihood of behaviors related to good health (e.g. avoiding substance abuse), promotion of optimism and coping strategies, or a greater sense of purpose to life.

But I Am Grumpy. Can I Change?

Some of us are genetically programmed to be negative, fearful, depressed and shy; other of us are exactly the opposite. This programming is very strong and usually has a greater effect than life circumstances. There are numerous cases of lottery winners believing they have found lasting happiness, but within two years their happiness levels are usually only slightly higher than before their windfall. Then there are those incurably cheerful people who lose their legs in an accident but are often almost as happy two years after their loss of mobility. It should be noted though, that this happiness often does not return when the capacity for work is lost — something that can be quite common after a brain injury.

Are we stuck on this baseline that our genes have determined? Or can we make ourselves happier? Yes we can make ourselves happier, because how we think and live do ultimately influence how we feel. It takes hard work to change a lifetime of grumpy negativity. But given time and commitment, there are strategies that can eventually alter how we think and feel permanently. Some useful ones are:

- starting a daily diary that records everything you are thankful for can reduce pain and raise your mood and energy level
- volunteering, helping others, and acts of kindness each day provide a big boost to our happiness levels
- personally thanking someone for their support or kindness can have a lasting effect on feeling positive
- find the coping strategies for depression, anxiety and stress that work best for you
- look for negative thought patterns and deliberately replace them with positive ones
- exercise regularly – while the effects of exercise on depression may have been overestimated in recent years, it still definitely has a positive impact on our mood
- eat a healthy diet and sleep well.

It should be noted that research shows that not all of these strategies will work for everyone — in fact, writing letters of gratitude can make depressed people



feel even worse! You may also find that a strategy loses its effect over time, so feel free to ditch it and experiment with other strategies.

There is single, definite answer to lasting joy for everyone, but it's worth exerting a lot of effort into exploring possibilities; after all, what have you got to lose? It is your happiness at stake!



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

Now You Can Hire One As Your Lawyer

Auto Accident Injuries
Medical Malpractice
Wrongful Death
Drunk / Drugged Driver
Insurance Disputes
Traumatic Brain Injury

**DR. AARON DESHAW, ESQ., P.C.
TRIAL LAWYER**

**Fox Tower
805 SW Broadway, Suite 2540
Portland, OR 97205
503-277-1233**

www.DoctorLawyer.net

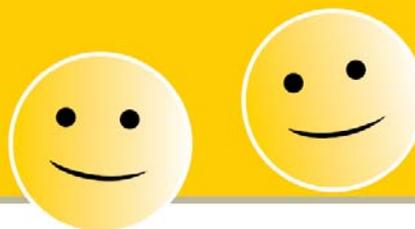
866-843-3476

HAPPINESS TIPS IF YOU HAVE A BRAIN INJURY

- Work on your social skills to help retain old friendships and build new ones.
- Keep working on all those coping strategies for issues like depression, anxiety and stress.
- Choose to look on the bright side — start a daily diary about things you are thankful for.
- Take the focus off yourself and put it on others for a happiness boost — make a daily habit of compliments, kind acts and volunteer work.
- Can't work? Build a weekly schedule of pleasurable activities and tasks for meaningful structure to your life.
- Exercise. Eat and sleep well.

HAPPINESS TIPS IF YOU ARE A CAREGIVER

- Use respite care and take time off to maintain friendships and your social supports.
- Join a caregivers' support group.
- Exercise.
- Eat and sleep well.
- Caregiving can be exhausting and frustrating! Don't bottle it up — talk about it with a good friend, in a support group or with a telephone counselor if necessary.



Am I Having a Stroke?

**A STROKE OR A TIA IS AN EMERGENCY
GO TO HOSPITAL IMMEDIATELY
TIME LOST IS BRAIN LOST**



At Windsor Place, we believe in promoting the self-confidence and self-reliance of all of our residents



Sharon Slaughter
Executive Director
sharons@windsorplacesalem.org

Phone: 503-581-0393
Fax: 503-581-4320



Windsor Place, Inc.
3009 Windsor Ave. NE Salem Oregon 97301
www.windsorplacesalem.org

Study of Fighters Shows Brain Changes Are Seen Before Symptoms

One of the questions Dr. Charles Bernick and his colleagues ask boxers who come to the Cleveland Clinic's Lou Ruvo Center for Brain Health here is, "How many times have you been knocked out cold or gotten a concussion?" Most say, "never."

MRI scans were used in the research. Some fighters had changes in their brains but showed no cognitive declines.

Then the doctors ask, "How many times have you felt dazed and stunned?" Most say, "many times."

This is part of the Professional Fighters Brain Health Study, now a year old and with results from 109 fighters — more than have ever been compiled in a single research project. The principal finding: "There are detectable changes in the brain even before symptoms appear," like memory loss or other changes in cognitive function resulting from repeated blows to the head, Dr. Bernick said.

The physical changes, detected by M.R.I. scans, are a reduction in size in the hippocampus and thalamus of the brains of fighters with more than six years in the ring. These parts of the brain deal with such functions as memory and alertness. While those who had fought for more than six years did not exhibit any declines in cognitive function, fighters with more than 12 years in the ring did. Thus, Dr. Bernick's group concluded, the lag between detectability and physical symptoms probably occurs sometime during those six years.

The idea that an M.R.I. could help identify a degenerative brain disorder before a patient reports cognitive problems could help a broad range of people, from young athletes and combat soldiers to others who have been subjected to repeated blows to the head, neurologists say.

There may also be implications for understanding Alzheimer's and other diseases



among otherwise healthy elderly people, but these issues remain subjects for further study, said Dr. Jay L. Alberts, director of the Cleveland Clinic's Concussion Center.

"Everyone knows repeated blows to the head are not good for you," Dr. Bernick said. "But nobody knows how you evolve from getting blows to developing long-term degenerative diseases. Now we have some sense of sequence."

Like many doctors who study athletes' brain injuries, Dr. Bernick has concluded that much of the research has focused too narrowly on infrequent, hard blows to the head rather than more constant lesser blows. "We may not need to focus so much on concussions. It could be that sustaining thousands of blows that don't knock you out could be more important" to assessing the long-term health of your brain.

Dr. Bernick's results rest on the Las Vegas center's ability to gather a large sample of professional boxers and mixed-martial artists, to classify them according to the amount of time they have spent in the ring, and to cross-

reference M.R.I. images of their brains and results from cognitive tests.

"It's the first study of its kind," said Dr. Robert Stern, director of the Alzheimer's Disease Clinical Core at Boston University School of Medicine, who was not part of the research

team. "It's the first time we have a large group of athletes who have their brains hurt on a regular basis, with M.R.I. images, cognition tests, and a longitudinal aspect," added Dr. Stern, who plans to conduct a similar study of former National Football League players.

This study of boxers will continue for at least five years, but the preliminary findings are worth the attention, as "nobody has the numbers we do." And he hopes, eventually, to help inform decisions made by boxers and state boxing commissions, as well as sports medicine generally, when it comes to preventing neurodegenerative conditions.

Dr. Alberts of the Cleveland Clinic in Ohio said that brain damage caused by strong concussive blows versus lesser, but more frequent, hits was "a distinction that people are talking about, but at the moment we have no data, just a lot of hand-waving." He said the study of boxers should help change that.

At the Las Vegas center, only three years old, there are plans to include hundreds more boxers in the next five years. For now, the brain images of 109 fighters are grouped according to the length of time each participant has fought: less than 6 years, 6 to 12 years, and more than 12 years. The number of fights is also taken into account.

Given that Las Vegas is billed as the "fight capital of the world," Dr. Bernick seems to be guaranteed a steady stream of new patients.

"It's exciting," he said, "to be in a field that people know so little about."

TIMOTHY PRATT Published: April 24, 2012; <http://www.nytimes.com/2012/04/25/health/research/study-shows-changes-in-fighters-brains-before-symptoms.html?emc=nt&ntemail1=>

JENSEN, ELMORE & STUPASKY, P.C.

ATTORNEYS AT LAW

DAVID JENSEN, OF COUNSEL

djensen@jeslaw.com

EUGENE OFFICE

199 EAST FIFTH AVE., SUITE 24
EUGENE, OREGON 97401
(541) 342-1141

SISTERS OFFICE

220 N. PINE • P.O. BOX 1408
SISTERS, OREGON 97759-1408
(541) 549-1617

Diabetes drug triggers neuron growth, potential to regenerate brain cells

A drug commonly used to control Type 2 diabetes can help trigger stem cells to produce new brain cells, providing hope of a potential means to treat brain injuries and even neurodegenerative diseases like Alzheimer's, researchers say.

A study by scientists at Toronto's Hospital for Sick Children found the drug metformin helps activate the mechanism that signals stem cells to generate neurons and other brain cells.

"If you could take stem cells that normally reside in our brains and somehow use drugs to recruit them into becoming appropriate neural cell types, then you may be able to promote repair and recovery in at least some of the many brain disorders and injuries for which we currently have no treatment," said principal investigator Freda Miller.

"This work is happening against a background of a lot of excitement in the stem cell field about the idea that since we now know that we have stem cells in many of our adult tissues, then perhaps if we could figure out how to pharmacologically tweak those stem cells, then perhaps we could help to promote tissue repair," added Miller, a senior scientist at SickKids.

The research, published online in the journal *Cell Stem Cell*, involved lab-dish experiments using both mouse and human brain stem cells, as well as learning and memory tests performed on live mice given the drug.

Researchers started by adding metformin to stem cells from the brains of mice, then repeated the experiment with human brain stem cells generated in the lab. In both cases, the stem cells gave rise to new brain cells.

They then tested the drug in lab mice and found that those given daily doses of metformin for two or three weeks had increased brain cell growth and outperformed rodents not given the drug in learning and memory tasks.

One standard test involves a water maze in which the mice must swim around until they locate a hidden platform.

"And the remarkable thing is the mice that got the metformin, what they

showed was increased flexibility in terms of the way they learned the location of things," said Miller, explaining that the drug-treated mice had a greater ability to learn and remember.

"If you then, for example, moved the platform some place completely different, the metformin-treated animals were remarkably good at just saying, 'OK, things have changed' and learning the new thing and (were) much better than the controls (untreated mice)."

Miller said it was serendipity that led the team to conduct the study. About 18 months ago, they found a pathway known as PKC-CBP that signaled embryonic neural stem cells to make brain cells. At about the same time, some U.S. collaborators at Johns Hopkins University found the same pathway was activated by metformin in liver cells — the means by which the drug controls glucose levels that go awry in diabetes.

Based on those findings, Miller's team thought metformin might activate the same pathway in neural stem cells.

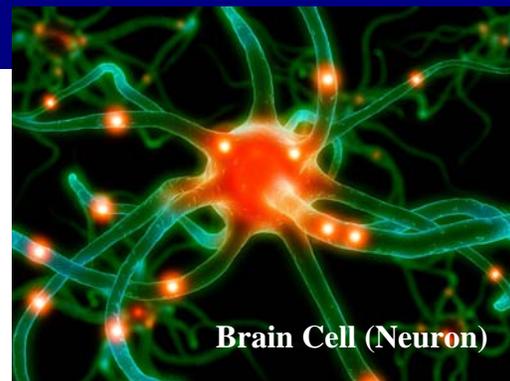
"I love this story because it's a classic example of how very basic research into how things work has led to a potential therapeutic endpoint," she enthused.

One big bonus for researchers is that metformin has been well-tested and long prescribed for a number of diseases, including metabolic disorders in children. The drug also has been shown to have anti-cancer properties.

"The advantage again is that because metformin has been in people from seven until 107, we have lots of safety data on it, we know exactly what kinds of doses, et cetera, et cetera," she said. "So that's a really huge plus with moving forward."

When it comes to progressive neurodegenerative diseases such as Alzheimer's, Miller said there is a lot of excitement among scientists about finding a drug that could recruit stem cells to produce healthy neurons, "at least to give people just a bit longer healthier cognition, if you will."

Metformin might be such a drug, but the difficulty is that stem cells age and diminish as people get



older, so it's unclear whether there would be adequate numbers of healthy brain stem cells to produce new neurons that would have a therapeutic benefit.

Still, it's a possible and worthwhile line of investigation, she said.

Miller's team is already in discussions with clinical colleagues about launching a pilot study to test metformin in young patients with acquired brain damage, either as result of treating a childhood brain tumor or from a traumatic head injury.

Such a study would try to determine if the drug could increase brain cell mass — using a functional MRI scan, for instance — and measuring any improvement in cognition and behavior.

If approved, Miller said a pilot study could begin within the next year or so.

Source: <http://www.winnipegfreepress.com/arts-and-life/life/health/diabetes-drug-triggers-neuron-growth-potential-to-regenerate-brain-cells-study-161446395.html>

**A handful of patience
is worth a bushel of
brains. Dutch Proverb**

Fabiola Ruiz

— All Seasons Care, LLC —
940 Fairview Ave SE
Salem, OR 97302
(503) 588-7470

*Caring for People in
"All Seasons" of Life.*

Symptoms of Stroke

The symptoms of stroke usually appear suddenly. The suddenness of onset distinguishes stroke from other conditions such as migraine or brain tumor. Every patient is affected differently and the most common symptoms are:

- **Sudden numbness** or weakness of face, arm or leg, often on one side of the body.
- **A lack of muscle strength in any group of muscles**, most commonly those on the face, hand, arm and leg on one side (called hemiparesis). At least half of patients suffer some form of hemiparesis, some with a mild form that involves difficulty in controlling movement, rather than weakness.
- **A loss of sensation or feeling in any part of the body**. Numbness of the skin of the face, hand, arm and/or leg on one side (hemianaesthesia) is most common.
- **Sudden confusion, trouble speaking or understanding**.
- **Difficulty in speech** - slurring of speech (from weakening of face, mouth, throat muscles) may be

accompanied by swallowing difficulty. There may be difficulty understanding others' speech, finding the right words, understanding written words or in writing (aphasia).

- **Sudden trouble seeing in one or both eyes**.
- **Difficulty with vision** - may take the form of total loss of vision in one eye, or loss of vision in half the visual field of each eye, or double vision.
- **Sudden trouble walking**, dizziness loss of balance or co-ordination.
- **Dizziness** - injury to inner ear nerves may cause loss of balance, a spinning feeling, or feeling like the world is moving (vertigo). May cause nausea, unsteadiness on the feet, a tendency to veer to one side or the other or an unexplained fall.
- **Sudden severe headache** with no known cause.

Headache - stroke and TIA do not usually cause headache, but headache may result from stretching or irritation of the membrane covering the brain (meninges) or the blood vessels in the brain.

Subarachnoid hemorrhage may be preceded by the sudden (within seconds) onset of an extremely severe 'thunderclap' headache (the most intense the patient has ever felt) together with neck stiffness. Irritation from light may also be a problem. After minutes to hours, the headache spreads to the back of the head, neck and back as blood tracks down the spinal subarachnoid space. Subarachnoid hemorrhage may be associated with drowsiness or loss of consciousness and with other stroke symptoms.

Less common symptoms include:

Nausea and vomiting - can be associated with vertigo or involvement of the 'vomiting center' (the medulla) of the brain; common at the outset of subarachnoid hemorrhage.

Drowsiness or unconsciousness - also not common, but may occur, often briefly, depending on the location of the injury in the brain.

Epileptic seizures (10% of patients with subarachnoid hemorrhage).



Collaboration, Cooperation, Compassion....

At Learning Services, these words mean something. For over twenty years, we have been providing specialized services for adults with acquired brain injuries. We have built our reputation by working closely with residents and families to support them with the challenges from a brain injury. Our nationwide network of residential rehabilitation, supported living and neurobehavioral rehabilitation programs provide the services that help our residents enjoy a better quality of life now and in the future.

To learn more about our Northern California program or our new Neurobehavioral Program in Colorado, call 888-419-9955 or visit learningservices.com.

Building Futures



Gilroy Campus, California



Learning Services Neurobehavioral Institute - West

“What Did I Gain?”

For my Fellow Faraday Friends with Thanks and Blessings for Peace from

Heidi Sieberts



It has been 14 years since the auto accident that left me with a head injury and lots of pain. For many of those years I searched in vain for the silver lining. “What did I gain?” Often the question itself seemed insensitive because of the seeming devastation that followed upon the accident.

Yet, those interested in healing want to know. Recently, a chiropractor in a water aerobics class asked the question. Finally, I answered from the perspective of a healed soul. More on that later. As a healer myself prior to the accident, I have long known that, in order to be complete, a healing has to go through all levels of the human energy body—mental, emotional, physical and spiritual. It’s a process that ultimately includes accepting human limitations and embracing what lies beyond the human.

In the first year of my healing journey, I wanted to know what my prospects were. My search led me to a brain injury support group in Portland, Oregon. The Faraday Group was composed of former professionals who elected their membership. The range of disabilities evidenced by the group was broad. As a result, sometimes the meetings failed to track very well. Perhaps for that very reason the group was pivotal to my healing process.

For the first time in my life, I was not tracking well. Prior to the accident I had been a business consultant, therapist and had founded and operated a 4-year energy healing school. I was identified with my work and felt that I was on the cutting edge in both business and healing fields. Prior to starting the school, I had studied for 8 years with various physicians in the United States and Europe beyond achieving my Master’s Degree with a 4-point at the University of California, Davis. You could say that I had been competitive, if not pushy.

Yet, a year after the accident, all I could do was cry at cognitive rehabilitation training. The most basic mental exercises were too difficult for me. My potential was looking bleak, and I felt desperate to discover who I now was. Doctors could not tell me.

It was the Faraday Group that provided a way for me to see where I fit. I learned about the field of brain injury and measured myself against the levels of injury and life experience of members of the group. Although I was still preoccupied by pain, I felt compassion for other members, even as others extended compassion to me. I was greatly aided by their fellowship and stories and hope mine will be of benefit to them in some way.

Perhaps a summary retrospective of the first several years will suffice to provide some

perspective on my healing journey. The accident occurred under high-visibility, mid-morning conditions on April 7, 1998 on a major thoroughfare in Portland, Oregon. While I was in the middle of an intersection on a green light, my Jeep Sport, which I had owned for one month, was broadsided and spun by a commercial vehicle with a crane. It was operated by an elderly gentleman working for his son, who was an independent electric company contractor.

My car was totaled and I was taken in an ambulance to Oregon Health Sciences Hospital where I stayed overnight. Some of my injuries were due to the airbag hitting my chest and chin (I am a smallish, 5’2” woman), causing TMD, small fractures to ribs, bruising of my heart and chest, and inner ear damage causing hearing, balance and visual perspective problems. I was told by a neurologist—who had witnessed some “irregularity” in the brain stem—that the head injury was caused by the air bag knocking my head back and forth and the spinning car causing my head to hit the window sideways. He labeled my brain injury as “mild,” but considering the repercussions on my life that were to follow, it was far from mild. I was to discover from an angiogram conducted 11 years later that I also had a brain aneurism, which may have been caused by the accident. Other injuries to my arms, neck, legs, hips, back and shoulders were due to being banged between the door and console during the spinning.

Most of my injuries were labeled “soft tissue” damage, a label that seemed to discount my suffering. I have since experienced extreme pain for many years, despite treatment by practitioners of many healing modalities, as well as many arthritic changes in the precise areas that were most injured during the accident. On the day after the accident I could walk, painfully, but felt like a chicken with broken wings. Thus began a healing journey that continues to this day.

There were many unexpected side-effects of the injuries sustained in the accident. In addition to pain, the physical symptoms I experienced in the first few years included but were not limited to nausea, anxiety, TMD, sleeplessness, nightmares, waking up screaming, fatigue, dizziness, fainting, loss of balance, reflux, pancreatitis, diverticulosis, raw stomach, bloating, weight gain, high blood pressure and rapid heartbeat. My endocrine and digestive systems in addition to my bone, brain, muscle and connective tissue systems required mending. Many of these symptoms re-emerge periodically to this day.

EMG and thermal scans conducted by a chiropractor within the first year provided evidence of severe pain (373% of normal) in

several regions including the sphenoid, foramen magnum, C-2, C-5, S-2, S-3, S-4 and first coccyx segment. The chiropractor concluded that the damage at the attachment of the meninges probably affected dopamine production, which, in turn, could affect my mood and sleep. Other areas of injury suggested to the chiropractor the digestive problems I had been experiencing. Except for herbal remedies I had refused pain and sleep medications, because they simply created more problems than they solved. Five years later a physician at Kaiser Permanente referred me to 20 pain management classes.

The pain-management classes verified my view on pain and sleep medication. I witnessed how such medications had apparently destroyed the lives of many people who were taking them. Some individuals were on as many as 10 medications and Tens machines. Their lives were centered on getting relief from remedies with a lot of negative side-effects, and possibly interactions, a fact that did not seem to be working. Attendees could lie down, walk around, sit or stand during the 1.5 hour classes. As for me, before the end of each class I was in so much pain that I wanted to scream and bolt. However, I started to adjust my life to some of the recommendations and began to experience some relief.

Essentially, I learned to back off everything. Having been athletic, my normal approach was to push through pain. Although that approach probably helped me achieve goals before the accident, after the accident it only served to exacerbate a high level of pain. A key learning for me was to do nothing or something-for-a-short-period-of-time. It may have been the beginning of my accepting my limitations. It certainly helped reduce the level of pain I was experiencing.

“Vary activity” and “Refresh It” became my mottos. Instead of sitting 10 hours in front of the computer, I sat 10 minutes at a time and gradually increased the minutes, varying sitting with standing, walking or lying down. Instead of a 1-hour aerobics class with flailing limbs, I concentrated on the core with Pilates for 15 minutes to start. I gave up back-packing for obvious reasons. Due to the risk of further head injury and the sense that my bones would re-align on points if I fell, I also gave up skiing. Although I could not get my hips up in the water to swim, I discovered that water aerobics was gently supportive. Blood and lymph still needed some activity to get into those painful joints to nourish and carry away toxins. I adopted a diet that

(What Did I Gain? Continued on page 21)

(What Did I Gain? Continued from page 20)

included more anti-inflammatory elements.

The accident brought losses to many other areas of my life during the first year and following. I could no longer remember my clients' names, develop a plan for therapy or adjust that plan in a session based upon shifting energy. Also consistent with head injury, I had difficulty initiating anything. For example, although I wanted to clean my closet, I could not figure out how to do it. I drained my savings to maintain my office and commitments for the next year and a half, and then borrowed money to stay afloat until I was compelled to give up both my office and my apartment. The career in which I had invested so many years was gone forever. The active lifestyle that I had enjoyed was no longer doable. Pain and disability kept me from engaging with friends. Because I looked okay—after all, I wasn't in a wheel chair—friends and relatives had expectations of me that I could no longer fulfill. I felt misunderstood and hated explaining myself as a victim.

The aftermath of the accident was like a rebirth without dying into a new body with a new nervous system. Probably the head injury and the pain combined to cause me to become impulsive, irritable and easily distracted. My capabilities and skills were reduced significantly. I could no longer track a simple train of thought, focus, do simple math or find the right words to express myself. I had to be helped to balance my checkbook. I was confused about who I was with these new traits, how to manage them, and what I might do next. People reacted differently to me than they had in the past because I was different. I was needy and not good company. All the familiar internal and external behavioral reinforcements of one's identity were gone. Poof!

I regret to say that I felt let down by many of the so-called "helping professions." Generally, the allopathic physicians were somewhat dismissive. I was referred to doctors of internal medicine, neurology, neurophysiology, neuropsychology, radiology, ear-nose-throat, gynecology, etc. However, there were several MD's who were outstanding in supporting me and addressing symptoms—two who did cranial sacral therapy, one who did acupuncture and one who was an ear-nose-throat specialist.

The alternative physicians tended to consider my case to be "complex" and eventually diagnosed me with fibromyalgia among other things. Generally, they were more helpful in providing temporary relief, case management and compassion. However, during the first couple of months following the accident when I did not respond well to physical therapy and the pain was exacerbated, I felt blamed by the practitioner. Labels placed upon me in general tended to add insult to injury. Through the years I have utilized the services of several chiropractors, naturopaths, physical therapists, herbalists, cranial sacral practitioners, massage

therapists, and Chinese medicine physicians—most of whom were helpful. When I ran out of money and insurance, I used a free clinic or the National Naturopathic College at reduced rates.

Approximately 10 months after the accident a neuropsychologist referred me to cognitive remediation, to the Faraday Group for support, and to the Oregon State Department of Vocational Rehabilitation in order to re-evaluate my career in light of my head injury.

Acting upon the ill-considered advice of my Vocational Rehabilitation Counselor, approximately 1.5 years after the accident, I closed my office and accepted a job in the State Department of Human Services, Division of Abuse and Neglected Children, as a Social Service Specialist and, later, Caseworker. Initially, my job entailed driving children to and from foster homes and supervising parental visits. When I drove a car, inner ear damage caused the sensation of being in a rocking boat. I was easily distracted, suffered from visual perspective problems, experienced a couple of near accidents, and should not have been driving anyone. My empathy for the victims of abuse, and negotiating the frustrating state system in order to aid them, exacerbated my already over-taxed emotions. Coming to my senses, I quit the job after approximately a year. As previously mentioned, cognitive remediation had failed, but the Faraday Group had provided helpful support during this time.

Thereafter, my Vocational Rehabilitation Counselor helped me make another poor decision about a job as a Trainer in the State Workers Compensation Division in Salem. The job required me to sit on a bus for at least an hour each way and to work in a cubicle. As is consistent with brain injury reactions, the conditions were so distracting and over-stimulating that I found myself running in the office. Unfortunately, my supervisor criticized me for failing to provide an adequate explanation during training--and suggested one that I would consider unnecessary today. I was fired a month later, for an inappropriate remark—one that still seems perfectly sensible to me.

The State Vocational Rehabilitation Department continued to assist me for several years. My new Counselor helped identify my workplace

deficiencies as the result of the head injury, hired an independent contractor to recruit a job for me, which ultimately was unsuccessful, and provided retraining for me as a stager.

After I closed my office and apartment, I moved into my mother's home. This move was far from a walk in the park. My brother, who was ill, also lived in her home and died there in 2002. For many years I served as a caregiver for my mother, who suffered from congestive heart failure and dementia. The plan was to recover myself, while assisting my mother, trying other jobs, and starting a home staging business. I joined a meditation group following the Advaita Vedanta tradition. However, stress wore down my health further, and in 2007 another health emergency compelled me to move out for good. I received home care from a kind friend for three months.

Even with the job failures and the growing awareness of my deficiencies, the momentum of old ambitions persisted. Two years after the accident I was certified as a Master Trainer by Oregon State University and taught an online class at Marylhurst University. However, there was a discrepancy between my performance and my persistent image of myself as a trainer. At the least, my memory, speed at gathering my thoughts, and mental tracking abilities were impaired. Since the accident, I have had a checkered job history in low-paying jobs, and one of the most difficult things for me has been to scale down my pre-accident ambitions in light of the current realities. My current file cabinet, which is full of training materials, testifies to the fact that outworn images and ambitions die hard.

The first year after my accident my treatment took most of my time and cost approximately

(What Did I Gain? Continued on page 22)

RALPH E. WISER

Attorney

**Representing
Brain Injured Individuals**



- Auto and other accidents
- Wrongful Death
- Sexual Abuse
- Elder Abuse
- Insurance issues and disputes
- Disability: ERISA and Non-ERISA, SSD, PERS

One Centerpointe Drive, Suite 570
Lake Oswego, Oregon 97035
Phone: (503) 620-5577 Fax: (503) 670-7683
Email: ralph@wiserlaw.com

FREE INITIAL CONSULTATION
Free Parking/Convenient Location

(What Did I Gain? Continued from page 21)

\$75,000.00. This did not count the two surgeries I had for removal of melanoma, which events were also frightening because my father had died of melanoma.

Although I have received a great deal of alternative therapy in the past 14 years to address the residual and reoccurring effects from the accident, I have not been fully compensated by insurance. Moreover, State Farm failed to find a replacement for my totaled car as required by the terms of our contract and to fully compensate me for its market value.

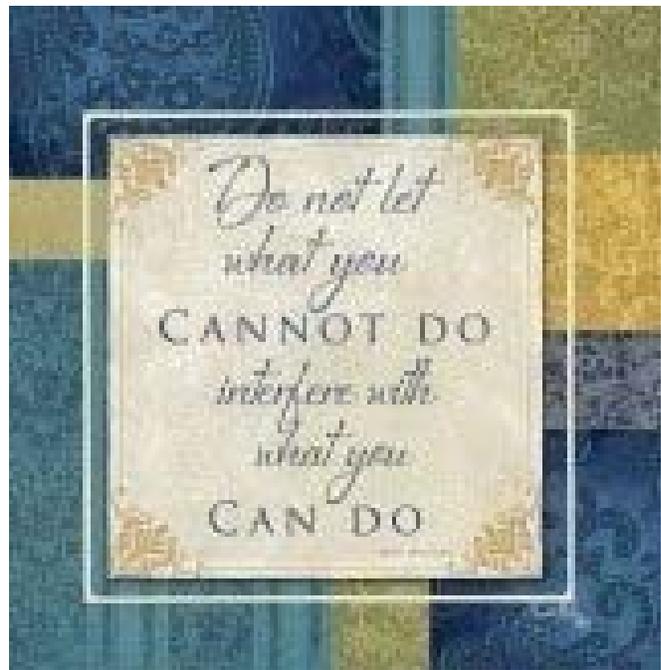
My attorney chose to treat my case as though it was a one-year event. She seemed to interpret her job as collecting my case records for one year only. After that she was negligent about any record keeping. After five years it was clear to me that she intended to do nothing, while my ability to pay my way faltered and my symptoms continued. In order to move forward with my life, I settled with State Farm for payment of my medical bills for the first year and \$13,000, while my attorney took \$9,000.

In the past when I was asked what I have gained from the accident, my internal reaction was, "Hey, I've had all these losses, pain and suffering, and I am supposed to feel grateful for it, too?!" The better question for me then, as now, was, "Who am I?" Sometimes the question led me to silence. Other times it led me to a deep exploration of what I am NOT and the gentle relinquishment of my conditioning.

Fast forward to the present. What was my answer to the chiropractor in my water aerobics class who recently asked, "What have I gained?" I have learned that I am not my career, my body, my brain, my emotions, my pain, my losses or my gains. I am not defined by how others evaluate or treat me, by my home, my education, my car, paycheck, awards, settlements, investments--or lack thereof. All these things come and go in shifting states. But, underlying everything is something pervasive and self-sustaining. Call it a divine blueprint. One can see from this written word that I am not where I was immediately following the accident. As if by magic, our bodies, minds and spirits, come back to center, be it slow or fast. Not the same center, because we are not the same. Without judgment, we are neither worse nor better, and we don't have to be.

Maybe I needed to be turned upside down, shaken and drop-kicked in order to create the willingness in me to give up my silly notions. Considering the eons it might otherwise take, I feel it propelled me onto the fast-track to freedom. Maybe that's what my soul was seeking all along, and—unknown to me—my primary purpose in this life.

Be at peace.

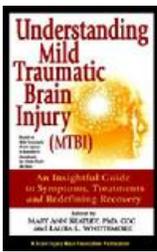


Oregon Centers for Independent Living *Contact List*

CIL	LOCATION	COUNTIES SERVED
ABILITREE Director: Glenn Van Cise	20436 Clay Pigeon Court Bend, OR 97702 1-541-388-8103	Crook, Deschutes, Jefferson
EOCIL (Eastern Oregon Center for Independent Living) Director: Kirt Toombs	322 SW 3 rd Suite 6 Pendleton, OR 97801 (541) 276-1037 1-877-711-1037 (Toll Free)	Gilliam,, Morrow, Umatilla, Union, Wheeler
	400 E Scenic Dr., Ste 2349 The Dalles, OR 97058 541-370-2810 1-855-516-6273	Columbia , Hood River, Sherman, Wasco
	1021 SW 5th Avenue Ontario, OR 97914 (541) 889-3119 or 1-866- 248-8369	Baker, Grant, Harney, Malheur , Wallowa
HASL (Independent Abilities Center) Director: Randy Samuelson	305 NE "E" St. Grants Pass, OR 97526 (541) 479-4275	Josephine, Jackson, Curry, Coos , Douglas
LILA (Lane Independent Living Alliance) Director: Sheila Thomas	99 West 10th Ave#117 Eugene, OR 97401 (541) 607-7020	Lane, Marion, Polk, Yamhill, Linn, Benton, Lincoln
ILR (Independent Living Resources) Director: Barry Fox- Quamme	1839 NE Couch Street Portland, OR 97232 (503) 232-7411	Clackamas, Multnomah, Washington
SPOKES UNLIMITED Director: Christina Fritschi	1006 Main Street Klamath Falls, OR 97601 (541) 883-7547	Klamath, Lake
UVDN (Umpqua Valley disAbilities Network) Director: David Fricke	736 SE Jackson Street, Roseburg, OR 97470 (541- 672-6336 (voice)	Douglas

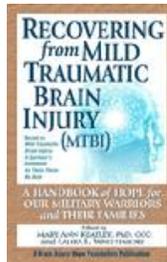
*It is difficult to say
what is impossible,
for the dream of yesterday
is the hope of today and
the reality of tomorrow.*

Robert Goddard



Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery Edited by Mary Ann Keatley, PhD and Laura L. Whittemore \$16.00

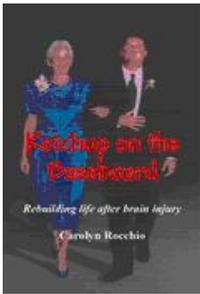
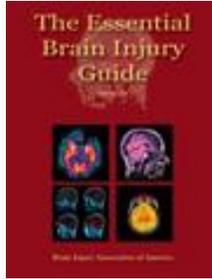


Recovering from Mild Traumatic Brain Injury A handbook of hope for military and their families. Edited by Mary Ann Keatley, PhD and Laura L. Whittemore

This clear and concise handbook speaks to our Wounded Warriors and their families and helps them navigate through the unknown territory of this often misunderstood and unidentified injury. It provides an insightful guide to understanding the symptoms, treatment options and redefines "Recovery" as their new assignment. Most importantly, the intention of the authors is to inspire hope that they will get better, they will learn to compensate and discover their own resiliency and resourcefulness. \$18.00

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

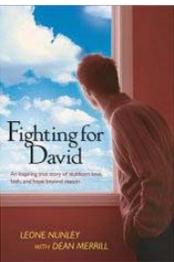
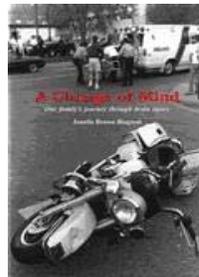


Ketchup on the Baseboard

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

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

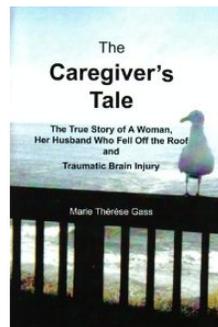


Fighting for David

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

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



Brain Injury Alliance of Oregon

New Member Renewing Member

Name: _____

Street Address: _____

City/State/Zip: _____

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 (\$2 per book for mailing):

- The Caregiver's Tale \$15 Change of Mind \$20
- Fighting for David \$15 Ketchup on the Baseboard \$20
- The Essential Brain Injury Guide \$60
- Recovering from MTBI \$18 Understanding MTBI \$16

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 • biao@biaoregon.org

501 (c)(3) Tax Exempt Fed. ID 93-0900797

Resources

For Parents, Students, Educators and Professionals

The Oregon TBI Team

The Oregon TBI Team is a multidisciplinary group of educators and school professionals trained in pediatric brain injury. The Team provides in-service training to support schools, educators and families of students (ages 0-21) with TBI. For evidence based information and resources for supporting students with TBI, visit: www.tbied.org
For more information about Oregon's TBI www.cbirt.org/oregon-tbi-team/
Melissa Nowatske 541-346-0597
tbiteam@wou.edu or nowatzkm@cbirt.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/>.

Oregon Parent Training and Information Center (OR PTI)

A statewide parent training and information center serving parents of children with disabilities. 503-581-8156 or 888-505-2673 info@orpti.org
www.orpti.org

LEARNet

Provides educators and families with invaluable information designed to improve the educational outcomes for students with brain injury.
www.projectlearnet.org/index.html

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?
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](http://faculty.washington.edu/chudler/flash/comic.html)

Neurobic Exercise

www.neurobics.com/exercise.html

Brain Training Games from the Brain Center of America

www.braincenteramerica.com/exercises_am.php

Returning Veterans Project

Returning Veterans Project 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: Belle Bennett Landau, Executive Director, 503-933-4996 www.returningveterans.org email: mail@returningveterans.org

Center for Polytrauma Care-Oregon VA

Providing rehabilitation and care coordination for combat-injured OIF/OEF veterans and active duty service members.

Contact: Ellen Kessi, LCSW , *Polytrauma Case Manager* Ellen.Kessi@va.gov 1-800-949-1004 x 34029 or 503-220-8262 x 34029

Washington TBI Resource Center

Providing Information & Referrals to individuals with brain injury, their caregivers, and loved ones through the Resource Line. In-Person Resource Management is also available in a service area that provides coverage where more than 90% of TBI Incidence occurs (including counties in Southwest Washington).

For more information or assistance call: 1-877-824-1766 9 am –5 pm
www.BrainInjuryWA.org

Vancouver: Carla-Jo Whitson, MSW CBIS 360-699-4928 jarlaco@yahoo.com

Legal Help

Disability Rights Oregon (DRO) promotes Opportunity, Access and Choice for individuals with disabilities. Assisting people with legal representation, advice and information designed to help solve problems directly related to their disabilities. All services are confidential and free of charge. (503) 243-2081 <http://www.disabilityrightsoregon.org/>

Legal Aid Services of Oregon serves people with low-income and seniors. If you qualify for food stamps you may qualify for services. Areas covered are: consumer, education, family law, farmworkers, government benefits, housing, individual rights, Native American issues, protection from abuse, seniors, and tax issues for individuals. Multnomah County 1-888-610-8764 www.lawhelp.org

Lewis & Clark Legal Clinic is a civil practice clinic for the Northwestern School of Law of Lewis & Clark College. Representing low-income individuals experiencing a variety of civil and administrative problems. 503-768-6500

Oregon Law Center Legal provides free legal services to low income individuals, living in Oregon, who have a civil legal case and need legal help. Assistance is not for criminal matter or traffic tickets. <http://oregonlawhelp.org>

Oregon State Bar Lawyer Referral Services refers to a lawyer who may be able to assist. 503-684-3763 or 800-452-7636

The Oregon State Bar Military Assistance Panel program is designed to address legal concerns of Oregon service members and their families immediately before, after, and during deployment. The panel provides opportunities for Oregon attorneys to receive specialized training and offer *pro bono* services to service members deployed overseas. 800-452-8260

St. Andrews Legal Clinic is a community non-profit that provides legal services to low income families by providing legal advocacy for issues of adoption, child custody and support, protection orders, guardianship, parenting time, and spousal support. 503-557-9800

ARE YOU A MEMBER?

The Brain Injury Alliance 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. See page 23 to sign up.

Home-Based Cognitive Stimulation Program

<http://main.uab.edu/tbi/show.asp?durki=49377>

The UAB Home Stimulation Program is a free program that provides activities to use with individuals following their brain injury. challenging. You can select activities you feel might be appropriate and increase the level of difficulty. [PDF file](#) with program lessons.

Financial Assistance

Long Term Care—Melissa Taber, Long Term Care TBI Coordinator, DHS, State of Oregon 503-947-5169

The Low-Income Home Energy Assistance Program (LIHEAP) is a federally-funded program that helps low-income households pay their home heating and cooling bills. It operates in every state and the District of Columbia, as well as on most tribal reservations and U.S. territories. The LIHEAP Clearinghouse is an information resource for state, tribal and local LIHEAP providers, and others interested in low-income energy issues. This site is a supplement to the LIHEAP-related information the LIHEAP Clearinghouse currently provides through its phone line 1-800-453-5511 www.ohcs.oregon.gov/OHCS/SOS_Low_Income_Energy_Assistance_Oregon.shtml

Food, Cash, Housing Help from Oregon Department of Human Services 503-945-5600

<http://www.oregon.gov/DHS/assistance/index.shtml>

Housing

Various [rental housing assistance programs](#) for low income households are administered by local community action agencies, known as CAAs. [Subsidized housing](#), such as Section 8 rental housing, is applied for through local housing authorities. 503-986-2000 http://oregon.gov/OHCS/CSS_Low_Income_Rental_Housing_Assistance_Programs.shtml

Oregon Food Pantries <http://www.foodpantries.org/st/oregon>

Central City Concern, Portland 503 294-1681

Central City Concern meets its mission through innovative outcome based strategies which support personal and community transformation providing:

- Direct access to housing which supports lifestyle change.
- Integrated healthcare services that are highly effective in engaging people who are often alienated from mainstream systems.
- The development of peer relationships that nurture and support personal transformation and recovery.
- Attainment of income through employment or accessing benefits.

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

Tammy Greenspan Head Injury Collection A terrific collection of books specific to brain injury. You can borrow these books through the interlibrary loan system. A reference librarian experienced in brain injury literature can help you find the book to meet your needs. 516-249-9090

Valuable Websites

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: The Clinician's Alternative, web-based alternative medical resource.

www.oregon.gov/odva: Oregon Department of Veterans Affairs

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

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/ - information for brain injury survivors and family members

<http://activecoach.orcasinc.com> **Free concussion training for coaches** ACTIVE: Athletic Concussion Training™ using Interactive Video Education

www.braininjuryhelp.org Peer mentoring help for the TBI survivor in the Portland Metro/Southern Washington area. 503-224-9069

www.phpnw.org *If you, or someone you know needs help-contact:* People Helping People Sharon Bareis 503-875-6918

www.oregonpva.org - If you are a disabled veteran who needs help, peer mentors and resources are available

<http://oregonmilitarysupportnetwork.org> - resource for current and former members of the uniformed military of the United States of America and their families.

http://apps.usa.gov/national-resource-directory/National_Resource_Directory The National Resource Directory is a mobile optimized website that connects wounded warriors, service members, veterans, and their families with support. It provides access to services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration. (mobile website)

<http://apps.usa.gov/ptsd-coach/> PTSD Coach is for veterans and military service members who have, or may have, post-traumatic stress disorder (PTSD). It provides information about PTSD and care, a self-assessment for PTSD, opportunities to find support, and tools—from relaxation skills and positive self-talk to anger management and other common self-help strategies—to help manage the stresses of daily life with PTSD. (iPhone)

Oregon Brain Injury Support Groups

Astoria

Astoria Support Group

3rd Tuesday 6-7:30
Pacific NW Occupational Therapy Clinic
1396 Duane St. Astoria OR 97103
Kendra Ward 1-888-503-7760

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

Ablitree Thursday Support Group

Every Thursday 10:30 am-12pm
Fox Hollow Assisted Living Center
2599 NE Studio Rd, Bend OR 97701
Rich Zebrowski 541-388-8103 x 203
richz@coril.org

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: Shawn Johnson, CCC-SLP
541-768-5157 smjohnson@samhealth.org

Coos Bay (2)

Traumatic Brain Injury (TBI) Support Group

2nd Saturday August 9th 3:00pm – 5:00pm
Kaffe 101, 171 South Broadway
Coos Bay, OR 97420 tbicsupport@gmail.com

Growing Through It- Healing Art Workshop

Wednesdays, 9-10:30am
The Nancy Devereux Center
1200 Newmark Avenue, Coos Bay, Oregon
Bittin Duggan, B.F.A., M.A.,
541-217-4095 bittin@growingthroughit.org

Eugene (3)

Head Bangers

3rd Tuesday, Feb., Apr., June, July, Aug., Oct. Nov.
6:30 pm - 8:30 pm Potluck Social
Monte Loma Mobile Home Rec Center
2150 Laura St., Springfield, OR 97477
Susie Chavez, (541) 342-1980
admin@communityrehab.org

Community Rehabilitation Services of Oregon

3rd Tuesday, Jan., Mar., May, Sept. and Nov.
7:00 pm - 8:30 pm Support Group
St. Thomas Episcopal Church
1465 Coburg Rd.; Eugene, OR 97401
Jan Johnson, (541) 342-1980
admin@communityrehab.org

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

3rd Monday 7-8 pm
For brain injury survivors, their families, caregivers and professionals
Tuality Community Hospital
335 South East 8th Street, Hillsboro, OR 97123
Carol Altman, (503)640-0818

Klamath Falls

SPOKES UNLIMITED BRAIN INJURY SUPPORT GROUP

2nd Tuesday 1:00pm to 2:30pm
1006 Main Street, Klamath Falls, OR 97601
Dawn Lytle 541-883-7547
dawn.lytle@spokesunlimited.org

SPOKES UNLIMITED BRAIN INJURY RECREATION

4th Tuesday
Contact Dawn Lytle for additional information:
541-883-7547 dawn.lytle@spokesunlimited.org

Lebanon

BRAIN INJURY SUPPORT GROUP OF LEBANON

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

Medford

Southern Oregon Brainstormers Support & Social Club

1st Tuesday 3:30 pm to 5:30 pm
751 Spring St., Medford, Or 97501
Lorita Cushman @ 541-621-9974
BIAOregon@AOL.COM

Molalla

BRAIN INJURY SUPPORT GROUP OF MOLALLA

5:30 pm—7:00, Every Monday
Support group and Hydro-exercise - Molalla Pool
Sherry Stock sherry@biaoregon.org 503-740-3155
Must Be Pre-Registered

Newport

BRAIN INJURY SUPPORT GROUP OF NEWPORT

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

Oregon City

3rd Friday 1-3 pm (on hiatus)
Clackamas Community College
Sonja Bolon, MA 503-816-1053
sonjabolon@yahoo.com

Portland (14)

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
Jane Starbird, Ph.D., (503) 493-1221
drstarbird@aol.com

BIRC Alumni Support Group

On hiatus until further notice

BRAINSTORMERS II

3rd Saturday 10:00am-12:00noon
Survivor self-help group
Emanuel Hospital, M.O.B.-West
2801 N Gantenbein, Portland, 97227
Steve Wright stephenwright@comcast.net
503-816-2510

BIRRDsong Support Group

1st Saturday, 9:30-11 am
Peer Support Group for Survivors & Family
Wistar-Morris Room
2211 NW Marshall St., Portland 97210
Next to Good Samaritan Hospital
Survivorgroupcoordinator@birrdson.org

CROSSROADS (Brain Injury Discussion Group)

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

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) 320-6092 joycek1145@aol.com

FARADAY CLUB

Must be pre-registered -

1st Saturday 1:00-2:30pm
Peer self-help group for professionals with BI
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
604 SE Water Ave Portland 97214
Brad Loftis, (503) 760-0425
cmuse2002@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 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

Brain Injury Support Groups provide face-to-face interaction among people whose lives have been affected by brain injury, including Peer Support and Peer Mentoring.

Positive Brain Injury Support Group

Must be pre-registered

For career persons with brain injury
Every other Monday 4:30- 6 pm
4511 SE 39th Ave., Portland, 97202
Call: Nancy Holmes, PsyD, (503) 235-2466

MUST BE PRE-REGISTERED

THRIVE SUPPORT GROUP

3rd Saturday 12:30 - 2:30 pm On Hiatus until Sept
Teenage and Young adult Brain Injury Survivor support group

Emanuel Hospital, MOB West
Medical Office building West on N.Graham St
Directly across from parking lot 2
2801 N Gantenbein, Portland, 97227
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
Michael Flick, 503-775-1718

Greater Persons Toastmasters Club (for People with Brain Injury)

On Hiatus until further notice

Caleb Burns, (503) 913-4517

Roseburg

UMPQUA VALLEY DISABILITIES NETWORK

2nd Monday 12 noon - 1:15pm
736 SE Jackson St, Roseburg, OR 97470
(541) 672-6336 udvn@udvn.org

Salem (3)

SALEM BRAIN INJURY SUPPORT GROUP

4th Thursday 4pm-6pm
Salem Rehabilitation Center, Conf Rm 2 A/B
2561 Center Street, Salem OR 97301
Megan Snider (503) 561-1974
megan.snider@salemhealth.org

SALEM COFFEE & CONVERSATION

Fridays 11-12:30 pm
Ike Box Café
299 Cottage St, Salem OR 97301

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

VANCOUVER, WA

TBI Support Group

2nd and 4th Thursday 2pm to 3pm
Legacy Salmon Creek Hospital, 2211 NE 139th Street
conference room B 3rd floor Vancouver WA 98686
Carla-Jo Whitson, MSW, CBIS
jarlaco@yahoo.com
360-991-4928

IDAHO & 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; kathsmith@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)

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@mvrmc.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)
Craig Sicilia (509-218-7982; 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)

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
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)

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)
Michelle White (509-534-9380;
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 (melissagrays.mhc@live.com)
Craig Sicilia (509-218-7982; craig@tbiwa.org)
Michelle White (509-534-9380;
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)
Toby Brown (509-868-5388)

Spokane County Disability/BI Advocacy Group

511 N. Argonne, Spokane WA
Craig Sicilia (509-218-7982; craig@tbiwa.org)

Moses Lake TBI Support Group

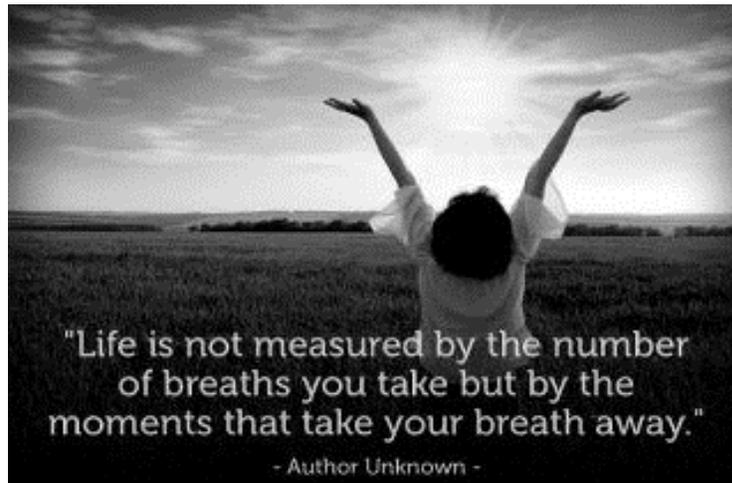
2nd Wednesday of each month, 7 p.m.
Samaritan Hospital
801 E. Wheeler Rd # 404, Moses Lake, WA
Jenny McCarthy (509-766-1907)

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)



"Life is not measured by the number
of breaths you take but by the
moments that take your breath away."

- Author Unknown -



The Brain Injury Alliance of Oregon
 Formally the Brain Injury Association of Oregon
 PO Box 549
 Molalla OR 97038

NON-PROFIT ORG
 U. S. Postage
 PAID
 PORTLAND, OR
 PERMIT NO. 3142

KAMPFE MANAGEMENT SERVICES

rehabilitation for Traumatic Brain Injury



PAMELA MORGAN GRIFFITH
 3734 S.E. Gladstone
 Portland, Oregon 97202
503-788-3266
 kmspam@hotmail.com



TICHENOR & DZIUBA
 LLP
 LAWYERS
 1450 Standard Plaza
 1100 SW Sixth Ave
 Portland, OR 97204
 1-888-883-1576
 www.tdinjurylaw.com



**Protecting
 the Rights
 of the
 Injured**



Personal Injury Practice Areas:

- | | |
|------------------------|-------------------------|
| Brain Injury Accidents | Dangerous Premises |
| Automobile Accidents | Defective Products |
| Maritime Accidents | Bicycle Accidents |
| Construction Accidents | Motorcycle Accidents |
| Trucking Accidents | Sexual Harassment/Abuse |
| Medical Malpractice | Aviation Accidents |
| Wrongful Death | Legal Malpractice |

The journey of a thousand miles begins with the first step, so keep walking and before long you will be able to look back and see how far you have already come . . . because you decided to take that first step. — Craig J. Phillips

How To Contact Us

Brain Injury Alliance of Oregon (BIAOR)

PO Box 549
 Molalla, OR 97038
 (503) 740-3155
 Toll free: (800) 544-5243

Email: biaor@biaoregon.org
 Website: www.biaoregon.org
 Fax: 503-961-8730

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

Vehicle Donations



Through a partnership with VDAC (Vehicle Donations to Any Charity), The Brain Injury Alliance 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>

This newsletter was sponsored in part by cbirt.org.

Thank you to all our contributors and advertisers.