



the

HEADLINER

Spring 2014
Vol. XX Issue 4

The Newsletter of the Brain Injury Alliance of Oregon

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School of hard knocks

Spring is here and summer is on its way. With the summer comes more children and adults participating in sports. Do you know what concussion signs to look for?

A concussion occurs when a violent blow to the head causes the brain to slam against the skull beyond the ability of the cerebrospinal fluid to cushion the impact. In Oregon there are about 2330 youth sports injuries a year. Professional sports have hundreds of concussion each year, with the highest numbers in football and hockey.

1 When a football player takes a hit to the head, speeds range from 17 to 25 miles per hour with a force averaging 98 time the force of gravity.

2 The shock wave passes through the brain and bounces back off the skull. The concussion usually occurs at the opposite side from the point of impact.

3 The impact can cause bruising of the brain, tearing of blood vessels and nerve damage.

A study commissioned by the NFL revealed most hits occurred from a blow to the side of the head, often on the lower half of the face.

Symptoms

Immediate

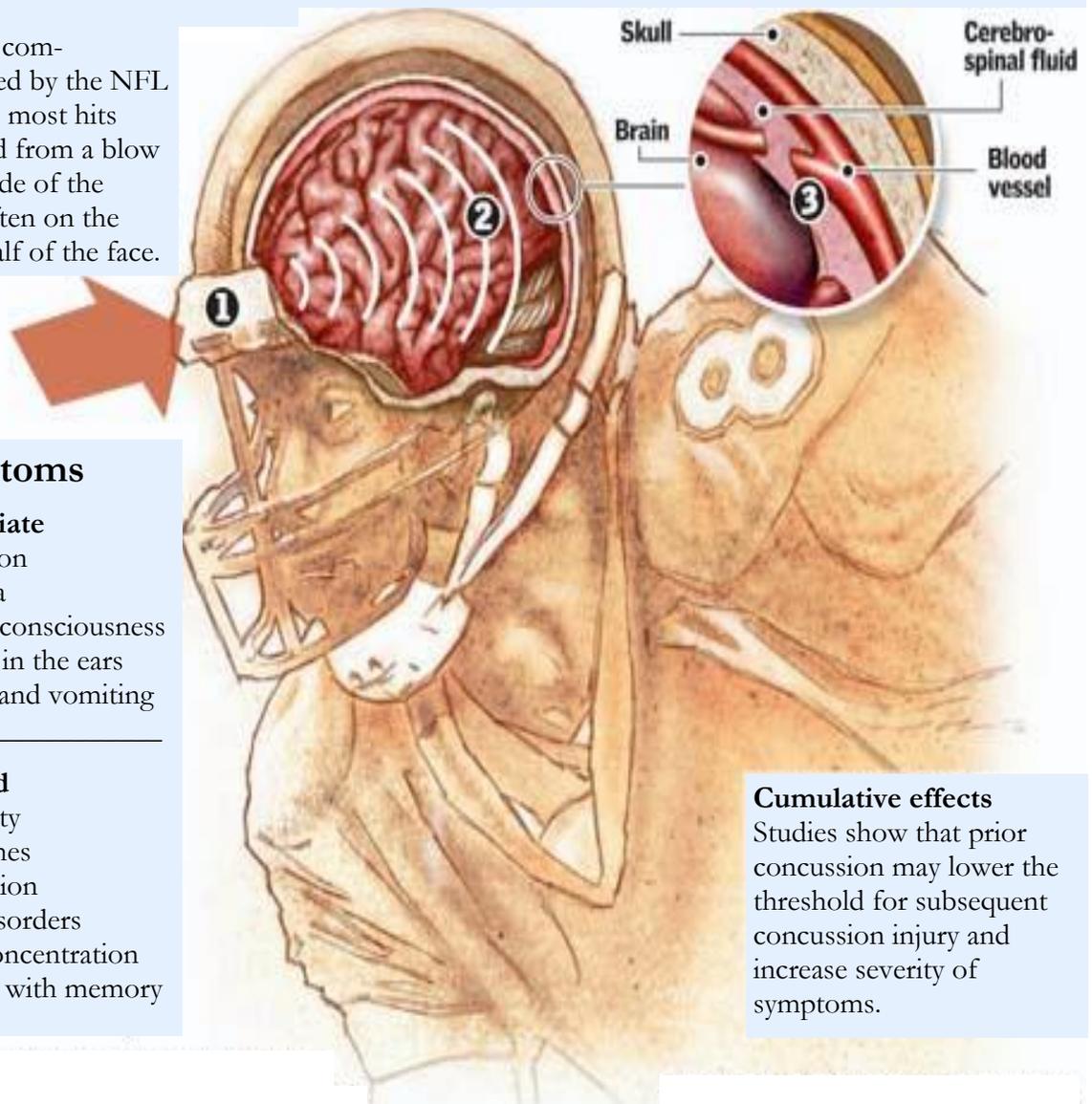
Confusion
Amnesia
Loss of consciousness
Ringing in the ears
Nausea and vomiting

Delayed

Irritability
Headaches
Depression
Sleep disorders
Poor Concentration
Trouble with memory

Cumulative effects

Studies show that prior concussion may lower the threshold for subsequent concussion injury and increase severity of symptoms.



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Headliner DEADLINES

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

Editor: Sherry Stock, John Botterman, Dave Kracke, Jeri Cohen

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

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Policy

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**The President's
Corner
Craig Nichols, JD**



This is my first column as Board President of the Brain Injury Alliance of Oregon, and I am excited about what's ahead for the Brain Injury Alliance in 2014. Before we get to what's coming up this year, I want to extend our thanks to all of the extraordinary speakers and participants in this year's 12th Annual Pacific Northwest Brain Injury Conference held March 14-16 in Portland. The Friday and Saturday sessions I attended were outstanding, including Dr. Chesnutt and Jenna Sneva's frank discussion about Life After Concussion. A special thanks to the professionals who traveled from Seattle to speak, including attorney Richard Adler, and his team, attorneys Arthur Leritz, Melissa Carter, Steve Angles and Jacob Gent. Their insight on how insurance companies challenge mild TBI cases, and Richard's presentation on How to Effectively Communicate Damages in a TBI Case were especially useful for the lawyers attending the conference. We also want to thank another presenter from Seattle, an old friend Dr. Robert Fraser, of Neurological Vocational Services, who shared with us strategies for returning to work and work access issues after TBI.

We are extremely fortunate to have nationally recognized local professionals such as Dr. Muriel Lezak, Dr. Danielle Erb, and attorney Dr. Aaron DeShaw, and we are thankful for their participation at the conference and their strong ongoing support for the Brain Injury Alliance of Oregon.

Board Member Carol Altman, of Homeward Bound and Karen Campbell of Highland Heights and Shaun's Place, receive a special thank you for their tremendous support of Brain Injury Alliance of Oregon in preparing the wonderful programs on Friday and Saturday evening at this year's conference. The themes of the evening programs, The Music and Talent Within Us, were a joyful celebration of music and renewal of the human spirit in Friday night's performance and the artwork and talent exhibited at the conference on

Saturday night again demonstrated the creativity, strength and resilience of TBI survivors.

In addition, I would also like to thank neuropsychologist Allan Fitz, PhD., Dr. Kevin Yuen, M.D., Dr. Steven Janselwitz, M.D., and Heide D. Island, PhD. for taking time out from their busy schedules to speak at our conference. 2014 is going to be a great year for the Brain Injury Alliance of Oregon, and we are eagerly anticipating several special events over the next year, so watch your e-mail and the newsletters for the following:

- * Summer Fund Raiser at Seaside Brewery - TBA
- * Poker Rally - September
- * Joint BIAOR and Oregon Trial Lawyers Seminar - Trying the Traumatic Brain Injury Case - December 4, 2014

Finally, I would be totally remiss if I did not acknowledge the outstanding work of Sherry Stock, Executive Director of the Brain Injury Alliance of Oregon and all that she does on a daily and monthly basis for BIAOR, but also for her tireless efforts in preparing and hosting the 12th Annual Pacific Northwest Brain Injury Alliance Conference in Portland; and the many volunteers who helped make this year's conference a success and willingly give their time to help our organization whenever called upon.

Thank you all for your support and contributions to the Brain Injury Alliance of Oregon.

Craig Nichols
BIAOR Board President

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

Front Cover Sources: CDC; The Denver Post-Andrew Lucas & Jeff Goertzen; MayoClinic.com; Biokinetics, Washington Post; Science Daily, kidshealth.org, Kaiser Permanente

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(Continued on page 5)

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Representing Brain Injured Individuals

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2014 BIAOR Calendar of Events

For updated information, please go to www.biaoregon.org

Call the office with any questions or requests

800-544-5243

July 25-27	Southern Oregon Brainstormers Camping, Rafting, Hiking See page 7 for registration form
Aug 23	Brain Injury Awareness - Wine Tasting
Sept 6	2014 Poker Rally - Hosted by BIAOR
Sept 20	Seaside Brewery Brain Injury Awareness Event - What for further details
October	BIAOR Fall Awareness Event
Dec 4	Legal Conference on Brain Injury - Co-Hosted with OTLA
Dec 5	Holiday Party at John's Incredible Pizza - Hosted by BIAOR
March 12-14, 2015	13th Pacific Northwest Brain Injury Conference - Living with Brain Injury

Spring 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 12)

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

(Continued from page 4)

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In Memory

Sandra Johnson in memory of Christopher & Dana Reeve

Helen Mills in memory of Viola Kucera

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Names in bold are BIAOR Board members

† Corporate Member ‡ Gold Member € Non-Profit € Silver Member

‡ Bronze Member ¥ Sustaining Member Δ Platinum

The Headliner



Jenna Sneva One of Three Semi-Finalists

Jenna Sneva is a semi-finalist for the Advocates in Disability Award provided by the Health Care System Foundation. The award will be awarded to a young person (age 14-26) who has "dedicated to positively affecting the lives of individuals with disabilities and their families in the United States" as well as to "support an innovative project developed by the recipient." Jenna is currently working on a "project"

that will help other young people after a brain injury. The project will be a tool that will effectively help those suffering from head injuries to organize their medical information, their therapy notes, their homework, their thoughts about recovery as well as share with them some of her recovery secrets. Jenna is really excited about sharing with others how she kept sane through all of the medical chaos. Good luck Jenna.

Center on Brain Injury Research and Training (CBIRT) Update

CBIRT is pleased to announce the latest in its line of interactive training modules. *In the Workplace: An Introduction for Employers and Coworkers of People with Brain Injury* is designed for staff and volunteers working with individuals with brain injury in vocational contexts. The module provides an introduction to workplace accommodations. A Certificate of Completion for 30 minutes of professional development is available upon successfully completing the quiz

cbirt.org

at the end of the module. The development of this module was funded by the U.S. Health Resources and Services Administration—Maternal and Child Health Bureau's Traumatic Brain Injury Implementation Programs – Project # H21MC06769: <http://cbirt.org/interactive-learning/3/6/>

The Lawyer's Desk: A Look at TBI Legal

Representation

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



When a person suffers a traumatic brain injury his or her life changes in an instant. What they took for granted just before the injury is possibly now unattainable. Where they were independent before, now they rely on the help of various individuals to get through their days. This is an inevitable result of losing certain cognitive skills and emphasizes something that I as an attorney have known for decades. With a brain injury survivor, it takes a village.

I call the model that I have developed to illustrate this point the Open Hand. Imagine a hand with the fingers extended outward. The palm of the hand represents the survivor and the fingers represent the individuals committed to helping the survivor. When everything is working best, all of the "fingers" are working in concert to help the survivor in myriad ways, and from my perspective as the attorney, when the "fingers" are all working together, the outcome for the survivor is always the best.

The "fingers" take many forms, although there are common themes that are present in every situation. In the remainder of this column I'll discuss certain of the "fingers" and how those "fingers" work to make the survivor's life better. For purposes of illustration (and consistent with the purpose of this column), I will use a scenario where the survivor's brain injury is the result of someone else's negligence, and therefore an attorney's involvement is appropriate.

Family. Without question, the most important "finger" in any given tbi survivor situation is the family that is there to help the survivor. While I know that certain situations exist where there is no family willing or able to help, in most cases there are family members who willingly help in ways that are incredible and selfless. From the lawyer's perspective, family members are usually the most important witnesses in any brain injury litigation. Family members can paint the "before and after" picture that is so important in explaining the differences between life before and life after a brain injury. But most importantly, family members provide hope and encouragement to the survivor and are there when things are both good and bad for the survivor. Our deepest respect is given to those family members who act selflessly and in the face of significant hardship all the while doing all they can to improve the life of the

survivor.

Doctors. In our modern society we are blessed with individuals who have committed themselves to the healing sciences. The doctors are modern day miracle workers who strive to cure survivors in an effort to improve the survivors' lives. There are too many specialties to name in this short column, but all of the medical providers who work for tbi survivors are heroes. When the doctors understand that they are part of the "fingers" and when they work with the other fingers to help support the survivors in ways such as testifying on their behalf if necessary, then the symbiosis can really work to the survivor's benefit.

Support Groups. We always feel better when we know that there are others who understand our troubles. Support groups allow a survivor to know that he or she is not alone. There are problems and situations similar to a range of individuals and when a problem is recognized as one that someone else already confronted, and when that someone else can teach the survivor how to respond to that problem, the world is a much more manageable place. Support groups bring this type of security and familiarity to any given situation and as the old adage says, there is strength in numbers.

Friends. True friends stick together through thick and thin and when a person suffers a brain injury that person's true friends will stick with them through the darkest hours. I have seen the positive effect that a true friend can have on a survivor and it is incredible. Friends are a link to the world that existed before the injury and the therapeutic effect of having a friend there to help the survivor through the rough patches is a Godsend. Friends share a bond that is forged over time and which gives the survivor continuity in their life. This continuity is tremendously important for the survivor to maintain the positive outlook on life necessary for them to reach as full a recovery as possible. True friends are gold and their effect on a survivor is precious.

Counselors.

Counselors appear in many forms; therapists, clergy, attorneys. In my role as counselor, I have the ability to provide guidance and protection from the forces of chaos that tend to surround a survivor at certain times. I am the one responsible for preparing and litigating the case against the negligent party and hopefully obtaining for the survivor an element of financial security for the survivor's future endeavors. I also act to bring together all of the other "fingers" when litigation is required. I am the castle wall that keeps certain negative forces away from the survivor, and I am the one who marshals the resources for the survivor in the most efficient and effective ways.

There are other "fingers" to be sure, and I could expound on their positive roles for many hundreds of words. What is important to take from this column, however, is that whatever role we find ourselves in, whatever "finger" we happen to be, when we work together for the benefit of the survivor, our efforts are magnified. We are not working alone, but we are part of a greater hand working together to make the survivor's life better.

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

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.



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 in conjunction with the
Brain Injury Alliance of Oregon



6TH ANNUAL CAMPING, RAFTING, HIKING TRIP

We invite you to join us July 25th, 26th and 27th, 2014. Open to individuals with Brain injuries along with their family and friends throughout Oregon and the Northwest. We will be camping on the Rogue River at Indian Mary Park off I-5 Merlin exit 61.

Friday July 25th

After 3pm Check in and set up
 7pm Dinner: Chef Kim
 8:30 Campfire & Games

Saturday July 26th

8-9 Breakfast and putting together lunches
 9:30 Leave for rafting
 2:30-3 Approx back from rafting time
 2:30-6 Free time
 4:30-5:30 chair massages
 6pm Dinner: Chef Kim
 7:30 Games
 8:30 pm Campfire and prizes

Sunday July 27th

8-9 breakfast and putting together lunches
 10 checkout of campsites
 10 leave for hike to Rainy falls on wild & scenic part of Rogue River
 1 pm: Approx return time from Hike and departure



\$25 registration fee up to \$100 per bio family in the same household covers all costs including the cost of the camp site, rafting, life jackets, food and drink for the weekend. If enough money is raised we will also reimburse up to \$40 for gas per brain injured individual who attends (limit 1 per car). The \$25 is refundable for any individual who raises \$100 for this event. Upon your registration we will mail you a donation request letter which you can copy and give to doctors, businesses, friends, family and so forth. If you do not have camping equipment such as tent or sleeping bag please let us know.

Name _____ email _____ Age _____

Address _____
 City _____ State _____ Zip _____

Phone Numbers: Home _____ Cell _____

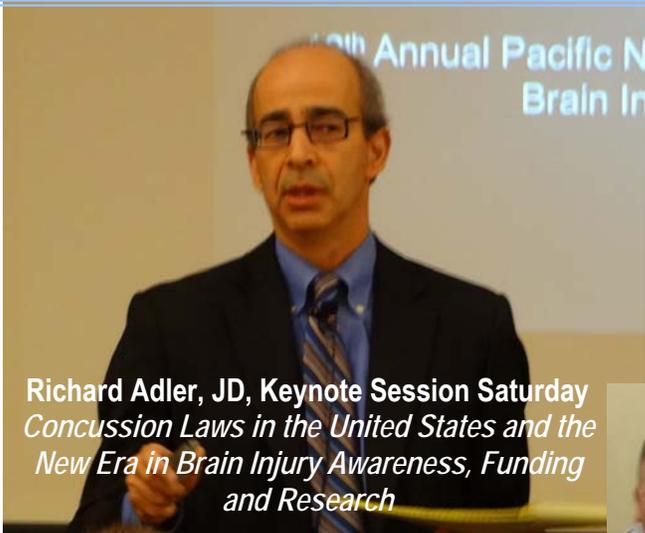
Any special needs _____

Please list each persons full name and age individually

Name	email	Age	Total Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Preferred payment is Paypal biaoregoncamp@aol.com please mark personal so we get the full \$25 Email or mail form. If you do not have paypal make checks out to BIAOR (Brain Injury Alliance of Oregon). Mail the bottom of this form along with your check to Southern Oregon Brainstormers P.O. Box 1452, Medford OR 97501
 If you have any questions please feel free to contact Lorita Cushman at 541-621-9974 after 1 pm or email Loritabiaoregon@aol.com facebook -Oregon Brain Injury camping, rafting, hiking trip

12th Annual Pacific Northwest Conference 2014 Wrap-up In Pictures



Shaun's Place Singers with Karen Campbell
The Music Within Us Dinner



Richard Adler, JD, Keynote Session Saturday
*Concussion Laws in the United States and the
New Era in Brain Injury Awareness, Funding
and Research*



(left-right) Victor Lystedt, Zachary Lystedt, Deborah Crawley, BIAWA
Executive Director, Veronica Crawley



Friday Opening Keynote: James Chesnutt, MD,
and Jenna Sneva *Life After Concussion*
Brain Injury Association of Washington:
www.braininjurywa.org/



Becki and Ray Sparre singing -
Friday Night Dinner The Music
Within Us



Friday Afternoon Keynote: Governor's Task Force on Traumatic Brain Injury
Pictured (left-right): Cathy Hurowitz, Fern Wilgus, Jane-ellen Weidanz, Jenny Real, Co-Chairs, Cameron Smith and Richard Harris,
Darryl Ruthven, Bob Joondeph, Sarah Drinkwater, James Chesnutt, Adrienne Greene-Not pictured: Sherry Stock

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The Defense and Veterans Brain Injury Center is a multi-site medical care, clinical research and education center serving active duty military, their dependents and veterans with traumatic brain injury. It represents a unique collaboration of the Department of Defense, Department of Veterans Affairs Health Care system, and civilian partners.



Jill Storms, OTR/L
 Defense and Veterans Brain Injury Center/
 Defense Center of Excellence for Psychological
 Health and Traumatic Brain Injury
 DVBIC/DCoE Palo Alto
 Education Coordinator
 VAPAHCS 640/117 3801 Miranda Ave, Palo Alto, CA 94304
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Oregon Office on Disability & Health

The Oregon office on Disability, funded by the Centers for Disease Control (CDC), shows that prevention works on a state-wide basis with key state and county partners to increase access to healthcare, advocate for health promotion programs, and enhance emergency preparedness for Oregonians with disabilities.

www.oodh.org 503-494-1205

Brain Institute

The OHSU Brain Institute is among the top three institutions in the nation for NIH-funded neuroscience research projects. As part of Oregon's only academic medical center, the OHSU Brain Institute conducts the most complex and innovative neuroscience research, and translates that research into the best brain care and community information for all Oregonians.

<http://www.ohsu.edu/xd/health/services/brain/about/index.cfm>

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provides art therapy, art enrichment, professional trainings, and activities to adults. We specialize in working with adults with cognitive deficits. We work with folks at their residence throughout the greater Portland/Vancouver area. Art therapy helps build communications skills, verbal, sensory and cognitive skills, as well as self-enhancement and live satisfaction.

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National College of Natural Medicine (NCNM) offers neurofeedback training and naturopathic health care for the many side effects of Traumatic Brain Injury (TBI) and Post Concussive Syndrome. Survivors of TBI can benefit from any forms of biofeedback; and NCMC has a nationally certified provider of neurofeedback.

www.ncmc.edu



Spring Sudoku
(Answer from page 5)

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



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Thursday Sessions

#	Presenter	Event	CD	MP3
1	Karen Campbell & Guests	Family Matters	\$12	\$8
2	Carol & Deana Altman	Behavior Management but Whose Behavior?	\$12	\$8

Friday Sessions

#	Presenter	Event	DVD	CD	MP3
3K	Dr. Chesnutt & Jenna Sneva	Life After Concussion	\$20	\$12	\$8
4	Steve Kerschke	Pain Rehabilitation After Traumatic Injury: Shaping a...		\$12	\$8
5	Dr. Janet Mott	Supporting the Individual in the Workplace		\$12	\$8
6	Dr. Steven Janselewitz	Pediatric Brain Injury 101		\$12	\$8
7	Dr. Aaron DeShaw	Discrediting the Neuropsychological DME		\$12	\$8
8	Dr. Heide Island	Post-Concussive Syndrome Among College Students		\$12	\$8
9	Penelope Jordon	Common Challenges in School After Brain Injury		\$12	\$8
10	Steve Kerschke	How To Deal With Pain When You Have a Brain Injury		\$12	\$8
11K	TBI Task Force	Oregon Governor's Task Force on TBI	\$20	\$12	\$8
12	Allan Fitz	Facing the Challenge of Brain Injury		\$12	\$8
13	Kathy & John Evans	Recovery to Independence Employment: A Dual...		\$12	\$8
14	Joe Devine & Susan Hays	More Than An Interview; Listening to the Individual...		\$12	\$8
15	Cheryl Green	Brain Injury on Film		\$12	\$8
16	Dr. Kevin Yuen	Neuroendocrine Consequences Following TBI		\$12	\$8
17	Dr. Robert Fraser	Return to Work After TBI Employment Supports		\$12	\$8
18	Victor Cummings	Interagency Transitions for Students Following Brain Injury		\$12	\$8
19	Sharon Maynard	If You Are Denied SSI/SSDI, the Next Step		\$12	\$8

Saturday Sessions

#	Presenter	Event	DVD	CD	MP3
20K	Richard Adler	New Era in Brain Injury Awareness, Funding, Research	\$20	\$12	\$8
21	Leritz, Carter, Angles, Gent	How Insurance Companies Challenge & Deny Mild TBI		\$12	\$8
22	Marty Johnson	Resilience & Hope		\$12	\$8
23	Kris Haas	Artists Living With Brain Injury		\$12	\$8
24	Richard Adler	Telling the Story of Human Damages in a TBI Case		\$12	\$8
25	Heidi Dirske-Graw	Brain Injury & Mental Illness Supports in Returning to Work		\$12	\$8
26	Jane Stewart	Trusts – What Families Need to Know		\$12	\$8
27K	Muriel D. Lezak	Concussion in Adolescents: Nature, Effect, Treatment	\$20	\$12	\$8
28	Dr. Danielle Erb	Post-Traumatic Headache		\$12	\$8
29	Dr. Aaron DeShaw	Cognitive & Behavioral Changes After Brain Injury		\$12	\$8
31	Jane Stewart	Working with Clients with Brain Injury		\$12	\$8
32	Ben Luskin	When Success Becomes a Choice		\$12	\$8
33	Catherine O'Connor	Wrap Up: A Mom's Perspective: The Amazing Erik Welch...		\$12	\$8

Please tally your charges

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Relationships After Brain Injury



Partners can be the unseen victims as they struggle to cope with the effects of their loved one's brain injury.

Partners may struggle with anger, dependency, grief, overly direct communication, egocentricity, or simply the stress of looking after the kids and their partner.

Often, underlying these issues lurks the question of whether they should stay or go. With so many areas affected by brain injury, there are no easy answers. There are always exceptions to the rule, but generally the brain will make a limited amount

of recovery over a two to three year period. The greatest recovery should occur in the first year, tapering off into the second and third year. If the injury was recent, many of the problems occurring may decrease during this recovery phase.

Counseling

Never underestimate the impact of relationship counselling, especially when both people

acknowledge there is a problem and want to do something about it. You will need a counselor familiar with brain injury - check with your Brain Injury Alliance.

Unfortunately, self-awareness is often a casualty following an injury. If your partner does not acknowledge the cognitive effects of the brain injury, counselling will probably only help you to learn adaptive strategies. However, where there *is* still some self-awareness remaining, counseling can help a survivor to gradually become aware of these issues, then do something about them. If a neuropsychological report was done, this may give some idea of whether this is possible.

Own up to your problems

Remember it takes two to tango! Even though you may be doing it tough, some of your reactions could be contributing to the problems. Relational issues usually trigger our own insecurities and you may need to look within yourself at how you may need to change too.

Get educated

Read as much as possible on the effects of brain injury (contact BIAOR for more information). Remember a brain injury is a very real disability and your partner is not choosing

(Relationships Continued on page 18)



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TRANSITION PLANNING: FOR STUDENTS WITH TRAUMATIC BRAIN INJURY

Overview

The uncertainty that comes with leaving the familiar environment of home and high school and navigating the maze of young adult life is intimidating. For many the road to adulthood is daunting; for an adolescent with a disability the challenges are even greater.

Why is the transition to adulthood difficult for students with TBI?

Many students with TBI experience difficulty with attention, memory and behavior; frequently they also face challenges with executive function skills, including planning, initiation, judgment and decision making. These challenges can disrupt both their plans for the future and their emerging identities. Students with TBI need to consider not only "What will I become as an adult?"; but also "Who have I become since the injury?" and "What are my strengths and challenges now?"

What does the federal special education law say about transition planning?

The Individuals with Disabilities Education Act (IDEA), Section 300.43 addresses the needs of students with disabilities by requiring that all students with Individualized Education Programs (IEPs) have transition services in effect when the student turns 16. The law mandates that these transition services facilitate the child's movement from school to post-school activities and is based on the individual child's needs—taking into account strengths, preferences and interests.

What does the research say?

The research related to transition planning for students with TBI is limited. But the literature on best practices in transition planning for all students with disabilities has identified several components necessary for a successful transition process.

The [Taxonomy for Transition Planning](#) (Kohler, 1996) provides a framework for effective transition practices. The Taxonomy outlines five broad categories that serve as the foundation of transition planning (a) student-focused planning, (b) student development, (c) interagency collaboration, (d) family involvement and (e) program structure. Click on the links below for lesson plans and/or more information from the [National Secondary Transition Technical Assistance Center \(NSTTAC\)](#).

<p>Student Focused Planning</p>	<p>For all students with disabilities, student-centered planning provides an opportunity to learn self-advocacy and self-determination skills. Participating in student centered transition planning can help students learn skills and evaluate abilities in areas such as:</p> <ul style="list-style-type: none"> • Decision making • Planning • Setting realistic expectations • Understanding the effects of behavior and choices in plans
--	--

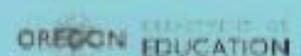
The Fact of the Matter is supported by grant #H21MC06769 from the HHS, HRSA, MCHB.

It is the sole responsibility of the authors and does not necessarily represent the official views of HHS.

Center On Brain Injury
Research & Training
99 West 10th Avenue, Suite 330
Eugene, OR 97401



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Student Development	Student development activities include: <ul style="list-style-type: none"> • Life skills instruction • Employment skills instruction • Structured work experience • Assessment & support services
Interagency Collaboration	Interagency collaboration is the process of establishing relationships with outside agencies that might provide needed service to the student once she/he leaves school. These services might include paying for tuition, job coaching or life skills training.
Family Involvement	Families play a pivotal role in the lives of students and in their successful transition to adulthood. Active family involvement in the transition planning process can be encouraged through: <ul style="list-style-type: none"> • Parent participation in IEP meetings • Development of educational brochures/tip sheets about transition process • Effective and ongoing communication with parents • Getting parents involved before it's time to start the transition planning process
Program Structure	Kohler defines program structure as features that relate to efficient and effective delivery of transition-focused education and services, including philosophy, planning, policy, evaluation and human resource development. These elements provide the framework for a school's transition policy.

Key points to keep in mind

- Start early; strengths and abilities might have changed since the injury. It could take time for the student to re-evaluate and accept that their pre-injury timelines for reaching their goals may no longer be realistic.
- Provide on-going support via regular contact with the student; problems with initiation, memory, planning and follow-through are common after TBI. The student may need assistance staying on track.
- Promote self-advocacy and self-determination. Young adults who know what their challenges are and know how to ask for the supports they need are more successful in post-secondary education and employment.
- Keep parents engaged; their influence and support are critical to the student's success.
- Help parents and students link with community social service agencies that can provide support after the student leaves high school.

Many students face tremendous challenges navigating their lives in the years after high school. These are the years that set the stage for their entire adult lives. By providing guidance to students with TBI based on best practices for transition, teachers and transition specialists are uniquely positioned to help students identify the important components of their goals and aspirations and set the foundation for a successful transition to adulthood.

Hayes, S., Sublette, P., Harwick, R., & Hoed, D. (Ed.). (2013). *Transition toolkit for students with traumatic brain injury*. Kallier, R. O., & Moringstar, M. E. (2010). *Tip for transition*. *Teaching Exceptional Children*, 43(2), 60-68.

The Fact of the Matter is supported by grant #H21MC06769 from the HHS, HRSA, MCHB.

It is the sole responsibility of the authors and does not necessarily represent the official views of HHS.

Center On Brain Injury
Research & Training
99 West 10th Avenue, Suite 370
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OREGON DEPARTMENT OF
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(Relationships Continued from page 15)
to make life difficult for you.

You must adjust your expectations of your partner for this neurological disability, as you would for a physical disability such as cerebral palsy or blindness. Work with your partner on the compensatory strategies - techniques that will compensate for lost skills such as communication, parenting, anger management and organization.

Find Support

Join a support group and talk to other survivors and family members. Call your local Brain Injury Association and find one close to you. When the pressure, despair and frustration are overwhelming, sometimes a break and speaking to someone else can make a huge difference.

It's still no good!

Despite what is said about our 'easy divorce' society, people rarely make the decision to end a relationship flippantly. The decision usually only comes after agonizing guilt, depression, frustration and having tried options to make it work.

When confronted by constant aggression, the decision may be relatively easy for some. But often, the brain-injured person is apologetic, trying the best they can to improve the situation but the relationship may simply not work any longer. Talking all of this through with a skilled counselor will help you make the best decision in your circumstances.

But what about my partner?

When a partner leaves, the person with the brain injury may react in a number of ways. If their self-awareness is impaired, they will honestly believe they have been deserted for no reason, and there may be years of antagonism, bitterness or pleading for a return to the way things were.

In some cases, there may be threats or actual violence which cannot be tolerated in any circumstances - you may need to obtain a restraining order. There may even be threats of suicide. In these cases, talking with a counselor should have prepared contingency plans and appropriate reactions for any of these possible outcomes.

A point to remember is that there are always options available. For some, they may continue to live with their partners to provide support, but make it clear that the sexual/romantic relationship is finished.

Others have decided to have their ex-partner live nearby and drop in regularly. This often works well when children are involved, as frustration and anger are less likely to flare when the children are only visiting.

When a complete break is being made, talk with your Brain Injury Alliance about finding supports for your ex-partner. This can be tricky in remote areas, but at the very least most Brain Injury Alliances have a toll-free number which can be used.

Coming to terms with it all

Leaving a spouse can be very difficult, especially for those who vowed to stay together in sickness or health, for better or worse. Many have gradually overcome their guilt by realizing that the person they married no longer exists, and has been replaced by the post-injury personality.

Remember many relationships cope with traumas equal to that of a brain injury, and eventually emerge stronger for the experience. That is why any decision to leave should be first discussed with others who have been there, an experienced counselor, and after all possible options have been tried.

Real Life Examples

I've been seeing this guy for a few weeks now and he's just told me he has a brain injury. He seems Normal to me...actually he's a really nice guy. But he says he gets stressed really easily, and can lose his temper in a big way. What am I getting myself into here? I need to know if this is something I should get out of now while it's easy. Is there a cure for brain injury? Can these things get worse? How much danger could I be in?

I thought women were the great communicators, but Cheryl just clams up whenever there is a problem. Since the car accident, she comes across as cold, extremely independent and often pushes me away when things get intimate. I'm pretty thick-skinned, but she can be so blunt! Things are usually okay for around a week, then the tension slowly builds until she shuts me out for two days. Then she's okay again for another week. Can she learn to communicate again? Or are we locked into this emotional merry-go-round? I seriously don't know if I could cope with this for too much longer. She's not the warm, loving person I married.

Adrian received his head injury five years ago. The doctors said he made an incredible recovery but I'm at my wits end. He can't work any more so I have to work full-time, look after the kids, and in a sense look after him. He blows up at the kids and me for no reason. He can't see past his own nose half the time...I know this self-centeredness and dependency comes with the injury but is isn't any easier to accept. I can't have sex with him any more, because he's like a teenager again. I want to leave but what about the kids? And I took my marriage vows seriously. Also, he regularly cries and apologies for not being a husband anymore, begging me not to leave. He may kill himself if I leave...I might kill myself if I don't.

References: The Bridge (2013); Mayo Clinic, Understanding Brain Injury for Families

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- Motorcycle Accidents
- Sexual Harassment/Abuse
- Aviation Accidents
- Legal Malpractice

Home & Community-Based Rehabilitation: One Occupational Therapist's Perspective

by Julie Allen, MS, OTR/L

Rehabilitation professionals, in general, and occupational therapists, in particular, are notorious for turning any life activity into a therapeutic opportunity when working with individuals following a brain injury. That being said, one can imagine the envy some of my fellow clinicians express when I describe my work within a rehabilitation model where the setting for therapy not only includes the home, but also stretches into the individual's broader community. On any given day, the therapeutic opportunity may include getting dressed, preparing a meal, gardening in the backyard, public transportation, attending a class at a community gym, grocery shopping, volunteering, or addressing specific job tasks at an individual's place of employment. Essentially, this home and community-based rehabilitation approach allows for the rehabilitation process to happen where life happens. And, from the perspective of this clinician, this makes good sense.

Brain injuries can affect all areas of daily functioning. An individual may have decreased balance and coordination, memory impairment, difficulty organizing and sequencing activities, altered judgment and decision making, visual deficits, impulsive behaviors, communication difficulties, and/or many other difficulties often associated with an injury to the brain. A person who has sustained a brain injury may find it challenging to perform basic activities of daily living, resume independent living, return to work or school, or engage in many other activities that he or she enjoyed prior to the injury. While the rehabilitation process often begins in the hospital setting, many individuals with brain injury will need ongoing rehabilitation and will benefit from modifications of their home, social,

and/or work environments to optimize their overall level of function. Home and community-based rehabilitation is an integral part of the continuum of care that assists individuals in regaining these skills. Individuals with brain injury often need help relearning how to do specific activities or a new way of accomplishing activities needs to be determined. Guided instruction within the context of real life settings, working on real life activities, has been shown to lead to more functional and durable outcomes when compared to instruction in more restrictive rehabilitation settings. Again, from the perspective of this clinician, this makes good sense.

Ultimately, regardless of where or how an individual has sustained a brain injury, there is a need to transfer skills learned in a rehabilitation setting to more natural environments such as the home, workplace, and recreational settings so he or she can resume participation and function as close to prior levels as possible.

When it comes to recovery after sustaining a brain injury, the road can be long and difficult. The common goal of rehabilitation professionals in all settings is to help individuals get back to life as fully and as independently as possible. And, from this clinician's perspective, home and community-based rehabilitation can be an integral part of this process and, it just makes good sense.

Julie Allen has been working as an occupational therapist for individuals with brain injury in the greater Portland area for the past 15 years. She has worked in acute care, inpatient rehabilitation, skilled nursing facility, day treatment and home and community-based rehabilitation settings. Julie is currently Program Manager for Rehab Without Walls, SW Washington & Oregon. She can be reached at julie.allen@rescare.com or www.rehabwithoutwalls.com.

Research on sports-related brain injuries may lead to prevention, detection of severe head injuries

A new study has provided insight into the behavioral damage caused by repeated blows to the head and may establish a foundation for better understanding and development of ways to detect and prevent brain injuries that may lead to chronic traumatic encephalopathy (CTE). The research, published online in the Journal of Neurotrauma, shows that mice with mild, repetitive traumatic brain injury (TBI) develop a number of the same behavioral problems, such as memory problems and issues with judgment, that have been linked to the condition in humans.

Source: University of Rochester Medical Center, May 9, 2014

20 sports/recreational activities represent the categories contributing to the highest number of estimated head injuries treated in U.S. hospital emergency rooms in 2009.

Cycling: 85,389
Football: 46,948
Baseball and Softball: 38,394
Basketball: 34,692
Water Sports (Diving, Scuba Diving, Surfing, Swimming, Water Polo, Water Skiing, Water Tubing): 28,716
Powered Recreational Vehicles (ATVs, Dune Buggies, Go-Carts, Mini bikes, Off-road): 26,606
Soccer: 24,184
Skateboards/Scooters: 23,114
Fitness/Exercise/Health Club: 18,012
Winter Sports (Skiing, Sledding, Snowboarding, Snowmobiling): 16,948
Horseback Riding: 14,466
Gymnastics/Dance/Cheerleading: 10,223
Golf: 10,035
Hockey: 8,145
Other Ball Sports and Balls, Unspecified: 6,883
Trampolines: 5,919
Rugby/Lacrosse: 5,794
Roller and Inline Skating: 3,320
Ice Skating: 4,608

The top 10 sports-related head-injury categories among children ages 14 and younger:

Cycling: 40,272
Football: 21,878
Baseball and Softball: 18,246
Basketball: 14,952
Skateboards/Scooters: 14,783
Water Sports: 12,843
Soccer: 8,392
Powered Recreational Vehicles: 6,818
Winter Sports: 6,750
Trampolines: 5,025

Source: American Association of Neurological Surgeons

No Control

Kyle Pettyjohn

There are many events in one's life that he or she may never truly understand. When I say this, it could be anything at all. Some struggles happen for the best of things; others possibly for the worst, but giving up and losing hope will never be an answer to solving a challenge you are faced with in life.

Starting my freshman year in high school I was faced with something that most wouldn't consider a "big deal". I was naïve enough to believe the same. I was playing football and acquired a helmet-to-helmet hit; as a result I had been knocked unconscious for several minutes. This was the opening act of a series of life struggles to come, and at the time I didn't think much of it.

After a drawn out recovery from the severe concussion, I was struck again in the head to receive yet another concussion. The second concussion multiplied and prolonged the effects of the first on starting an incessant surge of headaches. This was the start of what was one of many eye-opening events.

While in recovery from the two concussions I was missing more and more school, falling further and further behind at such a crucial period in my high school career. I had been set back a great deal from the first concussion, but still insisted on keeping going, not knowing there would be more concussions to come.

The daredevil in me was relentless. I wanted nothing to do with calming down and "taking preventive measures" for my own safety. Having that attitude led to more and more minor concussions resulting in a long, drawn out recovery process. With the number of concussions in such a short time frame I had developed post concussive syndrome, which meant for a longer healing process and prolonged concussion symptoms.

This went on for about a year until I had been in contact with a very sagacious doctor who had really changed my outlook at the situation. That is of course, for the better of things. Everything that the new doctor had said or done helped, which was more of a relief than anyone will ever understand. Seeing this doctor had led to months of therapies, months of coming to the realization that this was not in my own hands, and that I was not in control.

Day by day the healing process had been progressively speeding up. This meant that the area that was affected the greatest, my cognitive learning skills, had been slowly coming back. Although I was beginning to gain ground rapidly,



I was still very far behind when it came to my schoolwork. It was an overwhelming, unassailable matter to say the least.

At this time I was almost to the point where the headaches had receded. I was now facing the voluminous amount of makeup work that had been floating amongst my unconscious while I pretended nothing had ever happened. I didn't want to look at this experience thinking, "Why me?" or "What did I do to deserve this?" Playing it off only lasted so long. I was only fooling myself. After selectively listening to what I had been told for upwards of a year, things were starting to click. I had come to the realization that this was happening for a reason, that the skills I had developed through this were for a cause that was possibly more than I could understand.

For having so much work, I was slacking. Doing much less than I was capable of. I was becoming lazy. This went on for a while. Until one day, I saw what could be myself in the near future if I didn't push through the rough times to better myself. It was not a pleasant thought knowing one day that easily be me if I continued on the path I was headed.

With things clicking as I quickly matured, I began to work on getting caught up and trying to get on track. I had too many people relying on me, people that I could not let down, because they were the ones who had faith in me when nobody else did. I began to diligently push through the missing work, not perfectly, not 100% efficiently, but I was at least beginning to make the best of things, with hopes that one day it will pay off.

My crutch that was hiding throughout this process had been my car. It was safe to work on, a challenge to work on, and yet still something I enjoyed working on. This so called "crutch," is

what I believe contributed to the healing process. As things progressed and started to make a turn for the better, I saw what I had hoped to be the start of an enjoyable lifelong career.

My "crutch had turned into one of my best skills." I had relied on it when there was really nothing else to do. My car supplanted all of my hobbies, making my interest and talent with working on vehicles even greater.

For the longest time I had the complete wrong outlook into this situation. I was so focused on the bad, so focused on not having control over the situation, that I was not looking at the good that was coming from the experience. Once I opened my eyes, I realized that the closer you look, the less you really see. Looking at the big picture brought me to belief that this really did happen for a reason, a reason leading to the better things to come,

Although, I'm not there yet, I will be without a doubt. This experience has been a life-changing event and can hopefully be an example to others that even though you are not in control of everything, everything does happen for a reason, and sometimes it takes something as dramatic as my situation to bring that to your attention.

Overcoming adversity and never becoming discouraged is probably the best advice anyone could ever give to someone in need. I hope that one day, everyone in a hardship will realize things happen for a reason and although they may not have control over it, or completely understand why, that they will move on by making the best of the situation and most importantly learning from it, and moving on to bigger, better things.

Almost half of homeless men had traumatic brain injury in their lifetime

A Canadian study has revealed that almost half of all homeless men who took part in a study had suffered at least one traumatic brain injury in their life and 87% of those injuries occurred before the men lost their homes. While assaults were a major cause of those traumatic brain injuries, or TBIs, (60%) many were caused by potentially non-violent mechanisms such as sports and recreation (44%) and motor vehicle collisions and falls (42%).

The study, led by Dr. Jane Topolovec-Vranic, a clinical researcher in the hospital's Neuroscience Research Program, was published today in the journal *CMAJ Open*.

Dr. Topolovec-Vranic said it's important for health care providers and others who work with homeless people to be aware of any history of TBI because of the links between such injuries and mental health issues, substance abuse, seizures and general poorer physical health.

The fact that so many homeless men suffered a TBI before losing their home suggests such injuries could be a risk factor for becoming homeless, she said. That makes it even more important to monitor young people who suffer TBIs such as concussions for health and behavioral changes, she said.

Dr. Topolovec-Vranic looked at data on 111 homeless men aged 27 to 81 years old who were recruited from a downtown Toronto men's shelter. She found that 45% of these men had experienced a traumatic brain injury, and of these, 70% were injured during childhood or teenage years and 87% experienced an injury before becoming homeless.

In men under age 40, falls from drug/alcohol blackouts were the most common cause of traumatic brain injury while assault was the most common in men over 40 years old.

Recognition that a TBI sustained in childhood or early teenage years could predispose someone to homelessness may challenge some assumptions that homelessness is a conscious choice made by these individuals, or just the result of their addictions or mental illness, said Dr. Topolovec-Vranic.

This study received funding from the Canadian Institutes of Health Research and the Ontario Neurotrauma Foundation.

Separately, a recent study by Dr. Stephen Hwang of the hospital's Centre for Research on Inner

City Health, found the number of people who are homeless or vulnerably housed and who have also suffered a TBI may be as high as 61 per cent -- seven times higher than the general population.

Dr. Hwang's study, published in the *Journal of Head Trauma Rehabilitation*, is one of the largest studies to date investigating TBI in homeless populations. The findings come from the Health and Housing in Transition Study, which tracks the health and

housing status of homeless and vulnerably housed people in Toronto, Vancouver and Ottawa.

Story Source: St. Michael's Hospital:

Journal Reference: Jane Topolovec-Vranic et al. Traumatic brain injury among men in an urban homeless shelter: observational study of rates and mechanisms of injury. *CMAJ Open*, April 2014 DOI: 10.9778/cmajo.20130046

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Why do men have more brain injuries??



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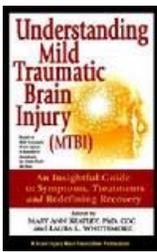
CIL	LOCATION	COUNTIES SERVED
ABILITREE Director: Tim Johnson	2680 NE Twin Knolls Dr Bend, OR 97702 1-541-388-8103	Crook, Deschutes, Jefferson
EOCIL (Eastern Oregon Center for Independent Living) Director: Kirt Toombs	322 SW 3 rd Suite 6 Pendleton, OR 97801 (541) 276-1037 1-877-711-1037	Gilliam,, Morrow, 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	Douglas

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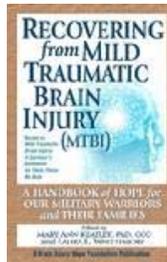


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Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

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

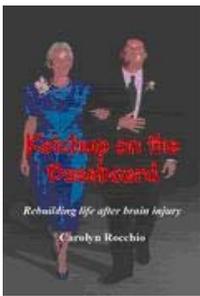
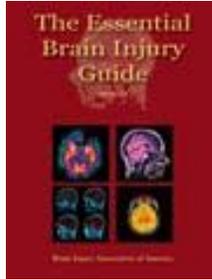


Recovering from Mild Traumatic Brain Injury A handbook of hope for military and their families. Edited by Mary Ann Keatley, PhD and Laura L. Whittemore

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

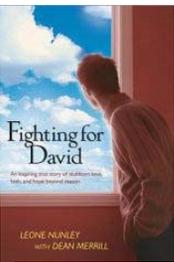
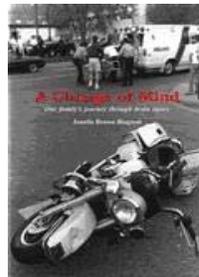


Ketchup on the Baseboard

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

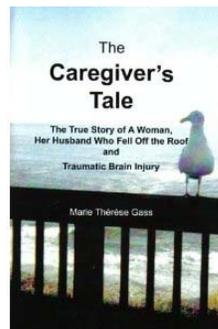


Fighting for David

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



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Resources

For Parents, Individuals, 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 Individuals (ages 0-21) with TBI. For evidence based information and resources for supporting Individuals 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
www.cbirt.org

LEARNet

Provides educators and families with invaluable information designed to improve the educational outcomes for Individuals with brain injury.
www.projectlearn.net/index.html

Parent Training and Information

A statewide parent training and information center serving parents of children with disabilities.

1-888-988-FACT

Email: info@factoregon.org

http://factoregon.org/?page_id=52

Websites Parents & Educators

Mayo Clinic www.mayoclinic.com/health/traumatic-brain-injury/DS00552

BrainLine.org www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi_pageall.html

FREE Brain Games to Sharpen Your Memory and Mind

www.realage.com/HealthyYOUCenter/Games/intro.aspx?gamenum=82

<http://brainist.com/>

Home-Based Cognitive Stimulation Program

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

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

Sam's Brainy Adventure

<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



BRAIN INJURY
ASSOCIATION OF
WASHINGTON

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 360-991-4928 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, protections orders, guardianship, parenting time, and spousal support. 503-557-9800

Affordable Naturopathic Clinic in Southeast

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

Need Help with Health Care?

Oregon Health Connect: 855-999-3210

Oregonhealthconnect.org

Information about health care programs for people who need help.

Project Access Now 503-413-5746 Projectaccessnow.org

Connects low-income, uninsured people to care donated by providers in the metro area.

Health Advocacy Solutions - 888-755-5215 Hasolutions.org

Researches treatment options, charity care and billing issues for a fee.

Coalition of Community Health Clinics 503-546-4991

Coalitionclinics.org

Connects low-income patients with donated free pharmaceuticals.

Oregon Prescription Drug Program 800-913-4146

Oregon.gov/OHA/pharmacy/OPDP/Pages/index.aspx

Helps the uninsured and underinsured obtain drug discounts.

Central City Concern, Old Town Clinic Portland 503 294-1681

Integrated healthcare services on a sliding scale.

Have you had an insurance claim for cognitive therapy denied?

If so call:

Julia Greenfield, JD Staff Attorney
Disability Rights Oregon

610 SW Broadway, Ste 200, Portland, OR 97205

Phone: (503) 243-2081 Fax: (503) 243 1738

jgreenfield@droregon.org

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.

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.orcasin.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)

Survivor Support Line - CALL 855-473-3711

A survivor support line is now available to provide telephone support to those who suffer from all levels of brain impairment. 4peer11 is a survivor run, funded, operated and managed-emotional help line. We do not give medical advice, but we DO have two compassionate ears. We have survived some form of brain injury or a we are a survivor who is significant in the life of a survivor.

The number to call 855-473-3711 (855-4peer11). Live operators are available from 9am-9pm Pacific Standard Time. If a call comes when an operator is not free please leave a message. Messages are returned on a regular basis.

Astoria

Astoria Support Group

3rd Tuesday 6-7:30
Pacific NW Occupational Therapy Clinic
1396 Duane St. Astoria OR 97103
Kendra Ward 209-791-3092 pnwhigroup@gmail.com

Bend (3)

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
Survivor and Family/Caregiver Cross Disabilities
Ablitree, 2680 NE Twin Knolls Dr., Bend OR 97701
Contact Michelle Harper 541-388-8103 x 204
michelleh@ablitree.org or
Amanda Brittner francinem@ablitree.org

Ablitree Moving A Head

1st & 3rd Friday 5:30-7:30
Brain Injury Survivor and Family Group
Ablitree, 2680 NE Twin Knolls Dr., Bend OR 97701
Contact Francine Marsh 541-388-8103 x 205
francinem@ablitree.org

Corvallis

STROKE 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

BRAIN INJURY SUPPORT GROUP

2nd Tuesday of each month, 5:30-6:30 pm
Good Sam. Regional Medical Cntr, Ancillary Bldg
3580 NW Samaritan Dr., Corvallis, OR 97330
Call for Specifics: Rebecca Veltri, PT
[541-768-5157, rveltri@samhealth.org](mailto:rveltri@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 tbicbsupport@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

Brain Injury Support Groups

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@gmail.com

Hillsboro

Westside SUPPORT GROUP

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

Klamath Falls (2)

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

Lake Oswego

Family Caregiver Discussion Group

4th Wednesday of the month 7-8:30 p.m.
(there will be no group in August)
Lake Oswego Adult Community Center
505 G Avenue, Lake Oswego, OR 97034
Ruth C. Cohen, MSW, LCSW, 503-701-2184
www.ruthcohenconsulting.com

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 lstoffey@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
Progressive Options, 611 SW Hubert Street Ste A,
Newport, OR 97365
(541) 265.4674 or progop541@yahoo.com

Oregon City

3rd Friday 1-3 pm (on hiatus until Sept)
room 226 McLoughlin Hall
Clackamas Community College
Sonja Bolon, MA 503-816-1053 sonjabolon@yahoo.com

Portland (20)

BIRRDsong

1st Saturday 9:30 a. m. and 11 p.m.
Legacy Good Samaritan Hospital
1015 NW 22nd, Wistar Morris Room. Portland

Brain Injury Help Center

Call and meet with Brain Injury Advocate

Tuesdays & Thursdays: 10:00-12:00
Young BI Adult Technology & Game time
Wednesdays: 10:00-12:00

Family and Parent Coffee in café

Wednesdays: 10:00-12:00

"Living the Creative Life" Women's Coffee

Fridays: 10:00 – 12:00

Technology Time-adaptive tutoring (5/10)

Fridays: 1:00-4:00

1220 SW Morrison #433 Portland, Oregon 97205

braininjuryhelporg@yahoo.com Pat Murray 503-752-6065

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

BRAINSTORMERS II

3rd Saturday 10:00am-12:00noon
Survivor self-help group
Emanuel Hospital, Medical Office Bldg West (MOB West)
2801 N Gantenbein, Portland, 97227 503-816-2510
Steve Wright stephenwright@comcast.net

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

Doors of Hope - Spanish Support Group

3rd Tuesday 5:30 -7:30pm
Providence Hospital,
4805 NE Glisan St, Portland, Rm HCC 6
503-454-6619 grupodeapoyo@BIRRDsong.org
Please Pre-Register

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
Pat Murray 503-752-6065

FARADAY CLUB

Must be pre-registered - Cancelled until further notice

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 muse2002@yahoo.com
Please contact at least two days in advance

OHSU Sports Concussion Support Group

For Youth and Their Families who have been affected by a head injury
3rd Tuesday, 7:00-8:30 pm
OHSU Center for Health and Healing 3rd floor conf rm
3303 SW Bond Ave, Portland, OR 97239
For more information or to RSVP contact
Jennifer Wilhelm 503-494-3151 wilhelmj@ohsu.edu
Sponsored by OHSU Sports Medicine & Rehab

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
Pat Murray 503-752-6065

Positive Brain Injury Support Group

(for career person's with a Brain Injury)
1st and 3rd Monday's 4:30 - 6:00pm
4511 SE 39th Ave., Portland, 97202
Call: Nancy Holmes, PsyD,

CANCELLED

THRIVE SUPPORT GROUP

3rd Saturday 12:30 - 2:30 pm
Brain Injury Survivor support group Ages 15-25
Emanuel Hospital, MOB West
Medical Office building West
Directly across from parking lot 2
501 N Graham, Portland, 97227
Amy Werry and Kimberly Skillicorn be the facilitators
ThriveGroupPDX@gmail.com or 817.602.8387

MUST BE PRE-REGISTERED

TBI Caregivers Support Group

4th Thursday 7-8:30 pm
8818 NE Everett St, Portland 97220
Karin Keita 503-208-1787
afripath@gmail.com

MUST BE PRE-REGISTERED

TBI SOCIAL CLUB

2nd Tuesday 11:30-3 pm
Pietro's Pizza, 10300 SE Main St, Milwaukie OR 97222
Lunch meeting- Cost about \$6.50
Michael Flick, 503-775-1718

MUST BE PRE-REGISTERED

Roseburg

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

Redmond (2)

Positive Brain Injury Support Group
1st and 3rd Wednesday's 4:30- 6:00pm
St. Charles Redmond Medical Center
1253 NW Canal Blvd., Redmond, OR 97756
(in the cafeteria conference room)
Call Nancy Holmes, PsyD 541 330-4428 or Cheryl Brown

Must be pre-registered

Coffee Social

2nd & 4th Wednesday 2-4 pm
Lavender Thrift Store
724 SW 14th St, Redmond OR 97756
Call Cheryl Brown 541-548-7358 or
Darlene 541-390-1594

WASHINGTON TBI SUPPORT GROUPS

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
Mt Carmel Hospital, 982 E. Columbia, Colville, WA
Craig Sicilia 509-218-7982; craig@tbiwa.org
Danny Holmes (509-680-4634)

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
Pullman, WA
Donna Lowry (509-725-8123)

SPOKANE, WA

Spokane TBI Survivor Support Group

2nd Wednesday of each month 7 p.m.
St.Luke's Rehab Institute
711 S. Cowley, #LL1,
Craig Sicilia (509-218-7982; craig@tbiwa.org)
Michelle White (509-534-9380; mwhite@mwhite.com)
Valerie Wooten (360-387-6428)

Spokane Family & Care Giver BI Support Group

4th Wednesday of each month, 6 p.m.
St. Luke's Rehab Institute
711 S. Cowley, #LL1, Spokane, WA
Melissa Gray (melissagray.mhc@live.com)
Craig Sicilia (509-218-7982; craig@tbiwa.org)
Michelle White (509-534-9380; mmwhite@mwhite.com)

***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 County BI Support Group

4th Wednesday 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)

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 TBI SUPPORT GROUPS

STARS/Treasure Valley BI Support Group

4th Thursday 7-9 pm
Idaho Elks Rehab Hosp, Sawtooth Room (4th Fl), Boise
Kathy Smith (208-367-8962; kathsmi@sarmc.org)
Greg Meyer (208-489-4963; gmeyer@elksrehab.org)

Southeastern Idaho TBI support group

2nd Wednesday 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 6:30-8 p.m.
St. Lukes' Idaho Elks Rehab Hosp, Twin Falls, ID
Keran Juker (keran@mvmrc.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)



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

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Upcoming Events See Page 5



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



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503 227-4600

WWW.BENNETTHARTMAN.COM



How To Contact Us

Brain Injury Alliance of Oregon (BIAOR)

PO Box 549
 Molalla, OR 97038
 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

This newsletter was sponsored in part by cbirt.org.

Nancy Irey Holmes, LLC, PsyD, CBIS

Psychologist, Certified Brain Injury Specialist

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 Redmond OR 97756
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 Biofeedback

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

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www.nancyholmespsyd.com Fax: 503-200-5550

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