



the

HEADLINER

Fall 2005
Vol. VII Issue 4

The Newsletter of the Brain Injury Association of Oregon

When they don't believe you have a brain injury

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Often a brain injury survivor has no outward physical signs of injury, and may have trouble convincing others that they do have a disability.

"My insurance company says I am better and don't need any more rehabilitation".

"Mom and dad say it's all in my head, that I'm making all this up".

"The boss thinks I look fine and should be able to handle the huge workloads again".

Brain injury is often called the invisible disability because a person may outwardly appear to be unaffected, particularly if the cause was a brain tumor, near drowning, mild stroke or drugs. Even when the injury is caused by trauma such as a motor vehicle accident, the scars may heal so well that the person appears to be fully recovered.

Unfortunately even a so-called 'mild' brain injury can leave a person facing cognitive deficits in memory, concentration, motivation, fatigue, stress, depression and reduced self-awareness. Survivors of a brain injury often find

that family, employers and friends have trouble accepting there can still be problems when there is no physical evidence.

**If I break my legs
I'll get some wheels to do my walking**

**If I break my voice
I'll let my fingers do the talking**

**If I break my eyes
I'll buy a dog to guide my way**

But what will I do if I break my brain?

Family members often have the most trouble understanding the invisible nature of an acquired brain injury. With effort, the survivor of a mild to moderate brain injury can often hide or compensate for their cognitive deficits so that most people will not detect any problems. But families get to see beyond the 'public face' due to the amount of time they spend together.

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The long-term effects of a brain injury may not be evident for some time. At best, those with a mild brain injury may be able to return to work but will spend the rest of their lives battling a range of cognitive problems. Others will find themselves dependent on others for the rest of their lives, while the most unfortunate may never emerge from a state of coma.

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Headliner DEADLINES

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Policy

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

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

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(Names in red are BIAOR Board members)

2005/2006 BIAOR Calendar of Events

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

November	Annual Ornament Sales begin
December	Portland Annual Holiday party and Fundraiser 12/11 Statewide Support Group Holiday Parties
January	Membership Annual Membership Drive
March	State-wide Walk for Thought
April	Academic Conference
October	Annual Conference Oct 6-7, 2006 Living with Brain Injury: Creating a Future



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

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

Last issue's column examined the initial decision by an injured person, or that person's family, to pursue a case against a potentially responsible party. I discussed what the client should expect during an initial attorney meeting, and what documents the client (or his or her representatives) should bring with them to that initial meeting. In this column I will discuss what I, as the lawyer, consider important in deciding whether or not to accept representation of that client.

Lawyers need to be selective in accepting their cases. The bottom line is that not all cases that are reviewed will be accepted by the lawyer. The reasons for this are many, and it is important for the prospective client to understand to a point what goes on in the mind of a lawyer when he or she decides which cases to accept and which to reject. In this column I will examine some of the criteria that I review in deciding whether or not to represent a particular client.

Liability and Damages: A Two Prong Test

In order for an injured person to prevail in a lawsuit that injured person must be able to show that another person or entity (such as a business or government) was legally responsible for the injuries suffered by that person, AND that the person suffered damages as a result of the responsible party's actions. As a result, some of the first questions I ask include whether someone other than the injured person is legally responsible for those injuries, and whether the injured person suffered compensable damages as a result of the injuries.

Where there is a TBI, the damages portion of this analysis is met. This is so obvious as to go without saying. As a result, unlike other cases, with TBI cases I almost exclusively focus on the first prong of the test: Liability.

In the context of this column, "liability" means to be "legally bound" or "responsible" for any given injury. An injured person can, in some cases, be responsible for his or her own injuries. An example of this would include a situation where a person loses control of a vehicle they are driving and smash into something causing that person to suffer a TBI. Because you cannot sue yourself, in this example there would be no responsible third party, and so there would be no legal case to pursue because the first prong of this test is not met.

As a result, my job is to identify a potentially responsible party other than the injured person. Sometimes this analysis is simple: When someone runs a red light and hits the person causing a TBI, then that other driver is the responsible third party.

But I don't stop there. Is there anyone other than that negligent driver who may have contributed to that driver's negligence? Was that driver at a bar before the collision? Was that driver drunk as a result, and should the bar employees have refrained from serving that driver alcohol at some point? Were there any road conditions under the control of someone else that contributed to the collision? If the answers to these questions are yes, then there could be another third party responsible (liable) for the injuries suffered by the client as well.

Did the injury occur at work? For many workers who suffer a TBI at work, the exclusive legal remedy is through the worker's compensation system. But, there are exceptions to this rule, and sometimes there is another entity that can be held liable under what is called the Employer Liability Law, or ELL. This office has been successful in cases where the first analysis suggested that it was a strict workers compensation case.

An experienced lawyer will know what to look for in these types of cases, including relationships between the employer and any general or subcontractors, an analysis of who had actual control over the workplace and the means of getting the various jobs done and other factors.

We resolved a case last year where a gentleman suffered a TBI as a result of a hydraulic door mechanism falling off of its mounting bracket above the door, striking our client on the top of his head. The injury occurred while our client was working, but it happened at a location away from his workplace. In this case our client's workers compensation insurance covered the medical treatment and provided disability income to help him meet his immediate financial obligations, but these benefits did not fully compensate him for this terrible injury. Fortunately, he consulted with this office and we were able to develop a theory of liability wherein we proved that the property owner was responsible for negligently installing the door mechanism. We obtained a favorable settlement for him well above and beyond the workers compensation benefits, and now he and his family are financially secure and able to live without the financial worries that so often follow this type of injury.

Beware of the Insurance Adjusters

Every insurance adjuster I have ever worked against has tried to minimize their company's financial responsibility for any given injury. The front line insurance adjusters are often expert at arguing that their insured is not legally responsible for the injuries, and if they admit that they are responsible, that the injuries are not serious enough to merit significant financial compensation. They

(Continued on page 5)

will often present injured people with a settlement check and a release very early after the injury occurs. Their tactic here is two fold. First, they want to discourage the injured person from thinking that their insured is liable, or legally responsible, for the injuries, and second, if they know that they are responsible, they want to minimize the damages and get the case resolved before the injured person gets a lawyer involved who will know what the true value of the case is.

An injured person who is approached by an insurance adjuster shortly after the injury is well advised to consult with a lawyer before signing any release or accepting any money from that insurance company. The quick settlement offer may be a good deal, but chances are that it is not. The injured person has one opportunity to settle a case, and if they settle it for less than they deserve, there is typically no chance to go back and demand more. Lawyers are here to protect the injured person from this type of abuse, and someone with a TBI deserves to have a legal team on his or her side to make sure they are treated fairly.

David Kracke is an attorney with the law firm of Nichols and 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.

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

Concussion Tool Kit for High School Coaches

CDC has introduced a multimedia tool kit, *Heads Up: Concussion in High School Sports*, to help coaches of high school teams protect their athletes from concussion. Concussions are a type of traumatic brain injury (TBI) caused by a blow or jolt to the head that can range from mild to severe and can disrupt the manner in which the brain normally functions. Approximately 300,000 sports and recreation-related TBIs occur in the United States each year.

The tool kit contains a *Guide for Coaches* on how to prevent concussions, identify symptoms, and take immediate action when an athlete has signs of a concussion. Contents also include 1) a video and DVD featuring a high school football player who was permanently disabled after sustaining a second, potentially preventable concussion during a game, 2) a wallet card and clipboard sticker for coaches that includes signs and symptoms of concussion and a place to record emergency contacts, 3) posters describing concussion symptoms that can be placed in locker rooms or heavily trafficked areas, 4) concussion fact sheets in English and Spanish for parents and athletes, and 5) a CD-ROM with downloadable kit materials and other concussion-related resources.

The *Heads Up: Concussion in High School Sports* tool kits will be distributed by CDC to coaches, principals, and athletic directors at high schools throughout the United States. The tool kits can be ordered or downloaded FREE of charge at http://www.cdc.gov/ncipc/tbi/coaches_tool_kit.htm. Additional information is available by contacting CDC Injury Center Media Relations, telephone 770-488-4902.

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Facts about Traumatic Brain Injury

What is a traumatic brain injury?

A traumatic brain injury (TBI) is defined as a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in a TBI. The severity of such an injury may range from "mild," i.e., a brief change in mental status or consciousness to "severe," i.e., an extended period of unconsciousness or amnesia after the injury. A TBI can result in short or long-term problems with independent function.

How many people have TBI?

Of the 1.4 million who sustain a TBI each year in the United States:

- 50,000 die;
- 235,000 are hospitalized; and
- 1.1 million are treated and released from an emergency department.¹

The number of people with TBI who are not seen in an emergency department or who receive no care is unknown.

What causes TBI?

The leading causes of TBI are:

- Falls (28%);
- Motor vehicle-traffic crashes (20%);
- Struck by/against (19%); and
- Assaults (11%).¹

Blasts are a leading cause of TBI for active duty military personnel in war zones.²



Who is at highest risk for TBI?

- Males are about 1.5 times as likely as females to sustain a TBI.¹
- The two age groups at highest risk for TBI are 0 to 4 year olds and 15 to 19 year olds.¹
- Certain military duties (e.g., paratrooper) increase the risk of sustaining a TBI.³
- African Americans have the highest death rate from TBI.¹

What are the costs of TBI?

Direct medical costs and indirect costs such as lost productivity of TBI totaled an estimated \$56.3 billion in the United States in 1995.⁴

What are the long-term consequences of TBI?

The Centers for Disease Control and Prevention estimates that at least 5.3 million Americans currently have a long-term or lifelong need for help to perform activities of daily living as a result of a TBI.⁵

According to one study, about 40% of those hospitalized with a TBI had at least one unmet need for services one year after their injury. The most frequent unmet needs were:

- Improving memory and problem solving;
- Managing stress and emotional upsets;
- Controlling one's temper; and
- Improving one's job skills.⁶

TBI can cause a wide range of functional changes affecting thinking, sensation, language, and/or emotions. It can also cause epilepsy and increase the risk for conditions such as Alzheimer's disease, Parkinson's disease, and other brain disorders that become more prevalent with age.⁷

See page 13 for more information. Footnotes can be found on the Fact Sheet at: <http://www.cdc.gov/doc.do/id/0900f3ec8031534c>

Purchase Books Signed by the Author

PJ Long-Keynote Speaker

3rd Annual Pacific Northwest Brain Injury Conference 2005

Gifts from the Broken Jar

*Rediscovering Hope,
Beauty, and Joy*
by PJ Long

A stunning and insightful memoir by a former psychotherapist who learned to embrace the imperfect life after a brain injury.

"Gifts from the Broken Jar moved me to tears as few books have ever done before. This is an extraordinarily educational and inspirational document. ...It should be read by professionals (even the most 'seasoned' ones) and by those brain-injured individuals who are capable, members of their families, and friends." -Yehuda Ben-Yishay, Ph.D., Director, Brain Injury Day Treatment Program, New York University Medical Center

"Ms. Long has exquisitely crafted a book that can help people understand the many ramifications of brain injury.. .She has portrayed a realistic recovery with the compensations that make daily life workable." -Roxane Dean, Brain Injury Association of America

Hardcover 254 pages ISBN 0966739396 Equilibrium Press

Available from Brain Injury Association of Oregon
Signed copy only \$22.50 (\$19.95 plus \$2.55 shipping)

Brain on a String

*And Other Strategies for Staying Organized
when Gray Matter Isn't Working Like It Used To*
by P J Long

Brain injury, memory problems, stress, anxiety, attention deficits, serious illness, menopause, depression, medication-all of these can make it hard to carry out daily tasks.

Most books on personal organizing are too complex for people with cognitive impairments to grasp. In Brain on a String, brain injury survivor, author, and former psychotherapist PJ Long shares the systems she successfully uses to stay on track.

Topics include:

- 3! Personal grooming: dressing and washing
- 3! Paperwork: getting control of the monster
- 3! Kitchen: setting up, meal planning, and grocery shopping
- 3! Keeping track of conversations, errands, and appointments
- 3! Having what you need when you leave the house
- 3! Tips for organizing almost anything!

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BRAIN INJURY ASSOCIATION OF OREGON

2005 HOLIDAY FUNDRAISER

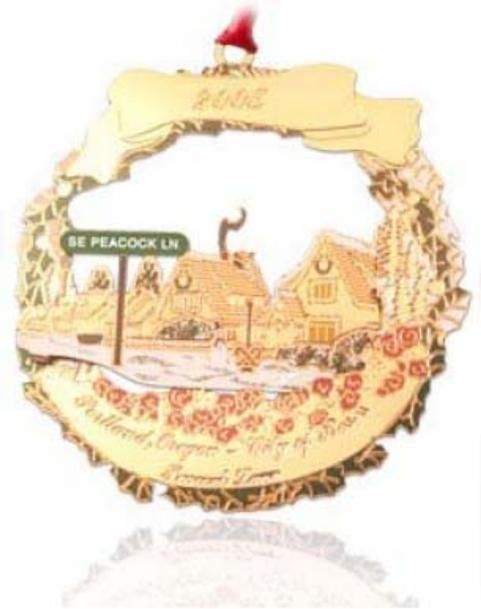
Is your collection complete?

**2005 Portland Ornaments
"Peacock Lane"**

\$25 without CD \$35 with CD

by Michael Allen Harrison

\$225 Full Sets (excluding 1989 & 1990)



Those that drive between Stark and Belmont on Peacock Lane will see a typical Southeast Portland street eleven months out of the year. But for the holiday season, Peacock Lane shines as a beacon for all to share in the annual winter tradition. This limited edition, hand-numbered ornament by Betty Woods-Gimarelli is a perfect addition to any Christmas ensemble. Betty has been crafting these exquisite holiday ornaments since 1989, each depicting a special Portland location. Each ornament is tax deductible and will benefit individuals who have sustained a brain injury.

The Brain Injury Association of Oregon provides community outreach, medical/legal seminars for professionals who treat individuals who have sustained brain injuries, support groups for spouses, survivors, children, parents, and information and referral services.

You can purchase ornaments in the Community Health Information Center, Room NSC 300, of Legacy Good Samaritan Hospital, Legacy Emanuel and legacy Good Samaritan Gift shops or at the Legacy Meridian Park Hospital Community Health Information Center. You can order by mail or phone by contacting the BIAOR office at 800.544.5243 or 503.413.7707. The sale of each ornament will benefit individuals who have sustained a brain injury and is tax deductible.

If you are interested in ornaments from other years call Margaret Horn at 503.341.7562.

Number of ornaments _____ X \$ 25.00 each = \$ _____ (\$ 7.00 tax deductible)
 Number of ornaments with CD _____ X \$ 35.00 each = \$ _____ (\$12.00 tax deductible)
 Full Set (in one box) _____ X \$225.00 each = \$ _____ (\$40.00 tax deductible)

Please make checks payable to BIAOR: Total Enclosed \$ _____
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THIS WONDERFUL LIFE



 Entertainment: 11:30 am
★ Classical Pianist—Michael Allen Harrison

★ Portland Holiday Ornament signing by
Betty Woods-Gimarelli
2005 Ornament—Portland Peacock Lane

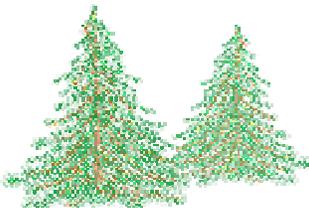
 Brunch and Silent Auction: 12 noon
In the Rotunda of the
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1111 SW Broadway

 Portland Center Stage - 2 pm



Please Purchase Tickets by December 1, 2005

Tickets for:
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Sherry Stock biaor@biaoregon.org





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• I NEED _____ PLAY TICKETS (one ticket per attendee)

I am unable to attend Please accept my donation for \$ _____

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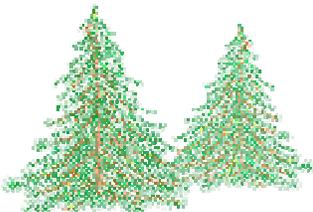
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Acct. No. _____ Exp. Date: _____

Signature _____

Return Registration to:

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(Continued from page 1)

After the brain injury the family is frequently confronted with a 'new' personality—a family member who may be negative, unmotivated, unable to carry tasks through to completion, constantly forgetting things, unable to take others' needs into account and prone to depression or angry outbursts.

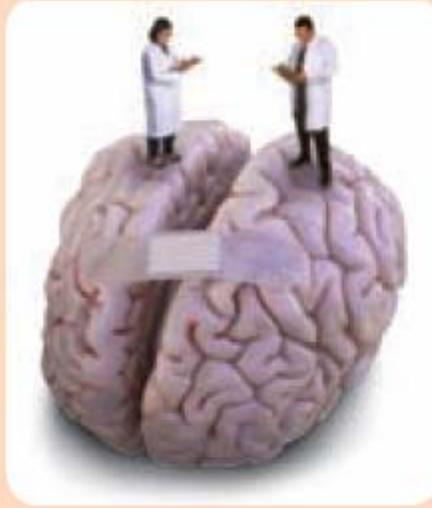
Before the brain injury, the person usually had some degree of control over these areas and how they chose to act and speak. Now they have lost these abilities and may only regain some control through compensatory strategies, if at all.

HOW TO CONVINCING OTHERS

How does a survivor convince skeptical family or friends that they do have a brain injury? Trying to discuss the issue is often difficult. Family members are often resentful if they have been coping with some of the more unpleasant sides of a brain injury, such as anger or self centeredness. Discussions can break down into recriminations and the brain injury can be seen as a weak excuse for inappropriate behavior.

Families often come to an understanding of acquired brain injury through simply reading about it. Previously their ideas may have been based on what they had seen in movies—a person is knocked briefly unconscious, forgets who they are, their memory is restored by another bump to the head, then they are fine again.

There is a wealth of medical research and information showing that even in cases where people were not



An acquired brain injury can have a devastating impact not only for the person who acquires it but also their family and friends. It can dramatically affect memory, motivation, personality, mood, senses, self awareness and behaviour, yet often the person will appear unchanged physically. The “invisible” nature of ABI means that diagnosis, treatment and support may not be given when it is needed most.

unconscious, they may face lifelong difficulties with short-term memory, emotional instability and a wide range of other effects—a far cry from the instant recovery portrayed by Hollywood.

ONGOING PHYSICAL ISSUES

Unfortunately, survivors of a brain injury are often left with much more than life-long cognitive effects such as susceptibility to stress, inability to work, memory problems and extreme fatigue. Traumatic brain injury often leaves lasting effects in terms of musculoskeletal problems, migraines, auditory and visual disabilities and neuroendocrine disorders. Insurance companies and generic rehabilitation services are often unaware of the frequently ongoing nature of deficits from traumatic brain injury and that a 'return to normal health' does not occur in the majority of cases. In some cases survivors need to take legal action to obtain the rehabilitation and support that their insurance guarantees.

There is a public perception that legal compensation payouts are often very large; but such multi-million dollar awards take into account that the person will need cognitive and physical therapy or support for the rest of their lives.

WHAT ABOUT THE ULTIMATE SCEPTICS?

Some people may refuse to believe a brain injury exists unless there is firm

medical proof. Usually a moderate to severe brain injury leaves scarring that will clearly show on MRI or CAT scans. The brain does have a limited ability to heal itself, and in milder cases, a scan conducted years or even months after the injury may no longer show evidence, although the cognitive deficits remain.

There is also diffuse brain injury, where the damage occurs at a microscopic level throughout the brain, and will not show on scans despite the huge impact it can have.

In these latter cases a neuron-psychological assessment is used to identify a brain injury, its effects and the strategies needed for rehabilitation. Testing includes a variety of different methods for evaluating areas such as attention span, memory, language, new learning, spatial perception, problem solving, social judgment, motor abilities and sensory awareness.

These tests can be quite expensive. Universities offering programs in neuropsychology often provide evaluations at low cost or on a sliding scale as part of their student training.

It is no wonder that brain injury survivors get discouraged when others won't accept that they have this disability, and the survivors have to face criticism instead of support.

source: www.biaq.com.au/facts.htm, edited and reprinted with the permission of BIAQ.

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It's Movie Time Hollywood on Brain Injury



Finding Nemo

Ellen DeGeneres, Albert Brooks, Alexander Gould, Willem Dafoe, Geoffrey Rush, Brad Garrett, and Barry Humphries

What incredible color, indeed! The scenery under the sea, in this animated film, appears as magical as a dream. The story of *Finding Nemo* is based on the adventures of a clown fish named Nemo, born with an undersized fin. Nemo's father, Marlin, is overly protective of him because Nemo is all he has. Nemo's mother and all of the other little fishy eggs were lost to a barracuda. When Nemo goes off to his first day of school, his father warns him to stick close to his teacher and never to venture into the drop-off point beyond the reef because this is where danger lurks! Of course, being a little fishy and knowing that "nothing can happen to me because I am invincible," he swims off and is captured by a scuba diver looking for an exotic fish for his niece's birthday.

Nemo's father, Marlin, is devastated! He sets off on a journey to Sydney, Australia to find his son. Along the way he encounters a bright, blue fish named Dory who has short-term memory problems. She reintroduces herself, forgets where she is going, and at one point, thinks that Marlin is stalking her. When Marlin asks her, "What is wrong with you?" she says, "I was born this way, I think."

The two get into all kinds of trouble. At one point, they encounter three sharks who are members of the "Fish are our Friends Not our Food" club (a take-off on the AA concept). What a giggle that was! Dory, with her flighty, innocent personality keeps you laughing in even the most dangerous situations.

Along the way, Marlin inadvertently gives Dory a memory strategy (in the form of your basic repetition) that helps them to eventually make their way to Sydney, Australia. They find a snorkel mask from the diver that captured Nemo. The mask has an address on it

for a location in Sydney. Marlin has Dory repeat this address over and over until you almost want to scream, "STOP!" Guess what? She remembers the address and she herself is amazed.

There are all kinds of wonderful, clever creatures along the way. This movie is very well done from the scenery to the voices that were chosen to speak for the characters. From the perspective of reality and memory loss, this comical film has a sense of realism. For example, Dory and Marlin go their separate ways because they believe that Nemo has met his maker. Dory encounters the very real, very alive little Nemo, but of course, she has no clue who he is due to her memory deficit. But, by using her memory strategies that she has learned along the journey, she is able to piece together Nemo's name and the fact that he is looking for his father. She then comes to the delightful conclusion that Marlin and Nemo are the reason that she is swimming in the ocean near Sydney and sets out with Nemo to reunite him with his father.

This cute animated movie has some valuable lessons for both young and old. When you employ strategies, rely on each other, and work hard to achieve your goals, the rewards may be big in the end.

While You Were Sleeping

Sandra Bullock, Peter Gallagher, Peter Boyle, Glynis Johns, Bill Pullman

In true Hollywood style, *While You Were Sleeping* is a movie about a lonely, Chicago subway ticket-taker named Lucy. She is head-over-heels in love with a man (Peter) who frequents the station on his daily commute. She talks about him and dreams about how her life would be with him in it. He doesn't even know that she exists! Then one Christmas Day he speaks to her and she is so shocked she cannot even respond! In the next instant he is mugged and thrown onto the tracks. You guessed it: Lucy pulls him from the tracks and saves him from the

train that is barreling down on the station. Peter is taken to the hospital and Lucy tries to figure out a way to get in to see him (family only). A nurse in the Emergency Room overhears her say, "I was going to marry you," and makes the assumption that Lucy is Peter's fiancé. The nurse then tells the family that his fiancé is by his side, which as you can imagine sends his family into a frenzy.

The problem comes in when Lucy begins to fall in love with Peter's brother. She is "engaged" to a man who doesn't even know her, but has become so attached to the entire family that she cannot bring herself to tell them the truth. Along the way, Peter's godfather figures out the real deal but keeps the secret because he knows that Lucy is one of the best things that has happened to this family in a long time. In fact, when Peter finally wakes from his "movie coma" (I might add with absolutely no cognitive impairment, etc.), his godfather convinces him that he has amnesia and that Lucy is, indeed, his fiancé.

If you are looking for an education on "fairytale coma" this is your flick. Better to watch it because it is a cute, lighthearted, romantic comedy than to expect the realistic sequence of events following a serious brain injury.



Something about this place sucks the brain right out of you.

Brain Injury in the News

Oregon Insurance Company Denies Payment to Car Accident Head Injury and Coma Victim

After receiving a severe head injury that left her in a coma, Ethel Adams was refused uninsured motorist insurance benefits from her Oregon insurance company. Thankfully, the state insurance commissioner stepped in and told the Oregon insurer, pay or face legal action by the State. The insurance commissioner is quoted as saying to the insurance company, "It's not a question if you pay Ethel Adams, but when"

Ethel was a passenger in a car that was hit head on by a truck that crossed the center line of the roadway after deliberately being rear ended by a boyfriend's vehicle. The insurance company said that the act of the boyfriend was

intentional and therefore they did not have to pay compensation to the victim who was in a coma for nine days and in a hospital and rehabilitation center for five months. The insurance commissioner called the insurance company argument "ridiculous".

More people who are denied insurance benefits for their head injuries may be using this as an example of the need to file complaints with the their state's insurance department when they are denied benefits for their automobile accidents and the injuries they sustain. For the full story see:http://seattletimes.nwsources.com/html/calnews/2002569740_danny19.html

New CDC Fact Sheet on TBI

A new Traumatic Brain Injury fact sheet has been released by the Centers for Disease Control (see pg. 6). The fact sheet contains useful definitions of brain trauma that can be successfully used by lawyers handling brain damage cases to prove that even "mild" insults to the brain and events that did not result in a loss of consciousness still can produce a TBI with permanent problems to the victim.

The TBI Fact Sheet defines traumatic brain injury as a "blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in a TBI. The severity of such an injury may range from

"mild", i.e., a brief change in mental status or consciousness to "severe," i.e. an extended period of unconsciousness or amnesia. A TBI can result in short term or long term problems with independent function"

Look at what the CDC says are the long term consequences of TBI. "TBI can cause a wide range of functional changes affecting thinking, sensation, language and/or emotions. It can cause epilepsy and increase the risk for conditions such as Alzheimer's disease, Parkinson's disease, and other brain disorders that become more prevalent with age."

<http://www.cdc.gov/doc.do/id/0900f3ec8031534c>

Imagine What Your Gift Can Do.

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

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Oregon Brain Injury Support Groups

Bend

CENTRAL OREGON SUPPORT GROUP

2nd Saturday 10:30am to 12:00 noon
St. Charles Medical Center
2500 NE Neff Rd, Bend 97701
Rehab Conference Room, Lower Level
Amy King, 541-382-5882
amyk@cohospise.org

Brookings

BRAIN INJURY GROUP (BIG)

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

Cottage Grove

BIG II (Brain Injury Group II)

every Thursday 11 a.m. to 12:30 p.m.
the Jefferson Park Recreation Room
325 S. Fifth St, Cottage Grove
For directions and information,
Anna, 767-0845.

Corvallis

STROKE & BRAIN INJURY SUPPORT GROUP

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

Eugene (2)

COMMUNITY REHABILITATION SERVICE OF OREGON

2nd Tuesday 7:00 to 8:30 pm
Central Presbyterian Church
15th & Patterson, Eugene, OR. 97401
Call for Information
Jan Johnson, (541) 342-1980
comrehabjan@aol.com

BIG (BRAIN INJURY GROUP)

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

Hillsboro (2)

HELP

(Help Each Other Live Positively)

4th Saturday - 1:00-3:00 pm
TBI Survivor self-help group

(Odd months)

TBI Family & Spousal (Even Months)
Cognitive Enhancement Center
982 Naomi Court, Hillsboro, OR 97124
Brad Loftis, (503) 547-8788
bcmuse2002@yahoo.com

Klamath Falls

SPOKES UNLIMITED TBI GROUP

4th Friday 3:00pm to 4:30pm
415 Main Street
Klamath Falls, OR 97601
Dawn Lytle, (541) 883-7547
sustaff@cdsnet.net

Lebanon

BRAIN INJURY SUPPORT GROUP OF LEBANON

1st Thursday 6:30 pm
Lebanon Community Hospital
525 North Santiam Hwy, Lebanon, OR 97355
Conf Rm #6
Lisa Stoffey 541-752-0816
or Mary Bergeman, 541-367-8344
lstoffey@aol.com

Medford

TURNING POINT

3rd Tuesday 4:00pm-5:00pm
Call for More Information
Pam Ogden, (541) 776-3427
PAM@sogoodwill.org

Newport

BRAIN INJURY SUPPORT GROUP OF NEWPORT

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

Pendleton

Inactive at this time.

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

Portland (9)

BRAINSTORMERS I

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

BIRC Alumni Support Group

Last Tuesday of every odd month
1815 SW Marlow, Ste 110, Portland, 97211
Contact Doug Peterson for additional information
503-292-0765 or doug@progrehab.com

BRAINSTORMERS II

3rd Saturday 10:00am-12:00noon
Survivor self-help group
Emanuel Hospital, M.O.B.-West
2801 N Gantenbein, Portland, 97227
Northeast Portland
Steve Wright (503) 413-7707
biaor@biaoregon.org

CROSSROADS (Brain Injury Discussion Group)

2nd and 4th Friday, 1-3 pm
Independent Living Resources
2410 SE 11th, Portland, OR 97214
Southeast Portland
Darian Hartman, 503-232-7411
ilr_darian@hotmail.com

FAMILY & SPOUSAL SUPPORT GROUP

Starting January 2006
3rd Saturday 1:00 pm-2:00 pm
Self-help and support group
Emanuel Hospital, M.O.B.-West
2801 N Gantenbein, Portland, 97227
Northeast Portland
Jean Ellen Herzegh (503) 413-1134
jeanellen@comcast.net

FARADAY CLUB

Must be pre-registered -1st Saturday 1:00-2:30pm

Peer self-help group for professionals
with brain injury
Emanuel Hospital, Rm. 1035
2801 N Gantenbein, Portland, 97227
Northeast Portland
Arvid Lonseth, (503) 680-2251 (pager)
alonseth@pacifier.com

TBI CLUB

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

HANDLING STRESS AND ANGER

This group will meet once a month to learn
methods of stress reduction and to explore ways of
lessening impulsive anger.
2145 NW Overton St
Portland OR 97210
503-413-7707

PARENTS OF CHILDREN WITH BRAIN INJURY

This group will meet once a month, and will be a
self-help support group.
2145 NW Overton St
Portland OR 97210
503-413-7707

Roseburg

UMPQUA VALLEY DISABILITIES NETWORK

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

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

SALEM SOCIAL CLUB
 6:30pm - 8:30pm
 2nd Wednesday
 Residential Alternative Housing
 3005 Windsor Ave. NE, Salem, OR 97301
 Pam Olson, (503) 588-7594
 p-olson@comcast.net

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

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 503-413-7707 or biaor@biaoregon.org. Thank you.

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The Brain Injury Association of Oregon relies on your membership dues and donations to operate our special projects and to assist families and survivors. Many of you who receive this newsletter are not yet members of BIAOR. If you have not yet joined, we urge you to do so. It is important that people with brain injuries, their families and the professionals in the field all work together to develop and keep updated on appropriate services. Professionals: become a member of our Resource Referral Service. 2005 dues notices will be mailed this month. Please remember that we cannot do this without your help.

Your membership is vitally important when we are talking to our legislators. For further information, please call 503-413-7707 or 1-800-544-5243 or email biaor@biaoregon.org.

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Website: www.biaoregon.org

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