



The Newsletter of the Brain Injury Alliance of Oregon

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## THE COST OF Traumatic Brain Injury

**1.7 million**  
PEOPLE EACH YEAR  
seek medical care  
for TBI in the U.S.

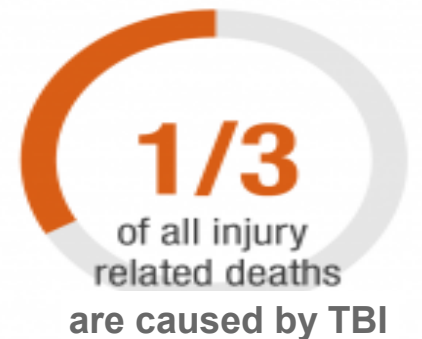
### TOP 4 CAUSES OF TBI

1. Falls - **35.2%**
2. Motor vehicle –  
traffic - **17.3%**
3. Struck by/against  
events - **16.5%**
4. Assaults - **10%**

### TBI COSTS

Indirect and direct  
medical costs

**\$77 billion**  
yearly in the U.S.



THE NIH HAS AWARDED **\$18.8 million**  
over 5 years to U.S. researchers in an international collaboration.

**MORE THAN 63**  
Institutions worldwide are  
participating in the international  
consortium to fight TBI.

**INTERNATIONALLY**  
more than  
**8,000** patients  
will be enrolled in  
studies as part of the  
consortium research.



Source: UCSF and Centers for Disease Control and Prevention

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**Headliner DEADLINES**

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

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# Remembering Those Who Have Passed



It is with great sadness that we say goodbye to two of our strongest supporters: Wally Walsh and Senator Alan Bates, DO.



Wallace J. "Wally" Walsh passed away on August 11, 2016. He was born on February 18, 1932 to Wallace and Pauline Walsh in Longview, WA who owned a sawmill in Ryderwood, WA. 1972 brought about a career change

when he entered into the healthcare field when he and wife, Donna, came to Snohomish and transitioned the Delta Rehabilitation Center from a stoic nursing home into a happier and brighter Snohomish Chalet. This started a path that saw him fight long and hard for those that were

handicapped or differently abled. One of his first accomplishments in the health field was to play and instrumental role in creating the Washington Healthcare Association, designed to represent and support all long term care in the State.

In 1975 his son, Michael, was severely brain injured in a motor vehicle accident; this led to the creation of the unique "Brain Injury" program at the Chalet. The momentum from this program became an important step in the formation of the Washington Brain Injury Association and the National Brain Injury Association. These organizations are instrumental to providing references to information and services for family members that have a loved one who has experienced brain injury.



Sen. Alan Bates, D -Medford, died on August 5, 2016 at the age of 71 while fly fishing with his son.

Senator Bates was a Vietnam War veteran and primary care physician who maintained a family practice for more than 30

years, and was chief of medicine at two Southern Oregon hospitals, and a major supporter of brain injury legislation moved by BIAOR.

He was elected to the state House of Representatives in 2000 and the state Senate in

2004. In his time as a legislator, Senator Bates was known for bringing people together, and for being a policy expert on health care, education, the environment and the state budget.

As a legislator, Dr. Bates focused on health care. In the past several years, he passed a bill that enabled autism patients to receive insurance coverage for applied behavior analysis and legislation that directed state authorities to create a standard prior authorization form for prescriptions.

"Alan was a close friend, a statesman, and a doctor who was deeply committed to ensuring that every Oregonian had access to health care," Oregon Gov. Kate Brown said in a statement. "He left an indelible impression on Oregon, and I will miss him forever."

Both Wally and Alan will be deeply missed.

*Sherry Stock*

Sherry Stock, MS, CBIST  
 BIAOR Executive Director

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

## Names in Bold are BIAOR Board members

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-5520

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-STEP

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**Summer Sudoku**

The object is to insert the numbers in the boxes to satisfy only one condition: each row, column and 3 x 3 box must contain the digits 1 through 9 exactly once. (Answer on page 23)

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

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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 week I had the great pleasure of meeting with Teresia Hazen, a registered horticultural therapist who works at Legacy Good Samaritan Medical Center in Portland. We met at the Oregon Burn Center Garden located on the Legacy Emanuel hospital grounds where I was invited to attend a garden tour. While the garden is named for and focuses on helping burn survivors through their recoveries, it is also open and available for all patients, including brain injury survivors, to enjoy.

I have been an outdoor enthusiast for my entire life and some of my earliest and fondest memories are camping and backpacking with my dad in the open areas a short distance from where I grew up. From those humble camping trips I have been fortunate to have spent many incredible days and nights hiking and backpacking through some of the most beautiful and relaxing wilderness areas on the planet. In doing so, I am in the company of some great individuals, one being Ralph Waldo Emerson.

Emmerson is rightly considered one of the fathers of the transcendentalist movement and his writings on the benefits of spending time in outdoors and appreciating nature for the beauty and serenity it affords have influenced millions of Americans over the past one hundred and fifty years to get out and explore the wilderness. Henry David Thoreau followed Emmerson's lead and spent time on Walden Pond to significant effect. John Muir and

Theodore Roosevelt built upon Emmerson's advice and worked to protect some of the world's most iconic landscapes. All of these visionary leaders were inspired by the peace and serenity they experienced while immersed in natural landscapes.

So, it is no surprise that there is a positive correlation between a tbi survivor spending time in a natural setting and that survivor's ability to better cope with the struggles of recovering from a brain injury. The good professionals at Legacy know this and they have made great strides in providing natural areas for their patients to rest and recover. The Legacy Burn Garden at Emanuel Hospital is just such a place.

Teresia Hazen understands this well and she was kind enough to explain to me some of the benefits associated with spending time in such a garden setting. Before I explain those benefits, I should point out a couple of things that tie horticultural therapy into the law.

Lawyers know that one characteristic that truly impresses a jury asked to decide a tbi survivor's case is the attitude expressed by the survivor. We all respond best to a person who exudes hope: hope for their recovery and hope for a better tomorrow. Whenever I can demonstrate a survivor's desire for and action toward a hopeful future I know I have a better chance of prevailing in any given case.

Horticultural therapy's benefits are well noted. Teresia provided me with a handout identifying some of those

benefits including the following: Green spaces

encourage physical activity and foster a greater positive effect on mental health than indoor settings. Exposure to a natural environment fosters psychological well-being and can reduce stress. One study found that higher levels of exposure to green spaces were associated with significantly lower levels of symptoms for depression and anxiety. Finally, people with access to nearby natural settings have been found to be healthier than individuals who don't.

In other words, if a brain injury survivor has access to a green area (such as the Legacy Burn Garden) and visits that area, that survivor will likely benefit from those visits in ways that demonstrate hope for the future.

We, in Oregon, are blessed with a cornucopia of natural settings and we in the tbi survivor community should do all we can to encourage survivors to get out and experience nature wherever and whenever they can. The Emmanuel Burn Garden is just such a place and people like Teresia are there to ensure that the garden provides as much benefit to as many people as possible. As Emmerson so wisely noted, "the beauty of nature reforms itself in the mind." That beauty is there for all of us to experience and is as close as a hidden garden at Emanuel Hospital on North Gantenbein Avenue.

*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.*

# Nasal Specifics: A Case Study

By Dr. George Siegfried



**Patient:** Brandy Estoos, 32 yr. old female

**Chief Complaints:** Trouble getting to sleep, sleeping, fatigue, constant daily headaches that would “put her down for days at a time”, neck pain, lite sensitive, ears ringing, pressure in the ears, “foggy brain”, balance issues, bad short term memory, severe weight gain, hearing off, 4 miscarriages since incident.

**History:** Attacked and beaten unconscious with a baseball bat by a shoplifter. Concussion and TBI. Off work 7 months. BIRC in Portland helped some cognitive issues but not pain. It helped her to return to

work. Regular chiropractic care also helped her pain a little. Other treatment included cranio-sacral, and massage.

**Bilateral Nasal Specifics Treatment:** After first visit, slept really well, fewer headaches, less pain. After 2<sup>nd</sup> treatment no headache for 4 days, overall headache lower grade, thinking more clearly, more energy. After 3<sup>rd</sup> treatment, brain less foggy, ringing in ears gone, better energy, better sleep, fewer headaches, no headache for 5 days. Memory still off. 4<sup>th</sup> Treatment (6/10/16), better still until altitude change from driving over Mt. Hood and then frontal sinus pain, ears ringing again. Felt better again after 5<sup>th</sup>

treatment. Treatment to continue on PRN basis as she lives 2-3 hours from clinic.

As of 7/20/16: Overall better since starting Bilateral Nasal Specifics with me. Still room for improvement. Good days, bad days. If closer, would come more often. Distance is an issue. Still please with progress.

Dr. Siegfried's office is located in McMinnville/Portland, Oregon, 503-472-6550, [www.nasalspecifics.com](http://www.nasalspecifics.com)

Expert in Bilateral Nasal Specifics Treatment, having studied over 1,000 hours with the developer of the technique in the Northwest

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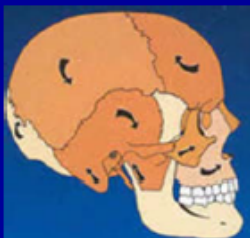


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# ***A CASE STUDY OF JOHN TAYLOR: RECOVERY IS POSSIBLE BY ROLF GAINER, PHD***

## ***A Case Study of John Taylor: Recovery is Possible***

For over thirty years, the Neurologic Rehabilitation Institute at Brookhaven Hospital (NRI) in Tulsa, Oklahoma has offered a unique rehabilitation resource for the person living with a brain injury who also has mental health, substance abuse and neurobehavioral problems. Treatment at NRI is best described by the stories of the people we serve. Through their experiences following their brain injury, rehabilitation in the NRI programs and the results they experienced you will have a better understanding of the issues they faced and how the NRI program helped them achieve their goals towards independence.

John came to the Neurologic Rehabilitation Institute (NRI) at Brookhaven Hospital in October of 2014 after suffering a traumatic brain injury in July 2013. John was an athlete, former U.S. Marine, and an undefeated mixed martial arts athlete prior to his injury. He sustained his brain injury after being assaulted while attending a concert in Iowa. The assault resulted in an intracerebral hemorrhage, subarachnoid hemorrhage, subdural hematoma, and diffuse axonal injury. Immediately following his injury John was in a coma and suffered from paraparesis. After the coma, John displayed severe expressive and receptive

language deficits, short-term memory loss, poor impulse control, and incontinence. John also presented neurobehavioral issues such as: increased agitation, verbal and physical aggression, property destruction, self-harm and sexually inappropriate behaviors. John's frequent issues with non-compliance affected both his treatment and medications. Prior to his admission to NRI many of his therapy sessions ended early due to increasing agitation and aggression. John had been placed in several facilities and programs prior to his admission to NRI due to his extreme behavioral issues.

John needed treatment addressing his communication deficits, cognitive functioning, physical mobility, incontinence, and aggressive behaviors. At admission John presented with receptive and expressive language deficits. His speech was characteristically underproductive and disorganized. He used short word responses that were slowed and slurred. John's cognitive functioning; especially his memory, concentration, and orientation were severely impaired. John was confined to a wheelchair and needed physical therapy in hopes of regaining the ability to walk. He also needed help to regain independence in toileting. He had been incontinent since

*(Continued on page 9)*



**NRI** NEUROLOGIC  
REHABILITATION  
INSTITUTE AT  
BROOKHAVEN HOSPITAL

(Continued from page 8)

his injury and this problem was a frequent contributor to his physical and verbal aggression, physically attacks and verbal outbursts at those who tried to help him. John's frustration over his inability to conduct activities of daily living (ADL's), navigating his wheelchair, and follow directives from others were events that were identified as the cause of his agitation and a factor in his physical and verbal aggression.

During his stay at NRI, John showed marked improvement in all areas of his functions. John's speech, though still difficult to understand, became more organized and goal-directed. He would respond appropriately and in-context, demonstrating relatively logical purposeful speech. Cognitively he regained orientation to time, place, and situation. Upon arrival to NRI he was unable to access memory recall, sometimes even struggling to remember the names of family members. John can now accurately participate in memory recall and trivia games, demonstrating the capacity to consistently recall information. John has also made steady progress in his physical conditioning, recently regaining the ability to stand and walk. John also worked towards independence in toileting and is making strides to become more self-sufficient in his ADL's, demonstrating the ability to notify others of his need to use the bathroom.

John's behaviors, mood, and attitude transformed considerably while at NRI. He was described as presenting a flat or blunted affect upon arrival. Now he is described as having a full, euthymic, and bright affect. He is now compliant with his treatment and medications, cooperating with the NRI staff members who work with him on a daily basis. He continues to show some cognitive deficits, but has been demonstrating improved judgment and the ability to control his agitation. His periodic lapses in impulse control are

followed by a repentant attitude with obvious evidence of embarrassment over his loss of self-control. John has become a pleasant young man, focused on the goal of regaining his independence in life and reuniting with his family.

Many people don't realize that there is hope for recovery for an individual with brain injury, despite the many passing years since their initial injury. There are many barriers along the path to getting the necessary individualized treatment, and it often takes a strong advocate working on behalf of the brain injury survivor. In this case, it was the individual's mother who tirelessly reached out to several organizations before eventually going to the press about her adult child's desperate need for specialized brain injury rehabilitation. At NRI at Brookhaven Hospital, the individuals we serve receive individualized treatment providing the tools to be able to participate in life once again. Therapy and medication successfully

addressed the depressive symptoms and other problems related to their brain injury. Of course, our patient's journey doesn't end with their discharge from NRI, but great strides can be made and a foundation set for continued treatment at the outpatient level in the person's home community. Our patient, John, continues to make improvements and reports getting better every day.

To read another story of a person living with brain injury and his dramatic return to parenting his children and returning home. go to: <http://www.traumaticbraininjury.net/a-day-at-the-pool-what-successful-brain-injury-rehabilitation-looks-like/>

If you are interested in learning more about NRI at Brookhaven Hospital, feel free to call us at 888.298.HOPE (4673) or explore our website at [TraumaticBrainInjury.net](http://TraumaticBrainInjury.net).

**Rolf Gainer, Ph.D., Diplomate ABDA**, is the founder and Chief Executive Officer of the Neurologic Rehabilitation Institute of Ontario (Canada), and serves as the Chief Executive Officer at Brookhaven Hospital as well as the Vice President of Rehabilitation Institutes of America. Dr. Gainer has been involved in the design and operation of brain injury rehabilitation and treatment programs since 1978. He has a PhD in Clinical Psychology from Union University and a MEd in Counseling Psychology from Antioch University. He has published numerous articles on brain injury rehabilitation and mental health topics and has presented at many national and international conferences. He is involved in three outcome research projects related to social role return and lifespan considerations for individuals with traumatic brain injury.

Dr. Rolf B. Gainer was invited to serve on the panel of distinguished authors for The Essential Brain Injury Guide, Edition 5.0 released by the Brain Injury Association of America. Dr. Gainer's chapter on the "Psychosocial Complications of Brain Injury" addresses the psychiatric and neurobehavioral problems which can occur for individuals with brain injuries. The Essential Brain Injury Guide, Edition 5.0, a comprehensive brain injury training manual, is used in the Academy of Certified Brain Injury Specialist training programs and in other settings.

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**Aristotle**

"All human actions have one or more of these seven causes: chance, nature, compulsions, habit, reason, passion, desire."



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# The Losses After a Brain Injury

Brain injuries, even those classified as “mild” traumatic brain injuries (mTBI), can have significant short and long-term impacts on the injured person’s life and the lives of their loved ones.

It is completely normal and healthy to find yourself grieving after you or someone you are close to suffers from a brain injury. Grief and mourning are natural, important emotions. It is how we heal and are able to move forward after a loss. We grieve after events such as death, divorce, illness/injury, the loss of a job, the end of a relationship, or the loss of abilities, or even life transitions. Therefore, it is expected that you will go through a process of grieving after your brain injury. Your family members and friends will also go through a period of grieving, as they adjust to the changes in you.

Brain injuries come with many losses. The person with the injury may have difficulties with day-to-day activities, a change in personality, or an inability to handle the demands of work. The challenges and changes can alter lifestyle, physical abilities, emotional capacity, financial independence, and social interactions. Grief is a common way to respond to these major changes and losses.

Although grief is different for everyone, some of the emotions you may experience include:

- Shock
- Numbness
- Disbelief
- Disorganization
- Confusion
- Anxiety
- Guilt
- Anger
- Regret
- Panic
- Fear
- Emptiness
- Sadness
- Searching for meaning

While grieving, you must not push yourself to move on faster than you are ready. You are not overreacting – your loss is real. Be fair to yourself and take the time to heal by allowing yourself to grieve.

Everyone grieves in their own way, so there is no right or wrong way. It is a sad, scary, lonely and confusing time for the whole family. Unfortunately, without help many relationships do not survive, so it is important to get help as soon as possible.

There are several losses you may be facing

since your injury, such as:

- Loss of your abilities – physical, cognitive, emotional and social
- Loss of your current lifestyle
- Loss of roles and relationships – your role as husband, brother, mother, employee, community member etc.
- Loss of your self-image and sense of who you are
- Loss of hopes and plans for the future

Feelings of grief can be very strong and intense. They can be confusing, conflicting and overwhelming. They can change quickly, and they are often unpredictable. The good news is that eventually the feelings sort themselves out, and you will come to a point of new understanding and acceptance. The amount of time this takes is different for everybody, but it is not unusual for it to take many months, and sometimes more.

Here is an outline of the different stages of emotions you may feel. They do not come in any particular order, and you may experience them over and over again.

*(Losses After Brain Injury Continued on page 12)*

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**Denial**

– This is usually the first reaction to loss. It is the brain’s way of protecting you from something that seems just too painful to bear. It will gradually go away as you work through your feelings.

**Anger**

– Anger includes blame, guilt, envy and resentment. It is a very common response because your injury feels so unfair. Most people are asking “Why me?” You may find yourself looking for blame – the person who caused the accident, the medical system, your family, fate or God. You may be blaming yourself, which is the source of guilt. You may be angry at others who are not injured. Your anger may be realistic, or totally distorted, but it will gradually lessen and disappear.

**Bargaining**

– Many people find themselves bargaining, often to a God or a perceived higher power. You may say things like “I would give up....

so I could be normal again”, “If only I could go back in time and change....”, “If I promise to God to do.....maybe He would make me whole again”.

**Depression**

– It is expected that you will feel sad, lonely and discouraged. You may isolate yourself from others in your self-pity, or you may talk about the situation over and over to anyone who will listen. You may feel overwhelmed with fear, panic or confusion, like you are going crazy. You may feel that the future is hopeless, and that life is not worth living. You will likely cry a lot, perhaps with screaming or wailing at times. This is all normal, and it will all fade eventually.

**Acceptance and Hope**

– Finally you will get to the point where you can accept what has happened to you, and be okay with it. Your memories of the past will be less painful, and you will be able to look to the future with hope. Many people talk about developing and accepting a “new me”, and letting go of the “old me”, with

some even saying they like the “new me” better. Many people also say that they have a new appreciation of life, and the things that are truly important. They have found a place for themselves in the world, and feel they have something valuable to offer. You may not believe this now, but you will get there.

**Strategies for Grieving:**

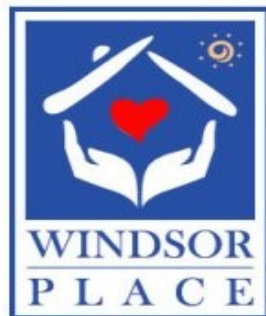
- Get your feelings out in the open. Otherwise they will fester inside and destroy you.
- Talk to people who have “been there”. These are the people who will best understand what you are going through, and who can offer tips.
- Write your feelings in a journal.
- Make sure that you, your family, and your friends all listen to each other. Everybody needs support at this time, and feelings should not be judged, as there is no right or wrong way for people feel when they are grieving.
- Look after your health and your body’s



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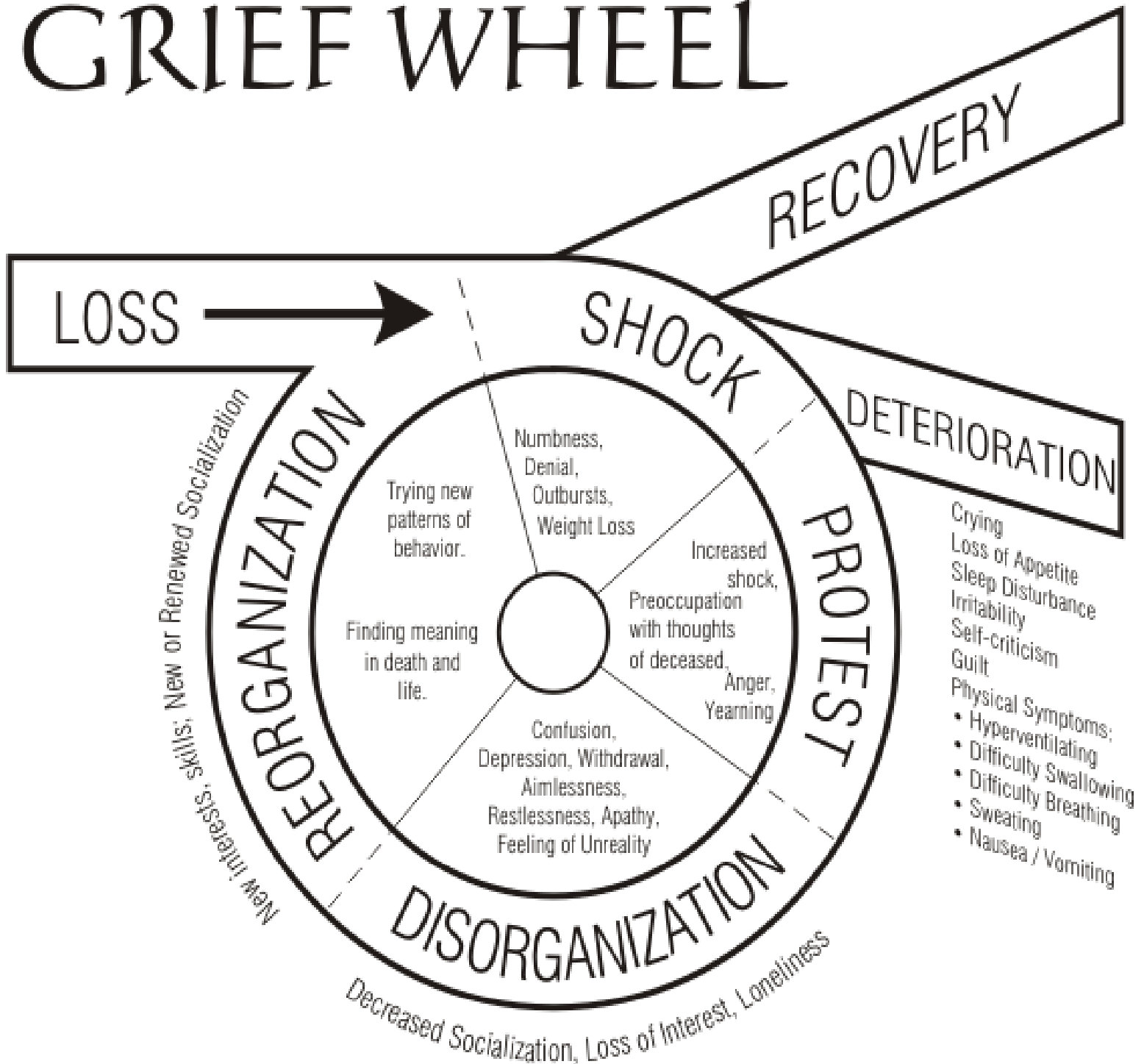
(Music Continued from page 12)

needs. Postpone major decisions. Get a lot of rest.

- Spoil yourself with things that are special to you – bubble bath, favorite activities, etc.
- Learn all that you can about your brain injury, and what you can do to help yourself. This will give you back a sense of control.
- Live one day at a time – this can be a life saver. Trying to fix your entire future is too overwhelming.

Sources: How to Cope with Grief after Brain Injury By Roger Foisy; Grieving After Brain Injury <http://nbia.ca/coping-grief/>

# GRIEF WHEEL



## BIAOR by the Numbers

BIAOR's Fiscal Year runs from July 1-June 30.

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#### Referrals to Research Projects

**We can't do this alone, please send in your membership dues today or donations.**

**See page 22 for a membership form**

## 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](mailto:biaor@biaoregon.org). See page 22 to sign up.

## Vehicle Donations



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



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- And more!

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

# Behavioral and Emotional Issues After Brain Injury

Individuals who have had a TBI often experience changes in behavior as well as emotional difficulties.

- Common behavior changes include frustration, impulsivity, less effective social skills, and impaired self-awareness.
- Frequently experienced emotional difficulties include depression, anxiety, and mood swings.

Behavioral/Emotional issues can be due to the injury to the brain itself, and/or they may reflect the person's distress in adjusting to changes since the TBI.

There are many strategies that can be used by family members, friends, and those interacting with the injured person that can help lessen these difficulties. Additionally, treatment from healthcare providers (including therapy and medications) can be helpful.

## Quick Facts

- About one-half of persons with a TBI may experience depression in the year following TBI. <sup>1</sup>
- Risk factors for depression following TBI include prior history of depression, younger age at time of injury (18-29 years vs. >60 years), and lifetime alcohol dependence.
- Depression is associated with lowered quality of life in the first year following TBI.

## Behavioral & Emotional Consequences of TBI

Emotional and behavioral changes experienced by persons with TBI are often one of the more significant sources of difficulties and stress for the individual and his/her family. They also can have a substantial impact on performance in work and school settings.

## Personality changes

- Families often report that the

injured person's personality has changed.

- The individual may be seen as more or less outgoing, irritable, active, etc.
- The individual may demonstrate changes in interests (e.g., loss of interest in previously enjoyed activities).



## Anger/ Frustration

- Following a TBI, the injured person may be seen as "short tempered" and quick to get angry/frustrated.
- The injured person may seem less patient in general.
- A low tolerance for change can be noted.
- The person may have anger outbursts,

and may be more likely to become verbally or physically aggressive.

- Problems with frustration tolerance may be particularly notable in new situations and/or when the person is tired or stressed.

## Emotional distress

- Symptoms of depression and/or anxiety are not uncommon following TBI.
- They may directly result from changes to the brain.
- They may reflect problems adjusting to cognitive, physical, behavioral difficulties since the TBI.
- Symptoms experienced may be influenced by circumstances surrounding the injury.
- Anxiety may manifest in general nervousness or restlessness, or in panic attacks.
- Individuals may also experience fear/anxiety in situations related to the TBI (e.g., while riding in the car following a motor vehicle accident).
- Adaptation to change in the person's sense of self, or self-identity, can be a source of distress.

## Difficulties with Social Relationships

- Problems with skills associated with effective interpersonal communication

*(Behavioral Emotional Continued on page 16)*



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*(Behavioral Emotional Continued from page 15)*

may occur, including:

- Reciprocal interactions (e.g., taking turns in conversations, truly listening to other participants).
- Use of appropriate eye contact.
- Awareness of and respect for interpersonal space.
- Awareness and appropriate use of non-verbal communication skills (e.g., gestures, facial expressions, body language).
- Persons with TBI may have difficulties understanding nuances in social relationships.
- They may need to be told directly when a behavior is not appropriate rather than be expected to pick up on social cues designed to convey this.
- Following a TBI, individuals may be less sensitive to social norms and have less sensitivity to the feelings of others.
- They may use inappropriate language or behave in a socially unaccepted way at home and in public.

#### **Executive function difficulties**

- Reduced self-control and increased impulsivity may be seen.
- This can manifest in problems inhibiting automatic (sometime inappropriate) responses (e.g., non-tactful statements to others).
- Increased impulsivity in behaviors (e.g., increased tendency to engage in risk-taking) and decision-making (e.g., impulsive spending).
- Persons with TBI may have problems with judgment and reasoning.
- This may lead to increased suggestibility (ability to be led or influenced by others).
- Poor decision-making (e.g., related to managing finances) may occur.
- Decreased motivation and/or interest (apathy) may occur due to TBI.
- The injured person may not seem to be motivated to engage in activities.
- He/she may report plans to do things but then not follow

through.

- He/she may be less likely to speak unless spoken to.
- He/she may spend much of the day not engaged in activities (e.g., staying in bed late).

#### **Professional Treatment for Behavioral Emotional Issues**

Behavioral/emotional difficulties following a TBI may be best addressed by combining interventions by healthcare professionals with strategies used by the person with TBI and those interacting with him/her.

Physicians and Rehabilitation Psychologists/Neuropsychologists are two types of healthcare professional who can offer valuable interventions.

#### **Physicians**

- Significant behavioral/emotional difficulties may respond to medications in combination with behavior-based interventions and strategies.
- Psychiatrists and/or psychiatrists experienced in treatment of TBI may recommend medications for reducing agitation/anger, depression, emotional lability.

#### **Rehabilitation Psychologists/ Neuropsychologists**

- In addition to assessment of cognitive and behavioral functioning, these providers offer therapy services to persons with TBI and other affected individuals (e.g., family members).
- Goals of therapy can include:
- Identification of specific strategies to

manage behavioral changes from TBI.

- Anger management, impulse control strategies
- Emotional lability
- Reduced motivation/apathy
- Help with psychological adjustment to changes in functioning caused by the TBI.
- Address lowered self-esteem secondary to TBI-related difficulties.
- Provide specific strategies for managing depressed mood, anxiety.
- Assist with adjustment to changes in family roles that can occur after a TBI (e.g., if parent with TBI now requires help from the child in doing daily activities).

#### **Management Strategies for Behavioral Emotional Issues**

Treatment from healthcare professionals plays an important role in helping address behavioral/emotional issues in persons with TBI, whether they are having a modest or significant impact on the person's functioning.

Importantly, if the affected person's emotional distress is high (e.g., there are concerns about potential for self-harm), professional help should be sought immediately.

In addition, there are many strategies that can be used by the person with TBI and those interacting with him/her that can have positive effects on behavioral/emotional functioning. Below are some specific strategies that can be used to address common behavioral/emotional difficulties following TBI. As with all strategies for changing human behavior, patience, consistency, and repetition in the use of these strategies are needed to obtain the best results.

#### **Anger/ Frustration Strategies for Others**

- When the person is angry, talk in a soothing manner.

*(Behavioral Emotional Continued on page 17)*



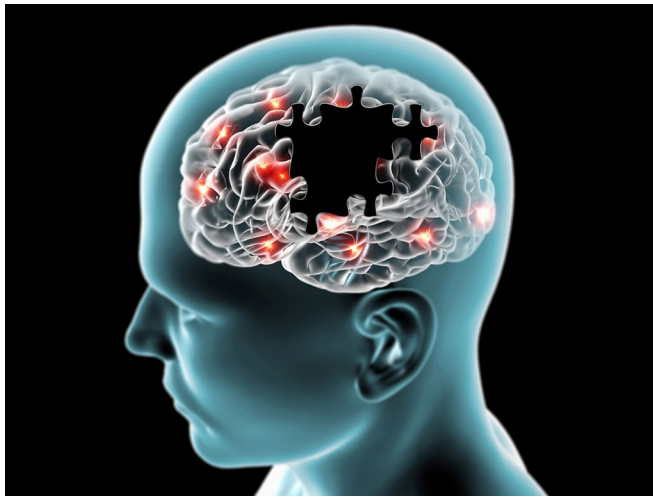
- Acknowledge the person's frustrations and help with problem-solving if possible.
- Try to distract the person and help turn his/her attention to something else if he/she is too upset to problem-solve effectively.
- Serve as a model by using effective anger management strategies.
- Be patient in the moment and persistent over time in helping the person manage his/her anger.
- DON'T try to reason with the person when he/she is at peak anger levels.
- DON'T criticize the individual if his/her strategies for managing anger don't work at first.

### Strategies for the Person with TBI

- Practice anger-management strategies before anger occurs.
- Learn to identify early signs of anger.
- Learn to identify situations ("triggers") that can lead to anger.
- Avoid triggers if possible, or learn and use anger-management strategies in those situations.
- Get help from family, friends, and others in efforts to learn and use anger-management strategies.
- Seek to include regular activity, hobbies, and other sources of enjoyment in one's life.

### Emotional Distress Strategies for Others

- If the person appears down, ask about his/her mood in an accepting, non-judgmental manner (acknowledging that it is OK to feel distressed).
- Try to help the person identify source of distress (e.g., is it related to transient issue, or does it reflect ongoing distress about situation, etc.).
- If the distress is related to specific issue, encourage and help the person to problem-solve regarding how to address the issue.
- Alternatively, try to distract the person if



the issue is not one that can be readily addressed.

- If distress is related to general sense of loss since the TBI, consider the following strategies:
- Acknowledge the person's sense of loss as a result of changes following the TBI.
- Provide honest but supportive feedback regarding changes observed (e.g., don't deny difficulties, but also be sure to highlight ongoing strengths).
- Support the person's efforts to develop new ideas about him/herself and what he/she may be able to do.
- Help to identify new goals (both short-term and long-term) and think of ways to achieve these goals.
- Ensure that the person has opportunities for positive experiences. This may include:
  - Spending time in settings the person enjoys (e.g., outside, in nature).
  - Gathering with supportive friends/family.
  - Engaging in activities the person enjoys (e.g., movies, etc.).
- DON'T criticize the person by making statements about differences in his/her behaviors/skills/etc. prior to the TBI.
- DON'T attempt to minimize or make light of the person's distress about perceived changes in self since the TBI.
- DON'T assume that the person is not aware of, and possibly distressed by, changes that others observe.

### Strategies for the Person with TBI

- Acknowledge and allow self to grieve

changes/losses that occurred since the TBI.

- Accept support/encouragement offered by others.
- Work to move from focusing on TBI-related difficulties to instead recognizing current strengths and abilities.
- Enlist the help of trusted family and friends in identifying strengths.
- Identify new, reasonable goals given strengths and weaknesses.
- Work with family members, friends, and healthcare providers (rehabilitation psychologist/ neuropsychologist ) to develop strategies to achieve these goals.
- In addition to striving for accomplishment, pursue hobbies and/or other sources of enjoyment.

### Emotional Lability Strategies for Others

- Work with the person with TBI to identify situations that are associated with emotional lability (e.g., frustration, fatigue).
- Use some basic strategies to de-escalate potentially problematic situations:
- Recognize early signs of increased emotionality.
- Use distraction to decrease focus on cause of emotional reaction.
- Encourage/help the person take a break from the situation associated with the emotional reaction (e.g., leaving the room and going to a safe, quiet place).
- When the person is emotionally labile, maintain an interactional style that is non-confrontational and soothing (e.g., speaking in a calm voice, with non-threatening body language).
- Acknowledge the person's distress and help with problem-solving if possible.
- During non-emotional times, help the person identify words that can be used to communicate with others about his/her emotions.
- DON'T engage in discussions/

arguments with the person when he/she is experiencing high levels of emotionality.

- DON'T further escalate the person's emotions by responding with intense emotions.
- DON'T try to reason with the individual during periods of high emotionality.

### Strategies for the Person with TBI

- Attend to early signs of emotionality.
- Be aware of factors that contribute to increased emotionality (e.g., fatigue, pain).
- Try to minimize exposure to situations that are associated with increased emotionality, particularly when at risk for increased emotionality (e.g., due to fatigue, pain, etc.).
- Use strategies to cope with high emotionality, including:
  - Using words to express emotions.
  - Removing self from the stress-inducing situation.
  - Using relaxation techniques (can be developed with the aid of psychologist).
- Enlist the help of trusted family member, friends, healthcare providers in developing strategies to manage emotional responses.

### Self-control/Impulsivity/Poor Judgment Strategies for Others

- Be aware of the relationship between TBI-related changes in brain functioning and increased impulsivity.
- Work with the person to identify triggers to impulsive behaviors (e.g., increased emotionality, influence of peers).
- Try to identify environmental changes that may help avoid triggers (e.g., minimize contact with peers having a negative influence).
- Develop a subtle signal (e.g., a hand gesture) to help the person



remember to stop and think before acting when questionable behaviors are occurring in social contexts.

- Use redirection as needed.
- When not in social situations, provide the person with non-judgmental feedback regarding the appropriateness of his/her behaviors/decisions.
- This may initially be tried while the behaviors are occurring. If the person responds poorly at that time, follow-up at a later time after his/her behaviors and emotions have stabilized.
- Balance encouraging independence with helping the person with TBI recognize his/her limits in decision-making.
- Talk with the person about "pros" and "cons" for decisions/behaviors. Help him/her to weigh the positive and negative aspects.
- Serve as a model by making important decisions in a thoughtful manner and including the person with TBI in the reasoning process.
- DON'T criticize the person for impulsive behaviors without providing constructive ideas about other ways to behave.
- DON'T compare past and current abilities.
- DON'T try to convince the person to change behaviors when his/her level of emotionality is high (use distraction and wait until the person is calm before addressing the issue).

### Strategies for the Person with TBI

- Identify triggers to impulsive behaviors with help of trusted others (e.g., family, friends, healthcare providers).
  - Develop strategies to reduce the likelihood of acting before considering consequences.
    - Have family members/friends give a signal to help with stopping and considering behaviors before acting further.

Accept feedback from trusted others (e.g., family, good friends) regarding when it is important to stop and consider behaviors even if it is difficult to recognize the need for this.

### Apathy Strategies for Others

- Recognize that apathy may result from changes to the brain associated with TBI.
- Recognize that apathy can also be a sign of depression.
- Look for other symptoms of depression (e.g., sadness, appetite/sleep difficulties, feelings of worthlessness).
- If other signs of depression are present, consider using strategies for coping with Depression (see above) in addition to seeking help from healthcare providers .
- Use techniques to enhance initiation, including:
  - Work with the person to develop a set of agreed-upon goals.
  - Develop a schedule of daily activities and check off each activity as it has been completed.
  - Develop a schedule that involves slowly increasing activities and responsibilities over time.
  - Add 1-2 new responsibilities each week, and reward the person for successfully adding new tasks.
  - Choose activities or other rewards that the person will receive after completing less interesting tasks.

### Strategies for the Person with TBI

- Accept help from trusted others (e.g., family, friends) in identifying plans/schedules for activities.
- Use a timer to provide prompts when a task needs to be done (e.g., a watch alarm can sound when medications need to be taken).
- Set appropriate goals for activities each day, with the help of trusted others.

Source <http://braininjuryeducation.com> TBI-Basics Behavioral-and-Emotional-Impacts-of-TBI

1 Charles H. Bombardier, Jesse R. Fann, Nancy R. Temkin, Peter C. Esselman, Jason Barber, Sureyya S. Dikmen. Rates of Major Depressive Disorder and Clinical Outcomes Following Traumatic Brain Injury. JAMA, 2010; 303 (19): 1938-1945.

# Head Injury May Cause Mental Illness

## A single blow to the head may increase the risk of subsequently developing a disorder

The safety of football continues to be a heated topic for players and parents, with mixed evidence regarding the effect of head injuries on mental illness. Past studies on the connection have often been methodologically flawed or yielded ambiguous results. Now a paper in April in the American Journal of Psychiatry, the largest study yet to investigate the link, finds that even a single head injury indeed increases the risk of later mental illness, especially if the injury occurs during adolescence.

Using Danish medical registries, researchers led by physician Sonja Orlovskaja of the University of Copenhagen studied 113,906 people who had been hospitalized for head injuries over a 23-year period. They discovered that in addition to cognitive symptoms caused by structural damage to the brain (such as delirium), these people were subsequently more likely than the general population to develop several psychiatric illnesses. Risk increased by 65 percent for schizophrenia and 59 percent for depression. Risk was highest in the first year postinjury but remained significantly elevated throughout the next 15 years. After the team controlled for several potential confounders, such as accident proneness and a family history of



psychiatric problems, they found the strongest injury-related predictor for later onset of schizophrenia, depression and bipolar disorder was a head trauma experienced between the ages of 11 and 15.

“Previous studies have shown that head injury induces inflammation in the brain, which causes several changes—for example, an increased permeability of the blood-brain barrier,” Orlovskaja says. Normally the barrier protects the brain from potentially harmful contents in the bloodstream, but injury-induced inflammation may allow these substances access to the brain. For some individuals, this might initiate damaging processes in the brain,” she says. Because the exact mechanisms that lead from head injury to mental illness are still unknown, but it is now thought that neurons simply get torn from their moorings and they can no longer communicate with the rest of the brain. chemistry gets distracted between

axons and dendrites; the brain makes up what it cannot process. The same goes for falls, fighting, sports and drugs and alcohol which damage the executive function & emotional basis for judgement, mainly in the frontal lobes.

It is not clear whether there are specific ways to reduce the risk of mental illness after such an injury. For now the best a patient can do is follow established postinjury guidelines, such as getting plenty of rest and avoiding physically and mentally demanding activities for a specified period depending on the severity of the injury. Early detection can help improve the prognosis for mental illness, so Orlovskaja also recommends seeing a doctor as soon as any symptoms appear.

Source: [www.scientificamerican.com/article/head-injury-may-cause-mental-illness/](http://www.scientificamerican.com/article/head-injury-may-cause-mental-illness/)



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

2775 SW 17th Pl  
Health Point Bldg, Suite 4  
Redmond OR 97756  
541-330-4428

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

Traumatic Brain Injury  
Chronic Pain Management  
Biofeedback  
Trauma  
Anxiety  
EMDR

[nancyholmespsyd.com](http://nancyholmespsyd.com) FAX: 503-200-5550

# Traumatic Brain Injuries - CDC

## General

TBIs occur when the impact of a rapid acceleration, deceleration, or collision causes a brain injury. TBIs are classified as mild, moderate, or severe depending on the extent of damage to the victim's physical and cognitive abilities. TBIs can be especially dangerous if they disrupt blood flow to the brain or cause pressure in the skull.

## TBI s Facts

According to the CDC, more than 1.7 million TBIs occur every year. Of these injuries:

**52,000** result in death

**275,000** cause hospitalization

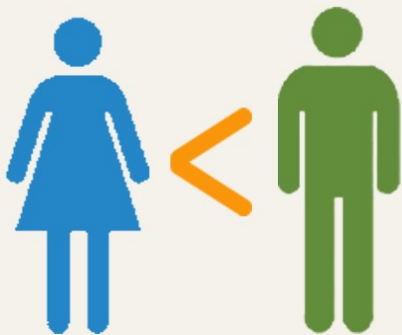
**1.4 million** require an emergency room visit

TBI s cost **\$76.5 billion** every year

**75%** TBIs are concussions

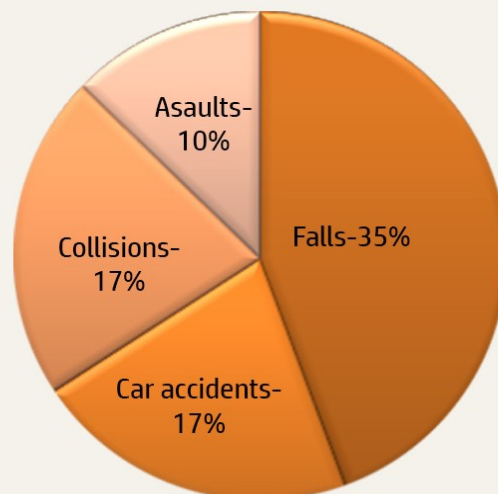
Children, teenagers, and the elderly are most likely to suffer a TBI.

TBIs occur more commonly in males.



## Common Causes

According to the CDC, the most common causes of TBIs are:



## **Common Symptoms of TBI**

These are some symptoms of TBI, but depend on the severity of the impact and the area of the brain affected

Headache

Dizziness

Nausea

Vomiting

Lack of motor coordination

Change in sleep patterns

Emotional symptoms such as mood swings

## **Serious Symptoms of TBI**

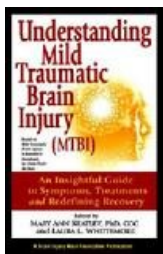
Difficulty thinking or concentrating, Severe headaches or nausea, Slurred speech, Memory problem, Unconsciousness, Seizures.

## **TBI in sports**

According to the CDC children and teenagers suffer more than 170,000 TBIs during sports. The most common causes of these injuries were biking, football, playground activities, basketball, and soccer.

## **Long Term Side Effects**

TBI can have long-term side effects. Victims may suffer from physical and cognitive impairment for months or years following a TBI. A study published in the journal of clinical and experiment psychology found that 60% of TBI victims showed signs of emotional dysfunction. TBIs also increase the risk of epilepsy, Alzheimer's disease, and Parkinson's disease. Additionally, approximately 5.3 million Americans are living with a TBI related disability.

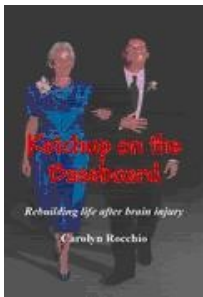
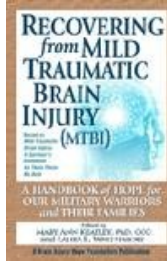


**Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery**

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

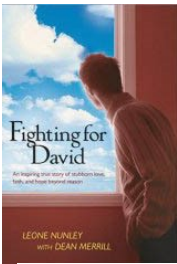
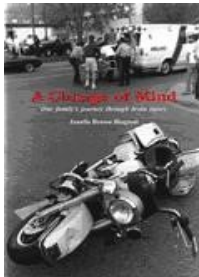


**Ketchup on the Baseboard**

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

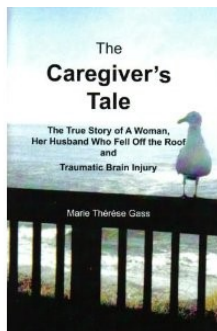


**Fighting for David**

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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**Brain Injury Alliance of Oregon**

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

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

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

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

**Type of Membership**

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

**Sponsorship**

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

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

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

(Please print name)

**Member is:**

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

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

**Book Purchase (\$2 per book for mailing):**

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

**Type of Payment**

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

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# Resources

## Oregon Developmental Disabilities (DD)

For individuals whose disability manifested before age 22 and resulted in lifelong conditions that affect a person's ability to live independently, this state agency arranges and coordinates services to eligible state residents. <http://www.oregon.gov/DHS/dd/Pages/index.aspx> (800)-282-8096

## Oregon's Aged and Physically Disabled Medicaid Waiver

helps elderly and physically disabled Oregon residents to receive care at home instead of in a nursing home even though they are medically qualified for nursing home placement. <https://www.payingforseniorcare.com/medicaid-waivers/or-aged-and-physically-disabled.html>

- Adult Day Care - group care during daytime hours
- Adult Residential Care - such as adult foster homes or assisted living residences
- Community Transition Services - for persons leaving nursing homes and returning to the community
- Environmental Accessibility Adaptations - to increase the independence of participants
- Home Delivered Meals
- Hot or prepared, nutritiously balanced
- In Home Care Services - as needed
- Transportation Assistance - coordination of transportation for adult day care and medical appointments

## ADRC - Aging and Disability Resource Connection

A resource directory for Oregon families, caregivers and consumers seeking information about long-term supports and services. Here you will find quick and easy access to resources in your community. If you cannot find the information you are looking for or wish to talk to someone in person 1-855-673-2372

## Summer Sudoku

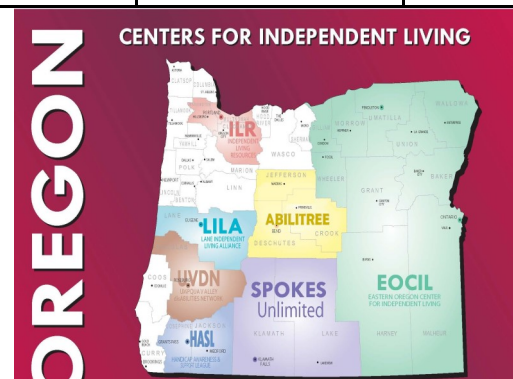
(Answer from page 5)

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

## Oregon Centers for Independent Living

### Contact List

CIL	LOCATION	COUNTIES SERVED
<b>ABILITREE</b> IL Director: Greg Sublette	2680 NE Twin Knolls Dr Bend, OR 97702 1-541-388-8103	Crook, Deschutes, Jefferson
<b>EOCIL</b> (Eastern Oregon Center for Independent Living) Director: Kirt Toombs	322 SW 3 <sup>rd</sup> 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
<b>HASL</b> (Independent Abilities Center) Director: Randy Samuelson	305 NE "E" St. Grants Pass, OR 97526 (541) 479-4275	Josephine, Jackson, Curry, Coos , Douglas
<b>LILA</b> (Lane Independent Living Alliance) Director: Sheila Thomas	20 E 13th Ave Eugene, OR 97401 (541) 607-7020	Lane, Marion, Polk, Yamhill, Linn, Benton, Lincoln
<b>ILR</b> (Independent Living Resources) Director: Barry Fox-Quamme	1839 NE Couch Street Portland, OR 97232 (503) 232-7411	Clackamas, Multnomah, Washington
<b>SPOKES UNLIMITED</b> Director: Curtis Raines	1006 Main Street Klamath Falls, OR 97601 (541) 883-7547	Klamath
	SPOKES Lakeview Branch Office 100 North D St, Lakeview, OR 97630 541-947-2078 (voice)	Lake
<b>UVDN</b> (Umpqua Valley disAbilities Network) Director:	736 SE Jackson Street, Roseburg, OR 97470 (541-672-6336	Douglas



# 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](http://www.tbied.org) For more information about Oregon's TBI [www.cbirt.org/oregon-tbi-team/](http://www.cbirt.org/oregon-tbi-team/) Melissa McCart 541-346-0597 [tbiteam@wou.edu](mailto:tbiteam@wou.edu) or [mccart@uoregon.edu](mailto:mccart@uoregon.edu) [www.cbirt.org](http://www.cbirt.org)

### LEARNet

Provides educators and families with invaluable information designed to improve the educational outcomes for Individuals with brain injury. [www.projectlearnet.org/index.html](http://www.projectlearnet.org/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](mailto:info@factoregon.org)

[http://factoregon.org/?page\\_id=52](http://factoregon.org/?page_id=52)

### Websites

**Mayo Clinic** [www.mayoclinic.com/health/traumatic-brain-injury/DS00552](http://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](http://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://www.realage.com/HealthyYOUCenter/Games/intro.aspx?gamenum=82)

<http://brainist.com/>

**Home-Based Cognitive Stimulation Program**

<http://main.uab.edu/tbi/show.asp?durki=49377&site=2988&return=9505>

**Sam's Brainy Adventure**

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

**Neurobic Exercise**

[www.neurobic.com/exercise.html](http://www.neurobic.com/exercise.html)

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

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

## 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](http://www.returningveterans.org)  
email: [mail@returningveterans.org](mailto: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](mailto:Ellen.Kessi@va.gov)  
1-800-949-1004 x 34029 or 503-220-8262 x 34029



**Brain Injury Alliance**  
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](http://www.BrainInjuryWA.org)

Vancouver: Carla-Jo Whitson, MSW CBIS 360-991-4928 [jarlaco@yahoo.com](mailto: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](http://www.lawhelp.org)

**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> 503-295-2760

**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

**SSI/SSDI Help**—Heatherly Disability Representatives, Inc 503-473-8445

# Resources

## Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

## Have you had an insurance claim for cognitive therapy denied?

If so call:  
Disability Rights Oregon

610 SW Broadway, Ste 200, Portland, OR 97205  
Phone: (503) 243-2081 Fax: (503) 243 1738

### 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

## 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 Projectaccessnnow.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.

## 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](http://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](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.

## Valuable Websites

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

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

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

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

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

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

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

[www.braininjuryhelp.org](http://www.braininjuryhelp.org) Peer mentoring help for the TBI survivor in the Portland Metro/Southern Washington area. 503-224-9069

[www.phpnw.org](http://www.phpnw.org) *If you, or someone you know needs help-contact:* People Helping People Sharon Bareis 503-875-6918

[www.oregonpva.org](http://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](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  
on hiatus

Kendra Ward 209-791-3092 [pnwhigroup@gmail.com](mailto:pnwhigroup@gmail.com)

### Beaverton

#### Because My Dani Loved Me

Brain Injury Survivors, Stroke Victims and their Care Givers

2nd & 4th Saturday 10:00 am - 11:00 pm  
Elsie Stuhr, Willow Room  
5550 SW Hall  
Beaverton, OR 97005

### Bend

#### CENTRAL OREGON SUPPORT GROUP

2nd Saturday 10 am to 11:30  
St. Charles Medical Center  
2500 NE Neff Rd, Bend 97701  
Call 541 382 9451 for Room location  
Joyce & Dave Accornero, 541 382 9451  
[Accornero@bendbroadband.com](mailto:Accornero@bendbroadband.com)

#### Abilitree Thursday Support Group

Thursdays 10:30 am - 12:00 noon  
Brain Injury Survivor and Family Group & Survivor and Family/Caregiver Cross Disabilities  
Abilitree, 2680 NE Twin Knolls Dr., Bend OR 97701  
Contact Francine Marsh 541-388-8103 x 205  
[francinem@abilitree.org](mailto:francinem@abilitree.org)

#### Abilitree Moving A Head Support Group

1st & 3rd Thursday 5:30-7:00  
Brain Injury Survivor, Survivor and Family  
Abilitree, 2680 NE Twin Knolls Dr., Bend OR 97701  
Contact Francine Marsh 541-388-8103 x 205  
[francinem@abilitree.org](mailto:francinem@abilitree.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: Josh Funk  
541-768-5157 [jfunk@samhealth.org](mailto:jfunk@samhealth.org)

#### Brain Injury Support Group

Currently with Stroke Support Group  
Church of the Good Samaritan Lng  
333 NW 35th Street, Corvallis, OR 97330  
Call for Specifics: Josh Funk  
541-768-5157 [jfunk@samhealth.org](mailto:jfunk@samhealth.org)

# Brain Injury Support Groups

### Coos Bay (1)

#### Traumatic Brain Injury (TBI) Support Group

2nd Saturday 3:00pm – 5:00pm  
Kaffe 101, 171 South Broadway  
Coos Bay, OR 97420 [tbicbsupport@gmail.com](mailto:tbicbsupport@gmail.com)

#### Growing Through It- Healing Art Workshop

Contact: Bittin Duggan, B.F.A., M.A.,  
541-217-4095 [bittin@growingthroughit.org](mailto:bittin@growingthroughit.org)

### Eugene (3)

#### Head Bangers

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

### Hillsboro

#### Westside SUPPORT GROUP

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

### Klamath Falls

#### SPOKES UNLIMITED BRAIN INJURY SUPPORT GROUP

2nd Tuesday 1:00pm to 2:30pm  
1006 Main Street, Klamath Falls, OR 97601  
Jackie Reed 541-883-7547  
[jackie.reed@spokesunlimited.org](mailto:jackie.reed@spokesunlimited.org)

### Lake Oswego (2)

#### Family Caregiver Discussion Group

4th Wednesday, 7-8:30 PM  
(there will be no group in August)  
Parks & Recreational Center  
1500 Greentree Drive, Lake Oswego, OR 97034  
Ruth C. Cohen, MSW, LCSW, 503-701-2184  
[www.ruthcohenconsulting.com](http://www.ruthcohenconsulting.com)

#### Functional Neurology Support Group

3rd Wednesday 7-8:30 pm  
Market of Choice, 5639 Hood St, West Linn

### Lebanon

#### BRAIN INJURY SUPPORT GROUP OF LEBANON

on hiatus

### 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](mailto:BIAOregon@AOL.COM)

### Oregon City

#### Brain Injury Support Group

3rd Friday 1-3 pm (Sept - May)  
Clackamas Community College  
Sonja Bolon, MA 503-816-1053  
[sonjabolon@yahoo.com](mailto:sonjabolon@yahoo.com)

### Portland (20)

#### Brain Injury Help Center Without Walls

#### “Living the Creative Life” Women’s Coffee

Tuesdays: 10-12  
Fridays: 10:00 – 12:00 - currently full  
**Family and Parent Coffee in café**  
Wednesdays: 10:00-12:00  
[braininjuryhelporg@yahoo.com](mailto:braininjuryhelporg@yahoo.com)  
Call Pat Murray 503-752-6065

### BIRRDsong

1st Saturday 9:30 - 11  
1. Peer support group that is open to everyone, including family and the public  
2. Family and Friends support group that is only for family and friends  
Legacy Good Samaritan Hospital, Wistar Morris Room.  
1015 NW 22nd Portland, 97210  
Joan Miller 503-969-1660  
[peersupportcoordinator@birrdsong.org](mailto:peersupportcoordinator@birrdsong.org)

### 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  
Lynne Chase, lynne@pdx.edu 503-206-2204

### BRAINSTORMERS II

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

### CROSSROADS (Brain Injury Discussion Group)

2nd and 4th Friday, 1-3 pm  
Independent Living Resources  
1839 NE Couch St, Portland, OR 97232  
503-232-7411

#### 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](mailto: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 888-302-2229 [murraypamurray@aol.com](mailto:murraypamurray@aol.com)

**OHSU Sports Concussion Support Group**

For Youth and Their Families who have been affected by a head injury  
2nd Tuesday, 7:00-8:30 pm  
OHSU Center for Health and Healing  
3303 SW Bond Ave, 3rd floor conference room  
Portland, OR 97239  
For more information or to RSVP contact Jennifer Wilhelm (503) 494-3151 or email: [wilhelmi@ohsu.edu](mailto:wilhelmi@ohsu.edu)  
**Sponsored by OHSU Sports Medicine and Rehabilitation**

**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 888-302-2250-406-2881  
[murraypamurray@aol.com](mailto:murraypamurray@aol.com)

**TBI Caregiver Support Meetings**

4th Thursday 7-8:30 PM  
8818 NE Everett St, Portland OR 97220  
Call Karin Keita 503-208-1787  
email: [afripath@gmail.com](mailto:afripath@gmail.com)

**MUST BE PRE-REGISTERED**

**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  
[braininjuryhelp@yahoo.com](mailto:braininjuryhelp@yahoo.com) Pat Murray 503-752-6065

**MUST BE PRE-REGISTERED**

**TBI SOCIAL CLUB**

2nd Tuesday 11:30 am - 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**

**Redmond (1)**

**Stroke & TBI Support Group**

Coffee Social including free lunch  
2nd & 4th Thursday 10:30-1 pm  
Lavender Thrift Store/Hope Center  
724 SW 14th St, Redmond OR 97756  
Call Darlene 541-390-1594

**Roseburg**

**UMPQUA VALLEY DISABILITIES NETWORK**

**on hiatus**  
736 SE Jackson St, Roseburg, OR 97470  
(541) 672-6336 [udvn@udvn.org](mailto:udvn@udvn.org)

**Salem (3)**

**SALEM BRAIN INJURY SUPPORT GROUP**

4th Thursday 4pm-6pm  
Community Health Education Center (CHEC)  
939 Oat St, Bldg D 1st floor, Salem OR 97301  
Megan Snider (503) 561-1974  
[megan.snider@salemhealth.org](mailto:megan.snider@salemhealth.org)

**SALEM COFFEE & CONVERSATION**

Fridays 11-12:30 pm  
Ike Box Café  
299 Cottage St, Salem OR 97301  
Megan Snider (503) 561-1974

**SALEM STROKE SURVIVORS & CAREGIVERS SUPPORT GROUP**

2nd Friday 1 pm -3pm  
Community Health Education Center (CHEC)  
939 Oat St, Bldg D 1st floor, Salem OR 97301  
Bill Elliott 503-390-8196 [welliott21xyz@mac.com](mailto:welliott21xyz@mac.com)

**Tillamook (1)**

**Head Strong Support Group**

2nd Tuesday, 6:30-8:30 p.m.  
Herald Center - 2701 1st St - Tillamook, OR 97141  
For information: Beverly St John (503) 815-2403 or  
[beverly.stjohn@ah.org](mailto:beverly.stjohn@ah.org)

**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](mailto: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](mailto: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](mailto:craig@tbiwa.org))  
Michelle White (509-534-9380; [mwhite@mwhite.com](mailto: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](mailto:melissagray.mhc@live.com))  
Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))  
Michelle White (509-534-9380; [mmwhite@mwhite.com](mailto:mmwhite@mwhite.com))

**\*TBI Self-Development Workshop**

"reaching my own greatness" \*For Veterans  
2nd & 4th Tues. 11 am- 1 pm  
Spokane Downtown Library  
900 W. Main Ave., Spokane, WA  
Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

**Spokane 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](mailto:craig@tbiwa.org))  
Toby Brown (509-868-5388)

**Spokane County Disability/BI Advocacy Group**

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

**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](mailto: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; [kathsmith@sarmc.org](mailto:kathsmith@sarmc.org))  
Greg Meyer (208-489-4963; [gmeyer@elksrehab.org](mailto: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@cableone.net](mailto:clayjoanep@cableone.net))

**Twin Falls TBI Support Group**

3rd Tuesday 6:30-8 p.m.  
St. Lukes' Idaho Elks Rehab Hosp, Twin Falls, ID  
Keran Juker ([keranj@mvrmc.org](mailto:keranj@mvrmc.org); 208-737-2126)

**\*Northern Idaho TBI Support Group**

**\*For Veterans**

3rd Sat. of each month 1-3 pm  
Kootenai Med. Center, 2003 Lincoln Way Rm KMC 3  
Coeur d'Alene, ID  
Sherry Hendrickson (208-666-3903,  
[shendrickson@kmc.org](mailto:shendrickson@kmc.org))  
Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))  
Ron Grigsby (208-659-5459)



The Brain Injury Alliance of Oregon (BIAOR)  
AKA the Brain Injury Association of Oregon  
PO Box 549, Molalla OR 97038

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1-888-883-1576  
[www.tdinjurylaw.com](http://www.tdinjurylaw.com)



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the Rights  
of the  
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**Personal Injury Practice Areas:**

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

## How To Contact Us

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

**Mailing Address:**

PO Box 549  
Molalla, OR 97038

Toll free: 800-544-5243

Fax: 503-961-8730

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

**Resource Facilitator**  *Becki Sparre*  
503-961-5675

**Branch Offices: Appointments only**

**Brain Injury Help Center-** Pat Murray  
1411 SW Morrison #220 Portland, Oregon  
97205

[braininjuryhelporg@yahoo.com](mailto:braininjuryhelporg@yahoo.com)

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

**BIAOR Advocacy Network** [BIAORAdvocacy-subscribe@yahoogroups.com](mailto:BIAORAdvocacy-subscribe@yahoogroups.com)

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