The 14th Annual Pacific Northwest Brain Injury Conference 2016
33rd Annual BIAOR Conference

Living with Brain Injury, Stroke & Neurological Changes

March 10, 11, 12, 2016
Sheraton Portland Airport Hotel
Thank you all for your votes of confidence in my ability to help move this chapter forward. For me, the challenges we face, and the work we must do to further the cause of all who suffer brain injury are vast. As an instrument of change, as a service organization and as a place where all disciplines can unite in the care and treatment of the brain-injured, I feel that one of the most important things we can do is to give hope and support.

What we know now about nerve metabolism, regeneration and adaptation potential of mankind is light-years ahead of what our understanding was 30 years ago when I graduated from Chiropractic school. Many of the paradigms that governed our understanding of brain repair have had to be updated, and we know that the old verdict of “permanent” has had to be changed to “maybe, maybe not permanent”.

As a spouse of someone who has suffered 2 brain injuries, I can tell you from my own experience that humans have an almost infinite capacity for adaptation and regeneration, if we can only tap it. So, our job now is to make sure that everyone has the ability to access the disciplines that they need most.

Clearly, this starts with mutual understanding of what each discipline brings to the table for the brain-injured individual, and the annual Pacific Northwest Brain Injury Conference will be the venue to achieve this objective. I look forward to seeing all of you at the 14th annual Pacific Northwest Brain Injury Conference on March 10-12. Tell your doctors and therapists; bring your colleagues. Let’s make this an event the entire Nation will be talking about for years to come.

Eric C. Hubbs, DC, FCBP, CCST

Total Mind & Body Health, 503-591-5022
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

Attorneys

**Oregon**

† Paulson Coletti, John Coletti, Jane Paulson
Portland, 503.226.6361 www.paulsoncoletti.com
† Tom D’Amore, D’Amore & Associates, Portland
503-222-6333 www.damorellaw.com
† Bill Gaylord, Gaylord Eyerman Bradley,PC,
Portland 503-222-3526 www.gaylordeyerman.com

**Portland**

† Joe DiBartolomeo, DiBartolomeo Law Office, PC,
Astoria, 503-325-8600

**Eugene**

† Derek Johnson, Johnson, Clifton, Larson &
Schaller, P.C., Eugene 541 484-2434
Don Corson, Corson & Johnson Law Firm, Eugene,
541-484-2825
Charles Duncan, Eugene, 800-347-6269
Tina Stupasky, Jensen, Elmore & Stupasky, PC,
Charles Duncan, Eugene, 541-342-1141

**Portland**

Craig Allen Nichols, Nichols & Associates,
Portland 503-224-3018
William Berkshire, Portland 503-233-6507 PI
Jeffrey Bowersox, Lake Oswego, 503-452-5808 PI

**Care Facilities/TBI Housing/Day Programs**
(subacute, community based, inpatient,
outpatient, nursing care, supervised-living, behavior,
coma management, driver evaluation, hearing
impairment, visual impairment, counseling, pediatric)
Sherry Acea, Fourth Dimension Corp, Bend 541-647-7016

**Seattle**

† Richard Adler, Adler Giersch, Seattle, WA
206.682.0300
Kevin Coluccio, Coluccio Law, Seattle, 503-826-8200
www.coluccio-law.com

**Portland**

Salem
Adams, Hill & Hess, Salem, 503-399-2667
€ Richard Walsh, Walsh & Associates, PC Keizer,
503-304-4886 www.walshlawfirm.net

**Roseburg**
Samuel Horneich, Roseburg, 541-677-7102

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

**Seattle**
† Richard Adler, Adler Giersch, Seattle, WA
206.682.0300
Kevin Coluccio, Coluccio Law, Seattle, 503-826-8200
www.coluccio-law.com

**Cognitive Rehabilitation Centers/Rehab Therapists/Specialists**
Marydee Sklar, Executive Functioning Success,
Portland, 503-473-7762
† Progressive Rehabilitation Associates—BIRC,
Portland, 503-292-0765
Quality Living Inc (QLI), Kristin Custer, Nebraska,
402-573-3777 (BI & SCI)

**Neurologico habilitation Institute at Brookhaven Hospital**, Tulsa, Oklahoma 888.298.HOPE (4673)
Marie Eckert, RNI/CRRN, Legacy HealthCare,
Rehabilitation Institute of Oregon (RIO) Admissions, Portland, 503-413-7301
† Rehab Without Walls, Mountlake Terrace, WA 425-672-9219 Julie Allen 503-250-0685

**Counseling**
Heidi Dirks-Graw, Dirks Counseling & Consulting, Inc. Beaverton, OR 503-672-9858
Sharon Evers, Face in the Mirror Counseling, Art Therapy, Lake Oswego 503-201-0337
Donald W. Ford, MA, LMFT, LPC, Portland, 503-297-2413
Jerry Ryan, MS, CRC, Oregon City, 503-348-6177
Elizabeth VanWormer, LCSW, Portland, 503-297-3803

**Dentists**
Dr. Nicklis C. Simpson, Adult Dental Care LLC,
Gleneden Beach

**Educators/Therapy Programs**
Gianna Ark, Linn Benton Lincoln Education Service District, Albany, 541-812-2746
Andrea Batchelor, Linn Benton Lincoln Education

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

The Headliner  Winter 2016  page 3
Looking for an Expert? See our Professional Members here

Service District, Albany, 541-812-2715
Heidi Island, Psychology, Pacific University, Forest Grove, 503-352-1538
≡ McKay Moore-Sohlberg, University of Oregon, Eugene 541-346-2586
Jon Pede, Hillsboro School District, Hillsboro, 503-844-1500

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

Functional Neurologist
Stefan Herold, DC, DACNB, Tiferet Chiropractic Neurology, Portland 503-445-7767
Erik Reis, DC, DACNB, Northwest Functional Neurology, MN
Glen Zielinski, DC, DACNB, FACFN, Northwest Functional Neurology, Lake Oswego, 503-850-4526

Life Care Planners/Case Manager/Social Workers
Rebecca Bellerive, Rebecca Bellerive, RN, Inc, Gig Harbor WA 253-649-0314
Vince Morrison, MSW, PC, Astoria, 503-325-8438
Michelle Nielsen, Medical Vocational Planning, LLC, West Linn, 503-650-9327
Dana Penilton, Dana Penilton Consulting Inc, Portland 503-246-6232 danapen@comcast.net
Thomas Weiford, Weiford Case Management & Consultation, Voc Rehab Planning, Portland 503-245-5494

Legal Assistance/Advocacy/Non-Profit
♀ Deborah Crawley, ED, Brain Injury Association of Washington, 253-238-6085 or 877-824-1766
♀ Disability Rights Oregon, Portland, 503-243-2081
♀ Eastern Oregon Center for Independent Living (EOCIL), Ontario 1-888-248-8369; Pendleton 1-866-248-8369
♀ Independent Living Resources (ILR), Portland, 503-232-7411
♀ Jackson County Mental Health, Heather Thompson, Medford, (541) 774-8209
♀ Oregon Chiropractic Association, Jan Ferrante, Executive Director, 503-256-1601
♀ Kayt Zundel, MA, ThinkFirst Oregon, (503) 494-7801

Legislators
♀ Vic Gilliam, Representative, 503-986-1418

Long Term TBI Rehab/Day Program’s/Support Programs
Carol Altman, Bridges to Independence Day Program, Portland/Hillsboro, 503-640-0816
Anat Baniel, Anat Baniel Method, CA 415-472-6622
Benjamin Luskin, Luskin Empowerment Mentoring, Eugene, 541-999-1217
Marydee Sklar, Executive Functioning Success, Portland, 503-473-7762

Medical Professionals
Remy Delplanche, OD, Beaverton, 503) 644-5665
Marsha Johnson, AuD, Oregon Tinnitus & Hyperacusis Treatment Center, Portland 503-234-1221
Heidi Island, Psychology, Pacific University, Forest Grove, 503-352-1538
≡ McKay Moore-Sohlberg, University of Oregon, Eugene 541-346-2586

Physicians
Sharon Anderson, MD, West Linn 503-650-1363
Bryan Andresen, Rehabilitation Medicine Associates of Eugene-Summer/Fallfield, 541-683-4242
Diana Barron, MD, Barron-Giboney Family Medicine, Brownsville, OR (541) 451-6930
Jerald Block, MD, Psychiatrist, 503-241-4882
James Chesnutt, MD, OHSU, Portland 503-494-4000
Paul Cant, MD, Psychiatrist, Beaverton, 503-644-7300
Danne L. Erb, M.D., Brain Rehabilitation Medicine, LLC, Portland 503-286-0918
M. Sean Green, MD, Neurology, Lake Oswego 503-635-1604
Steve Janselewitz, MD, Pediatric Physiatrist, Pediatric Development & Rehabilitation-Emmanuel Children’s Hospital, Portland Nurse: 503-413-4418 Dept:503-413-4505
Michael Koester, MD, Slocum Center, Eugene, 541-359-9396
Andrew Mendenhall, MD, Family Medicine, Addiction & Pain, Beaverton 503-644-7300
Oregon Rehabilitation Medicine Associates, Portland 503-413-6294 Legacy
Oregon Rehabilitation Medicine, P.C., Portland, 503-230-2833 Providence
Kevin Smith, MD, Psychiatrist, OHSU, 503-494-8617
Francisco Soldevilla, MD, Neurosurgeon, Northwest Neurosurgical Associates, Tualatin, 503-885-8845
Gil Winkelmann, MD, NA, Insights to Health LLC, Alternative Medicine, Neurofeedback, Counseling, Portland, 503-501-5001
David Witkin, MD, Internal Medicine, Sacred Heart Hospital, Eugene, 541-222-6389

Psychologists/Neuropsychologists
♀ Tom Boyd, PhD, Sacred Heart Medical Center, Eugene 541-866-6355
James E. Bryan, PhD, Portland 503-284-8558
Caleb Bums, Portland Psychology Clinic, Portland, 503-298-4558
Anee Gerrard-Morris, PhD, Pediatrics, Portland, 503-413-4506
Elaine Greif, PhD, Portland 503-260-7275
Nancy Holmes, PsyD, CBIS, Portland 503-235-2466
Sharon M Labs PhD, Portland 503-224-3939
Ruth Leibowitz, PhD, Salem Rehab, 503-814-1203
Michael Leland, Psy.D, CRC, Director, NW Occupational Medicine Center, Inc, Portland, 503-684-7246
Susan Rosenzweig, PsyD, Center for Psychology & Health, 503-206-8337

Speech and Language/Occupational Therapist
Channa Beckman, Harbor Speech Pathology, WA 253-549-7780
John E. Holing, Glide 541-440-8688
♀ Jan Johnson, Community Rehab Services of Oregon, Inc., Eugene, 541-342-1980
Sandra Knapp, SLP, David Douglas School District, Sandy 503-256-6500
Carol Mathews-Ayres, First Call Home Health, Salem Anne Parrott, Legacy Emanuel Hospital Warren 503-397-6431

Kendra Ward, COTA, Astoria, 209-791-3092

State of Oregon
Dave Cooley, Oregon Department of Veterans Affairs, Salem, 503-373-2000
State of Oregon, OVRS, Salem (503) 945-6201
www.oregon.gov/DHS/vr

Technology/Assistive Devices
RJ Mobility Services, Independence, 503 838-5520
Second Step, David Dubats, Eugene, 877-299-STEP
Rockinoggins - Helmet Covers Elissa Skerbinc Heller www.rockinoggins.com

Veterans Support
Mary Kelly, Transition Assistance Advisor/Idaho National Guard, 208-272-4408
Belle Landau, Returning Veterans Project, Portland, 503-954-2259

Vocational Rehabilitation/Rehabilitation/Employment / Workers Comp
D’Autremont, Bostwick & Krier, Portland, 503-224-3550
Roger Burt, OVRS, Portland
Arturo De La Cruz, OVRS, Beaverton, 503-277-2500
♀ SAIF, Salem, 503-373-8000
State of Oregon, OVRS, Salem, (503) 945-6201
www.oregon.gov/DHS/vr
Kadie Ross, OVRS, Salem, 503-378-3607

Professionals
♀ Ronda sneva, R&G Food Services, Inc. Sisters/Tucson, 520-289-5725
Names in bold are BIAOR Board members
♀ Corporate $ Gold $ Non-Profit $ Silver $ Bronze $ Sustaining $ Platinum
Collaboration, Cooperation, Compassion…..

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

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

Building Futures

---

Winter 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 22)

```
<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>7</th>
<th></th>
<th>8</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td></td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>9</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
```

---

Shop at AmazonSmile

and Amazon will make a donation to: BIAOR

Simply go to smile.amazon.com, search for and select Brain Injury Association of Oregon as your charity of choice, and continue with your order as usual. The Amazon Foundation will donate .5% of the purchase price to BIAOR!

There is no additional cost to you! Use Smile.Amazon.com every time you shop!
In other words, when Todd rolls into an interview his wheelchair the interviewer cannot ask Todd anything about why he is in the wheelchair. I understand the policy reasons behind this provision of the ADA: The disability should be ignored, it shouldn’t be a factor in the hiring decision and it is a privacy issue that shouldn’t be intruded upon by a nosey prospective employer. But according to Todd, these policies actually hurt the disabled applicant much more than they help.

Again, it’s back to the comment I made earlier in this column: Communication breaks down barriers.

Todd uses an example from his own life to illustrate this point. He was applying for a job after a mere five minutes Todd could tell that the prospective employer was not interested in hiring someone in a wheelchair. The employer never said as much (because doing so would expose that employer to one giant lawsuit), but Todd could tell. The interview was going nowhere fast. Soon, Todd knew, he would be thanked, instructed to leave and would never hear from that prospective employer again.

So Todd did what he always does: he took the bull by the horns and opened the door that the employer couldn’t.

“I know you have questions about why I’m in a wheelchair, and I know you can’t ask me about it, so I’m going to conduct this part of the interview myself,” he said, startling the interviewer. After that bold statement, Todd launched into a mock conversation with himself.

“Tell me, Todd, why are you in a wheelchair,” Todd began much to the confusion of the interviewer.

“Well, I was born premature and I’ve been in a wheelchair for my entire life,” he continued.

“And does this affect your ability to be a hardworking, valued employee able to take on and complete any task that might be presented to you?” Todd continued.

“Absolutely not,” Todd answered himself, “in fact, I tend to work harder and more efficiently than most because I know that I have to.”

The “conversation” continued like this for another few minutes before the interviewer jumped in and began asking some follow-up questions of his own and, long story short, after an ensuing thirty minute conversation between Todd and the interviewer, Todd was hired.

So Todd has begun asking the question: During the interview process, does it help or hurt disabled individuals when a prospective employer is unable to ask about the person’s disability? Todd thinks the answer is clear: not being able to communicate about a person’s disability during a job interview hurts the applicant much more than it helps. Todd and I are now figuring out how to get around the ADA provisions which prevent this type of open and honest communication between a disabled applicant and a prospective employer.

We have discussed allowing the applicant to waive the ADA prohibition and have begun drafting possible waiver language that would allow the communication while also satisfying the employer’s concern that they won’t get sued when they start discussing the applicant’s disability. We have discussed amending the ADA to allow for this candid dialog fully aware that any such amendment is highly unlikely at this time.

But the point is that Todd has yet again applied his substantial intellect to solving a problem that few people within or outside the disabled community even recognize as a problem. I wonder what the tbi survivor community thinks of this as well. Would the ability to openly and directly discuss a job applicant’s disability help or hurt that applicant? I am with Todd on this one. Communication helps. It breaks down barriers and it can humanize someone who faces subtle prejudices. We are all people whether we are disabled or not, and we owe it to everyone to let them tell their stories if they are so inclined, because when we understand each other, when we openly and honestly communicate with each other, that is when we tend to see the similarities between us rather than the differences.

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 years. Mr. Kracke is available for consultation at (503) 224-3018.
The 14th Annual Pacific Northwest Brain Injury Conference 2015
33rd Annual BIAOR Conference
Sponsored by
The Brain Injury Alliance of Oregon, The Brain Injury Alliance of Washington, and The Brain Injury Alliance of Idaho
Living with Brain Injury, Stoke & Neurological Changes

<table>
<thead>
<tr>
<th>Friday, March 11</th>
<th>Saturday, March 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 am-8 am Registration and Check-in - Continental Breakfast</td>
<td>Registration and Check-in - Continental Breakfast</td>
</tr>
<tr>
<td>8 am - 8:15 am Welcome to BIA Conference 2016</td>
<td>Welcome to BIA Conference 2016</td>
</tr>
<tr>
<td>8:15 am- 9:15 am Keynote Speaker: Functional Neurology and treating Brain Injury - Glen Zielinski, DC, DACNB, FACFN</td>
<td>Keynote Speaker: Aging and Brain Injury: Expectations and Realities - Rolf B. Gainer, PhD</td>
</tr>
<tr>
<td>9:30 am-10:30 am Track 1 - Treatment of Concussion - From the Field to the Hospital and Rehabilitation - James Chesnutt, MD, Laurie King, PhD, PT Assistant Professor, Dept. of Neurology, Jennifer Wilhelm, PT, DPT, NCS, Outpatient Rehabilitation Department, Oregon Health and Science University, Ryan L. Rockwood, ATC, OHSU Concussion Team</td>
<td>Track 1 - PROVING DAMAGES IN A TRAUMATIC BRAIN INJURY CASE: GETTING THE INSURER TO SAY ‘YES, WE WILL TENDER LIMITS’ - Continued</td>
</tr>
<tr>
<td>Track 2 - Forensic Life Care Planning - Janet Hart Mott, Ph.D., CRC, CCM Rehabilitation Counselor/Case Manager</td>
<td>Track 2 - Ozone Therapies - Dr. Bridghid McMonagle, ND</td>
</tr>
<tr>
<td>Track 3 - The Veteran in Crisis, Brain Injury and Other Traumas - Scott Bloom, CBIS, Traumatic Brain Injury Program Coordinator Program Specialist 3; Behavioral Health Services WA. Dept. of Veterans Affairs</td>
<td>Track 3 - Problem solving training following brain injury: Best practices and new research - Laurie Ehlihardt Powell, PhD, Moderator: Melissa Taber</td>
</tr>
<tr>
<td>10:45 am-12 pm Track 1 - Treatment of Concussion - From the Field to the Hospital and Rehabilitation (Continued)</td>
<td>Track 1 - PROVING DAMAGES IN A TRAUMATIC BRAIN INJURY CASE: GETTING THE INSURER TO SAY ‘YES, WE WILL TENDER LIMITS’ - Continued</td>
</tr>
<tr>
<td>Track 2 - Preparing and Trying a Brain Injury Case - Don Corson, JD</td>
<td>Track 2 - VEP: Clinical Relevance of Visually Evoked Potentials in Traumatic Brain Injury - Remy Delplanche, OD</td>
</tr>
<tr>
<td>Track 3 - What We Can Do To Help The School Aged Student After A TBI -- Melissa McCart, D.Ed, Oregon TBI Team Leader, CBIRT</td>
<td>Track 3 - From Coma to Ty Qoun Do - Karen Campbell Moderator: Kendra Ward</td>
</tr>
<tr>
<td>12 pm - 1 pm Working Lunch - Mobility Issues and Independence - Ryan Green</td>
<td>Working Lunch - My Best Friend - Karen Campbell</td>
</tr>
<tr>
<td>1 pm - 2:15 pm Afternoon Keynote: Where are we going? Life After Brain Injury -Elizabeth Hovde, Oregonian newspaper, Michael Green and Stephanie Slack, Thomas and Rachel Moore</td>
<td>Afternoon Keynote: Debbie Wilson - Saved by Cannabis After 25 Years of Pharmaceuticals - How Medical Marijuana Saved My Life - Debbie Wilson, PhD Moderator: Eryn McKim</td>
</tr>
<tr>
<td>2:30 pm-3:45 pm Track 1 - Loss of sense of self after brain injury: The task of finding new identity - Rolf B. Gainer, PhD</td>
<td>Track 1 - What survivors, caregivers and families need to know. - Dr. Glen Zielinski, DC, DACNB, FACFN Moderator: Dr. Eric Hubbs</td>
</tr>
<tr>
<td>Track 2 - What are the needs of individuals over 50 in Idaho - Russell C. Spearman M.Ed, Moderator: Kendra Ward</td>
<td>Track 2 - Service Dogs—What Everyone Should Know - Scott Bloom, CBIS, WA VA</td>
</tr>
<tr>
<td>Track 3 - Caregivers as Clients: Who’s Caring for the Caregiver? - Nancy Weber, M.A., CBIS</td>
<td>Track 3 - Our Story: Faith and Brain Injury - Ray and Becki Sparre Moderator: Melissa Taber</td>
</tr>
<tr>
<td>4 pm - 5 pm Track 1 - TBI and Psychiatric Illness: A Common Thread of Neuroinflammation - Shauna Hahn, Psychiatric Mental Health Nurse Practitioner, Central City Concern</td>
<td>Track 1 - Behavioral Occurrence Prevention- Best Practice Communication and Interaction Methods and Techniques - Brad Loftis CBIS &amp; Behavior Support Consultant, Moderator: Melissa Taber</td>
</tr>
<tr>
<td>Track 2 - Alar Ligament tearing as a source of headache in the head-injured patient - Eric Hubbs, DC</td>
<td>Track 2 - Planning for the Here and Now and Beyond - Janet Hart Mott, Ph.D., CRC, CCM Rehabilitation Counselor/Case Manager</td>
</tr>
<tr>
<td>Track 3 - what do Families Need to Know about Life Care Plans and What Are the Different Options? - Alisha Langford, Team Manager, SpecialCare Planner, Mass Mutual Oregon</td>
<td>Track 3: Managing Emotional and Behavioral Disturbances after TBI. - Kendra Ward, COTAL</td>
</tr>
<tr>
<td>5:30 pm - 9:30 pm Reception &amp; Dinner - The Music Within Us</td>
<td>To Register for the Conference and/or the Dinner Page 8 or online at <a href="http://www.biaoregon.org/annualconference/htm">www.biaoregon.org/annualconference/htm</a></td>
</tr>
</tbody>
</table>
**Registration Form**

**14th Annual Pacific Northwest Brain Injury Conference 2016 33rd Annual BIAOR Conference**

**Living with Brain Injury, Stroke and Other Neurological Changes**

**Sheraton Portland Airport Hotel**

**Register Now online at www.biaoregon.org**

(Note: A separate registration form is needed for each person attending. Please make extra copies of the form as needed for other attendees. Members of BIAWA, BIAOR, BIAID, VA and OVRS receive member rates)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Badge Name</td>
<td>Affiliation/Company</td>
</tr>
<tr>
<td>Address</td>
<td>City State Zip</td>
</tr>
<tr>
<td>Phone</td>
<td>Fax Email</td>
</tr>
</tbody>
</table>

Please check all that apply:  
I am interested in volunteering at the conference. Please call me. Call me about sponsorship/exhibitor opportunities.

| 7 hour Certified Brain Injury Specialist Training/Test for Certification—Thursday (No Refunds) | $600 | Class Only $175 |
| Pre-Registration is required: Book, training & exam included-must register before 2/20 | |

| __ Pre-Conference Workshop - How to Work with Challenging Behaviors after Brain Injury and Neurological Diagnosis—Thursday | $175 | $250 | $ |

**Conference Registration Fees**: Registration fees include: continental breakfast, lunch & conference related materials. Meals not guaranteed for on-site registrations. There are no refunds, but registration is transferable. Contact BIAOR, 800-544-5243 for more information or questions. The following fees are per person:

| VIP Special — 3 Days of Conference & Dinner | $575 | $675 | $ |
| Professional (CEUs) 2 Day Friday & Saturday | $425 | $525 | $ |
| Professional (CEUs) 1 Day Only: ___ Friday ___ Saturday | $250 | $350 | $ |
| Students $50 per day ___ Thursday ___ Friday ___ Saturday | $50 per day | $ |
| __ Saturday Survivor/Family (no CEUs) | $150 | $175 | $ |
| __ Saturday Only Courtesy (Brain Injury Survivors with limited means - limited number) | $25 | $35 | $ |
| __ Membership: Professional $100 Family $50 Basic $35 Survivor $5 | $ |
| __ Scholarship Contribution (donation to assist in covering the cost of survivors with limited funds) | $ |

**Reception & Dinner The Music Within Us**

Reception 5:30 -6:30pm, Dinner begins at 6:45pm Separate Charge from Conference $75

**Credit Card Number _____-_____-______-_____**

**Exp Date / / Sec code ____**

Signature ________________________________ Pre-conference, Registration & Dinner Total $ ______

CC Address if different than above ______________________________

(Click add totals from Registration Fee, Reception/Dinner and Scholarship Contribution for final total costs)

Make Checks out to BIAOR — Mail to: BIAOR, PO Box 549, Molalla OR 97038

or fax: 503.961.8730 Phone: 800-544-5243 www.biaoregon.org/annualconference.htm biaor@biaoregon.org

**No refunds will be issued for cancellations; however, registrations are transferable**

**Hotel**: Sheraton Portland Airport Hotel 8235 NE Airport Way, Portland, OR 97220  503.281.2500

**Discount room rate** Ask for BIAOR discount Rooms are limited

**CEUs applied for**: AFH, CRCC, CDMC, SW, OT, SLP, CLE, DC, DO, CGC. Please contact us if you would like one that is not listed Total CEU Hours 24

**Agenda**

**Thursday**

8 am - 5 pm Pre-Conference Workshop—lunch and breaks provided

**Friday & Saturday** - Breakfast, Breaks, Lunch provided

7 am - 8 am: Breakfast
8 am - Noon: Keynote and Break—Outs
Noon - 1 pm: Working Lunch and Networking
1 pm - 5 pm: Keynote and Break-Outs until 6 pm on Friday
Hidden from view brain injuries too easily misunderstood
By Elizabeth Hovde
January 23, 2016 The Oregonian Newspaper

Brain-injury understanding and prevention have even bigger hurdles than NFL fandom, an organization’s money-making desire or the tendency to blow off concussions: Brain injuries are invisible. That means they’re easier to hide or deny and harder to detect or believe, which "Concussion," the recently-released movie about the prevalence of concussions among pro football players, points out and that my traumatically brain injured peers and I know.

Part of this invisible-injury problem was on display after a last-minute Pittsburgh Steelers’ win over the Cincinnati Bengals Jan. 9. "Antonio Brown was not hurt. ... I know he was faking. ... He need a Grammy award for that one," Adam 'Pacman' Jones, a Bengal, said about a hit to Steelers’ wide receiver Antonio Brown. If a bone were sticking out of Brown’s leg, his injury would not have been questioned.

Later, it was determined that Brown suffered a concussion. He wasn't in last week’s playoff game against the Denver Broncos and received an appropriate apology from Jones. (I’m sure someone told Jones Grammys are given for musical accomplishments, not acting ones.) The Jones incident showed us that even some NFL players don’t take concussions seriously, even though multiple sources, including the NFL finally, say they’re at greater risk for long-term brain injuries, Alzheimer’s disease and dementia. Football leagues are employing rules and players are using enhanced gear to make concussions less frequent. But as actor Will Smith, while playing the Nigerian pathologist who stressed a link between brain damage and NFL players, said, "God did not intend for us to play football." We’re not created like thick-skulled woodpeckers.

Even if humans aren’t made for the sport, they’ll continue playing it. Everyone should at least be honest about the risks and links so people can make informed decisions. Parents are rightly concerned. Participation in youth football has declined. The nation’s largest youth football program, Pop Warner, saw participation drop by nearly 10 percent between 2010 and 2012. An argument could be made that we aren’t made for ice, either. I crashed on a mountain skiing a groomed trail. Although I was wearing a helmet, which helped save my life, I still got a traumatic brain injury (TBI) and coma time out of the deal. Sports carry risk. So does driving, which is what most of the brain-injured peers I’ve met were doing when they got their TBIs. We all weigh risk differently and accidents happen.

The Centers for Disease Control reports, "Every day, 138 people in the United States die from injuries that include TBI. Those who survive a TBI can face effects lasting a few days to disabilities which may last the rest of their lives. Effects of TBI can include impaired thinking or memory, movement, sensation (e.g., vision or hearing), or emotional functioning (e.g., personality changes, depression). These issues not only affect individuals but can have lasting effects on families and communities."

TBI-related hospitalizations, emergency department visits and deaths added up to 823.7 per 100,000 in 2010.

There are a lot of us out there. And in my TBI circles, it’s a common frustration that brain injury is invisible and misunderstood. You can look normal, but things aren’t quite right. You’re not you. There’s an old you that you miss and mourn, and there’s a new you with different strengths and weaknesses to get used to. Many of us talk about our lives in those terms.

Other common challenges? Every brain injury is different, but they can include sensory overload, a body part not taking instructions from the brain, fatigue, impaired balance that limits old activities and has you touching a lot of walls, increased anxiety and slower processing. For some, there’s a loss of relationships or independence, and many gain serious short-term memory problems.

Those can have you forgetting why you’re in the car, where a park is that you’ve been to dozens of times or needing to write "eat" or "pick up kids" on a daily calendar so you’ll remember even every-day tasks. The memory shortcomings aren’t the same as forgetting someone’s name at a dinner party. I’ve often thought TBI survivors needed head casts so friends and family can remember they’re recovering and might have some new glitches. The good news is we can create workarounds to overcome many of the glitches and continue to thrive in careers and relationships.

We need to let people with brain injuries adjust to an often-tiring new normal without statements like, "I forget things all the time," "You're using that for an excuse," and, "Get over it." And we need to be cautious with athletes on the ground after a heavy hit. We’re not woodpeckers.

Elizabeth Hovde writes Sunday columns for The Oregonian/OregonLive.
Volunteers Needed:
Research Study on Balance Problems
Caused by Traumatic Brain Injury (TBI)

The Center for Regenerative Medicine at Oregon Health & Science University (OHSU) and the VA Portland Health Care System are conducting a research study for people who have problems with balance or walking that resulted from mild or moderate traumatic brain injury (TBI). This study will test a potential treatment that combines the use of a device called the Portable Neuromodulation Stimulator (PoNST™) – which provides mild electrical stimulation to the tongue – with physical therapy exercises and relaxation training.

Who is Eligible?
You may be eligible if you:
• experienced a mild or moderate traumatic brain injury (TBI) one or more years ago
• have difficulty with balance and walking
• are between the ages of 18 and 65 years
• are able to walk for 20 minutes on a treadmill (even at a slow pace)

This is a research study, not treatment.

• Compensation will be provided for this research study. You will receive $1500 if you complete the entire study. If you should leave the study early for any reason you will be paid for the visits you complete in full.

• The study is 6 to 7 weeks long. Research personnel will provide training and assistance during the study. You may stop at any time.

If you would like to participate, please call:
Dr. Sarah Theodoroff at 503-220-8262 ext 51948

The Principal Investigator for this study is Dr. Kenton Gregory
OHSU Center for Regenerative Medicine
Oregon Health & Science University
3181 S.W. Sam Jackson Park Road
Portland, OR 97239
Today there are over 5 million Americans who are living with a disability related to brain injury. Each year this number will increase. A person injured prior to their 30th birthday is likely to experience a lifespan of 78.6 years according to a study conducted by the National Institutes for Health in 2001. As people who are living with a brain injury age, the normal effects of the aging process interact with the disabling conditions caused by their brain injury. In many respects, brain injury accelerates the aging process and has been linked with the potential for early onset dementia and other neurological problems. The person aging with a brain injury may experience increased functional losses such as: mobility; strength; fatigue; memory; problem-solving and have greater difficulty with vision and hearing.

The research related to the lifelong effects of brain injury indicates that the person may experience an earlier and more significant cognitive decline than their peers. The psychological and behavioral problems which are noted following an injury may persist and in some cases may increase as the person ages. Problems with sleep, arthritis and pain that we associate with the "normal aspects of aging" can become more significant for the person with a brain injury and impact on their mobility and independence. Aging with a brain injury will affect every aspect of the person’s life and their ability to maintain their independence.
Not all medical conditions affect driving performance in the same way and not all individuals with the same condition will be affected in the same manner. A person’s fitness to drive depends on their cognitive (thinking and perceptual) and physical abilities, and their ability to cope with unusual and emergency situations. Some people are able to compensate for changes in their abilities while others may not. The effects of Acquired Brain Injury (ABI) can sometimes be subtle and difficult to detect and may also creep up over time, affecting a person’s ability to drive safely.

**Conditions that affect driving**

**Physical changes**: A person with ABI may experience physical weakness or poor coordination that comes and goes unpredictably, for example, affecting their control of the car.

**Cognitive changes**: These are changes in a person’s thinking or perceptual abilities. For example, difficulties with perception may cause problems judging gaps in traffic. Changes in vision and attention may leave them unable to see potential hazards in their peripheral vision. They may have slowed response times, trouble concentrating or experience confusion, all of which are dangerous when driving.

If there are doubts about your family member’s ability to drive, you need to encourage them to discuss this with a doctor or occupational therapist.

**Stroke**: After stroke or serious head injuries, doctors normally recommend that a person wait at least three months before driving again. The decision about if and when to return to driving should be made in consultation with a doctor and where appropriate, a driving assessor.

**Driving assessment & specialist referrals**

A detailed assessment by a specialist occupational therapist driving assessor can detect subtle problems that affect driving ability. It may also be necessary to refer the family member to another specialist – e.g. to have their vision tested.

**The caregiver’s dilemma**

Having a driver’s license gives a person independence. Being forced to give up this independence can have a big impact on the person’s self-esteem and wellbeing. This is a sensitive issue that caregivers of people with ABI need to handle carefully.

It is important to discuss your safety concerns with your family member in a sensitive but straightforward way. Some people will understand the problem clearly, others may deny there is a problem, especially if their condition has deteriorated slowly and they do not realise they are no longer safe to drive. Some people will accept advice more readily from their doctor than a family member. You could ask your doctor to tackle the subject with your family member or see the doctor together and bring up the subject yourself. You or the doctor or an occupational therapist might suggest that the person has a driving assessment.

When the person decides to have an assessment themselves, it helps them to feel that the decision remains in their control. If this is not possible however, it may be necessary to write directly to the relevant government department of transport, or ask your doctor to do so.

**Legal obligations**

Drivers have a legal obligation to advise the DMV of any permanent condition or illness that may impair their ability to drive safely. It is also the driver’s responsibility to advise their private insurance company about any condition that may compromise driving abilities. Failure to do so may compromise the person’s insurance coverage in the event of an accident.

**Transport options**

If driving is no longer an option, help your family member to plan other ways to travel, such as by public transport, community services or taxis. Try to arrange activities that don’t involve the use of a car and discuss positive reasons why these options work – they are more relaxing, quicker and there are no parking problems!
BIAOR by the Numbers

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

What does your membership dues pay for?

Each year we provide:

Information & Referral
- 7200 calls, 32,000 emails
- 1520 packets mailed, 2550 DVDs mailed
- 1.2 million website visitors

Legislative & Personal Advocacy

Support Services
- 85 Support Groups
- Peer Mentoring and Support
- Donations
- Emergency Support

Awareness and Prevention
- 65 Awareness and Prevention Events

Education
- 3 day Annual Conference, 370 Trainings/Education
- The Headliner, reaching 16,000 quarterly

Referrals to Research Projects

We can’t do this alone, please send in your membership dues today or donations.
See page 23 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. See page 23 to sign up.

Some tips for managing stress

Visualization
Use your imagination (e.g. pleasant daydreams or memories) to will yourself into a relaxed state. Start by getting comfortable, scanning your body for tension and relaxing the muscles. Select a favorite place which is real or imagined.

Focus your imagination using all five senses, then use affirmations such as repeating ‘I am letting go of tension’; or ‘I am feeling peaceful’. Practice using visualization three times a day for a few minutes or longer. Eventually, with practice you can use visualization in everyday situations when feeling uptight. Its effectiveness requires evaluation! Note the physical, mental and behavioral signs of stress each time and try different strategies and see which works better.

Slow breathing techniques
Proper breathing habits are essential for good mental and physical health. First, a person needs to focus upon their breathing pattern. They need to identify whether they breathe mainly through the chest or through their stomach. Short, shallow and rapid breaths from the upper chest should be avoided. The aim is to breathe deeply and slowly through the nose. A person should feel greater movement in the stomach than the chest as they inhale and exhale. Practice breathing exercises everyday. Learn to apply slow breathing as needed e.g. when feeling stressed, angry or anxious.

Progressive muscle relaxation
A person learns to identify muscle groups and the difference between tension and relaxation in the muscles. Focus on the four main muscle groups:

1. Hands, forearms and biceps
2. Head, face, throat and shoulders
3. Chest, stomach and lower back
4. Thighs, buttocks, calves and feet.
Tense muscles for five to seven seconds then relax for 10 to fifteen seconds.
It should only take a week or so to master with two 15 minute sessions per day.

Vehicle Donations

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

It is normal to feel anxious or worried from time to time. In fact, it can be helpful in some situations. For example, think about how you might react if a lion approached you. You would probably respond with fear—your brain would send messages to the body to get ready to physically fight (fight response), or to run away from the situation (flight response). This experience of fear is part of helping us survive.

Anxiety is common in less threatening situations too. For example, it can be normal to feel anxious before a job interview or speaking in front of a group of people. This type of anxiety can sometimes be a good thing as it pumps people up ready to perform. Normal worry is relatively short-lived and leads to positive problem-solving behavior.

Worry or anxiety is unhelpful when it relates to a number of things, occurs often, is extreme for the situation, and stops you from doing things that need to be done. Anxiety can be experienced in different ways. Feelings of worry, fear, or apprehension may be accompanied by physical symptoms such as a racing heart, butterflies in the stomach, rapid breathing, sweating or shaking, muscle tension.

How common are anxiety disorders?

These are very common. One in four people will experience an anxiety disorder at some stage of their life. After a brain injury, it is estimated that between 18% and 60% of people will experience an anxiety disorder—the most common are post-traumatic stress disorder and generalized anxiety disorder. There are many types of anxiety disorders and each has different symptoms.

Generalized anxiety disorder (GAD)

This involves constant worry about many different things that are often out of one’s control e.g., finances, health, work or personal relationships. The worry is uncontrollable and interferes with the ability to focus on activities—it can also be accompanied by feelings of tension, irritability, restlessness, and difficulty sleeping, excessive, uncontrollable, and often irrational worry, that is, apprehensive expectation about events or activities. This excessive worry often interferes with daily functioning, as individuals with GAD typically anticipate disaster, and are overly concerned about everyday matters such as health issues, money, death, family problems, friendship problems, interpersonal relationship problems, or work difficulties. Individuals often exhibit a variety of physical symptoms, including fatigue, fidgeting, headaches, nausea, numbness in hands and feet, muscle tension, muscle aches, difficulty swallowing, excessive stomach acid buildup, stomach pain, vomiting, diarrhea, bouts of breathing difficulty, difficulty concentrating, trembling, twitching, irritability, agitation, sweating, restlessness, insomnia, hot flashes, rashes, and inability to fully control the anxiety. These symptoms must be consistent and ongoing, persisting at least six months, for a formal diagnosis of GAD.

Post-traumatic stress disorder

This is a psychological reaction to a traumatic event such as a life-threatening attack, accident or witnessing someone being killed or severely injured. These traumatic events are outside the range of usual human experiences. The response is usually one of intense fear, helplessness and horror. Some of the reactions or symptoms people may experience following a trauma include:

- nightmares, flashbacks and sleeping problems
- feeling numb or detached from others
- racing heartbeat, shortness of breath, dizziness, sweating, or flushes
- difficulty concentrating
- irritability
- loss of sense of control
- being easily startled.

Social anxiety

Social anxiety is used to describe anxiety and fear arising from being in social situations, such as meeting new people, talking in front of...
people, being watched while doing something (eating, drinking, writing your name). This fear is accompanied by physical symptoms of anxiety and usually leads to avoidance of social situations.

**Panic disorder**

Panic attacks consist of a frightening set of physical symptoms that may include:
- heart palpitations and sweating
- shakiness or trembling
- shortness of breath, feelings of choking, chest pain, nausea, dizziness
- feelings of detachment or unreality
- fear of losing control
- fear of dying
- numbness or tingling, and hot or cold flashes.

Panic attacks have a sudden onset and usually peak within 10 minutes. A panic attack may include anxiety about being in a situation where escape is difficult (such as being in a crowd or on a bus). A person who has panic disorder often lives in fear of having another panic attack, and may be afraid to be away from home or far from medical help.

**Obsessive-compulsive disorder (OCD)**

This involves uncontrollable and unwanted thoughts (obsessions) and repetitive behavior or rituals (compulsions). Typical obsessions include:
- fear of being contaminated by germs or of becoming ill
- fear of causing harm to oneself or others
- fear of doing something unacceptable.

**Typical compulsions include:**
- excessive cleaning or washing
- putting things in a particular order
- repeatedly checking
- hoarding
- mental acts such as silently repeating a prayer or counting.

People with OCD are unable to stop thinking the obsessive thoughts and feel driven to perform the compulsive behaviors in order to control their anxiety and distress. OCD can be a debilitating disorder. Some patients feel compelled to perform rituals for hours at a time; this often interferes with their ability to fulfill social roles, such as work or parenting.

**Anxiety after a brain injury**

The causes of anxiety disorders are not fully understood. Some of the factors that contribute to anxiety include; genetics, chemical imbalances and structural changes in the brain. A brain injury may make someone more likely to experience an anxiety disorder due to the impact the injury has on the brain and the changes in thinking, behavior and emotions that can occur.

People who have low self-esteem and difficulty coping may also be more prone to anxiety disorders. There can be some overlap between anxiety symptoms and changes after a brain injury, so it is important to speak to your doctor or a mental health professional who understands brain injury if you think that you may have an anxiety disorder. Anxiety can impact on everyday tasks, relationships, wellbeing, and your recovery after a brain injury, so it is important to seek treatment.

**How are anxiety disorders treated?**

Psychological therapy offers the most successful form of treatment for many anxiety disorders. Therapy typically includes techniques that help a person relax and manage the physical symptoms of anxiety, talking through and identify issues causing the anxiety, as well as strategies for facing fears and dealing with worrying thoughts. Because this approach targets the underlying problem, they offer hope of a cure rather than temporary symptom relief.

Treatment may also involve taking medication for a period of time. However, psychological therapy is more effective than drugs in managing anxiety disorders in the long term. Speak to your family doctor if you would like to be referred to a psychologist.

Sources: The Bridge Vol 19, Wikipedia
The effects of pituitary and hypothalamus injury are many and varied because of the large variety of hormones which can be affected. Some symptoms are similar to the more common effects of brain injury, and that is another reason why the problem may be under-diagnosed. Examples of overlapping symptoms are:

- Depression
- Sexual difficulties, such as impotence and altered sex drive
- Mood swings
- Fatigue
- Headaches
- Vision disturbance

Other symptoms include:

- Muscle weakness
- Reduced body hair
- Irregular periods / loss of normal menstrual function
- Reduced fertility
- Weight gain
- Increased sensitivity to cold
- Constipation
- Dry skin
- Pale appearance
- Low blood pressure / dizziness
- Diabetes insipidus.

Each symptom is caused by a change in the level of a particular hormone that is produced by the pituitary gland. There are many possible causes of the above symptoms, particularly after brain injury, so a thorough assessment is required before any diagnosis can be made.

If you suspect you or a relative may be experiencing the symptoms of hypopituitarism, or any other hormonal condition, you should speak to your doctor. If they feel it is appropriate, they will be able to refer you for further assessment with a specialist in the field, such as an endocrinologist. An endocrinologist will be able to run a variety of hormone level tests and may refer you for a brain scan to look for signs of damage to the hypothalamus or pituitary gland.

It is important to remember that symptoms may not become apparent immediately. In some cases the problems don’t manifest themselves until weeks, months or even years after the injury. Don’t dismiss the possibility that the problems are a result of the head injury just because it happened a long time ago.

**Treatment**

In the early stages, hormonal problems can cause a condition called neurogenic diabetes insipidus, which is characterized by increased thirst and excessive production of dilute urine.

This is due to a reduction in secretion of a hormone called vasopressin (anti-diuretic hormone) and can be treated by administering desmopressin (manufactured anti-diuretic hormone) and replacing lost fluids. In most cases, diabetes insipidus disappears fairly quickly, but in some rare instances can persist, sometimes permanently, requiring lifelong hormone replacement therapy.

In the later stages, where hypopituitarism is confirmed, treatment may be given. Hormone replacement therapy may be used to restore hormones to normal levels, which should help to manage the symptoms. There are different treatments available, depending on the particular hormones involved and the nature and extent of the symptoms.

The assessment and treatment of hypopituitarism after brain injury is a complex process and more research is needed into the potential long-term benefits of hormone replacement therapy. As with any treatment, you should discuss the pros and cons with your doctor before making any decisions.

Source: Bridges
We are very pleased to announce the Cognitive Enhancement Center Program has obtained its State Contract!

Individuals living with Brain Injury who are residing in an Adult Care Home receiving Medicaid funded services, as well as those living in family home environments not receiving Medicaid services may now be eligible to attend our very beneficial Specialized Long-Term Day Treatment Program!

**PROGRAM OVERVIEW**

Our program utilizes a consistent, structured, scheduled, and sequential environment incorporating visual, written and verbal queuing systems to advance path finding skills, cognition, improve time and self-management skills, increase organizational skills and increase physical and psychosocial ability. All of which, promote the relearning of global deficits often associated with brain injury. Participants gain necessary psychosocial, communication, cognitive and countless other skills in facilitated group settings by our staff’s practice of our unique Positive Reinforcement Program. As confidence and self-esteem are qualities often lost after a brain injury and are elements vital to human growth, our program focuses on a “No Fail System”, constantly and consistently recognizing accomplishment, devoid of direct correction, and therefore assuring the rebuilding of self-confidence and self- esteem. Our facilitators offer only positive questions and guidance to obstacles of healthy and supportive relationships and the appropriate practice of social and problem solving skills. These effective approaches assist our Participants in discovering positive alternatives and solutions for deficits associated with these often very affected areas and then the opportunity to practice these newly re-learned skills, alternatives and solutions each day at the Center. These same methods are utilized in all components of the program creating effective comprehensive rehabilitation opportunity for our Participants in all areas of deficiency.

For more information, please contact Brad Loftis at 503-760-0425
A 2011 study regarding Traumatic Brain Injury (TBI) and schizophrenia has researchers taking a second look at the link between TBI and schizophrenia. The study shows that those who suffer a brain injury may also be at a higher risk for schizophrenia. The problem is worse in patients with a genetic risk for the mental disorder. Head trauma may increase the risk of developing schizophrenia.

The results show people who have suffered from a traumatic brain injury (TBI) are 1.6 times more likely to develop schizophrenia compared with those who have not suffered such an injury.

The risk was particularly high in those with a family history of schizophrenia.

Previous studies regarding TBI and schizophrenia have yielded mixed results as to whether the conditions are linked. The new study is one of the first to pool information from past research in a systematic way to get an indication of the risk. While the new findings suggest the link does exist, they don't prove that brain injuries cause schizophrenia. And it could be that patients were already developing the psychiatric condition when their injury occurred, the researchers said. More work needs to be done to find exactly what's behind this relationship, they said.

**Brain injury and schizophrenia**

Traumatic brain injury results from a jolt or blow to the head, or an injury that penetrates the skull, according to the Centers for Disease Control and Prevention (CDC). Symptoms of TBI can be mild, such as a concussion, or more severe, such as amnesia, the CDC says.

TBI has been associated with "significant adverse mental health outcomes in up to one-third of survivors." One of those adverse mental health outcomes, are neuropsychiatric disturbances such as: mood disorders, anxiety disorders, substance abuse disorders, personality change, and cognitive impairment. However, for many years it was believed that TBI was not a cause for schizophrenia.

It is important to note that Schizophrenia is not a disease that is often accurately depicted in the media, movies, or television. In fact, these faulty depictions are the reason that many confuse multiple-personality disorder with schizophrenia. Instead, while multiple-personality disorder (now known as Dissociative identity disorder) is characterized by a split of the psyche resulting in at least two different and enduring identities, schizophrenia is a mental disorder typified by abnormal social behavior and failure to recognize what is real (the film A Beautiful Mind has been said to be a relatively accurate depiction of the behaviors of those afflicted with the disease).

Mary Cannon, of the Royal College of Surgeons in Dublin, and colleagues analyzed nine previous studies that included participants who had suffered TBI and participants from the general population that had not suffered TBI.

Overall, TBI was associated with an increased risk of schizophrenia, the researchers found. People who suffered TBI and also had a relative with schizophrenia were 2.8 times more likely to develop the psychiatric condition than those who hadn't had TBI, the study said.

Schizophrenia affects about 7 out of every 1,000 adults worldwide, according to the World Health Organization.

The risk of schizophrenia did not increase in more severe brain injuries, the study showed. That may mean other factors, such as the location of the trauma, matter more in terms of schizophrenia risk, the researcher said. The study did not take into account the location of the TBI.

**Genes or environment**

The researchers did not conduct any new trials themselves, so their study is only as good as the data they chose to review, said Dr. Dolores Malaspina, a professor of psychiatry and environmental medicine at New York University. But the studies included in the new analysis are "excellent," Malaspina said.

Malaspina said brain injury can pull on and break neural connections, which can have real, biological consequences. Depression and personality changes are common repercussions of TBI. And there are some cases in which a patient has developed schizophrenia due in part to their TBI, Malaspina said.

Some people may have genes that predispose them to schizophrenia once they experience an environmental "trigger," such as TBI, she said. "Exposure to a brain injury in those people can unmask a psychotic illness," or bring one forward that would have otherwise been compensated, Malaspina said.

On the other hand, having schizophrenia in its early stages may increase your risk of experiencing TBI, Malaspina said. These patients could experience be lapses in judgment and attention that may make them prone to accidents. The study was published Aug. 2, 2011 in the journal Schizophrenia Bulletin.

Pass it on: TBI is associated with an increased risk of schizophrenia.


Supporting memory in dementia

Memory impairment is one of the main symptoms of dementia, but not all aspects of memory are affected equally.

People with dementia primarily have trouble learning and remembering new information, such as the details of a recent conversation or event. They also often have difficulty in retrieving words and names from memory, and in keeping track of tasks.

However, memories for remote information, such as details from childhood and early adulthood, are usually preserved in dementia. People are also often able to maintain regular habits and routines, and to learn new ones if given plenty of practice.

Based on this knowledge, researchers from the University of Queensland have devised RECAPS, a set of practical strategies for supporting memory and everyday skills in people with dementia. These strategies can also be used to assist people with memory difficulties caused by other types of brain impairment.

**reCaPs memory support strategies r- reminders**

Give verbal reminders or prompts to help the person remember important items (“Have you got your wallet?”) and people (“Here comes Susie, your sister.”). Visual reminders can also be helpful, such as signs with a word and photo on doors, cupboards and drawers to show where things are kept.

To remind the person of appointments, visitors and other important information, put a ‘reminder center’ in a prominent place with a whiteboard or pin-board, a diary or calendar, and a pen.

**e- environment**

Avoid making changes to the surroundings unless it is absolutely necessary, and keep items used every day in the same place to help the person automatically link things with particular locations. Items such as reading glasses are less likely to be misplaced if you set up a habitual place for them when they are not being used. A labelled basket (with a picture) kept in the same convenient spot will help the person both to find and return the glasses there.

C- Consistent routines To support memory for regular habits, keep up (or establish) familiar routines and do things in a consistent order. For example, get ready in the same sequence every time, have things happen around the same time each day, and try to do regular activities on the same day each week. Predictability in routine is important for reducing anxiety as well as for maintaining involvement in daily tasks.

a- attention To give the person the best chance of taking in information, reduce distractions (for example, turn off the TV) when you are explaining something. To focus attention, try to get eye contact, and bring any relevant items into the person's line of vision.

P- Practice Encourage the person to carry out tasks and activities that they have always done, and give them the chance to carry out tasks from start to finish, trying not to take over. This is important to help the person maintain skills for as long as possible. You may need to help by giving prompts and reminders, and by modifying the task so that the person can continue to contribute. When the person needs to learn something new, provide opportunities for plenty of practice. Try to leave some time between practices and keep the practice natural. Use the same prompts and reminders each time.

s- simple steps To compensate for difficulties with keeping track of the task at hand, break tasks into simple steps, and try giving one instruction at a time.

You may also need to give reminders about the order of steps. Allow extra time to complete activities as it may take longer for the person to do things.

Source: The Bridge

The authors, Dr Megan Broughton, Dr Erin Smith and Dr Rosemary Baker, are part of a research team at The University of Queensland. The team is led by Professor Helen Chenery, and is investigating memory and communication support in dementia.
Couples’ Relationships After Traumatic Brain Injury

After traumatic brain injury (TBI), many couples find that their relationship with each other changes dramatically. These changes are very personal and can be very emotional for both people in the relationship. Although some of the relationship changes after TBI are difficult and can be painful, there are many things that couples can do in order to enjoy each other and their relationship in new, positive, and meaningful ways.

Couples’ Relationships and TBI

A TBI can significantly change a couple’s relationship. There are different degrees of brain injury severity, and milder injuries such as concussions do not always result in significant or long-term relationship changes. However, after severe, moderate, or complicated-mild brain injury, both survivors and their spouses or partners must often change many parts of their lives. The following life changes typically affect intimate relationships:

- Changes in responsibilities
- Changes in relationship roles
- Changes and challenges in communication

Brain injury survivors often have new personality traits, challenges, fears, and limitations. Survivors are often surprised by how these changes also mean that they will feel and behave differently in their relationships. These changes have led many spouses to say they feel like they are “married to a stranger.” The intimate partners of survivors may have new concerns or fears related to both the incident that caused the injury and the new behavior traits of the survivor. Also, partners often change the focus in their lives in order to manage the multiple challenges that arise for their family after an injury. These changes in the survivor’s personality and the life focus of both partners often result in a feeling that partners do not know what to expect from one another. Uncertainty can increase stress and anxiety within the home.

How Are Relationships Typically Affected?

Responsibilities

After a TBI, survivors must focus their energy on getting better and developing new skills. As a result, the assignment of responsibilities in the home must change. This means that everyone in the family is involved in learning new skills and taking on new jobs.

How do responsibilities typically change?
Survivors often give up many responsibilities, including work expectations and household chores, while they focus on getting better. Partners often must take on many responsibilities formerly managed by the survivor, such as:
- Yard work and physically maintaining their home through chores and repairs
- Managing household finances
- Planning and organizing activities for the family
There are also new tasks for both survivors and their partners, such as managing the health care of the survivor.

What happens when responsibilities change?
Any time people have to take on new responsibilities and learn how to handle new tasks, they will also experience more stress. In addition to the stress of injury and recovery, the stress of changes in responsibilities can increase tension between partners. Partners who have significantly more responsibilities will also have less time for other things. In contrast, survivors who are focusing on getting better may feel like they have more time. This can result in different expectations about how much time partners have to spend together.

Tips to improve relationship issues related to responsibility changes

Be understanding about each other’s new responsibilities. This can have a positive impact on a relationship. Although it is natural to focus on oneself when a person is overwhelmed, partners must take time and effort to note all of the new responsibilities their partner is managing. Noticing and talking about these challenges can reduce tension within your relationship. Say “thank you.” Make a commitment to yourself to thank your partner at least once a day for attempting to manage new responsibilities. Schedule opportunities to take breaks from responsibility. These breaks may be short and may not be as frequent as desired. However, when couples and families schedule time off for each adult family member and honor that commitment both practically and emotionally, thankfulness and respect are more likely to grow in the relationship.

Relationship Roles

In all families, people take on roles that often define how they behave. After brain injury, the challenge of recovery nearly always results in some changes to the roles within a family. While the person with TBI is in the hospital, their partner may need to make decisions that are usually made by the survivor. For example, a husband may make decisions about child care that his wife usually makes, or a wife may calm the family when everyone is upset, although that is something her husband has always done.

How do relationship roles change?
Although people often take on many different roles in their relationships over the course of a lifetime, TBI results in dramatic role changes that occur instantly, and without preparation. Early on in recovery, it may seem to couples that role changes are temporary. However, as time progresses, couples often find that these role changes may last for years or even be permanent. Commonly, partners take on more leadership roles in the relationship. Depending upon who is hurt and how the family did things before the injury, this may mean some small shifts for the couple, or it may mean drastic changes.

What happens when relationship roles change?
The more role changes that occur, and the more dramatic the changes are, the harder it may be for a couple to adjust to the changes. Certain family dynamics may also make the role changes more challenging: Couples who keep tasks separate instead of alternating who does what may find it more challenging to adjust to new roles. Couples who have just recently begun a new phase of their relationship, such as being newly married, having children, or being a new “empty nest” couple, may have a more difficult time with changes in roles. As each partner learns how to operate in his or her new role, there will be a period of adjustment for both people.

Uncertainty and frustration during this time can result in increased criticism between partners. People close to the couple may not understand the need for role changes and sometimes incorrectly believe that such changes slow recovery. For example, family members may say “Let her talk to the kids’ teachers. She will never get back to her old self if you don’t let her do her job.” This can cause tension between the couple and their family and/or friends.

Tips to improve relationships when roles have changed

- Identify where role changes occur and talk about these changes openly. Partners should try to be sensitive to the feelings of survivors. For example, the survivor may have felt pride in his or her role before the TBI and may feel sad or frustrated when asked to step aside.
- Partners can serve as mentors and consultants for one another. Couples can ask one another, “What works best for you when you are in this situation?” Although survivors may not be able to manage a former role, such as being the financial decision maker, they can share their knowledge with their spouse. Both partners will benefit when this approach is taken.
- Couples must be conscious of not criticizing the partner who is taking on a new role. For example, it is unlikely that a girlfriend will handle a challenge in the same way her boyfriend would have handled it. Partners should work hard to support one another in their new roles. This includes being patient with the time it takes for everyone to feel
At Windsor Place, we believe in promoting the self-confidence and self-reliance of all of our residents.
## Oregon Centers for Independent Living Contact List

<table>
<thead>
<tr>
<th>CIL</th>
<th>LOCATION</th>
<th>COUNTIES SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABILITREE IL Director: Greg Sublette</td>
<td>2680 NE Twin Knolls Dr Bend, OR 97702 1-541-388-8103</td>
<td>Crook, Deschutes, Jefferson</td>
</tr>
<tr>
<td>EOCIL (Eastern Oregon Center for Independent Living) Director: Kirt Toombs</td>
<td>322 SW 3rd Suite 6 Pendleton, OR 97801 (541) 276-1037 1-877-711-1037</td>
<td>Gilliam,., Morrow, Umatilla, Union, Wheeler</td>
</tr>
<tr>
<td></td>
<td>400 E Scenic Dr., Ste 2349 The Dalles, OR 97058 541-370-2810 1-855-516-6273</td>
<td>Columbia, Hood River, Sherman, Wasco</td>
</tr>
<tr>
<td></td>
<td>1021 SW 5th Avenue Ontario, OR 97914 (541) 889-3119 or 1-866-248-8369</td>
<td>Baker, Grant, Harney, Malheur, Wallowa</td>
</tr>
<tr>
<td>HASL (Independent Abilities Center) Director: Randy Samuelson</td>
<td>305 NE &quot;E&quot; St, Grants Pass, OR 97526 (541) 479-4275</td>
<td>Josephine, Jackson, Curry, Coos, Douglas</td>
</tr>
<tr>
<td>LILA (Lane Independent Living Alliance) Director: Sheila Thomas</td>
<td>20 E 13th Ave Eugene, OR 97401 (541) 607-7020</td>
<td>Lane, Marion, Polk, Yamhill, Linn, Benton, Lincoln</td>
</tr>
<tr>
<td>ILR (Independent Living Resources) Director: Barry Fox-Quamme</td>
<td>1839 NE Couch Street Portland, OR 97232 (503) 232-7411</td>
<td>Clackamas, Multnomah, Washington</td>
</tr>
<tr>
<td>SPOKES UNLIMITED Director: Curtis Raines</td>
<td>1006 Main Street Klamath Falls, OR 97601 (541) 883-7547</td>
<td>Klamath</td>
</tr>
<tr>
<td></td>
<td>SPOKES Lakeview Branch Office 100 North D St, Lakeview, OR 97630 541-947-2078 (voice)</td>
<td>Lake</td>
</tr>
<tr>
<td>UVDN (Umpqua Valley disAbilities Network) Director: David Fricke</td>
<td>736 SE Jackson Street, Roseburg, OR 97470 (541-672-6336)</td>
<td>Douglas</td>
</tr>
</tbody>
</table>

---

### Winter Sudoku

(Answer from page 5)

```
 2 5 3 7 9 1 8 6 4
 7 6 9 8 4 2 1 3 5
 1 8 4 5 3 6 9 7 2
 8 7 5 3 1 9 4 2 6
 9 2 1 4 6 5 3 8 7
 4 3 6 2 7 8 5 1 9
 5 4 7 1 2 3 6 9 8
 6 1 8 9 5 7 2 4 3
 3 9 2 6 8 4 7 5 1
```
The Essential Brain Injury Guide
The Essential Brain Injury Guide provides a wealth of vital information about brain injury, its treatment and rehabilitation. Written and edited by leading brain injury experts in non-medical language, it’s easy to understand. This thorough guide to brain injury covers topics including: Understanding the Brain and Brain Injury; Brain Injury Rehabilitation; Health, Medications and Medical Management; Treatment of Functional Impacts of Brain Injury; Children and Adolescents; Legal and Ethical Issues; and MORE! Used as the primary brain injury reference by thousands of professionals and para-professionals providing direct services to persons with brain injury over the past 15 years. $60.00

Ketchup on the Baseboard
Ketchup on the Baseboard tells the personal story of the authors’ family’s journey after her son, Tim, sustained a brain injury. Chronicling his progress over more than 20 years, she describes the many stages of his recovery along with the complex emotions and changing dynamics of her family and their expectations. More than a personal story, the book contains a collection of articles written by Carolyn Rocchio as a national columnist for newsletters and journals on brain injury. $20

A Change of Mind
A Change of Mind by Janelle Breese Biagioni is a very personal view of marriage and parenting by a wife with two young children as she was thrust into the complex and confusing world of brain injury. Gerry Breese, a husband, father and constable in the Royal Canadian Mounted Police was injured in a motorcycle crash while on duty. Janelle traces the roller coaster of emotions, during her husband’s hospital stay and return home. She takes you into their home as they struggle to rebuild their relationship and life at home. $20

Fighting for David
Leone Nunley was told by doctors that her son David was in a “persistent coma and vegetative state”—the same diagnosis faced by Terri Schiavo’s family. Fighting for David is the story how Leone fought for David’s life after a terrible motorcycle crash. This story shows how David overcame many of his disabilities with the help of his family. $15

The Caregiver’s Tale: The True Story Of A Woman, Her Husband Who Fell Off The Roof, And Traumatic Brain Injury
From the Spousal Caregiver’s, Marie Therese Gass, point of view, this is the story of the first seven years after severe Traumatic Brain Injury, as well as essays concerning the problems of fixing things, or at least letting life operate more smoothly. Humor and pathos, love and frustration, rages and not knowing what to do—all these make up a complete story of Traumatic Brain Injury. $15

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

Brain Injury Alliance of Oregon

- New Member
- Renewing Member

Name: ______________________________
Street Address: ______________________________
City/State/Zip: ______________________________
Phone: ______________________________
Email: ______________________________

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

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

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
- Fighting for David $15
- Ketchup on the Baseboard $20
- The Essential Brain Injury Guide $60
- Recovering from MTBI $18
- Understanding MTBI $16

Type of Payment
- Check payable to BIAOR for $__________________
- Charge my VISA/MC/Discover Card $__________________
Card number: ______________________________
Expiration date: __________________ Security Code from back
Print Name on Card: ______________________________
Signature Approval: ______________________________
Date: ______________________________

Please mail to:
BIAOR PO Box 549
Molalla, OR 97038
800-544-5243 Fax: 503–961-8730
www.biaoregon.org • biaor@biaoregon.org
501(c)(3) Tax Exempt Fed. ID 93-0900797

The Headliner
Winter 2016
Page 23
Resources

For Parents, Individuals, Educators and Professionals

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

Parent Training and Information
A statewide parent training and information center serving parents of children with disabilities.
1-888-988-FACT
Email: info@factoregon.org
http://factoregon.org/?page_id=52

Websites
Mayo Clinic www.mayoclinic.com/health/traumatic-brain-injury/DS00552
BrainLine.org www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi_pageall.html

FREE Brain Games to Sharpen Your Memory and Mind
www.realage.com/HealthyYOUcenter/Games/intro.aspx?gamenum=82
http://brainist.com/
Home-Based Cognitive Stimulation Program
http://main.uab.edu/tbi/show.asp?durki=49377&site=2988&return=9505
Sam’s Brainy Adventure
http://faculty.washington.edu/chudler/flash/comic.html
Neurobic Exercise
www.neurobics.com/exercise.html
Brain Training Games from the Brain Center of America
www.braincenteramerica.com/exercises_am.php

Returning Veterans Project
Returning Veterans Project is a nonprofit organization comprised of politically unaffiliated and independent health care practitioners who offer free counseling and other health services to veterans of past and current Iraq and Afghanistan campaigns and their families. Our volunteers include mental health professionals, acupuncturists and other allied health care providers. We believe it is our collective responsibility to offer education, support, and healing for the short and long-term repercussions of military combat on veterans and their families. For more information contact:
Belle Bennett Landau, Executive Director, 503-933-4996 www.returningveterans.org
email: mail@returningveterans.org

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

Washington TBI Resource Center
Providing Information & Referrals to individuals with brain injury, their caregivers, and loved ones through the Resource Line. In-Person Resource Management is also available in a service area that provides coverage where more than 90% of TBI Incidence occurs (including counties in Southwest Washington).
For more information or assistance call: 1-877-824-1766 9 am – 5 pm www.BrainInjuryWA.org
Vancouver: Carla-Jo Whitson, MSW CBIS 360-991-4928 jarlaco@yahoo.com

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

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

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

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
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

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


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

Oregon Food Pantries http://www.oregonpantries.org/st/oregon

Central City Concern, Portland 503 294-1681

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

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

Tammy Greenspan Head Injury Collection

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

Oregon Prescription Drug Program 800-913-4146 Oregon.gov/OHA/pharmacy/OPDP/Pages/index.aspx Helps the uninsured and underinsured obtain drug discounts.

Coalition of Community Health Clinics 503-546-4991 Coalitionclinics.org Connects low-income patients with donated free pharmaceuticals.

Oregon Health Connect: 855-999-3210 Oregonhealthconnect.org Information about health care programs for people who need help.

Project Access Now 503-413-5746 Projectacesssnow.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.

Valuable Websites

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

www.iCaduceus.com: The Clinician’s Alternative, web-based alternative medical resource.

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

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

http://idahoorganizedpeople.com: 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.bealihurtury.com: - information for brain injury survivors and family members


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

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

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


http://apps.usa.gov/national-resource-directory/NationalResourceDirectory: 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 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.

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 tibicsupport@gmail.com

Growing Through It - Healing Art Workshop
Contact: Bittin Duggan, B.F.A., M.A., 541-217-4095 bittin@growingthroughit.org

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

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

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

Hillsboro
Westside SUPPORT GROUP
3rd Monday 7-8 pm
For brain injury survivors, their families, caregivers and professionals
Tuality Community Hospital
335 South East 8th Street, Hillsboro, OR 97123
Carol Allman, (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 415-883-7547 jackie.reed@spokesunlimited.org

Lake Oswego
Family Caregiver Discussion Group
4th Wednesday, 7-8:30 PM
(rather be no group in August)
Parks & Recreational Center
1500 Greenrte Drive, Lake Oswego, OR 97034
Ruth C. Cohen, M.S.W., LCSW, 503-701-2184
www.ruthcohenconsulting.com

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
Loriia Cushman 541-621-9974
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

Portland (20)
Brain Injury Help Center
“Living the Creative Life” Women’s Coffee
Fridays: 10:00 – 12:00
Call and meet with Brain Injury Advocate
Tuesdays & Thursdays: 10:00-12:00
Young BI Adult Technology & Game time
Wednesdays: 10:00-12:00
Family and Parent Coffee in cafe
Wednesdays: 10:00-12:00
“Living the Creative Life” Women’s Coffee
Fridays: 10:00 – 12:00 (full)
1411 SW Morrison #220 Portland, Oregon 97205
braininjuryhelporg@yahoo.com
Call Pat Murray 503-406-2881

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

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 stephenmwright@comcast.net
503-816-2510

CROSROSS (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
Please Pre-Register

Astoria
Astoria Support Group
on hiatus
Kendra Ward 209-791-3092 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 Accомерo, 541 382 9451
Accомermo@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

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

Corvallis
STROKЕ 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

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

Sonja Bolon, MA 503-816-1053
sonjabolon@yahoo.com
Support Groups provide face-to-face interaction among people whose lives have been affected by brain injury, including Peer Support and Peer Mentoring.

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 888-302-2289 murraypamurray@aol.com

FARADAY CLUB
on hiatus
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: wilhelmj@ohsu.edu

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@salemshealth.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 weillott21xyz@mac.com

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; biacedby@email.net)

Stevens County TBI Support Group
1st Tuesday of each month 6-8 pm
Mt Carmel Hospital, 962 E. Columbia, Colville, WA
Craig Sicilia 509-218-7982; craig@tiwa.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, 7-9.p.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)

SAPOKE, WA
Spokane TBI Survivor Support Group
2nd Wednesday of each month 7 p.m.
St.Luke's Rehab Institute
711 S. Cowley, #L1
Craig Sicilia (509-218-7982; craig@tiwa.org)
Michelle White (509-534-9380; mmwhite@mwhite.com)
Valerie Wooten (360-387-6428)

Spokane Family & Care Giver BI Support Group
4th Wednesday of each month, 8 p.m.
St. Luke's Rehab Institute
711 S. Cowley, #L1, Spokane, WA
Melissa Gray (melissagray.mhc@live.com)
Craig Sicilia (509-218-7982; craig@tiwa.org)

SAPOKE 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@tiwa.org)
Toby Brown (509-866-5388)

SAPOKE County Disability/BI Advocacy Group
511 N. Argonne, Spokane WA
Craig Sicilia (509-218-7982; craig@tiwa.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 Whitsom, MSW, CBIS jarlaco@yahoo.com
360-991-4928

IDAHO TBI SUPPORT GROUPS
STARS/Treasure Valley BI Support Group
4th Thursday 7-9 pm
Idaho Elks Rehab Hosp.Sawtooth Room (4th Fl), Boise
Kathy Smith (208-367-8562; kathsmit@sarmc.org)
Greg Meyer (208-489-4963; gmeyer@elksrehab.org)

Southern 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; clayjaanep@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; 208-737-2126)

Northern Idaho TBI Support Group
*For Veterans
3rd Sat. of each month 1-3 pm
Kootenai Med. Center, 2003 Lincoln Way Rm KMC 3
Coeur d’Alene, ID
Sherry Hendrickson (208-666-3903, shendrickson@kmc.org)
Craig Sicilia (509-218-7982; craig@tiwa.org)
Ron Grigsby (208-659-5459)
Thank you to all our contributors and advertisers.

Join us for FREE TRAININGS and FREE CEUs through Oregon Care Partners! With exceptional curriculum, expert Trainers, and a commitment to quality care, what’s not to like?!

Class topics include Challenging Behaviors, Medication Management, and Alzheimer’s and Dementia Care. Courses are funded by a grant from the state and are specifically designed for long term care professionals, adult care home Operators and Staff, family caregivers, and members of the public.

Join us to learn and grow as caregivers! Reserve your spot today!

Visit www.OregonCarePartners.com or call (800) 930-6851.