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# HEADLINER

Winter 2016  
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The Newsletter of the Brain Injury Alliance of Oregon

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## The 14th Annual Pacific Northwest Brain Injury Conference 2016

*33rd Annual BIAOR Conference*

## Living with Brain Injury, Stroke & Neurological Changes



Brain Injury Alliance of Oregon



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<i>Issue</i>	<i>Deadline</i>	<i>Publication</i>
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# The Co-President's Corner

Eric Hubbs, DC



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

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## 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)

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

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

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



The question I am exploring in this column concerns communication between two people; one of whom has a disability and is applying for a job and one of whom does not and is the prospective employer. The context of the conversation between these two individuals is the conversation that occurs during a job interview. And the question is: Should a prospective employer be allowed to ask questions about the job applicant's disability?

One thing I have learned in my twenty five years as an attorney is that good ideas can come from anywhere, and when they do I need to recognize the good idea and act upon it. Another thing I have learned is that there are incredible people everywhere in this world, and when I am lucky enough to get to know those incredible people I need to be open to their influence. When a good idea comes from one of the incredible people I really need to pay attention.

Todd Kimball is one of those incredible people. Todd does not have a brain injury, but he is disabled, although you would never know it from talking to him. Todd has been confined to a wheelchair for his entire life, and while he is disabled by any definition of the word, his disability has never slowed him down. In fact, Todd has developed numerous businesses and has founded numerous worthy organizations during his life. His most recent accomplishment is a non-profit organization called United By Media whose mission is to empower disabled people by allowing them to interview famous and not-so-famous people. The interviews are then posted on United By Media's website.

In the context of this column, however, Todd and I are exploring another aspect of the disabled community's efforts to gain meaningful employment, and that is where the relevance to BIAOR's mission becomes clear. Todd is a firm believer that open, honest and direct communication breaks down barriers that exist when communication is not open, honest and direct.

The Americans with Disabilities Act (ADA) prohibits a prospective employer from asking a job applicant about that applicant's disability. In other words, when Todd rolls into an

interview in 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 when 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 two 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, Stroke & Neurological Changes**

**Friday, March 11**

**Saturday, March 12**

7 am-8 am	Registration and Check-in - Continental Breakfast	Registration and Check-in - Continental Breakfast
8 am - 8:15 am	Welcome to BIA Conference 2016	Welcome to BIA Conference 2016
8:15 am- 9:15 am	<b>Keynote Speaker: Functional Neurology and treating Brain Injury</b> - Glen Zielinski, DC, DACNB, FACFN	<b>Keynote Speaker: Aging and Brain Injury: Expectations and Realities</b> - Rolf B. Gainer, PhD
9:30 am-10:30 am	<p><b>Track 1 - Treatment of Concussion - From the Field to the Hospital and Rehabilitation</b> - 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 Moderator: Kendra Ward</p> <p><b>Track 2 - Forensic Life Care Planning</b> - Janet Hart Mott, Ph.D., CRC, CCM Rehabilitation Counselor/Case Manager Moderator: Melissa Taber</p> <p><b>Track 3 - The Veteran in Crisis, Brain Injury and Other Traumas</b> - Scott Bloom, CBIS, Traumatic Brain Injury Program Coordinator Program Specialist 3; Behavioral Health Services WA. Dept. of Veterans Affairs</p>	<p><b>Track 1 - PROVING DAMAGES IN A TRAUMATIC BRAIN INJURY CASE: GETTING THE INSURER TO SAY 'YES, WE WILL TENDER LIMITS'</b> Moderator: Jeri Cohen</p> <p><b>1. Telling the Story with Images and Video</b> - Richard H. Adler, JD of Adler Giersch ps</p> <p><b>2. Proving mTBI Case When No Loss of Consciousness and Negative CT</b> - Jacob Gent, JD and Steven Angles, JD</p> <p><b>3. Uncovering the Deceptive Neuropsychological IME and Report</b> - Melissa D. Carter, JD</p> <p><b>4. Proving Economic Damages in a mTBI case.</b> Arthur D. Leritz, JD</p> <p><b>Track 2 - VEP: Clinical Relevance of Visually Evoked Potentials in Traumatic Brain Injury</b> - Remy Delplanche, OD</p> <p><b>Track 3 - From Coma to Ty Qoun Do</b> - Karen Campbell Moderator: Kendra Ward</p>
10:45 am-12 pm	<p><b>Track 1 - Treatment of Concussion - From the Field, to the Hospital and Rehabilitation (Continued)</b></p> <p><b>Track 2 - Preparing and Trying a Brain Injury Case</b> - Don Corson, JD Moderator: Jeri Cohen</p> <p><b>Track 3 -- What We Can Do To Help The School Aged Student After A TBI --</b> Melissa McCart, D.Ed, Oregon TBI Team Leader, CBIRT</p>	<p><b>Track 1 - PROVING DAMAGES IN A TRAUMATIC BRAIN INJURY CASE: GETTING THE INSURER TO SAY 'YES, WE WILL TENDER LIMITS'</b> - Continued</p> <p><b>Track 2 - Ozone Therapies</b> - Dr. Bridghid McMonagle, ND Moderator: Dr. Gretchen Blyss, D.C.</p> <p><b>Track 3 - Problem solving training following brain injury: Best practices and new research</b> - Laurie Ehlhardt Powell, PhD, Moderator: Melissa Taber</p>
12 pm - 1 pm	Working Lunch - Mobility Issues and Independence - Ryan Green	Working Lunch - <b>My Best Friend</b> - Karen Campbell
1 pm - 2:15 pm	<b>Afternoon Keynote: Where are we going? Life After Brain Injury</b> -Elizabeth Hovde, Oregonian newspaper, Michael Green and Stephanie Slack, Thomas and Rachel Moore	<b>Afternoon Keynote: Debbie Wilson - Saved by Cannabis After 25 Years of Pharmaceuticals - How Medical Marijuana Saved My Life</b> - Debbie Wilson, PhD Modertor: Eryn McKim
2:30 pm-3:45 pm	<p><b>Track 1 - Loss of sense of self after brain injury: The task of finding new identity</b> - Rolf B. Gainer, PhD</p> <p><b>Track 2 - What are the needs of individuals over 50 in Idaho-</b> Russell C. Spearman M.Ed. Moderator: Kendra Ward</p> <p><b>Track 3 - Caregivers as Clients: Who's Caring for the Caregiver?</b> - Nancy Weber, M.A., CBIS</p>	<p><b>Track 1 - What survivors, caregivers and families need to know.</b> - Dr. Glen Zielinski, DC, DACNB, FACFN Moderator: Dr. Eric Hubbs</p> <p><b>Track 2 - Service Dogs—What Everyone Should Know</b> - Scott Bloom, CBIS, WA VA</p> <p><b>Track 3 - Our Story: Faith and Brain Injury</b> - Ray and Becki Sparre Moderator: Melissa Taber</p>
4 pm - 5 pm	<p><b>Track 1 - TBI and Psychiatric Illness: A Common Thread of Neuroinflammation</b> - Shauna Hahn, Psychiatric Mental Health Nurse Practitioner, Central City Concern Moderator: Dr. Glen Zielinski</p> <p><b>Track 2 - Alar Ligament tearing as a source of headache in the head-injured patient</b> - Eric Hubbs, DC Moderator: Kendra Ward</p> <p><b>Track 3 - What do Families Need to Know about Life Care Plans and What Are the Different Options?</b> - Alisha Langford, Team Manager, SpecialCare Planner, Mass Mutual Oregon</p>	<p><b>Track 1- Behavioral Occurrence Prevention- Best Practice Communication and Interaction Methods and Techniques</b> - Brad Loftis CBIS &amp; Behavior Support Consultant, Moderator: Melissa Taber</p> <p><b>Track 2-Planning for the Here and Now and Beyond</b> - Janet Hart Mott, Ph.D., CRC, CCM Rehabilitation Counselor/Case Manager</p> <p><b>Track 3: Managing Emotional and Behavioral Disturbances after TBI.</b> - Kendra Ward, COTA/L</p>
5:30 pm - 9:30 pm	<b>Reception &amp; Dinner - The Music Within Us</b>	To Register for the Conference and/or the Dinner <b>Page 8 or online at</b> <b><a href="http://www.biaoregon.org/annualconference/htm">www.biaoregon.org/annualconference/htm</a></b>



## 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](http://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)

First Name		Last Name	
Badge Name		Affiliation/Company	
Address	City	State	Zip
Phone	Fax	Email	
Please check all that apply: <input type="checkbox"/> I am interested in volunteering at the conference. Please call me. <input type="checkbox"/> 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			
	Member	Non-Member	Amount
<input type="checkbox"/> Pre-Conference Workshop - How to Work with Challenging Behaviors after Brain Injury and Neurological Diagnosis—Thursday	\$175	\$250	\$
<b>Conference Registration Fees:</b> Registration fees include: continental breakfast, lunch & conference related materials. Meals not guaranteed for on-site registrations. <b>There are no refunds, but registration is transferable.</b> Contact BIAOR, 800-544-5243 for more information or questions. The following fees are per person:			
<input type="checkbox"/> VIP Special — 3 Days of Conference & Dinner	\$575	\$675	\$
<input type="checkbox"/> Professional (CEUs) 2 Day Friday & Saturday	\$425	\$525	\$
<input type="checkbox"/> Professional (CEUs) 1 Day Only: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	\$250	\$350	\$
<input type="checkbox"/> Students \$50 per day <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	\$50 per day		\$
<input type="checkbox"/> Saturday Survivor/Family (no CEUs)	\$150	\$175	\$
<input type="checkbox"/> Saturday Only Courtesy (Brain Injury Survivors with limited means-limited number)	\$25	\$35	\$
<input type="checkbox"/> Membership Professional \$100 Family \$50 Basic \$35 Survivor \$5			\$
<input type="checkbox"/> 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 <b>Separate Charge from Conference</b>	\$75		\$
<b>Credit Card Number</b> _____ - _____ - _____ - _____ <b>Exp Date</b> ____/____ <b>Sec code</b> _____			
<b>Signature</b> _____ <b>Pre-conference, Registration &amp; Dinner Total \$</b> _____			
<b>CC Address if different than above</b> _____			
(Please add totals from Registration Fee, Reception/Dinner and Scholarship Contribution for final total costs)			
<b>Make Checks out to BIAOR</b> —Mail to: BIAOR, PO Box 549, Molalla OR 97038			
or fax: 503.961.8730 Phone: 800-544-5243 <a href="http://www.biaoregon.org/annualconference.htm">www.biaoregon.org/annualconference.htm</a> <a href="mailto:biaor@biaoregon.org">biaor@biaoregon.org</a>			
<b>No refunds will be issued for cancellations; however, registrations are transferable</b>			

**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, too," "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.

## KAMPFE MANAGEMENT SERVICES

rehabilitation for Traumatic Brain Injury



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**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 (PoNSTM)** – which provides mild electrical stimulation to the tongue – with physical therapy exercises and relaxation training.

**APPROVED: SEP 18, 2015**

**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**

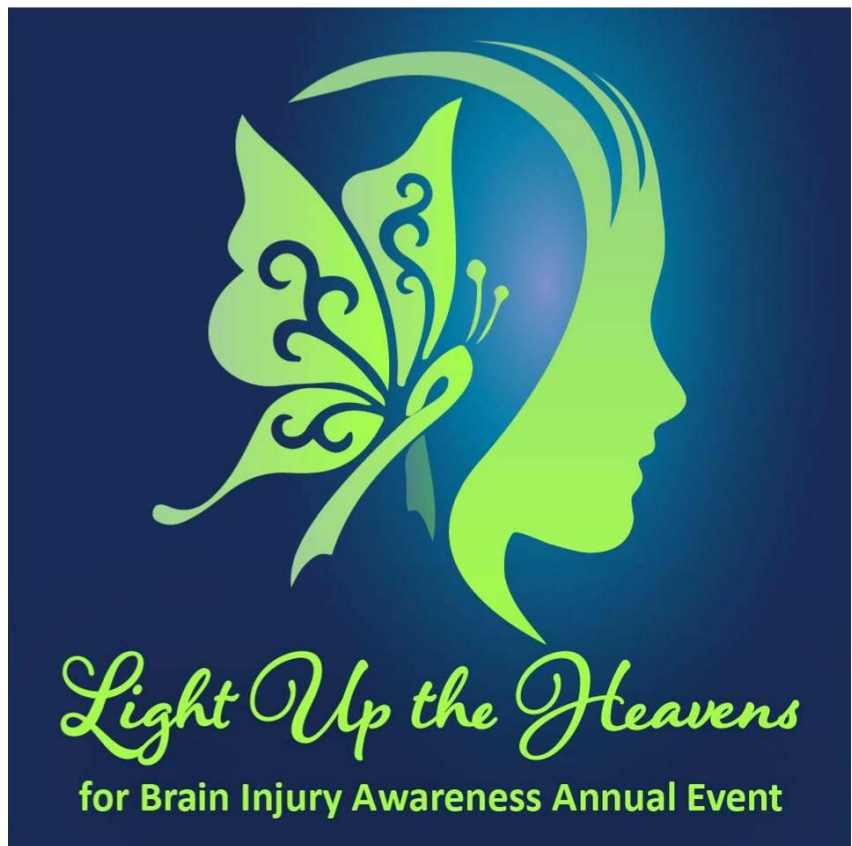
The Principal Investigator for this study is Dr. Kenton Gregory  
OHSU Center for Regenerative Medicine  
Oregon Health & Science University  
3181 S.W. Sam Jackson Park Road  
Portland, OR 97239




# Brain Injury & Aging

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.





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**Getting back behind the wheel can be crucial for maintaining our social connections & independence**



## Driving After BI

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](mailto: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.

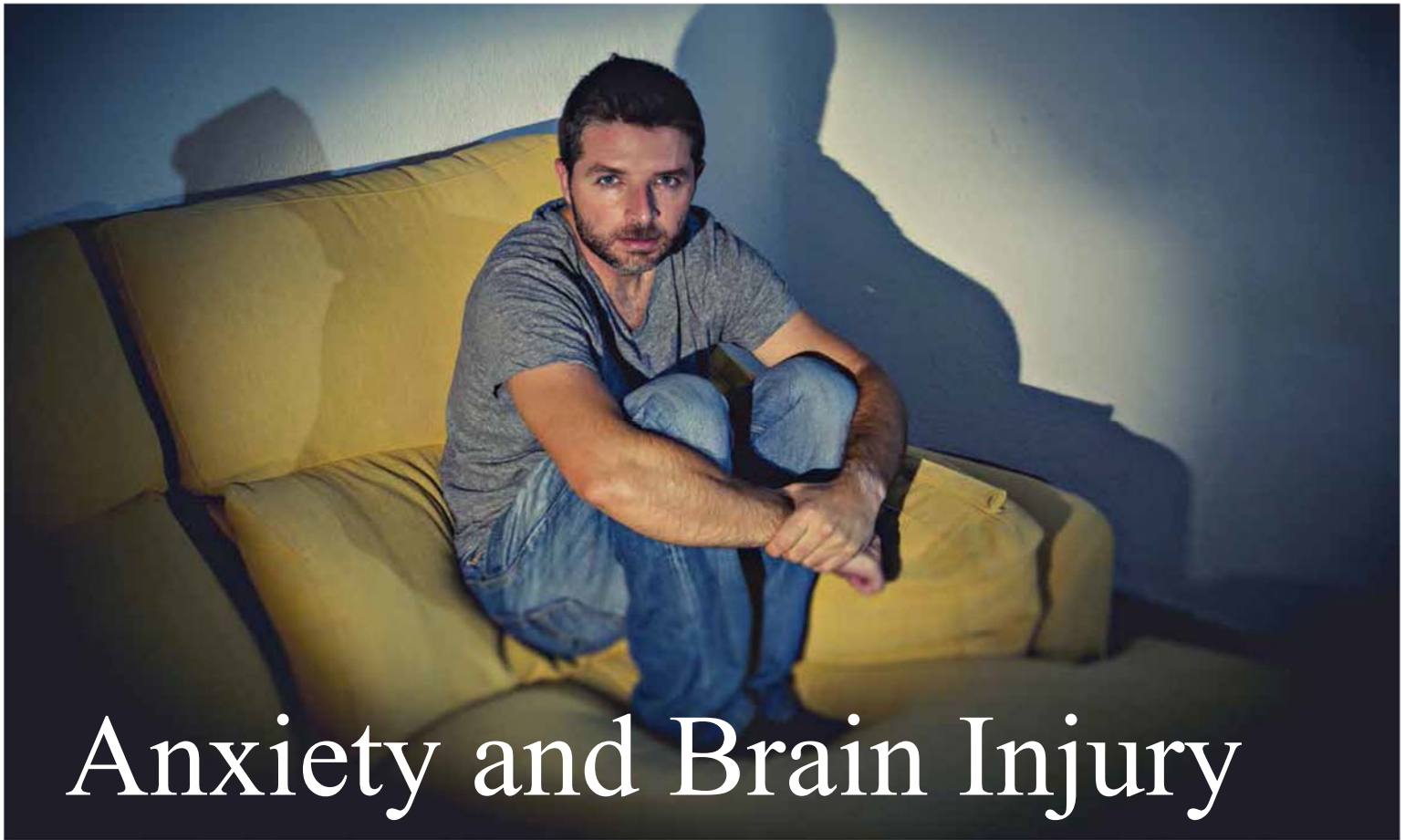
Tense muscles for five to seven seconds then relax for 10 to fifteen seconds.

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/org/?id=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

*(Anxiety Continued on page 15)*



(Anxiety Continued from page 14)

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



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# Hormonal imbalances after a brain injury

Brain injury may cause damage to the hypothalamus and/or pituitary gland, which are small structures at the base of the brain responsible for regulating the body's hormones. Damage to these areas can lead to insufficient or increased release of one or more hormones, which can cause disruption of the body's ability to maintain a stable internal environment (homeostasis). If damage to the pituitary gland leads to a reduction in hormone production the resulting condition is known as hypopituitarism. .

## Symptoms & Assessment

In the early stages after brain injury most people's hormone levels are severely affected, making diagnosis of hypopituitarism difficult. Later in the recovery process it may become clear that some symptoms are caused by hormonal changes, and some rehabilitation units test for this on assessment. However, there are currently no clear guidelines in place for the assessment and treatment of pituitary function after brain injury, and more research is needed to determine the scale of the problem.

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.

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.

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

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



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# Head Trauma May Boost Schizophrenia Risk

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.

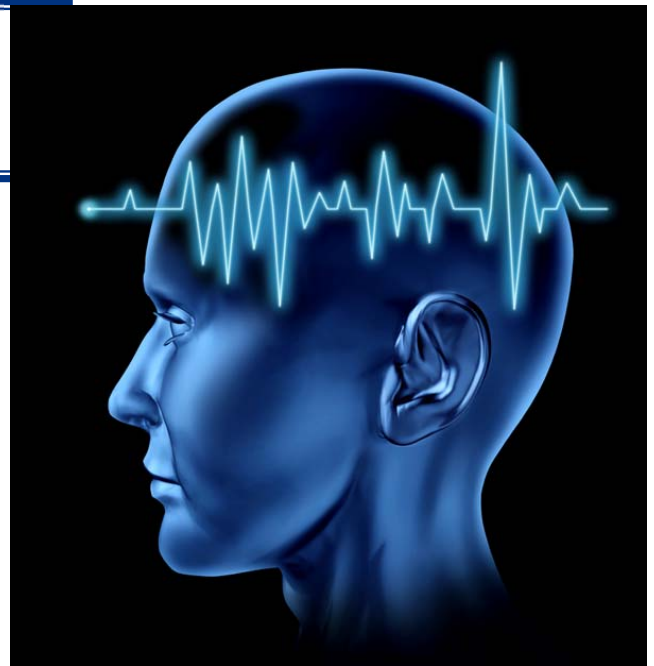
It is important to note that Schizophrenia is not a disease that is often accurately depicted in the media, movies, or television. In fact, these faulty depictions are the reason that many confuse multiple-personality disorder with schizophrenia. Instead, while multiple-personality disorder (now known 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 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.

Sources: <http://www.livescience.com/15659-traumatic-brain-injury-increases-schizophrenia-risk.html>

[www.brain-injury-law-center.com/latest-news/traumatic-brain-injury-is-linked-to-schizophrenia-but-is-it-a-cause/](http://www.brain-injury-law-center.com/latest-news/traumatic-brain-injury-is-linked-to-schizophrenia-but-is-it-a-cause/)



# 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.

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# 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



comfortable in their new roles.

- Family and friends may need to be taught about brain injury and the changes it brings. Children who live at home will also benefit from direct discussions about these changes: "I know mom used to be the person who checked your homework every day, but she and I have decided that it will be better for now if I do it." Without open communication about role changes, others may not understand why things feel so different and why supporting those differences can help the whole family to heal.

### Communication

Communication is the foundation of a relationship. Many people think only of talking when they hear the word "communication," but couples are actually communicating through gestures, facial expressions, emotional reactions, and physical interactions as well. In studies on relationships after brain injury, communication is often reported as the biggest change people notice.

**For spouses:** Additional responsibilities and the uncertainty of recovery can cause spouses to feel very overwhelmed. When overwhelmed, people often change their communication styles. Some common changes can include talking less, talking more, and/or communicating more intensely or urgently than before. Spouses may be unsure how best to communicate with their

partner after injury. This discomfort may cause spouses not to communicate as often or as openly with the survivor.

**For both people:** Increased stress levels often affect communication for both partners. Both people may be afraid that sharing their negative thoughts or feelings will burden their partner. When either person in a relationship changes how he or she communicates, both people will behave differently.

### What happens when communication styles and patterns change?

- Changes in communication between partners can result in both people feeling alone and isolated. Couples may feel they no longer understand what their partner is thinking or feeling.
- Difficulty communicating can sometimes cause people to pull away from their relationship, choosing instead to handle challenges with friends or other family members.
- Sometimes, people choose not to communicate their feelings with anyone at all.
- Communication struggles can impact all other parts of a relationship, including responsibilities and roles, and make it difficult to adjust to changes together.

### Tips on improving a couple's communication

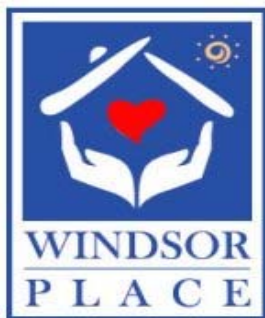
- Both partners should make a commitment to improve communication.
- Listen patiently to what your partner is saying.

- Listen for points where you can agree rather than focusing on disagreement.
- When you do disagree, think about what you might say before you say it.
- Remember that survivors will likely need more time to think about what their partner is saying, or about how they want to communicate again, patience is key.
- Take notes on your thoughts during conversations rather than immediately saying what comes to mind.
- Come back to these points later, after you have had time to reflect.
- Exchange bulleted lists of important points for big discussions.
- When you have something you would like to say, write it down before a discussion and use it as a guide.
- Trading these lists after a conversation helps with memory and allows more time to digest and think about the information.
- When a topic is likely to cause a disagreement, practice what you would like to say before you start the conversation.
- Practice in front of a mirror.
- Look at facial expressions, gestures, and body language, while also choosing your words carefully.
- When you talk, try to stick to what you practiced.

Source: [www.msktc.org/tbi/factsheets/](http://www.msktc.org/tbi/factsheets/)



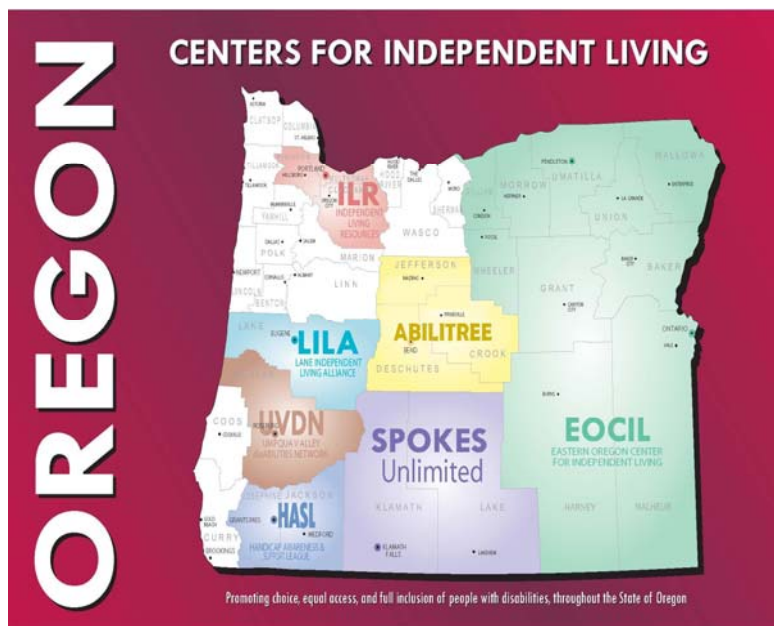
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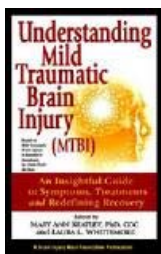
## Winter Sudoku

(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

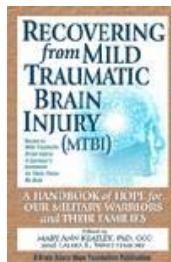






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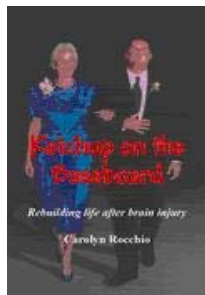
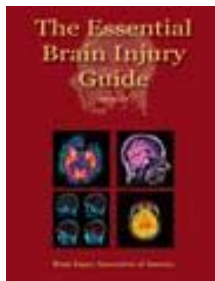


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This clear and concise handbook speaks to our Wounded Warriors and their families and helps them navigate through the unknown territory of this often misunderstood and unidentified injury. It provides an insightful guide to understanding the symptoms,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

### The Essential Brain injury Guide

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

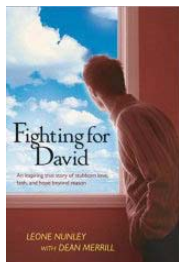
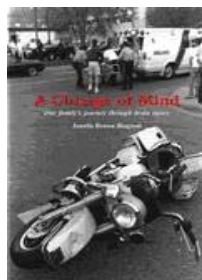


### Ketchup on the Baseboard

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

### A Change of Mind

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

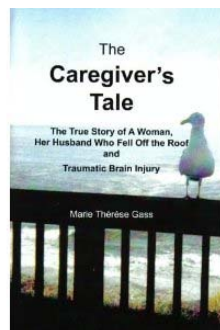


### Fighting for David

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

### The Caregiver's Tale: The True Story Of A Woman, Her Husband Who Fell Off The Roof, And Traumatic Brain Injury

From the Spousal Caregiver's, Marie Therese Gass, point of view, this is the story of the first seven years after severe Traumatic Brain Injury, as well as essays concerning the problems of fixing things, or at least letting life operate more smoothly. Humor and pathos, love and frustration, rages and not knowing what to do--all these make up a complete story of Traumatic Brain Injury. \$15



### Brain Injury Alliance of Oregon

☐ New Member ☐ Renewing Member

Name: \_\_\_\_\_

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

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

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

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

### Type of Membership

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

### Sponsorship

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

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

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

(Please print name)

### Member is:

- ☐ Individual with brain injury ☐ Family Member ☐

☐ Other: \_\_\_\_\_

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

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

- ☐ The Caregiver's Tale \$15 ☐ A Change of Mind \$20  
☐ Fighting for David \$15 ☐ Ketchup on the Baseboard \$20  
☐ 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](http://www.biaoregon.org) • [biaor@biaoregon.org](mailto:biaor@biaoregon.org)

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



# Resources

## For Parents, Individuals, Educators and Professionals

### The Oregon TBI Team

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

### LEARNet

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

### Parent Training and Information

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

1-888-988-FACT

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

### Websites

**Mayo Clinic** [www.mayoclinic.com/health/traumatic-brain-injury/DS00552](http://www.mayoclinic.com/health/traumatic-brain-injury/DS00552)

**BrainLine.org** [www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi\\_pageall.html](http://www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi_pageall.html)

### FREE Brain Games to Sharpen Your Memory and Mind

[www.realage.com/HealthyYOUCenter/Games/intro.aspx?gamenum=82](http://www.realage.com/HealthyYOUCenter/Games/intro.aspx?gamenum=82)

<http://brainist.com/>

**Home-Based Cognitive Stimulation Program**

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

**Sam's Brainy Adventure**

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

**Neurobic Exercise**

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

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

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

## Returning Veterans Project

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

Belle Bennett Landau, Executive Director, 503-933-4996 [www.returningveterans.org](http://www.returningveterans.org)  
email: [mail@returningveterans.org](mailto:mail@returningveterans.org)

## Center for Polytrauma Care-Oregon VA

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

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



## Washington TBI Resource Center

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

For more information or assistance call: 1-877-824-1766 9 am -5 pm  
[www.BrainInjuryWA.org](http://www.BrainInjuryWA.org)

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

## Legal Help

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

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

**Oregon Law Center Legal** provides free legal services to low income individuals, living in Oregon, who have a civil legal case and need legal help. Assistance is not for criminal matter or traffic tickets. <http://oregonlawhelp.org> 503-295-2760

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

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

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

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

## Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

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

If so call:  
Disability Rights Oregon

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

## Financial Assistance

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

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

**Food, Cash, Housing** Help from Oregon Department of Human Services 503-945-5600  
<http://www.oregon.gov/DHS/assistance/index.shtml>

### Housing

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

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

**Central City Concern, Portland** 503 294-1681

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

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

## Tammy Greenspan Head Injury Collection

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

## Need Help with Health Care?

**Oregon Health Connect:** 855-999-3210

[Oregonhealthconnect.org](http://Oregonhealthconnect.org)

Information about health care programs for people who need help.

**Project Access Now** 503-413-5746 [Projectaccessnow.org](http://Projectaccessnow.org)

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

**Health Advocacy Solutions** - 888-755-5215 [Hasolutions.org](http://Hasolutions.org)

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

**Coalition of Community Health Clinics** 503-546-4991

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

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

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

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

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

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

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

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

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

[www.oregonpva.org](http://www.oregonpva.org) - If you are a disabled veteran who needs help, peer mentors and resources are available

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

<http://apps.usa.gov/national-resource-directory/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 a we are a survivor who is significant in the life of a survivor.

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

### Astoria

Astoria Support Group  
on hiatus

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

### Beaverton

#### Because My Dani Loved Me

Brain Injury Survivors, Stroke Victims and their Care Givers

2nd & 4th Saturday 10:00 am - 11:00 pm

Elsie Stuhr, Willow Room

5550 SW Hall

Beaverton, OR 97005

### Bend

#### CENTRAL OREGON SUPPORT GROUP

2nd Saturday 10 am to 11:30

St. Charles Medical Center

2500 NE Neff Rd, Bend 97701

Call 541 382 9451 for Room location

Joyce & Dave Accornero, 541 382 9451

[Accornero@bendbroadband.com](mailto:Accornero@bendbroadband.com)

#### Abilitree Thursday Support Group

Thursdays 10:30 am - 12:00 noon

Brain Injury Survivor and Family Group & Survivor and Family/Caregiver Cross Disabilities

Abilitree, 2680 NE Twin Knolls Dr., Bend OR 97701

Contact Francine Marsh 541-388-8103 x 205

[francinem@abilitree.org](mailto:francinem@abilitree.org)

#### Abilitree Moving A Head Support Group

1st & 3rd Thursday 5:30-7:00

Brain Injury Survivor, Survivor and Family

Abilitree, 2680 NE Twin Knolls Dr., Bend OR 97701

Contact Francine Marsh 541-388-8103 x 205

[francinem@abilitree.org](mailto:francinem@abilitree.org)

### Corvallis

#### STROKE SUPPORT GROUP

1st Tuesday 1:30 to 3:00 pm

Church of the Good Samaritan Lng

333 NW 35th Street, Corvallis, OR 97330

Call for Specifics: Josh Funk

541-768-5157 [jfunk@samhealth.org](mailto:jfunk@samhealth.org)

#### Brain Injury Support Group

Currently with Stroke Support Group

Church of the Good Samaritan Lng

333 NW 35th Street, Corvallis, OR 97330

Call for Specifics: Josh Funk

541-768-5157 [jfunk@samhealth.org](mailto:jfunk@samhealth.org)

# Brain Injury Support Groups

### Coos Bay (1)

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

2nd Saturday 3:00pm – 5:00pm

Kaffe 101, 171 South Broadway

Coos Bay, OR 97420 [tbicbsupport@gmail.com](mailto:tbicbsupport@gmail.com)

#### Growing Through It- Healing Art Workshop

Contact: Bittin Duggan, B.F.A., M.A.,

541-217-4095 [bittin@growingthroughit.org](mailto:bittin@growingthroughit.org)

### Eugene (3)

#### Head Bangers

3rd Tuesday, Feb., Apr., June, July, Aug., Oct. Nov.

6:30 pm - 8:30 pm Potluck Social

Monte Loma Mobile Home Rec Center

2150 Laura St., Springfield, OR 97477

Susie Chavez, (541) 342-1980

[admin@communityrehab.org](mailto:admin@communityrehab.org)

#### Community Rehabilitation Services of Oregon

3rd Tuesday, Jan., Mar., May, Sept. and Nov.

7:00 pm - 8:30 pm Support Group

St. Thomas Episcopal Church

1465 Coburg Rd., Eugene, OR 97401

Jan Johnson, (541) 342-1980

[admin@communityrehab.org](mailto:admin@communityrehab.org)

#### BIG (BRAIN INJURY GROUP)

Tuesdays 11:00am-1pm

Hilyard Community Center

2580 Hilyard Avenue, Eugene, OR. 97401

Curtis Brown, (541) 998-3951 [BCCBrown@gmail.com](mailto:BCCBrown@gmail.com)

### Hillsboro

#### Westside SUPPORT GROUP

3rd Monday 7-8 pm

For brain injury survivors, their families, caregivers and professionals

Tuality Community Hospital

335 South East 8th Street, Hillsboro, OR 97123

Carol Altman, (503) 640-0818

### Klamath Falls

#### SPOKES UNLIMITED BRAIN INJURY SUPPORT GROUP

2nd Tuesday 1:00pm to 2:30pm

1006 Main Street, Klamath Falls, OR 97601

Jackie Reed 541-883-7547

[jackie.reed@spokesunlimited.org](mailto:jackie.reed@spokesunlimited.org)

### Lake Oswego

#### Family Caregiver Discussion Group

4th Wednesday, 7-8:30 PM

(there will be no group in August)

Parks & Recreational Center

1500 Greentree Drive, Lake Oswego, OR 97034

Ruth C. Cohen, MSW, LCSW, 503-701-2184

[www.ruthcohenconsulting.com](http://www.ruthcohenconsulting.com)

### Lebanon

#### BRAIN INJURY SUPPORT GROUP OF LEBANON

on hiatus

### Medford

#### Southern Oregon Brainstormers Support & Social Club

1st Tuesday 3:30 pm to 5:30 pm

751 Spring St., Medford, Or 97501

Lorita Cushman 541-621-9974

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

### Oregon City

#### Brain Injury Support Group

3rd Friday 1-3 pm (Sept - May)

Clackamas Community College

Sonja Bolon, MA 503-816-1053

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

### Portland (20)

#### Brain Injury Help Center

#### "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 café

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](mailto: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@birrdson.org](mailto:peersupportcoordinator@birrdson.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](mailto: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](mailto:stephenmwright@comcast.net)

503-816-2510

### CROSSROADS (Brain Injury Discussion Group)

2nd and 4th Friday, 1-3 pm

Independent Living Resources

1839 NE Couch St, Portland, OR 97232

503-232-7411

#### Must Be Pre-Registered

#### Doors of Hope - Spanish Support Group

3rd Tuesday 5:30 -7:30pm

Providence Hospital, 4805 NE Glisan St, Portland,

Rm HCC 6

503-454-6619 [grupodeapoyo@BIRRDsong.org](mailto:grupodeapoyo@BIRRDsong.org)

Please Pre-Register



### **FAMILY SUPPORT GROUP**

3rd Saturday 1:00 pm-2:00 pm  
Self-help and support group  
Currently combined with PARENTS OF CHILDREN WITH BRAIN INJURY Emanuel Hospital, Rm 1035  
2801 N Gantenbein, Portland, 97227  
Pat Murray 888-302-2229 [murraypamurray@aol.com](mailto:murraypamurray@aol.com)

### **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](mailto:wilhelmj@ohsu.edu)  
**Sponsored by OHSU Sports Medicine and Rehabilitation**

### **PARENTS OF CHILDREN WITH BRAIN INJURY**

3rd Saturday 12:30 - 2:30 pm  
self-help support group.  
12:30-1 pm Currently combined with THRIVE SUPPORT GROUP for Pizza then joins FAMILY SUPPORT GROUP  
Emanuel Hospital, Rm 1035  
2801 N Gantenbein, Portland, 97227  
Pat Murray 888-302-2250/406-2881  
[murraypamurray@aol.com](mailto:murraypamurray@aol.com)

### **TBI Caregiver Support Meetings**

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

### **THRIVE SUPPORT GROUP**

3rd Saturday 12:30 - 2:30 pm  
Brain Injury Survivor support group ages 15-25  
Emanuel Hospital, MOB West  
Medical Office building West  
Directly across from parking lot 2  
501 N Graham, Portland, 97227  
[braininjuryhelp@yahoo.com](mailto:braininjuryhelp@yahoo.com) Pat Murray 503-752-6065  
**MUST BE PRE-REGISTERED**

### **TBI SOCIAL CLUB**

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

### **Redmond (1)**

#### **Stroke & TBI Support Group**

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

### **Roseburg**

#### **UMPQUA VALLEY DISABILITIES NETWORK**

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

### **Salem (3)**

#### **SALEM BRAIN INJURY SUPPORT GROUP**

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

#### **SALEM COFFEE & CONVERSATION**

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

#### **SALEM STROKE SURVIVORS & CAREGIVERS SUPPORT GROUP**

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

### **WASHINGTON TBI SUPPORT GROUPS**

#### **Quad Cities TBI Support Group**

Second Saturday of each month, 9 a.m.  
Tri State Memorial Hosp.  
1221 Highland Ave, Clarkston, WA  
Deby Smith (509-758-9661; [biaqcedby@earthlink.net](mailto:biaqcedby@earthlink.net))

#### **Stevens County TBI Support Group**

1st Tuesday of each Month 6-8 pm  
Mt Carmel Hospital, 982 E. Columbia, Colville, WA  
Craig Sicilia 509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org)  
Danny Holmes (509-680-4634)

#### **Moses Lake TBI Support Group**

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

#### **Pullman TBI Support Group**

3rd Tuesday of each month, 7-9p.m.  
Pullman Regional Hospital, 835 SE Bishop Blvd, Conf Rm B, Pullman, WA  
Alice Brown (509-338-4507)

#### **Pullman BI/Disability Advocacy Group**

2nd Thursday of each month, 6:30-8:00p.m.  
Gladish Cultural Center, 115 NW State St., #213  
Pullman, WA  
Donna Lowry (509-725-8123)

### **SPOKANE, WA**

#### **Spokane TBI Survivor Support Group**

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

#### **Spokane Family & Care Giver BI Support Group**

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

Michelle White (509-534-9380; [mwhite@mwhite.com](mailto:mwhite@mwhite.com))

#### **\*TBI Self-Development Workshop**

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

#### **Spokane County BI Support Group**

4th Wednesday 6:30 p.m.-8:30 p.m.  
12004 E. Main, Spokane Valley WA  
Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))  
Toby Brown (509-868-5388)

#### **Spokane County Disability/BI Advocacy Group**

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

### **VANCOUVER, WA**

#### **TBI Support Group**

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

### **IDAHO TBI SUPPORT GROUPS**

#### **STARS/Treasure Valley BI Support Group**

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

#### **Southeastern Idaho TBI support group**

2nd Wednesday 12:30 p.m.  
LIFE, Inc., 640 Pershing Ste. A, Pocatello, ID  
Tracy Martin (208-232-2747)  
Clay Pierce (208-904-1208 or 208-417-0287;  
[clayjoannep@cableone.net](mailto:clayjoannep@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 ([kerani@mvmc.org](mailto:kerani@mvmc.org); 208-737-2126)

#### **\*Northern Idaho TBI Support Group**

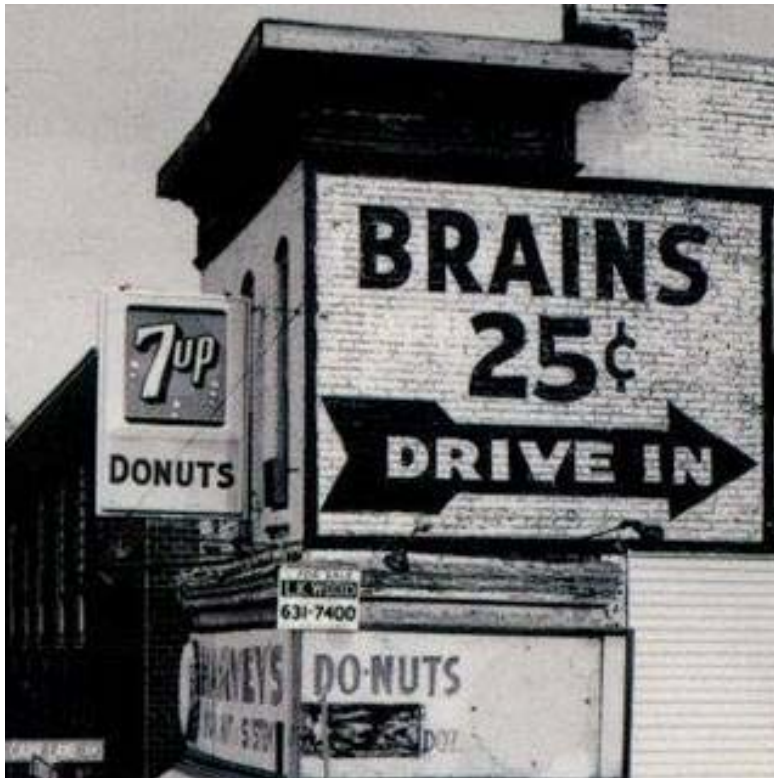
##### **\*For Veterans**

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



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

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## How To Contact Us

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

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PO Box 549  
Molalla, OR 97038  
Toll free: 800-544-5243  
Fax: 503-961-8730  
biaor@biaoregon.org  
www.biaoregon.org

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

**Branch Offices: Appointments only**  
**Brain Injury Help Center-** Pat Murray  
1411 SW Morrison #220 Portland, Oregon 97205  
[braininjuryhelporg@yahoo.com](mailto:braininjuryhelporg@yahoo.com) 503-752-6065

**Salem Regional Rehab Center**  
2561 Center St NE, Salem OR 97401

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