the HEADLINER
Fall 2016
Vol. XXII Issue 3
The Newsletter of the Brain Injury Alliance of Oregon

What's Inside?

15th Annual Pacific Northwest Brain Injury Conference 2017
34th Annual BIAOR Conference

Living with Brain Injury, Stroke and Other Neurological Changes

Embracing the Journey

An Invitation to the 15th Annual Brain Injury Conference

In a second your life can change. This isn't the road you would have chosen but this is the road you are on. This is your new normal. And now you, your family and friends, and your medical providers, must accept where you are and embrace the journey. You are cordially invited and encouraged to participate as an attendee, sponsor or exhibitor at our upcoming annual conference, The 34th BIAOR Annual Conference and the 15th Annual Pacific Northwest Brain Injury Conference 2017. ***Living with Brain Injury and Neurological Changes: Embracing the Journey***, Thursday, Friday and Saturday, March 9-11, 2017. The conference will be held at the Sheraton Portland Airport Hotel in Portland Oregon and is sponsored by the Brain Injury Alliance of Oregon, Brain Injury Alliance of Washington, Brain Injury Alliances of Idaho and the Alaska Brain Injury Network.

It will begin with a one day pre-conference workshop with interactive trainings on best practices for individuals with brain injury and neurological changes and challenging behaviors, and innovative ways to work with them. This workshop will include interactive trainings and a round table discussion as well as a CBIS Certification class on March 9.

Conference presentations will highlight the latest medical research, diagnosis and treatments for brain injuries and behaviors resulting from injuries, cutting-edge basic and clinical research, alternative medical treatments and new therapies and medications, what's working in rehabilitation both community and medical settings, returning to work, returning veterans from war zones, and a Pre-Conference on challenging behavior on Thursday.

(Conference Continued on page 9)

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Headliner DEADLINES

Issue	*Deadline*	*Publication*
Spring	April 15	May 1
Summer	July 15	August 1
Fall	October 15	November 1
Winter	January 15	February 1

Editor: Sherry Stock, Jeri Cohen

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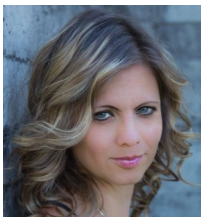
Executive Director's Corner

I would like to take this opportunity to introduce our new Eastern Oregon Director, Rachel Moore, CBIS.



Many of you have already met Rachel at the Annual Brain Injury Conference in March. Rachel and her husband, Thomas, have been attending and helping at the conference for the last three years.

As the new BIAOR Director for Eastern Oregon Rachel will be dedicated to the education and promotion of brain injury awareness in the rural areas of Eastern Oregon. She will be focused on ensuring our schools are aware of the multiple faceted resources available to them, including training that can provide teachers effective strategies for teaching children with brain injuries. She will be building support group(s) for our brain injury survivors, family members, and caregivers that are an invaluable tool in the journey to healing and recovery.

Rachel will be reaching out to medical providers offering training, information and referral resources, and support for their patients with brain injuries. One of the major issues surrounding brain injury is the missed diagnosis and misdiagnosis of brain injuries. With additional support and training, we will try to reduce the numbers of individuals not getting the care they need.

We look forward to seeing you at the March Conference.

Sherry Stock

Sherry Stock, MS, CBIST
BIAOR Executive Director

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€ Silver ± Bronze
¥ Sustaining ∆ Platinum

ARE YOU A MEMBER?

The Brain Injury Alliance of Oregon relies on your membership dues and donations to operate our special projects and to assist families and survivors. Many of you who receive this newsletter are not yet members of BIAOR. If you have not yet joined, we urge you to do so. It is important that people with brain injuries, their families and the professionals in the field all work together to develop and keep updated on appropriate services. Professionals: become a member of our Neuro-Resource Referral Service. Dues notices have been sent. Please remember that we cannot do this without your help. Your membership is vitally important when we are talking to our legislators. For further information, please call 1-800-544-5243 or email biaor@biaoregon.org. See page 22 to sign up.

Fall Sudoku

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

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

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

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

The Brain Injury Alliance of Oregon has a well-established focus on helping young Oregonians who are struggling with traumatic brain injuries. We helped spearhead the effort to create and pass Max's Law, we were front and center with the creation of Jenna's Law and now all eyes are on the important task of helping young students deal with the effects of post-concussion syndrome as it pertains to their academic progress through the development of policies designed to help the students balance their cognitive recoveries with their on-going academic requirements.

Currently in Oregon there is critical movement toward establishing formal Return to Learn policies and procedures and as we move closer to establishing those policies and procedures more questions are raised about exactly where we want to go and how we want to get there. It is an exciting time to be sure as we are now embarking on creating policies that will become part of the fabric of Oregon's education system with the goal of helping those students maintain their all-important academic standing.

We are in a position to learn from what has already been done in other jurisdictions and building on those existing policies in such a way as to ensure that Oregon's policy is the best possible. Thankfully Oregon is blessed with an abundance of riches when it comes to the people involved in this emerging process, and make no mistake, this will be a team effort.

The effects of a concussion can be debilitating, yet, thankfully, those effects are relatively short term for a majority of individuals who suffer a concussion. It is estimated that approximately eighty percent of students who suffer a concussion will be symptom free within thirty days of the concussion. While this is good news, there can, nonetheless, be significant disruption in that young person's academic success if he or she is not provided with accommodations to their educational progress during that thirty day period.

Our current system encourages the implementation of what is known as a 504 plan for any student who is suffering from any temporary disability in order to provide that student with accommodations designed to ensure that they do not fall behind in their classes. While this is an enlightened policy and certainly helps those students who need a 504 plan, many students who suffer concussions are never considered for a 504 plan due to the relatively transitory nature of their post-concussive symptoms.

The problem arises, however, when there are important academic events occurring during the time the student is concussed and the time that student recovers from the concussion three or four weeks later (and before a 504 plan is even considered). If there are certain tests for instance such as the SAT, a mid-term, a final exam or the like, or if there are important papers to be turned in, the concussed student can be at a serious disadvantage. So what is the answer?

One possible solution is the development and implementation of an Immediate Temporary Accommodations Plan, or an ITAP. An ITAP would be implemented immediately after a concussion occurs and would allow for the implementation of modifications and accommodations to that student's academic responsibilities during the anticipated three to four week recovery time. With the implementation of an ITAP the student would be allowed modifications similar to those provided in a 504 plan, but provided in a faster and hopefully more streamlined manner in order to ensure the immediate implementation of the necessary academic modifications and accommodations.

In order to implement such a plan, all interested parties would have to be on board with regard to the ITAP. The success of the ITAP proposal is contingent on the creation of a support team at the school which would necessarily include many stakeholders. The school administrators would need to be the enforcers making sure that the plan was implemented. The student's teachers would need to be on board as well and willing to implement the necessary accommodations. The school counselor and school nurse would be integral to the plan's success and would provide counseling and medical oversight respectively. In addition, it is my belief that peer support would be necessary to help the concussed student cope with the social isolation that so frequently occurs in these situations.

This is just one of the many ideas that we are considering as our Return to Learn policies are being developed. As with all of our efforts, our focus is on helping a concussed student stay on academic track during their recovery with the hope that their concussion will not have any long term academic consequences. It is truly an application of the old adage that an ounce of prevention is worth a pound of cure, and where our young students are concerned, there could be no better allocation of resources.

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

Nasal Specifics: A Case Study

By Dr. George Siegfried

Condition: Concussion/Traumatic Brain Injury

Patient History: This 39 year old female patient was playing with her 5 year old at the park. She hit her head on a play structure on June 4, 2016. She "started to feel funny" on June 15 and had to stop working on June 26, 2016. Her initial symptoms were dizziness, hearing loss, blurry vision, insomnia and others followed. She had been out of work almost 3 months at her initial consultation. Her treatment consisted of her PCP who prescribed anti-anxiety and depression medication. Her MRI was negative. She had been receiving acupuncture and chiropractic adjustments.

Initial Consultation: Very frustrated as she is an executive, high energy person. Her symptoms she presented with were always worse in the morning and less at night. They included the following: Insomnia, anxiety, depression, foggy, blurred vision/ double vision, low energy, feeling like "jumping out of her skin", bound to her room at home, severe light sensitivity, hearing loss, tinnitus, headache relieved temporarily with advil, short tempered, particularly from 3-7 PM, diminished appetite, unable to work out, "brain shock", stressed out, frustrated, vertigo, loss of sense of smell. Rest helps relieve her symptoms. The meds weren't helping a little.

Physical Exam: demonstrated cranial fixations throughout her skull.

Diagnosis: Cranial fixations due to concussion/traumatic brain injury.

Treatment: As she lived 4-5 hours away, treatment was sporadic. She felt immediate improvement after the first treatment, and slept very long and well after her first treatment. She returned to work after the 2nd treatment. Her vision, energy, sleeping, social engagement improved. She has had—to date—4 visits total. She is working fulltime and her symptomatic picture continues to improve. She feels a need to continue the treatments when she is able to. Also included were two whole food concentrates for nervous system and adrenal support: B Food and Adrenaplex.

Dr. Siegfried's office is located in McMinnville/Portland, Oregon, 503-472-6550, www.nasalspecifics.com

Expert in Bilateral Nasal Specifics Treatment, having studied over 1,000 hours with the developer of the technique in the Northwest and personally performed thousands of the procedure. Dedicated to patients with head injuries and cognitive disorders. *www.nasalspecifics.com*

Neurorehabilitation

"Use it or lose it" – is a particularly apt description of brain function. Continuously (until death) new connections are formed between the 100 billion nerve cells with which we have been born, and the 100 to 10,000 connections per neuron with others forming extensive networks makes the brain an enormously complex organ.

Probably some neuro-neogenesis- when neurons are generated from neural stem cells and progenitor cells - (perhaps 6000 cells a day) occurs even in adulthood. Only those synapses, however, which are actively used remain functional.

This is the basis of learning – the interaction and exchange between organism and environment in problem-solving tasks of daily living. Investigations on neuroplasticity in recent years have become a central topic in neuroscience, and have changed the attitude towards patients with lesions of the central nervous system. They also have led to a better understanding of the adaptations of structures and functions of the brain according to requirements from the environment (environment being understood as the physical, psychological and social surroundings with their potentials and constraints).

Neurorehabilitation is a complex medical process which aims to aid recovery from a nervous system injury, and to minimize and/or compensate for any functional alterations resulting from it. In neurorehabilitation, such understanding of the interactions between organism and environment and the of learning is used and adapted in the treatment of patients with acute or chronic diseases or trauma. In reverse the observation of the changes obtained during rehabilitation of such patients provides new insights into the mechanisms of learning and of adaptations of brain structures and functions.

By focusing on all aspects of a person's wellbeing, neurorehabilitation offers a series of therapies from the psychological to occupational, teaching or re-training patients on mobility skills, communication processes, and other aspects of that person's daily routine. Neurorehabilitation also provides focuses on nutrition, psychological, and creative parts of a person's recovery.

Many neurorehabilitation programs, whether offered by hospitals or at private, specialized clinics, have a wide variety of specialists in many different fields to provide the most well rounded treatment of patients. These treatments, over a period of time, and often over the lifetime of a person, allow that individual and that person's family to live the most normal, independent life possible.

While the field of neurorehabilitation is relatively new, many therapies are controversial, and while some are considered cutting edge technology, there may be little research to support whether or not helpful progress is the result. Neurorehabilitation is the culmination of many different fields to provide the best care and education for patients with injuries or diseases affecting their nervous system.

The most important therapies are those that help people live their everyday lives. These include physiotherapy, occupational therapy, psychological therapy, speech, vision therapy, and language therapy, and therapies focused on daily function and community re-integration. A particular focus is given to improving mobility and strength, as this is key to a person's independence.

Physiotherapy includes helping patients recover the ability of physical actions which includes: balance retraining, gait analysis and transfer training, neuromuscular retraining, orthotics consultations, and aqua therapy. Occupational therapy helps patients in activities of daily living. Some of these include: home management and safety training, cognitive retraining for memory, attention, processing, and executive functions. It may also include neuro-muscular strengthening and training, and visual perceptual skill development. Speech-Language Pathologists have begun to provide cognitive rehabilitation as well with goals that emphasize instruction in life-changes that facilitate increased independence. Speech and language therapy includes assisting patients with communication issues. Psychology includes helping patients deal with their changed, often dramatically so, circumstances especially coping to a changed identity of self as a result of adaptions and changes necessitated by brain injury.

Over the last decade with the aid of science and technology, we are more familiar with the human brain and its function than ever before. Development in neuroimaging techniques has greatly enhanced the scope and outcome of neurorehabilitation. Now, scientists are using technology with neurorehabilitation to provide cutting edge improvements to therapies for patients with nervous system issues. In particular, the use of robotics in neurorehabilitation is becoming more and more common.

Virtual reality simulations and video games provide patients with an interactive way to explore and re-learn different aspects of their lives and environments while being observed within the safety of their treating therapists and physicians. These devices and simulations, along with other robotic technology, offer patients who have just had strokes, other brain or spinal cord injuries the option of training and physical therapy much sooner than might otherwise be possible, thus shortening the recovery period.

References:

Ganguly, K; Byl, NN; Abrams, GM (September 2013). "Neurorehabilitation: motor recovery after stroke as an example.". Annals of neurology. 74 (3): 373–81.

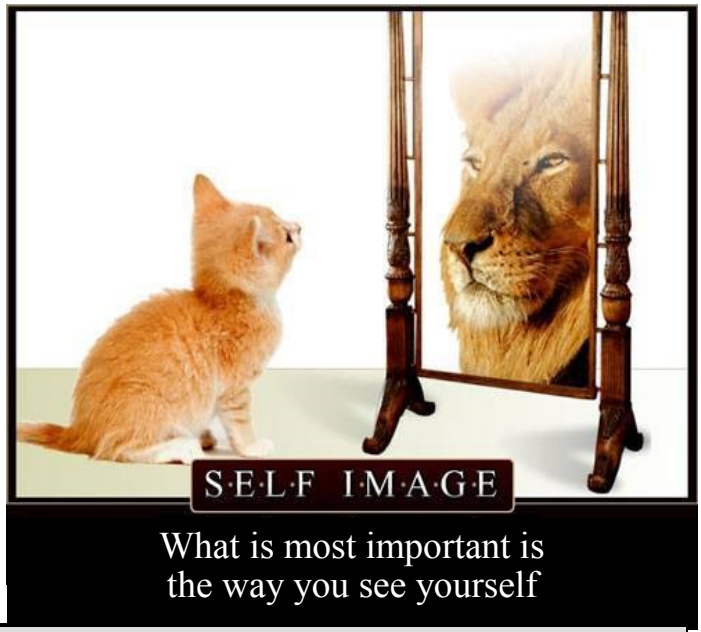
Prof. Jürg Kesselring, Department of Neurology & Neurorehabilitation, Switzerland

Kitago, T; Krakauer, JW (2013). "Motor learning principles for neurorehabilitation.". Handbook of clinical neurology. 110: 93–103.

McDowell, FH (1 September 1994). "Neurorehabilitation.". Western Journal of Medicine. 161 (3): 323–327.

Thompson, AJ (June 2005). "Neurorehabilitation in multiple sclerosis: foundations, facts and fiction.". Current opinion in neurology. 18 (3): 267–71.

Wilde, EA; Hunter, JV; Bigler, ED (2012). "Neuroimaging in neurorehabilitation.". NeuroRehabilitation. 31 (3): 223–6.



(Annual Conference Continued from page 1)

Invited are a broad group of speakers and participants from across the US . Friday's program will be targeted to professionals, including attorneys, physicians, psychologists, medical professionals, vocational rehab counselors, service providers, guardians, advocates and government agency case staff. Saturday's program will add a community track targeting survivors and family members, social workers, Medical professionals, vocational rehabilitation counselors, case managers and advocates. Saturday will end with two presentations on how medical marijuana is changing people's lives for the better.

The multiple tracks will include: Legal, Medical, and professional support service providers. The 15th Annual Pacific Northwest Brain Injury Conference will feature presentations on: Legal Issues, Medical Issues including treatments and strategies for brain issues; Medical Highlights: What Medical Professionals should Know When Working with Individuals with Brain Injury; Concussion Treatment and Physical Therapy, Post Traumatic Headaches, Brain Injury and mental Illness, Understanding and Working with Behavior Issues; Mild Traumatic Brain Injuries Associated With Sports and Other Traumatic Injuries; Cognitive rehabilitation: Using research evidence and careful documentation to strengthen the case for insurance funding; Medical Issues Facing Brain Injury Survivors; Married Life Changes After Brain Injury; Successful Return to Work After a Brain Injury; Co-Occurring Disorders: Art and Physical Therapy and Brain Injury; How to start and grow brain injury support groups.

Join national, state, and local policy makers, the legal community, physicians, health care professionals, health agencies, business and education communities, Brain Injury Alliance members, survivors and family members, and advocates from 14 states and leading health stakeholders at this pioneering Pacific Northwest regional conference.

Embracing the Journey

We anticipate an attendance of over 400 including persons with brain injury and their families, professionals and service providers, and representatives of governmental agencies from 14 western states.

So why should you attend this conference?

There are so many great ways to learn and sharpen your skills these days: you can read blogs, listen to podcasts, watch how-to videos on YouTube, and attend webinars, just to name a few. Why bother with the time and expense of an in-person conference or workshop? To learn from others and share your stories; to learn you are not alone.

Conferences, workshops, lunch & learns –provide unique learning and career building opportunities that you just can't find anywhere else.

Networking Opportunities

Social media keeps me connected to my peers who are both local and "from away." However, there's no substitution for meeting someone IRL (in real life). Attendees include rehabilitation physicians, neurologists, neuro-surgeons, psychiatrists, psychologists, basic/translational researchers, speech pathologists, occupational therapists, attorneys, physiotherapists, social workers, nurses, case managers, advocates and all other professionals involved in the research or treatment of brain injury and/or stroke, as well as brain injury survivors and their families.

This conference will have numerous opportunities for attendees to mix and mingle, form new relationships, and strengthen existing ones. Over coffee, lunch, or some sitting next to you in a session, you may make a connection with the perfect provider or prospect. At a breakout session you may find yourself sitting next to one of the top medical providers.

The problem with the web is we believe that everything is at our fingertips. And maybe it is. But it's an overwhelming amount of data that we often can't crack, or keeps us from the best material. This conference will help create new ideas to improve your approach and may be something that you never knew before that can affect a survivors life.

Embracing the Journey

Registration Form

15th Annual Pacific Northwest Brain Injury Conference 2017 *34th Annual BIAOR Conference*

Living with Brain Injury, Stroke and Other Neurological Changes Embracing the Change

Sheraton Portland Airport Hotel

Register Now online at www.biaoregon.org

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

First Name				Last Name			
Badge Name			Affiliation/Company				
Address		City		State		Zip	
Phone		Fax		Email			

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

7 hour Certified Brain Injury Specialist Training/Test for Certification—Thursday (No Refunds) **Pre-Registration is required: Book, training & exam included-must register before 2/20**	$700	**Class Only** $200	$
	Member	***Non-Member***	**Amount**
___ **Pre-Conference Workshop - How to Work with Challenging Behaviors after Brain Injury and Neurological Diagnosis—Thursday**	$125	$200	$
Conference Registration Fees: Registration fees include: continental breakfast, lunch & conference related materials. Meals not guaranteed for on-site registrations. **There are no refunds, but registration is transferable**. Contact BIAOR, 800-544-5243 for more information or questions. The following fees are per person:			
___ **VIP Special—** 3 Days of Conference	$500	$600	$
___ **Professional (CEUs) 2 Day Friday & Saturday**	$375	$475	$
___ **Professional (CEUs)1 Day Only: ☐ Friday ☐ Saturday**	$225	$325	$
___ **Students $50 per day ___ Thursday ___ Friday ___ Saturday**	$50 per day		$
___ **Saturday Survivor/Family (no CEUs)**	$125	$150	$
___ **Saturday Only Courtesy** (***Brain Injury Survivors with limited means*-limited number**)	$25	$35	$
___ **Membership** Professional $100 Family $50 Basic $35 Survivor $5			$
___ **Scholarship Contribution** (donation to assist in covering the cost of survivors with limited funds)			$

Credit Card Number _____-_____-_____-_____ **Exp Date** ___/___ **Sec code** ____

Signature _____**Pre-conference & Registration Total $** _____

CC Address if different than above _____

(Please add totals from Registration Fee, Membership and Scholarship Contribution for final total costs)

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

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

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

Hotel: Sheraton Portland Airport Hotel
8235 NE Airport Way, Portland, OR 97220 503.281.2500
Discount room rate Ask for BIAOR discount
Rooms are limited

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

Agenda

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

Friday & Saturday -Breakfast, Breaks, Lunch provided
7 am - 8 am: Breakfast
8 am - Noon: Keynote and Break– Outs
Noon - 1 pm: Working Lunch and Networking
1 pm - 5 pm: Keynote and Break-Outs
until 6 pm on Friday

The amazing human brain

The human brain is an amazingly complex system that we have been unable to duplicate, despite our incredible technological advances. And we still aren't sure exactly how it all works. Every movement, thought, sensation, and emotion that makes up our experience of being humans involves several thousand miles of interconnected nerve cells. Our brain and spinal cord contain ten thousand distinct varieties of neurons, trillions of supportive cells, a few more trillion synaptic connections, a hundred known chemical regulating agents, miles of minuscule blood vessels, and axons from a few microns to well over 1.5 feet in length.

Much of the beauty of the brain lies in its mindboggling complexity. The challenge is to transform this complexity into manageable proportions for our brains to digest.

The average number of neurons in the brain is 100 billion, yet the brain only takes up 2% of our body weight. The actual weight of our brain is roughly 80% brain tissue, 10% blood and 10% cerebrospinal fluid. If we lined up our nerve fibers they would stretch for 118870 miles while the number of synapses is around 0.15 quadrillion. When numbers like these are involved, it does not matter so much that we lose around 85000 neocortical neurons each day.

However, this complexity is why a brain injury can have such wide ranging effects on our movements, thoughts, sensations and emotions. The brain can be damaged as a result of an accident, a stroke, alcohol or drug abuse, tumors, poisoning, infection and disease, near drowning, hemorrhage, AIDS, and a number of other disorders such as Parkinson's disease, Multiple Sclerosis, and Alzheimer's disease.

Brain injury has dramatically varied effects, and no two people can expect the same outcome or resulting difficulties. The brain controls every part of our being: physically, intellectually and emotionally. When the brain is damaged, some other part of ourselves will also be adversely affected. Even a mild injury can result in a serious disability that will interfere with a person's daily functioning and personal activities for the rest of their life. While the outcome of the injury depends largely on the nature and severity of the injury itself, appropriate treatment will play a vital role in determining the level of recovery.

Imagine What Your Gift Can Do.

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

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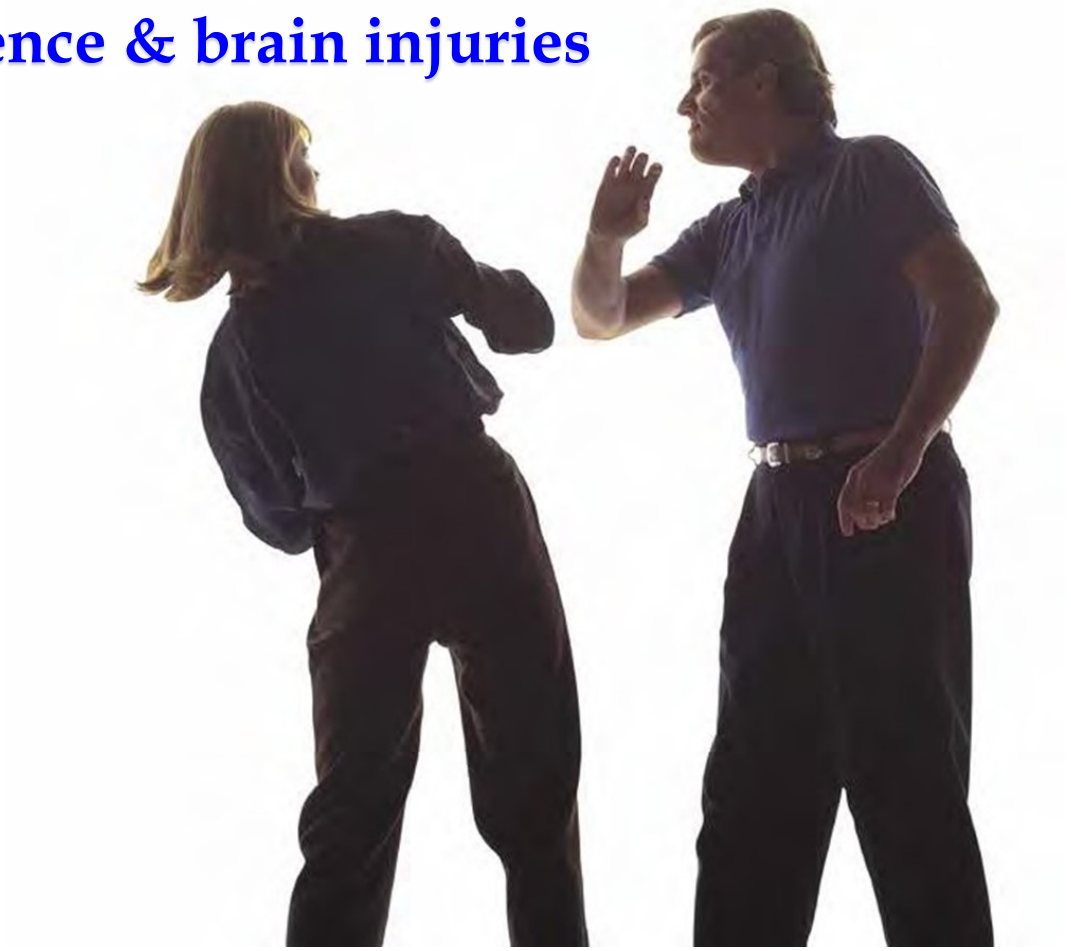
Domestic violence & brain injuries



Despite increasing publicity of domestic violence there is still little public awareness of just how often victims of domestic violence acquire a brain injury.

Violence Against Women

Historically many cultures accepted men 'disciplining' their wives. Although this was made illegal in most western countries in the 19th century, it was only in the 1990s that substantial effort was put into enforcing laws that aimed to prevent domestic violence.

Violence against women is violence directed against a woman because she is a woman or that affects a woman, disproportionately. This may include assault, rape, harassment, murder, lesbian bashing, elder abuse, genital mutilation, enforced prostitution, enforced sterilization, enforced abortion, killing of unwanted female babies, enforced motherhood and economic violence.

One Woman's Story

Susan Contreras had headaches, memory loss and bouts of confused thinking which were a mystery until doctors suggested a probable cause: domestic violence. A former partner repeatedly beat her, she says.

"He would hit me mainly in the head so that nobody would see the injuries. He'd hit me in the back of the head so the bruises wouldn't show," the Phoenix woman said.

The abuse from her ex-partner took a heavy emotional toll, Contreras says. But even though he sometimes knocked her out, she hadn't considered that her brain might have been as damaged as her psyche.

"Honestly, there's so many holes in my memory, thinking problems," she said. "My memory is really gone."

Brain trauma in domestic violence survivors has been overshadowed by concerns about injuries in Iraq and Afghanistan war vets, and by effects of repeated head blows in football players. Experts believe many cases go undetected and untreated in abused women, making them vulnerable to problems with thinking, mood and behavior.

Advocates say the injuries leave some survivors so impaired that they can't manage their jobs and lives. Some even end up homeless.

About one-quarter of U.S. women and 14 percent of men have experienced severe physical assaults by a partner in their lifetime, including hitting, punching, being slammed against something hard or pushed down stairs, according to the federal Centers for Disease Control and Prevention. Head and neck injuries are among the most common, and data suggest that domestic assaults may cause traumatic brain injuries in at least 60 percent of survivors, according to a research review published in the journal Family & Community Health.

Traumatic brain injuries can result from even a single sudden blow to the head. The symptoms may be short-term or long-lasting, and repeated assaults increase chances for permanent neurological damage. Whether that damage can cause the downward spiral that domestic violence survivors sometimes get caught in is unproven, but studies have found these brain injuries are more common in homeless people than in the general population. And there's no dispute that they can cause life-changing disabilities.

"This population is not unlike that of our athletes," said Dr. Javier Cardenas, director of a brain injury program at Barrow Neurological Institute in Phoenix. He's a trauma consultant for the National Football League and also treats domestic violence survivors.

Cardenas cited Baltimore Ravens' running back Ray Rice's 2014 attack on his then-fiancée, caught on an elevator video camera. Much of the public discussion about the incident was about whether brain injuries in football players may be linked to violent behavior off the field. It overlooked a far more obvious injury.

"When Janay Rice was knocked out cold in the elevator, attention was all about how Ray Rice had previous concussions. Nobody mentioned that the woman in the elevator suffered a brain injury right in front of everybody's eyes," Cardenas said.

Traumatic brain injuries include concussions and don't always cause loss of consciousness or damage that can be detected on imaging scans. Symptoms may not occur immediately but can develop over time, making it difficult sometimes to link them with previous abuse.

The brain isn't a hard, fixed organ. It's more like jello, surrounded by cerebrospinal fluid that works like a shock absorber when the head is hit. A violent blow — from colliding with a linebacker's helmet, from blast pressure after an explosion, or from a partner's angry fist — can damage brain cells at the point of impact and slam the brain against the skull, sometimes bruising tissue, tearing nerve fibers, or causing bleeding.

Repeated blows have been linked with a degenerative brain disease called chronic traumatic encephalopathy. CTE first made headlines several years ago when it was found in the brains of retired NFL players who had killed themselves. Research linking domestic violence with suicide is sparse, although several small

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(Domestic Violence Continued from page 12)
studies have suggested that suicide attempts are much more common among battered women than among those who have not experienced partner abuse.

CTE is linked with memory loss, confusion, mood changes including depression and eventually dementia. Some scientists think domestic violence survivors might be at risk.

"I have no doubt that there are many women who have been abused enough that some of them probably have CTE," said Dr. Robert Cantu, a leading expert on football-related brain injuries and co-director of Boston University's Center for the Study of Traumatic Encephalopathy.

He said medical literature contains just one published case about probable CTE linked with domestic violence — a 1990 Lancet report about an autopsy on an abused 76-year-old British woman who had developed dementia. Her brain showed abnormalities resembling those seen in the brains of "punch-drunk" boxers.

Survivors often don't seek immediate medical attention, or when they do, they often fear disclosing what caused their injuries. Some wait years, when troublesome symptoms persist or emerge, and then, many victims and doctors don't connect the problems with domestic abuse, said researcher Jacquelyn Campbell, a professor at Johns Hopkins School of Nursing.

Many physician groups recommend that doctors screen women for domestic violence in emergency rooms or doctor offices, and the Affordable Care Act says insurance plans should cover the screening with no copays. But when screening occurs, questions often don't address traumatic brain injuries, and symptoms are sometimes thought to be a psychological reaction to abuse, so doctors don't probe further, Campbell said.

Jennifer Kershaw, a Columbus, Ohio-area school teacher who won a court victory last year in an abuse lawsuit against her ex-husband, says she doesn't remember doctors ever mentioning traumatic brain injury after her 2013 beating, despite her symptoms.

"He put me in a headlock and punched me in the face I don't know how many times," she said. "Then he kneed me in the face." She said she went to the emergency room with a black eye, broken cheekbone, nausea and dizziness, and still has difficulty concentrating.

Though it's not clear if she did have a concussion or other brain injury, her symptoms are among those many experts say should lead doctors to investigate further.

"If a woman comes in with a black eye" or is otherwise being assessed for domestic violence, "we need to provide some good neurological workups like the help that is being provided to our veterans with traumatic brain injury," Campbell said.

That includes detailed questions about symptoms, physical and mental exams, and sometimes imaging scans if more severe brain injury is suspected.

Susan Contreras, 47, didn't get that kind of exam until almost 10 years after her final beating, after she landed in a Phoenix homeless shelter. A therapist there was concerned about her symptoms and sent her last December to the Barrow institute. The neurological center has established an unusual program offering an array of free treatment to homeless domestic violence survivors.

Social worker Ashley Bridwell helped create the program after working with homeless shelters and noticing many women with suspected brain injuries.

Many were hit in the head dozens of times, Bridwell said. "Some were slammed into a wall or down a flight of stairs. These women have lived pretty hard lives," and their brain damage can make it hard to navigate out of homelessness, she said.

Sometimes imaging tests show brain scarring that, in a strange way, can be comforting to survivors.

"They feel a sense of relief knowing there is a physical or medical reason for their problems," Dr. Cardenas said.

Sources: Bridges Magazine, 2013
Fists not football: Brain injuries seen in domestic assaults, August 23, 2016, Associated Press

The Brain Injury Alliance of Oregon can deliver a range of trainings for your organization. These include:

- CBIS Training (Certified Brain Injury Specialist)
- What Medical Professionals Should Know About Brain Injuries—But Most Don't
- Challenging Behaviors
- TBI & PTSD in the Returning Military
- Vocational Rehabilitation-working with clients
- Methamphetamine and Brain Injury
- ADA Awareness—Cross Disability Training including cognitive interactive simulation
- Judicial and Police: Working with People with Brain Injury
- Traumatic Brain Injury: A Guide for Educators
- Native People and Brain Injury
- Brain Injury 101
- What the Family Needs to Know After a Brain Injury
- Anger Management and TBI
- Aging and TBI
- How Brain Injury Affects Families
- Brain Injury for Medical and Legal Professionals-
- What you need to know
- Caregiver Training
- Domestic Violence and TBI
- Dealing with Behavioral Issues
- Returning to Work After Brain Injury

And more!

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

Holiday Strategies:
Planning Strategies for a Happy Holiday Season

Thanksgiving through the first week of January is a special time of the year for family gatherings, parties, and holiday celebrations. As much as the family may look forward to this time of happy occasions, it can also be a difficult time for individuals with brain injury and their families.

For some it can be a period of depression when thoughts are more focused on losses and an inability, imposed by the injury, to participate in and enjoy the holidays as before the brain injury occurred. Families with unrelieved caregiving responsibilities may be unable to attend functions as in the past and in some cases refuse invitations which exclude the family member with brain injury. Even inclusive invitations may be declined for fear of embarrassing social skills lapses on the part of the individual with brain injury.

Alcoholic beverages are commonly offered at social events during the holidays and alcohol consumption can be very dangerous for persons after a brain injury. It is believed that the effect of alcohol is significantly increased after a brain injury, having possibly 3 times the effect to that of an uninjured person. Many individuals with brain injury use prescription drugs for seizures and other medical conditions and the use of alcohol may alter the effectiveness of these drugs and/or increase the risk of seizures.

When, as a result of a brain injury, individuals are dependent upon a structured environment to function at peak performance, the holiday season can be a difficult time. In most households the holiday season is replete with added stress to get things done, additional entertaining, shopping, and extraordinary confusion. For individuals with low tolerance to noise and increased motion in their environment, they often become stimulus bound, and shut down cognitively. Therefore, it is wise to consider planning around problem areas for an enjoyable holiday season. Although many individuals with brain injury accommodate change well, it is often best to prepare in advance so schedule changes will be accepted more smoothly.

Some suggested ways for making the holidays fun and less stressful for all, particularly when persistent cognitive / behavioral issues are problematic might include:

Holiday shopping should be a fun activity and indoor malls are weather controlled and safe places for strolling on foot and/or for those wheelchair or walker assisted. However, the holiday period can make shopping less than a fun activity without preplanning. Start early to avoid the holiday crowds and use the opportunity to incorporate cognitive exercises into the planning. The individual with brain injury should make a list of gifts to be

purchased or hand made, when possible, suggested gift ideas and estimates of costs associated with the gifts.

Catalogs that come in the mail this time of year are wonderful for gift ideas and also for estimation of prices. Take some time to sit down and look through a few as part of the independent planning phase.

Make out a simple budget before going to the bank and allow your family member with brain injury as much control of the funds as possible even though money management skills may be impaired.

Place greater emphasis on use of journals or calendars to record routine events as well as holiday activities. Schedule a week in advance, with a daily review to make note of any changes as they come up. Those accustomed to a daily routine may be better prepared when special dates and activities are written in the journal and/or on the calendar in colored ink for emphasis.

Each day, during the holidays, orient the individual by discussing the day's activities over breakfast to avoid misunderstandings about changes from the normal routine. It is helpful to repeat this information several times during the day for those with severe memory problems.

If bright or flashing lights bother your family member and/or possibly trigger seizures, carefully plan any additional lighting that will be used during the holidays and avoid laser holiday lighting displays.

Crowded places and loud music may also bother some individuals and should be taken into consideration and monitored, if necessary.

Food is a big part of holiday fun and many of the foods may be very temptingly displayed. Parties, holiday family dinners, and open house gatherings are often scheduled at times that do not coincide with routine mealtimes, thus, presenting a problem for those whose mealtimes are more rigidly scheduled. You may want to offer a light snack at the regular mealtime to "tide him/ her over" until the main meal, or make whatever adjustments are necessary. For those with more severe cognitive deficits, which interfere with appropriate food intake, it may be necessary to help with monitoring to avoid overeating. It is very common for damage in the hypothalamus area of the brain to interrupt signals to the brain which help the individual know when their appetite has been satisfied, thus, many with brain injury need help with quantity control monitoring. Additionally, memory problems and attention can derail a persons resolve to watch their food intake to avoid excessive food and beverage intake. After a brain injury burning of calories may also be changed and individuals who could eat anything and everything before the injury may need to more diligently watch calories to avoid weight gain.

(Holiday Strategies Continued on page 15)

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

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

Awareness and Prevention
65 Awareness and Prevention Events

Education
3 day Annual Multi-State Conference
370 Trainings/Education/Classes
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 22 for a membership form

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

(Holiday Strategies Continued from page 14)

By all means don't forget that increased activity during the holidays may be more fatiguing than usual so plan rest periods accordingly. This is particularly important when cognition and behavior are problems. Fatigue often increases confusion that can result in an outburst or other kinds of unpleasant behaviors.

Structure can be your best strategy for ensuring the entire family has a higher quality of life. Initially it takes effort to get the structure in place but it pays dividends in the end. Flexibility is a key word during the holiday season but planning and preparation will hopefully result in a happy holiday for family and friends.

Next comes New Year's resolutions! Start thinking about ways your entire family can enjoy life more fully, fulfill the demands of your caregiving role and provide the best possible quality of life for your family member with brain injury.

By Carolyn Rocchio, the parent of a son with a brain injury sustained in a 1982 automobile crash. She is the founder of the Brain Injury Association of Florida and a former Board member of the Brain Injury Association. This article was originally published in "Family News and Views," a monthly publication of the Brain Injury Association in November 1997. It is reprinted with permission from the Brain Injury Association of America.

Problems with organizing?

A brain injury disorganizes your brain, and your organizational abilities usually suffer as a result. Here are some hot tips on getting things organized again.

The frontal lobe of the brain is responsible for the act of organizing our lives. Unfortunately it is very susceptible to injury and some people with acquired brain injury find great difficulty with prioritizing, sequencing, organizing, initiating and completing tasks.

Improve your lifestyle

Factors such as anxiety, stress, multiple demands and fatigue can have serious effects on your ability to organize. Therefore, the improvement of a person's emotional and physical wellbeing will most likely have benefits for their mental alertness and ability to plan and prioritize. Important considerations for improving general well-being include:

- A balanced diet and appropriate supplements e.g. vitamins
- Sufficient restful sleep
- Regular exercise
- Relaxation and stress-reduction strategies
- Following prescribed medication guidelines and medical advice
- Avoiding alcohol, cigarettes and drugs.

Structure

Structure allows us to put most of our lives on automatic pilot and reserve creativity, memory, and novelty for more important areas. After a brain injury many find that they lose this structure to their day, particularly if they are not working. It is crucial to have well defined tasks for the day.

Set a timetable each day that will ensure the healthy lifestyle above. For example, sleep can be properly regulated by always going to sleep and waking at set times. Meal times should be at set times and never skipped. Work with family members to arrange a weekly plan for visiting others, exercise and any rehabilitation tasks.

Setting goals

We all have goals we have set out to achieve, often at a subconscious level. Goals keep us focused on a purpose and help us through difficult times when many others less motivated would give up. A person who wants to get the most out of life often has a number of goals simmering at the same time.

By setting goals you can get out of negative mindsets and help you gain more control over your life. It pays to set these out in writing and approach them step-by-step. If your formal rehabilitation has finished, some goals may be to continue further work yourself. It is crucial to have an accurate idea of your strengths and

(Organizing Continued on page 17)

(Organizing Continued from page 16)
weaknesses. After sustaining a brain injury, people often have unrealistic ideas here if their self-awareness has been affected, so the involvement of rehabilitation professionals or family is a good idea.

One way to plan and organize a goal involves designing a goal schedule which may include some of the following sections:
- Goal
- Task/steps
- Time frame
- Aim for completion
- Potential barriers
- Benefits of achieving the goal.

It is important to realize the underlying emotions or needs behind a goal. For example, you may want to return to work but find your cognitive deficits prevent this. Why do you want to return to work? It may be the sense of being productive, of being part of a team and feeling esteemed by peers. In this case looking at volunteer work for a community organization may achieve these underlying needs.

Achieving goals is a step by step process. It may seem too daunting at first but families can provide support and assistance in a graduated way. The recovery process is more like a marathon than a sprint. Both you and your family need patience, positive attitudes and plenty of loving support for each other.

Goals should be adjusted to fit your learning style or hobbies. If you hate reading or writing then your goals shouldn't use written exercises or reading of books. If you don't mind writing then keeping a journal is an excellent way to record your progress, especially when you feel you aren't getting anywhere. A journal can keep track of the "three steps forward, two back" that can sometimes feature in recovery.

Memory aids

Memory is an important part of getting organized. When effectively used to store information, memory aids should enable a person to focus upon learning and recalling details for which a strategy cannot be used. Types of external aids include:
- A smart phone
- A diary for storing and planning
- Notebooks for various places
- Lists and checklists
- Alarm clock, wristwatch alarm and timer
- Calendars and wall charts

If you have a mobile phone, the reminder function can be a very useful addition to this list of memory prompts. Most phones have this function, and once you get the hang of it you can leave messages for yourself months, or even years, ahead.

However, it's usefulness depends on whether you have the phone with you at all times. If you are in the habit of leaving it at home (or misplacing it) then this might not be a great memory prompt!

You will also need to learn how to delete old reminders, as the phone's memory will eventually fill up. Remember to make a backup reminder somewhere else too, just in case that phone goes missing permanently!

Bringing it all together

All of these suggestions are compensatory strategies—that is they compensate for skills that your brain is not as good at any more. The good news is that the right strategies can go a long way to making up for a sluggish frontal lobe. All it takes is commitment to getting these strategies into place and being patient with yourself!

Source: Acquired Brain Injury: The Facts, a practical, comprehensive guide to living with Acquired Brain Injury.

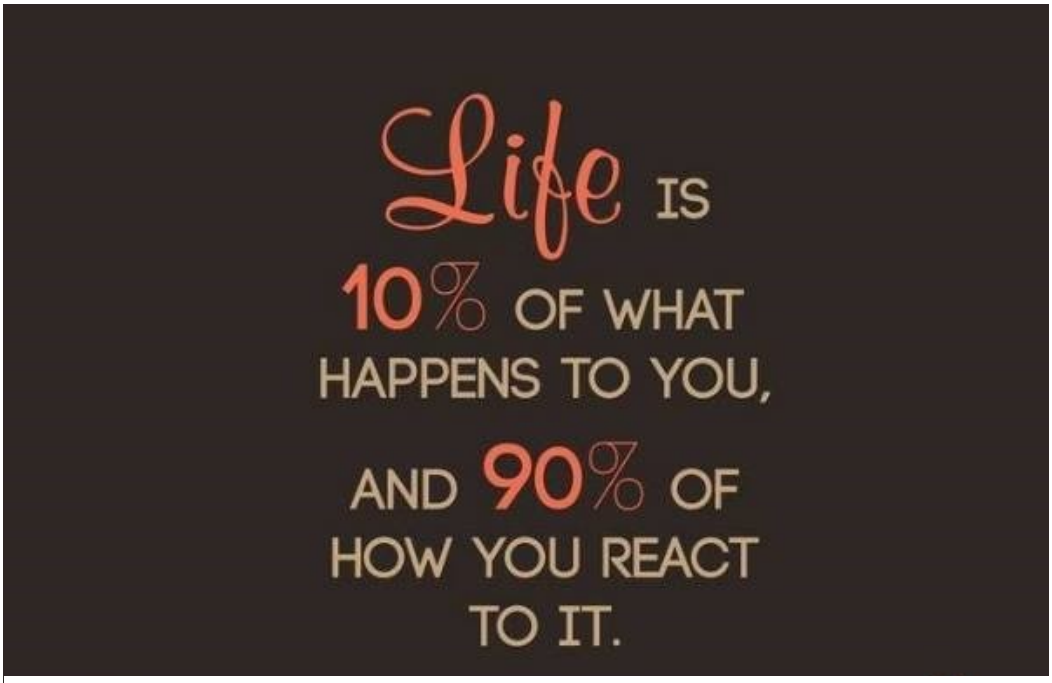
Organizing your environment

Get a daily planner, diary, smart phone or electronic organizer and write things down in the order you are going to do them. Get into the habit of checking your schedule at the beginning of every day or the night before. The aim is to arrange surroundings so that less reliance or demand is placed upon a person's memory.

Strategies for organizing the environment include the following:
- Using a note pad system beside the phone
- Using a large note pad and making plans
- Having a special place to keep objects which tend to go missing
- Labelling or color-coding cupboards as a reminder of where things are kept
- Tying objects to places e.g. a pen to the phone or a key to a belt or a purse

A To-Do List is a handy tool.
Get a note pad and put it up somewhere in your house. Write on it the things that you have to do and then cross them off as you complete them. Sometimes people will list 50 projects and none of them will get done. If you have this problem, create a list of five projects that you want to do and write them on the whiteboard.

Don't add another project to the list until you have completed one of the five items. As you add one, you have to subtract one. You may want to limit it to only three projects if five is overwhelming.



a brief guide to CHALLENGING BEHAVIORS

What is Challenging Behavior?

There are two aspects to a challenging behavior. First, it can be a behavior that endangers the person displaying the behavior or anyone nearby (e.g. self injury or violence towards others). Two,

it can be inappropriate behaviors that limit or prevent access to the community (e.g. screaming in public). So challenging behaviors include:

- self-injury
- violence toward other people
- damaging property
- impulsive behavior
- not complying with reasonable requests.

The purpose of the behavior?

This is the most important question we can ask — there is always a message being communicated. But after a brain injury it can be difficult for someone to recognize and express causes of unpleasant emotions, so we need to find the message. When we are tired or frustrated, it is much easier to say 'Oh he's having another tantrum' instead of looking for the message.

Example? Steve begins throwing everything out of his school backpack when his mother drives a different way to school to avoid a traffic buildup, because it's not Steve's usual routine. His mother's response will be more constructive if she understands the reason, rather than just yelling at Steve to "stop being silly". The message or purpose of a behavior will usually be communicating an unmet need. Examples include:

- There is a change in my routine that is making me very anxious
- I'm bored!
- This environment is far too bright, crowded or strange for me
- I'm experiencing a very unpleasant sensation e.g. too much noise
- I'm very tired/sad/frustrated at the moment, and can't cope with tasks
- Too many demands are being made of me at once and I can't cope.

The Behavior Cycle

A challenging behavior goes through a range of steps, and there are positive responses we can make at each step to either prevent or minimize the behavior.

Trigger Phase

Learn all the things that can act as a trigger. These can then either be avoided, minimized, or we can provide the person with coping strategies. There should be a consistent response planned for each trigger (e.g. when Judy gets very anxious about a future event we remind her to do her deep breathing exercises). It is crucial that our response is done in a calm and non-judgmental way, as loud critical responses are likely to escalate the situation for someone with a brain injury.

Escalation Phase

There is still a good chance here to prevent the behavior reaching a crisis point if we remain calm and provide the planned responses to the given situation.

Any instructions should be given in a simple way, as a comprehension and understanding will be very limited.

Crisis Phase

The main aim here is to minimize the chances of harm to the person, or others (including yourself!). It is still very important to remain calm, as criticism or yelling will only heighten or prolong the crisis phase.

Recovery Phase

Do not attempt to talk through the situation until the person has completely calmed down. During this recovery, there will still be trouble with thinking clearly, so questions like "Now why did you behave like that?" or "How are we going to prevent this in the future?" could easily trigger the behavior again.

It is important to review the situation, but not until enough time has passed for them to be calm enough for this. Actively listen and be empathetic. and be empathetic. Often we are annoyed or frustrated ourselves, but remember there is a message to every behavior about an unmet need — if your family member tries to tell you about this but feels you aren't listening, or are critical, then you are likely to trigger the behavior again!

Positive Behavior Support

Positive Behavior Support is currently the most effective response to challenging behaviors available. Why?

- It avoids old-fashioned approaches like punishment, but aims to encourage appropriate behaviors
- It provides valuable life skills for dealing with difficult situations
- It isn't just reactive but proactive, looking for ways to prevent challenging behaviors before they occur
- It provides consistent positive rational responses that aren't based on our own negative feelings and frustration.

(Challenging Behaviors Continued on page 19)

(Challenging Behaviors Continued from page 18)
Any challenging behavior is approached in the following way:

- Find the message behind the behavior, and the unmet need being communicated
- Determine the triggers, how can they be avoided, minimized or which coping strategies are needed
- Choose the best strategy for behavior change
- Develop the responses for each stage of the behavior (the behavior cycle above).

Example

John sometimes begins yelling when taken shopping, throwing any items that he can get hold of, then runs away to a quieter area. The message of this behavior is that John is at times unable to cope with going into stores, and gets extremely anxious.

Careful analysis shows that the triggers are dogs, the sounds of young children yelling, and when the crowds get too thick. In some cases, the triggers can now be avoided, such as walking the other way when a dog is spotted. Shopping can be schedules for times when it is not so busy.

Strategies for behavior change are selected. For example, John may find certain relaxation exercises can help when the triggers can't be avoided. Graduated exposure may be used, where it is explained to John you will only go into the crowded supermarket for thirty seconds to see if he can successfully use his coping strategies, then next time this may be for one minute, and so on.

A response plan is developed based on the behavior cycle:

Trigger Phase: Try to avoid the trigger, but if it can't be helped remind John to do his deep breathing exercises. Be empathetic and positive: "I know you are feeling anxious John, but we'll be out of here shortly. Remember how well you coped last time because you did the deep breathing?" Stay calm and nonjudgmental.

Escalation Phase: John gets increasingly agitated, but there is still a good chance here to prevent a crisis point by remaining calm and providing the agreed upon responses to the situation. Any instructions should be given in a simple way as his comprehension and understanding are probably limited.

Crisis Phase: John starts yelling, grabbing supermarket items and throwing them. Minimize harm to others by asking them to leave the supermarket aisle. Keep directions very simple and calm e.g. "John, please follow me out of the supermarket". If John runs out of the supermarket, follow him but don't restrain him unless he is a danger to himself or others e.g. tries to run across the street, or tries to throw items in a crowded place.

Recovery Phase: Once outside, allow John time to calm down, and keep all responses calm and non-critical. Don't talk about the situation until sufficient time has passed for John to be completely calm again. When reviewing the situation later, remember to listen! Discuss how the situation could be improved next time. Remember to compliment him on the smallest gains too — even if he only lasted thirty seconds longer before damaging supermarket goods he should be praised for his attempts to use the coping strategies.

Behavioral Response Protocols: This is simply a term for the planned responses you develop to each challenging behavior. These can be written out on reference cards for each behavior for quick reference, so that you (and other family members or caregivers) can consistently apply the best responses for the trigger, escalation, crisis and recovery phases. An example of the behaviors covered could include:

- yelling and throwing items in shops
- inappropriate comments to women
- yelling when asked to eat at the table.

Effective behavior change needs consistency, so ideally these behavior protocols would be shared with any key people spending time with John, such as support staff, other family members, John's friends and school teachers/employers.

Why are consistent rational responses critical?
Any of us would be confused if the way someone responded to our behavior changed every day,

(Challenging Behaviors Continued on page 20)

(Continued from page 19)

depending on the person's mood at any given moment. Consistent responses maximize the learning of appropriate behaviors, especially when the person has a brain injury and has trouble dealing with chaotic environments, inconsistencies and change.

Some Behavior Strategies

There are many strategies available to suit particular challenging behaviors, and the causes, such as positive reinforcement, tactical ignoring, desensitization, timeout, managing anxiety through relaxation techniques, token economies for children, and natural consequences.

Remember it is important to respond to appropriate behavior too, not just the challenging behavior. Be ready to compliment appropriate behavior, particularly when if there's any attempt to use the coping strategies you've been providing. We all know how demoralizing it is to only have our mistakes acknowledge

At Windsor Place, we believe in promoting the self-confidence and self-reliance of all of our residents

Susan Hunter
Executive Director

Phone: 503-581-0393
Fax: 503-581-4320

Windsor Place, Inc.
3009 Windsor Ave. NE Salem Oregon 97301
www.windsorplacesalem.org

Guide to Brain Anatomy and Function

Frontal Lobe

Function: Integral to personality, involved in tracking, sense of self, arousal, voluntary motor activity, and awareness of environment. Responsible for executive functioning and judgements, problem solving, emotional response and stability, speaking/ language, and memory for habit

Symptoms of Impairment

- Changes in personality and social behavior
- Loss of spontaneity in interacting with others
- Sequencing (difficulty planning and completing complex tasks in correct order)
- Perseveration (repeating same actions & comments over without conscious awareness of having done so)
- Loss of flexibility in thinking (mental rigidity)
- Distractibility
- Mood swings
- Diminished abstract reasoning
- Difficulty with problem solving
- Language difficulties & word finding)
- Loss of simple movement of various body parts

Parietal Lobes

Function: Involved in visual perception, tactile (touch) perception, knowing right from left, body orientation, integration of sensory information that allows for understanding of concepts, and goal-directed voluntary movements

Symptoms of Impairment

- Difficulties naming objects
- Difficulties writing words
- Inability to attend to more than one object at a time
- Inability to focus visual attention
- Problems with reading
- Poor hand-eye coordination
- Confusion left-right orientation
- Difficulty performing math calculations
- Difficulty drawing
- Poor visual perception
- Lack of awareness of certain body parts and/or surrounding space

Brain Stem

Function: Plays role in heart rate, swallowing, reflexes to sight and sound, sweating, blood pressure, digestion, temperature, levels of alertness, ability to sleep, and balance

Symptoms of Impairment

- Decreased vital capacity in breathing
- Swallowing food & water
- Difficulty with organization/perception of environment
- Problems with balance and movement
- Dizziness and nausea
- Sleeping difficulties

Temporal Lobes

Function: Play key role in intellect, understanding language, behavior, as well as auditory perception (hearing), long-term memory and some visual perception

Symptoms of Impairment

- Difficulty remembering names and faces
- Difficulty understanding spoken words
- Difficulty with identification of, and verbalization about objects
- Difficulty with concentration
- Short-term memory loss
- Interferences with long-term memory
- Aggressive behavior
- Change in sexual interest
- Persistent talking (right lobe damage)
- Difficulty locating objects in environment
- Inability to categorize objects
- Self-centered, lack of empathy
- Seizure disorders, aura and strange reveries (appearing to be lost in thought)

Occipital Lobe

Function: Visual and color perception system

Symptoms of Impairment

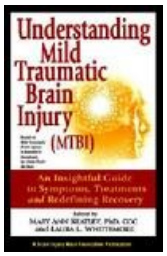
- Impaired Vision
- Loss of color

Cerebellum

Function: Involved in coordination and control of voluntary movement, balance and muscle tone

Symptoms of Impairment

- Tremors
- Involuntary movement of the eye, usually from side to side (Nystagmus)
- Lack of coordination of the muscles, especially in the extremities (Ataxia)
- Weak muscles (Hypotonia)
- Inability to judge distance and when to stop (Dysmetria)
- Inability to perform rapid altering movements
- Slurred speech (ataxic dysarthria)



Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery
Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery Edited by Mary Ann Keatley, PhD and Laura L. Whittemore $16.00

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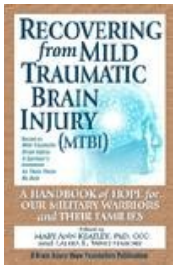
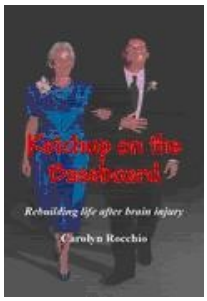
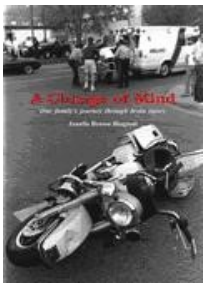


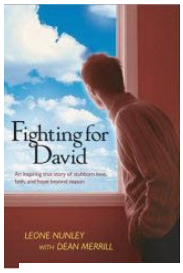
Recovering from Mild Traumatic Brain Injury A handbook of hope for military and their families. Edited by Mary Ann Keatley, PhD and Laura L. Whittemore
This clear and concise handbook speaks to our Wounded Warriors and their families and helps them navigate through the unknown territory of this often misunderstood and unidentified injury. It provides an insightful guide to understanding the symptoms, treatment options and redefines "Recovery" as their new assignment. Most importantly, the intention of the authors is to inspire hope that they will get better, they will learn to compensate and discover their own resiliency and resourcefulness. $18.00



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

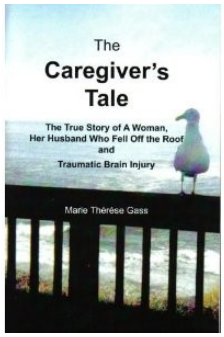
A Change of Mind
A Change of Mind by Janelle Breese Biagioni is a very personal view of marriage and parenting by a wife with two young children as she was thrust into the complex and confusing world of brain injury. Gerry Breese, a husband, father and constable in the Royal Canadian Mounted Police was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





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

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



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 ☐ Student $25 ☐ Non Profit $75
☐ Professional $100 ☐ Sustaining $200 ☐ Corporation $300
☐ Lifetime $5000

Sponsorship

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

Additional Donation/Memorial: $_____

In memory of: _____
(Please print name)

Member is:

☐ Individual with brain injury ☐ Family Member ☐ Other:_____
☐ Professional. Field: _____

Book Purchase ($2 per book for mailing):

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

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Resources

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

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

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

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

Fall Sudoku

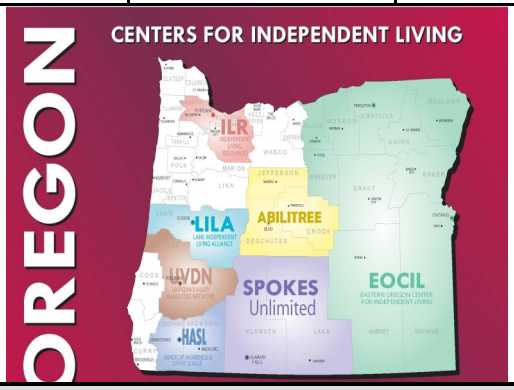
(Answer from page 5)

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

Oregon Centers for Independent Living

Contact List

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



Resources

For Parents, Individuals, Educators and Professionals

The Oregon TBI Team

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

LEARNet

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

Parent Training and Information

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

Websites

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

FREE Brain Games to Sharpen Your Memory and Mind

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

http://brainist.com/

Home-Based Cognitive Stimulation Program
http://main.uab.edu/tbi/show.asp?durki=49377&site=2988&return=9505

Sam's Brainy Adventure
http://faculty.washington.edu/chudler/flash/comic.html

Neurobic Exercise
www.neurobics.com/exercise.html

Brain Training Games from the Brain Center of America
www.braincenteramerica.com/exercises_am.php

Returning Veterans Project

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

Center for Polytrauma Care-Oregon VA

Providing rehabilitation and care coordination for combat-injured OIF/OEF veterans and active duty service members.
Contact: Ellen Kessi, LCSW , *Polytrauma Case Manager* Ellen.Kessi@va.gov
1-800-949-1004 x 34029 or 503-220-8262 x 34029

Washington TBI Resource Center

Brain Injury Alliance WASHINGTON

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

For more information or assistance call: 1-877-824-1766 9 am –5 pm
www.BrainInjuryWA.org

Vancouver: Carla-Jo Whitson, MSW CBIS 360-991-4928 jarlaco@yahoo.com

Addiction Inpatient help:
Hazelden Betty Ford Foundation, 1901 Esther St, Newberg, OR 97132 (503) 554-4300 www.hazeldenbettyford.org
Serenity Lane, 10920 SW Barbur Blvd Ste 201, Portland, OR 97219 (503) 244-4500 www.serenitylane.org

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. Have you had an insurance claim for cognitive therapy denied? All services are confidential and free of charge. (503) 243-2081 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

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

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

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

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

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

Resources

Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

Assistance

Financial, Housing, Food, Advocacy

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

Long Term Care Ombudsman - Fred Steele, JD, fred.steele@ltco.state.or.us, 503-318-2708

Oregon Public Guardian Ombudsman - Travis Wall, 503-378-6848 844-656-6774

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

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

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

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

Central City Concern, Portland 503 294-1681
Central City Concern meets its mission through innovative outcome based strategies which support personal and community transformation providing:

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

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

Need Help with Health Care?

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

Project Access Now 503-413-5746 Projectaccessnnow.org
Connects low-income, uninsured people to care donated by providers in the metro area.

Health Advocacy Solutions - 888-755-5215 Hasolutions.org
Researches treatment options, charity care and billing issues for a fee.

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

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

Central City Concern, Old Town Clinic Portland 503 294-1681
Integrated healthcare services on a sliding scale.

Valuable Websites

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

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

www.headinjury.com/ - information for brain injury survivors and family members

http://activecoach.orcasinc.com **Free concussion training for coaches** ACTive: Athletic Concussion Training™using Interactive Video Education

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

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

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

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

http://apps.usa.gov/national-resource-directory/National Resource Directory The National Resource Directory is a mobile optimized website that connects wounded warriors, service members, veterans, and their families with support. It provides access to services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration. (mobile website)

http://apps.usa.gov/ptsd-coach/PTSD Coach is for veterans and military service members who have, or may have, post-traumatic stress disorder (PTSD). It provides information about PTSD and care, a self-assessment for PTSD, opportunities to find support, and tools–from relaxation skills and positive self-talk to anger management and other common self-help strategies–to help manage the stresses of daily life with PTSD. (iPhone)

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.

People Helping People (PHP) provides comprehensive wrap around services to adults with disabilities and senior citizens, including: the General Services Division provides navigation/advocacy/case management services in the areas of social services and medical care systems; the DD Services Division provides specialized services to adults with developmental disabilities, including community inclusion activities, skills training, and specialized supports in the areas of behavior and social/sexual education and training; and the MEMS program provides short term and long term loans of needed medical equipment to those who are uninsured or under-insured. Medical supplies are provided at no cost. (availability depends on donations received). http://www.phpnw.org Sharon Bareis, 503-875-6918

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.

Brain Injury Support Groups

Astoria
Astoria Support Group
on hiatus
Kendra Ward 209-791-3092 pnwhigroup@gmail.com

Beaverton
Because My Dani Loved Me
Brain Injury Survivors, Stroke Victims and their Care Givers
2nd & 4th Saturday 10:00 am - 11:00 pm
Elsie Stuhr, Willow Room
5550 SW Hall
Beaverton, OR 97005

Bend
CENTRAL OREGON SUPPORT GROUP
2nd Saturday 10 am to 11:30
St. Charles Medical Center
2500 NE Neff Rd, Bend 97701
Call 541 382 9451 for Room location
Joyce & Dave Accornero, 541 382 9451
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

Abilitree Moving A Head Support Group
1st & 3rd Thursday 5:30-7:00
Brain Injury Survivor, Survivor and Family
Abilitree, 2680 NE Twin Knolls Dr., Bend OR 97701
Contact Francine Marsh 541-388-8103 x 205
francinem@abilitree.org

Corvallis

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

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

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

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

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

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

Hillsboro
Westside SUPPORT GROUP
3rd Monday 7-8 pm
For brain injury survivors, their families, caregivers and professionals
Tuality Community Hospital
335 South East 8th Street, Hillsboro, OR 97123
Carol 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

Lake Oswego (2)
Family Caregiver Discussion Group
4th Wednesday, 7-8:30 PM
(there will be no group in August)
Parks & Recreational Center
1500 Greentree Drive, Lake Oswego, OR 97034
Ruth C. Cohen, MSW, LCSW, 503-701-2184
www.ruthcohenconsulting.com

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

Lebanon
BRAIN INJURY SUPPORT GROUP OF LEBANON
on hiatus

Medford
Southern Oregon Brainstormers Support & Social Club
1st Tuesday 3:30 pm to 5:30 pm
751 Spring St., Medford, Or 97501
Lorita Cushman 541-621-9974
BIAOregon@AOL.COM

Oregon City

Brain Injury Support Group
3rd Friday 1-3 pm (Sept - May)
Clackamas Community College
Sonja Bolon, MA 503-816-1053
sonjabolon@yahoo.com

Portland (20)

Brain Injury Help Center Without Walls
"Living the Creative Life" Women's Coffee
Tuesdays: 10-12
Fridays: 10:00 – 12:00 - currently full
Family and Parent Coffee in café
Wednesdays: 10:00-12:00
braininjuryhelporg@yahoo.com
Call Pat Murray 503-752-6065

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

BRAINSTORMERS I
2nd Saturday 10:00 - 11:30am
Women survivor's self-help group
Wilcox Building Conference Room A
2211 NW Marshall St., Portland 97210
Next to Good Samaritan Hospital
Lynne Chase, lynne@pdx.edu 503-206-2204

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

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
Please Pre-Register

Support Groups provide face-to-face interaction among people whose lives have been affected by brain injury, including Peer Support and Peer Mentoring.

FAMILY SUPPORT GROUP
3rd Saturday 1:00 pm-2:00 pm
Self-help and support group
Currently combined with PARENTS OF CHILDREN WITH BRAIN INJURY Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Pat Murray 503-752-6065 murraypamurray@aol.com

OHSU Sports Concussion Support Group
For Youth and Their Families who have been affected by a head injury
2nd Tuesday, 7:00-8:30 pm
OHSU Center for Health and Healing
3303 SW Bond Ave, 3rd floor conference room
Portland, OR 97239
For more information or to RSVP contact Jennifer Wilhelm (503) 494-3151 or email: 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 503-752-6065 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
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 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

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

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

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

WASHINGTON TBI SUPPORT GROUPS
Quad Cities TBI Support Group
Second Saturday of each month, 9 a.m.
Tri State Memorial Hosp.
1221 Highland Ave, Clarkston, WA
Deby Smith (509-758-9661; biaqcedby@earthlink.net)
Stevens County TBI Support Group
1st Tuesday of each Month 6-8 pm
Mt Carmel Hospital, 982 E. Columbia, Colville, WA
Craig Sicilia 509-218-7982; craig@tbiwa.org
Danny Holmes (509-680-4634)

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

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

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

SPOKANE, WA
Spokane TBI Survivor Support Group
2nd Wednesday of each month 7 p.m.
St.Luke's Rehab Institute
711 S. Cowley, #LL1,
Craig Sicilia (509-218-7982; craig@tbiwa.org)
Michelle White (509-534-9380; mwhite@mwhite.com)

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

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

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

Spokane County Disability/BI Advocacy Group
511 N. Argonne, Spokane WA
Craig Sicilia (509-218-7982; craig@tbiwa.org)

VANCOUVER, WA

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

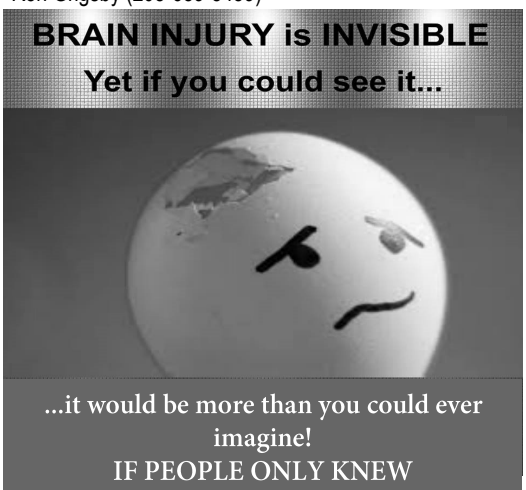
IDAHO TBI SUPPORT GROUPS

STARS/Treasure Valley BI Support Group
4th Thursday 7-9 pm
Idaho Elks Rehab Hosp,Sawtooth Room (4th Fl), Boise
Kathy Smith (208-367-8962; kathsmit@sarmc.org)
Greg Meyer (208-489-4963; gmeyer@elksrehab.org)

Southeastern Idaho TBI support group
2nd Wednesday 12:30 p.m.
LIFE, Inc., 640 Pershing Ste. A, Pocatello, ID
Tracy Martin (208-232-2747)
Clay Pierce (208-904-1208 or 208-417-0287; 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 (keranj@mvrmc.org; 208-737-2126)

***Northern Idaho TBI Support Group**
For Veterans
3rd Sat. of each month 1-3 pm
Kootenai Med. Center, 2003 Lincoln Way Rm KMC 3
Coeur d'Alene, ID
Sherry Hendrickson (208-666-3903, shendrickson@kmc.org)
Craig Sicilia (509-218-7982; craig@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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Molalla, OR 97038

Toll free: 800-544-5243

Fax: 503-961-8730
biaor@biaoregon.org
www.biaoregon.org

Sherry Stock, MS CBIST
Executive Director 800-544-5243

Resource Facilitator—Becki Sparre 503-961-5675

Rachel Moore, CBIS Director Eastern Oregon 541-429-2411

Brain Injury Help Center Without Walls-
Pat Murray braininjuryhelporg@yahoo.com

Meeting by Appointment only Call 800-544-5243

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