The Newsletter of the Brain Injury Alliance of Oregon

What's Inside?

Executive Director's Corner Page 2

Board of Directors Page 2

FY 2018-2019 Professional Members Page 3-4

From the Advocate's Desk Page 6

> Holiday Party Page 7-8

Parent's Guide: the early days after your child's brain injury Page 9

> CBIST Class & Exam Page 11 - 12

A Survivor's Perspective Pages 13

NEW!!! Brain Injury Fundamentals Certification Page 14

When They Don't Believe You Have A Brain Injury Page 17

Listening to Listen Again Page 15-18

2019 Brain Injury Conference & Registration Page 19 - 20

Society Security: Understanding Veterans and Spousal Benefits Page 21

> Books to Order Page 22

Membership Form Page 22

Resources Page 22-25

Support Groups Page 26-27

CDC publishes first guidelines for the treatment of adolescent concussions

The Centers for Disease Control is changing the way they test and treat traumatic brain injuries after an alarming last few years of injury increases.

According to Dr. Debra Houry, director of the National Center for the Prevention and Control of Injuries, every year more than 800,000 children seek treatment for traumatic brain injury. The problem has become more pressing as youth sport has gained in popularity and research has shown that repeated blows to the head,

such as football or football, can lead to long-term memory loss, dementia and other serious health problems.

The CDC said its guidelines are based on the "most comprehensive review of science" over the past 25 years of related concussions that doctors and researchers refer to as mild craniocerebral injury or mTBI.

"To date, there has been no evidence-based guideline for pediatric mTBI in the US – including all causes," Houry said in a news release. "Healthcare providers will now have the knowledge and tools they need to get the best results from their young patients receiving mTBI."

The CDC guidelines contain 19 recommendations. Of these, the Public Health Authority has highlighted "five major practice changes":

- Do not routinely pediatric patients to diagnose mild traumatic brain injury.
- Use validated, age-appropriate symptom scales to diagnose a concussion.
- Assess the risk factors for prolonged recovery, including the history of concussions or other brain injuries, severe symptom presentation immediately after injury, and personal characteristics and family history.



- Provide instructions for patients and their parents / caregivers to return to activities tailored to their symptoms.
- Counseling patients and their parents / caregivers should gradually return to non-sport activities after no more than two to three days off.

Dr. Brian Reeder from SSM Health says he sees high traumatic brain injuries from hockey, football, and soccer.

"I think one of the challenges when an injury does happen is taking the time to let it heal," Dr. Reeder said.

According to a study led by researchers at New York Institute of Technology College of Osteopathic Medicine published in 'The Journal of the American Osteopathic Association', concussion symptoms in children may last three times longer than they do in adults and teens. Researchers say it is important for parents to know that symptoms can linger in children for about four weeks.

"It's not just the direct impact that causes head injuries but the whipping affect that can happen to the head and neck," Reeder said.

The CDC report from September outlines reasons why blood tests and x-rays aren't catching all concussions. Researchers say some traumatic brain injuries require CT scans.

"I am just happy to see them active and away from screens," Father of two, Tom Blau said.
Blau has coached soccer for the past 16 years. He understands the risks of the sport, particularly when it comes to young girls playing it. However, he says sports is a great way to teach many different lessons for children, as well as a way to stay healthy.

"There are too many great benefits to a sport to be afraid something might happen."

The Headliner Fall 2018 page 1

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Headliner DEADLINES

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

Editor: Sherry Stock

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Executive Director's Corner

I want to thank the Older Adult Behavioral Health for Marion. Polk and Yamhill County Health & Human Services: Patrick Brodigan, QMHP (Marion) and Betty Sledge, MS (Polk), and Reed Hedlund MSW, CSWA (Yamhill) for allowing BIAOR to help put on a fabulous conference in Keizer, October 30. It was an excellent conference with exceptional presenters including Dr. Glen Zielinski as the opening Keynote. People were truly amazed by his presentations and I have been getting calls about how outstanding it was every since. Also presenting was Pat Gillette, MD, James Chesnutt, MD, Nancy Holmes, PsvD, Kate Robinson, MA, LPC, CADC1, Jeri Cohen J.D., Jim Martin, JD, William T. Powers, Shauna Hahn, PMHNP, Muriel Lezak, Ph.D. Karen Campbell, BA. Andrew Mendenhall, MD, Steve Paysinger, OTR/ L, and Matt Senn MT-BC/NMT.

Many of the attendees were state employees learning about brain injury. That has long been our goal - to educate state employees about brain injury. One state person stated in a meeting with a parent, that I was asked to attend, that Brain Injury, Mental Illness, Developmental Disability and dementia were all the same. We know that is not true but the only way to change that mindset is to educate the decision makers. That was what this conference did--it educated them on many different aspects of brain injury.

In a perfect world, people would have only one disability but in reality we know that is not often the case.

The conference looked

at brain injury with co-occurring disorders such as dementia, substance abuse, and mental illness. A panel of survivors talked about the road that they are now on and what they went through to get to their new normal. There were presentations on what can help individuals such as support groups, exercise and nutrition. There were presentations on challenging behaviors and how to work with them effectively.

It was an outstanding conference and I can't thank Patrick, Betty and Reed enough for all the work they did in making this **free** event happen. Thank you my friends.

All I can say is Let's Do This Again!

On behalf of the Board and Staff at BIAOR, I want to wish everyone a happy and safe holiday season.

Sherry Stock, ABD/PhD, MS, CBIST BIAOR Executive Director

Fall Sudoku

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

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

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

Names in Bold are BIAOR Board members

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Paul Braude, Find İnjury Law, 888-888-6470 p@findinjurylaw.com www.findinjurylaw.com

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Eugene.

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- Marydee Sklar, Executive Functioning Success, Portland, 503-473-7762
- † Progressive Rehabilitation Associates—BIRC, Portland, 503-292-0765
- Quality Living Inc (QLI), Kristin Custer, Nebraska, 402-573-3777 (BI & SCI)
- Neurologic Rehabilitation Institute at Brookhaven Hospital, Tulsa, Oklahoma 888.298.HOPE (4673)

To become a professional member of BIAOR see page 22 or contact BIAOR, biaor@biaoregon.org.

Look here for an Expert

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- Thomas Weiford, Weiford Case Management & Consultation, Voc Rehab Planning, Portland 503-245-5494

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- £ Disability Rights Oregon, Portland, 503-243-2081
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- £ Independent Living Resources (ILR), Portland, 503-232 -7411
- £ Jackson County Mental Health, Heather Thompson, Medford, (541) 774-8209
- £ Oregon Chiropractic Association, Jan Ferrante, Executive Director, 503-256-1601 http://ocanow.com
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- ± Jan Johnson, Community Rehab Services of Oregon, Inc., Eugene, 541-342-1980
- Sandra Knapp, SLP, David Douglas School District , Sandy 503-256-6500
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- £ Returning Veterans Project, Portland, 503-954-2259 Vocational Rehabilitation/Rehabilitation/

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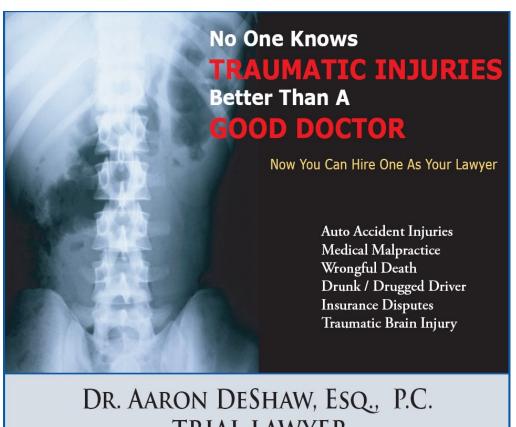
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The Brain Injury Alliance of Oregon relies on your membership dues and donations to operate our special projects and to assist families and survivors. Many of you who receive this newsletter are not yet members of BIAOR. If you have not yet joined, 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.



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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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The Headliner Fall 2018 page 5

From the Advocate's Desk

By David Kracke, JD dkracke@cbirt.org

As I continue in my new role as Oregon's Brain Injury Advocate Coordinator, certain truths are becoming evident. First and foremost, whatever I and the great team at the Center on Brain Injury Research and Training (cbirt) do, our focus must remain almost completely on making the lives of survivors of brain injury better.

A long conversation that I had with the brother of a brain injured young man drove that reality home with the power that can only come from direct experience. The brother, who I will call Steve (not his real name), was overseas six years ago when he heard about the motor vehicle collision that left his brother, who I will call Dean, severely brain injured. Steve rushed home to face this new reality.

Both Steve and Dean were extremely active young men. Steve credits his younger brother, Dean, with exposing him to all sorts of adventure sports from mountain climbing to backcountry skiing. They were extremely close and at the time of Dean's injury both of them were away from Oregon exploring the world.

Unfortunately, their world was about to become much smaller.

Dean was in a coma for a couple months as he recovered in the ICU wing of a hospital in a faraway place. The entire family held vigil there, keeping each other strong and hoping for a miracle. Steve kept wondering when his brother would "come back." When would he wake up, when would he start talking, when would things get back to normal and when would the brothers again ski down the chutes of Mt. Adams or tackle a hundred miles of biking through the backroads of Oregon.

Unfortunately, the answer appears to be never again.

Today, Dean is confined to a wheelchair and is in

such a state of severe brain injury that he struggles to communicate in the most basic sense of the word. He needs constant care from an array of service providers with the unavoidable additional care performed by Steve, their other sibling and their wonderful parents.

Dean lives with his parents and Steve relates how his parents are the only caregivers during the evening hours when Dean needs assistance eating, bathing and getting ready for bed. It is exhausting work and at a time when I'm sure they expected to be relaxing after good days of peaceful living, they are instead doing the tireless work required to get Dean through the day and night.

So, this is the story that animates me this morning as I write this column. This is the story that brings me back to the Governor's Task Force report which identified those things that we as a state, and we as citizens of this state can do better to help Dean, Steve and their parents. This is the story that gives me the drive to make our systems better.

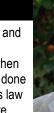
Right now that means that our focus is on the following areas:

We need **Navigators or Resource Facilitators** who can share their understanding of the tbi/abi services available to families like Dean's and who can provide those families with valuable information that might, if nothing else, give them all a brief rest from the stress of constant care obligations.

We need to figure out how best to care for our underserved populations in Oregon, whether they be homeless this survivors in Portland or this abi survivors in rural or frontier communities east of the mountains who struggle with access to the medical and social services they so desperately need

We need to strengthen our laws surrounding

our young athletes and fill in the legislative holes always left when something good is done legislatively. Max's law and Jenna's law are



incredibly important, and have done much to protect our kids, but there is still more to do.

We need to better **recognize the silent pain of the caregiver's** like Dean's parents and figure out a way to give them a break, if only for an evening a week so that they can resume something maybe resembling normal, at least for a few hours.

There are other challenges, to be sure, but right now these are the challenges on the forefront of my mind. Empathy only goes so far. Without solid changes in the complex systems that surround brain injury survivors, empathy and sorrow will only get us so far. Dean's parents definitely need our good wishes, but mostly they need our good help!

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

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Support Services

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65 Awareness and Prevention Events

Education

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

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See page 22 for a membership form

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page 6 Fall 2018 The Headliner



Please join the BIAOR 6th Annual Holiday Party featuring raffles, Holiday Sticks, silent auctions, and free games and rides. Unlimited, all you can eat Buffet features pizza, pasta, soup, salad, deserts and refreshments included.

Where: John's Incredible Pizza

9180 SW Hall Blvd, Beaverton

When: December 2, 2018

Time: 2-4 pm

Price: \$18 per person





Register online at

www.biaoregon.org/fundraiser.htm

Fax the Attached form to 503-961-8730 Mail to: BIAOR, PO Box 549, Molalla OR 97038

800-544-5243

Here's my reservation! Brain Injury Alliance of Oregon

Sunday, December 2, 2018

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I am unable to	o attend. Please accept n	ny donation i	or: \$	
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For further information please contact:

Sherry Stock

sherry@biaoregon.org

page 8 Fall 2018 The Headliner

Parent's Guide: the early days after your child's brain injury

Child rearing brings challenges to all parents, and for parents of a child with an a brain injury, the challenges can be magnified.

There are many issues, such as striking a balance between protecting your child from harm, while encouraging self-reliance and independence. It may not be clear, in the early stages, what problems a traumatic brain injury has caused, and it can be difficult to predict how much a child will recover, and how fast.

It is easy to focus on the differences - to feel that the young people with a brain injury, and the family, are different from other young people and families. But in general, most parents face a very similar range of challenges. Aim to focus on these similarities and claim your place, and your child's place, as part of your local community.

At times the emotional challenges can seem overwhelming. Grief, in some shape or form, may always be there. Parents can feel they've lost their privacy and sense of control - everyone else has 'good advice' and knows best. You may feel isolated and 'different' from other families, or that there is no one there to help.

But many parents also say that this life-changing event has also helped them realize what's really important and value what they do have. Many families also discover they're not alone-many find that linking up with others in a similar situation provides great support.

Alongside the difficulties, lots of good things happen, and families need to recognize and celebrate these. By and large, families with a child with a brain injury get on with life very competently.

Will my child be okay?

This is the most important question for parents in the early days after a brain injury-whether it was either accident or serious illness. You probably won't take in much of the information you are told at this stage so get people to write things down for you.

Your child may be in a coma-not opening his/her eyes or responding in any way. Coma may last for minutes, hours, days or longer. As your child comes out of coma, he/she will move into a 'twilight' zone-awake but confused, disoriented, maybe agitated, and not making sense. This is known as post-traumatic amnesia, or PTA.

In PTA, your child may remember things from the past, but won't remember things happening now, from minute to minute. Ordinary things may look strange or different, or your child may imagine things that are not there-an experience that can be frightening or confusing. Later on, your child will



remember little or nothing of this time, or may have a sense of it as no more than a blurred dream.

PTA may last for minutes, days, weeks or months. The length of time in PTA provides a reasonable basis for predicting how well your child will recover. The depth of coma and how long it lasts provide another indicator.

Talk to the staff on the ward-doctors, nurses, therapy staff, and be ready for answers to change and become clearer over time.

Things you can do

The most important thing for your child is feeling held, loved and supported by family and friends-even while in a coma. Always talk and behave as if your child is conscious-we simply do not know whether people at this stage can hear or understand anything of what is going on. During PTA your child will be less able to deal with the amount of noise and activity around, and might easily become more agitated or restless. Try to pace interactions and inputs, so things happen at a quiet pace and only one thing at a time.

Bring in photos, favorite blanket and favorite things to create a familiar environment. Help the staff to get to know your child-his/her interests, personality, habits, quirks and talents. You may be able to do some of the day-to-day routine care for your child, if you wish to. Talk to the nursing staff about this.

As the days go past, keep a book to record what's happening. A book of this nature can be reassuring to a young person who realizes, some time later, that they have 'lost' and forgotten some days or weeks of their life.

Look after yourself

You will need all your strength to get through this difficult period. Make sure you look after yourself while your child is in hospital (and afterwards). Make chairs into a bed to get some sleep and keep your energy up with meals at the cafeteria. If you want some quiet time, go to the hospital chapel. Accept offers of help from relatives and friends, so you can spend more time with your child and your family.

Pacing yourself is still important when your child comes home from hospital. This can be a time of major readjustment for parents. Quite apart from the physical demands of caring, changes to your

child from the brain injury may suddenly become distressingly

clear. Being prepared for this can help you to cope with it and continue the process of readjustment.

Should my child be assessed?

If you are concerned about difficulties your child is having with, for example, learning, memory, speaking, balance, vision, or handwriting, such problems should always be thoroughly assessed-whether or not your child is known to have a brain injury. Careful and thorough assessment of the traumatic brain injury or other brain disorder is vital to find the best way to help your child - whatever the cause or the diagnosis.

In the months ahead

The long-term effects of a brain injury may not be evident for some time. Some may show up only years down the track, when the child is challenged to learn increasingly complex skills and deal with more complex situations. Any of the following changes suggest the need for a thorough assessment to determine how best to help the young person:

- Difficulty with new school work or activities
- Problems in concentrating and remembering instructions
- Slowness in thinking about new things
- Less ability to join in familiar games and activities
- Difficulties understanding what's said or following a conversation
- Decreased ability to re-tell the day's events or find the right word
- Inappropriate sexual discussions or activities.

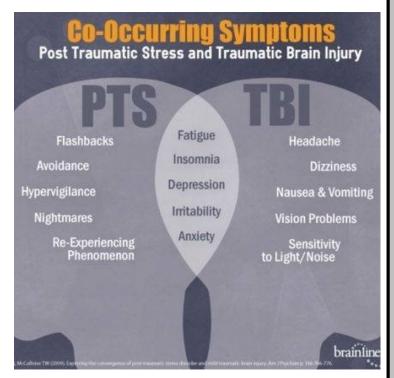
Talking to doctors & other professionals

If you are concerned about any of these symptoms in your child, or if there is any question of a possible brain injury, tell your doctor of your concerns. The doctor will normally examine your child and may make a referral to a specialist doctor such as a neurologist, rehabilitation specialist or pediatrician. Other specialists who may be involved in assessment include a neuropsychologist, speech pathologist, physiotherapist and/or occupational therapist.

If possible, provide the doctor or specialist with the following information:

- When your child was hurt, injured or ill, and what happened
- What was done in the Emergency Department
- The name of any doctor who treated your child
- The changes you've seen in the child
- Problems your child is having in school, with friends or at home - you may need to contact teachers and get feedback from friends
- Examples of how your child seems different now
- What you do to help your child.

References: http://synapse.org.au/information-services/



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Understanding Brain Injury and Managing Behavioral Challenges Following Brain Injury and Challenges Following Brain Injury and ACBIS International Certification Training

The Academy of Certified Brain Injury Specialists (ACBIS) offers a voluntary international certification program for both entry-level staff and experienced professionals working in brain injury services. ACBIS provides staff and professionals the opportunity to learn important information about brain injury, to demonstrate their learning in a written examination, and to earn a nationally recognized credential. Certification is not restricted to any one profession or discipline. Rather, it is intended for anyone who delivers services specific to brain injury.

Certification is based on a comprehensive training textbook that covers the following topics:

- Health and medical management
- TBI and diagnostic imaging
- Medical, physical, cognitive, neurobehavioral, and psychosocial consequences of injury
- TBI in pediatrics and adolescents, as well as aging with a brain injury
- Concussions and mTBI, as well as disorders of consciousness
- Rehabilitation philosophy, outcome measurement, and care management
- Effect of injuries on families
- Cultural, gender, and sexuality issues
- Military populations
- Neuropsychology
- Participation and return to work

The Essential Brain Injury Guide

With Mary Association of America

Total Science Scie

The Brain Injury Association of America, through its cooperative agreement with Wolters Kluwer Health/Lippincott Williams and Wilkins (LWW), is pleased to provide, to each new ACBIS certificant who has applied under the fee structure established December 1, 2008, a one-year subscription to the Journal of Head Trauma Rehabilitation. This reflects a commitment to ensuring that Certified Brain Injury Specialists have access to the latest brain injury research, treatment and practice information.

The Brain Injury Alliance of Oregon is offering a training program geared toward preparing for the CBIS examination. This training will be delivered in a two day workshop. Students must attend the entire session. The workshop will include study materials and interactive workshop with Sherry Stock, Certified Brain Injury Specialist Trainer. The National Online Examination will be given at the end of the day, from 4:00-6:00 pm.

Cost of participation:

\$700 - includes training, book, exam fee and one year BIAOR professional-level member pay online now.

\$250 - for Participation CBIS training only (including book \$400 - no Exam) pay online now.

Join us for this comprehensive training, and gain your international certification in Brain Injury, with support through BIAOR.

Applicants must complete and submit the required eligibility paperwork four weeks prior to the training class in order to secure enrollment to the class. Required paperwork includes the following: ACBIS Application Form, Employment Verification and your current Resume. To proceed with the required paperwork forms see the **Application Process** or contact Sherry Stock, 503-740-3155 sherry@biaoregon.org

The Headliner Fall 2018 page 11

All new paid applicants will receive a one-year subscription to the *Journal of Head Trauma Rehabilitation*. This reflects a commitment to ensuring that Certified Brain Injury Specialists have access to the latest brain injury research, treatment and practice information.

Eligibility Requirements (Please read carefully - once payment is received there are no refunds)

- Applicants must have had 500 hours of currently verifiable direct contact experience with an individual or individuals
 with brain injury.
- 2. Experience can be paid employment and/or academic internship.
- 3. The qualifying experience must have included formal supervision or have been conducted while the applicant operated under a professional license. Volunteer work does not qualify.
- 4. Applicants must have a high school diploma or equivalent.
- 5. It is up to the individual to determine that they have met the above requirements when they register. Once payment has been made there are no refunds.

Training

Official ACBIS training is provided by Sherry Stock, a Certified Brain Injury Specialist Trainer (CBIST). *The Essential Brain Injury Guide* will be mailed to you upon receipt of your payment in full. Training materials will be handed out in the class.

Bring a laptop computer that has wireless capabilities with you for the online exam. If you do not have one please contact Sherry at BIAOR, 503-740-3155 sherry@biaoregon.org.

Certification Examination

Candidates must pass (80% or higher) on the certification examination. The exam can only be taken after all forms and fees have been submitted, processed and an approval email has been received. Applicants who have completed the training or self-study and are ready to take the examination must read the instructions further down this page. The exam can also be offered to individuals as long as a CBIST or other approved individual proctors the exam. Please note: The certification fee does not include any expenses associated with proctoring an individually administered exam. If hiring an outside proctor is necessary, the applicant will be responsible for these costs.

Notification of Exam Score: Candidates will receive immediate notification via email of their exam score upon completing the online examination. Information about individual candidates and examination results will not be released to any party other than candidates or group administrators. Candidates' scores are NOT released to anyone, including the candidate, by telephone.

Retakes: Candidates who do not pass the examination on the first administration may take one retest within one year of the initial application date at no additional charge. An applicant who does not pass after two attempts is welcome to reapply when ready.

Application Process

The process described on the BIAOR website and is intended for those who are pursuing CBIS Certification as a part of a group with BIAOR, please contact your Group Administrator, Sherry Stock, 503-740-3155 sherry@biaoregon.org, for further instructions. Once payment is received there are no refunds. Please read requirements above carefully.

Payment must be made to BIAOR at least in advance of the class. The process for submitting an individual CBIS Application can be confusing, please follow these directions provided at http://biaoregon.org/CBIS-Training.htm

A survivor's perspective

On dealing with success and failure after brain injury

In 1975, Jeff Sebell experienced a traumatic brain injury, during the summer before his junior year in college. He suffered frontal lobe and brain stem injuries, and was comatose for 30 days. Jeff returned to college five months after his car accident and finished college one semester late, earning a BA in Economics. Jeff shares his thoughts.

Those of us who have experienced a brain injury are always looking for some sort of advantage; some way we can get a jump start on the road to living a fulfilled life.

One thing that is not obvious to us which does have a great impact on our lives, is the way we deal with both success and failure. This is a great example of how we can use our way of thinking to help us. After a brain injury, failure seems to become a common theme, as we go about trying to reclaim our lives by trial and error. On top of that, we seem to derive meaning from every failure – sometimes greatly exaggerated meaning – about our abilities and future, and we sometimes live in a world where our failures run our lives. This has an effect on the quality of our lives and on our efforts to live a fulfilled life.

Success, on the other hand, doesn't come as often or as easily as it used to, and means something quite different to us than it did before our brain injury. Many times, a major success for us is simply performing a task that used to come easily and while we think it's a big deal or great accomplishment, others don't see it that way.

For me, it was very important, when living my life after brain injury, that I learned how to "get something positive" from failing. Similarly, I had to look beyond the euphoric feeling success gave me in order to see if there was anything I could take away that would benefit me beyond the success I experienced.

What probably helps me learn is the peculiar way that I react when I'm excited. Although I do get excited when I succeed at something, especially when it is something I am not sure I would be able to do, I tend to keep that excitement low key and to myself. I have always been this way, maybe more so since my brain injury, but I have managed to turn it into a tool I can use for my benefit.

One way to look at the way I am is that I've always tried to keep my life on an even keel, so that the highs weren't so high, and the lows weren't so low. That's my way of helping to manage the ups and downs of my life, and it applies to failure as well as success. This is

especially important after brain injury when we attempt things and seem to fail so much, and can make every failure into something bigger



than it should be. What I have been able to see is that success and failure are really the same; they are both just outcomes.

Of course, that is very simplified, and, it goes without saying that we would rather succeed than fail, but it's a good starting point. I must acknowledge that success or failure are not to be taken lightly; failure can have far-reaching, ugly implications, while some successes can be life-changing. Those times aside, however, I look generally at success and failure as tools: when we try something we either succeed or we fail. By nature, success brings its own reward. Failures, though, don't bring rewards, and would be a complete waste if we didn't learn and grow from them.

Both success and failure provide lessons that stay with us our entire lives, and I do my best to avoid judging them as good or bad. I don't want to have my ego inflated by success, and similarly, I don't want to be sunk in a "culture of failure" which can happen when we lament what society calls "failures", and allow them to drag us down and set the tone for our lives.

Those of us who have experienced a brain injury need to learn or re-learn a lot of things based on trial and error, and we are going to fail at some things. That's the way these things work. By having a healthy relationship with failure, and looking at failure in a productive way, we don't have to get caught up in a "culture of failure". Being caught in a "culture of failure" makes it that much harder to have any successes and live a fulfilled life. This is work, thinking positively about our lives, and it's not easy work.

However, the power of our mind is strong, and by looking at failure constructively, it's possible to live in a "positive zone", where we are not always down on ourselves for what we see as a failure, but we are more accepting of ourselves and our circumstances; experiencing life and learning about it as we succeed and fail.

Jeff Sebell is the author of "Learning to Live with Yourself after Brain Injury." Read more about Jeff and his journey on his blog at www.TBISurvivor.com

Reminder

Memory problems?

Although there is no wonder treatment for memory problems there are many effective strategies that a person can learn to improve the success of their memory. Organizing the environment aims to arrange surroundings so that less reliance or demand is placed upon a person's memory. Strategies for organizing the environment include the following:

- A notepad system beside the phone
- A large notice board and making plans
- A special place for objects which tend to go missing
- Labelling or color-coding cupboards as a reminder of where things are kept
- Tying or clipping objects to places e.g. a pen to the phone or a key to a belt or purse.

External memory aids?

Examples include:

- A diary for storing and planning
- Notebooks of all sizes for various places
- Lists and checklists
- Alarm clock, wristwatch alarm and timer
- Calendar
- Wall chart
- A smartphone or tablet to dictate into
- Electronic organizer
- Pill reminder box
- Post-it notes
- Giving you back your memories:
 Creating a memory book containing
 personal historical events, personal
 experiences and names. Pictures of
 family and friends and activities that you
 did together with a short story about
 them

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

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

Brain Injury Fundamentals

New ACBIS Program Announcement: Brain Injury Fundamentals



BRAIN INIURY ASSOCIATION OF AMERICA

When someone sustains a brain injury, it's not just the life of the individual that is affected, but the lives of family, friends, and people in the community. As part of its mission to provide education that improves the lives of individuals with brain injury, the Academy of Certified Brain Injury Specialists (ACBIS) has targeted the widest possible audience with information that can be used in everyday

The course is grounded in adult learning principles, maximizing participant engagement and application through an interactive workbook. Using the stories of two individuals to anchor the course concepts, participants learn about the challenges people face following brain injury and how they are supported. Course content covers: Overview of brain injury and cognition; developing effective interaction skills and addressing behavioral concerns; common physical and medical issues following brain injury; best practices for medication management; and impact of brain injury on the family. An online post-test is provided in open-book format, earning participants a certificate of completion that can be printed.

Developed by experienced clinicians and rehabilitation professionals, Brain Injury Fundamentals is an all-new training and certificate program designed to address the unique needs and challenges of those who care for or encounter individuals with brain injury. This includes nonlicensed direct care staff persons, facility staff, family members and friends, first responders, and others in the community. The mandatory training course covers essential topics such as:

- Cognition
- Guidelines for interacting and building rapport
 Brain injury and behavior

- Medical complications
- Safe medication management
- Families coping with brain injury

The course is grounded in adult learning principles, maximizing participant engagement and application through an interactive workbook. Using real-life scenarios and interactive simulations to anchor the course concepts, participants learn about the challenges people face following brain injury and the types of support they need. This essential program will help candidates understand different types of behavior, manage medication safely, and provide support to families and friends.

The Brain Injury Fundamentals course is comprehensive and flexible enough to be incorporated as an organization's on-boarding program for direct care staff, or used as a stand-alone training in healthcare and community facilities. The course will be taught by ACBIS trainer, Sherry Stock, CBIST, who has more than 15 years' experience in the field.

After completing intensive training, candidates will receive a certificate that is valid for three years. To learn more about the application process contact Sherry Stock at BIAOR sherry@biaoregon.org. 800-544-5243 or 503-740-3155

Training: Training is required in order to receive the Brain Injury Fundamentals certificate. Trainings will take approximately 8 hours. Instructor is Sherry Stock, CBIST sherry@biaoregon.org 800-544-5243 or 503-740-355

Costs & Fees: Fundamentals Application (including Practical Training Workbook), training and exam: \$250* *Fundamentals Application fees are non-refundable.



When They Don't Believe You Have A Brain Injury

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

Brain disorders such as traumatic brain injury are often called invisible disabilities because a person may outwardly appear to be unaffected. This is especially true if the cause was a brain tumor, near drowning, mild stroke or drugs. Even when the injury is caused by trauma such as a motor vehicle accident, there may be no scars or the scars may heal so well that the person appears to be fully recovered.

Unfortunately even a so-called 'mild' traumatic brain injury can leave a person with lifelong problems with memory, concentration, motivation, fatigue, stress, depression and reduced self-awareness. It is common for family, employers and friends to not understand there are problems when they can't see physical evidence. Typical examples include:

- ⇒ "The insurance company says I'm fine and don't need rehabilitation"
- ⇒ "My girlfriend says I'm self-centered and don't care about her anymore"
- ⇒ "Mum and dad think it's all in my head, that I'm making all this up"
- ⇒ "The boss thinks I'm being lazy and avoiding working too hard."

When family members don't understand

Family members often have the most trouble understanding the invisible nature of a Brain Injury. Often they are confronted with a 'new' personality - a family member who may be depressed, angry, anxious, lacking motivation, can't remember things and doesn't appear to listen.

This is a very difficult time for family members, and if they are frustrated it is very tempting to believe the person with a Brain Injury is deliberately choosing to make life difficult for everyone.

However, after a Brain Injury it is a very long difficult process to begin relearning all of these lost skills, or learning coping strategies through rehabilitation that can substitute for skills that can't be relearned.

A common experience for many after a Brain Injury is they constantly feel exhausted in their efforts to regain aspects of their former life, and are very discouraged by what they feel is a lack of compassion from their family members.

On the other hand, the person with a Brain Injury may lack self-awareness, and not fully understand how difficult it can be for their family in the caring role.

How to convince others

How do you convince someone that you do have a Brain Injury - or that is impacting your life far more than they realize? Trying to discuss the issue is often difficult. Family members are often resentful if they have been coping with challenging behaviors caused by the Brain Injury. Discussions can break down into recriminations and the Brain Injury can be seen as a weak excuse for inappropriate behavior.

Families often come to understand a Brain Injury through simply reading about it. Previously their ideas may have been based on what they had seen in movies -a person is knocked briefly unconscious, forgets who they are, their memory is restored by another bump to the head, then they are fine again. If the rehabilitation process is still occurring, it can help to have a professional discuss the situation in a family meeting, and look at strategies that can ease tensions at home.

Insurance, compensation & legal cases

Insurance companies and generic rehabilitation services are often unaware of the ongoing effects of a Brain Injury, and that there is often no complete recovery. In some cases individuals need to take legal action to obtain the rehabilitation and support that their insurance guarantees.

It pays to keep all your paperwork, correspondence, emails, and medical reports on file. Take notes during meetings and phone calls to keep a permanent record. The more details you have, the easier it will be to establish your case for insurance claims, compensation and any legal action.

In the long-term, it can pay to keep a diary that records what ongoing rehabilitation is taking place in the home setting, along with ongoing issues being faced and any progress made as well.

Obtaining hard evidence of a Brain Injury?

Some people might refuse to believe a Brain Injury

exists unless there is firm medical proof. A moderate to severe Brain Injury often



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

It is harder to provide hard evidence for a diffuse Brain Injury - this is where the damage occurs at a microscopic level throughout the brain, and will not show on scans despite the huge impact it can have on so many aspects of a person's life because its effects are widespread through the brain.

In these latter cases a neuropsychological assessment is used to identify a Brain Injury, its effects and the strategies needed for rehabilitation. Testing includes a variety of different methods for evaluating areas such as attention span, memory, language, new learning, spatial perception, problem-solving, social judgment, motor abilities and sensory awareness. These tests can be quite expensive. Universities offering programs in neuropsychology often provide evaluations at low cost or on a sliding scale as part of their student training.

The Oregon TBI Team, a multidisciplinary group of educators and school professionals trained in pediatric brain injury. The Team provides inservice training to support schools, educators and families of Individuals (ages 0-21) with TBI. For more information about Oregon's TBI Team contact Melissa McCart 541-346-0597 mccart@uoregon.edu.

Education is the key

Most people will usually be more understanding once they understand more about brain disorders such as traumatic brain injury, and particularly its often invisible nature.

Fred Meyer Community Rewards - Donate to BIAOR

Fred Meyer's program. Here's how it works:

Link your Rewards Card to the Brain Injury Association of Oregon at www.fredmeyer.com/communityrewards.

Whenever you use your Rewards card when shopping at Freddy's, you'll be helping BIAOR to earn a donation from Fred Meyer.

The Headliner Fall 2018 page 15

Managing anger



Depending on which parts of the brain have been injured, some people will struggle with getting angry very easily, then attempting to control it.

First, identify why you would like to manage anger more successfully. Then identify what benefits you expect in everyday living.

Become more aware of your personal thoughts, behaviors and physical states when feeling angry. This awareness is important for identifying what triggers your anger. Keep a diary or chart of all the situations that trigger anger. List the situation, the level of anger on a scale of one to ten and the coping strategies that help to overcome or reduce feelings of anger.

A simple and effective technique for reducing levels of anger is the Stop - Think technique:

Stop! and think before reacting to the situation (are these thoughts accurate/ helpful?)

Challenge the inaccurate or unhelpful thoughts

Create a new thought

Here is an example of someone wanting to improve their ability to cope with anger when waiting in long gueues.

Typical angry thoughts: 'The service here is so slow. Why can't they hurry it up? I'm going to lose my cool any moment now'. Stop thinking this!

Is it helpful thinking this way? What is the final outcome if I keep thinking this way?

New calmer and helpful thoughts: 'Everyone is probably frustrated by the long line – even the person serving us. I could come back another time, or, I can wait here and think about pleasant things such as going to see a movie'.

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HOW TO PREVENT AN ANXIETY ATTACK

- · Breathe deeply in through your nose and out through your mouth
- · Slowly look around you and find...
- 5 things you can see
- · 4 things you can touch
- · 3 things you can hear
- 2 things you can smell (or 2 smells you like)
- · 1 emotion you feel

This is called GROUNDING - it can help when you feel like you've gone too far in your head and lost all control of your surroundings.



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Karen Campbell, BA Extreme Behavioral Specialist 971-227-4350

Sherry Stock, ABD/PhD CBIST Neurogerontologist 503-740-3155 BrainLogisticsLLC@gmail.com Fax: 503-961-8730

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

Fall 2018 page 16 The Headliner

Learning to listen again

When somebody really listens to you, you feel understood, appreciated, interesting and worthwhile - so listening skills are crucial to making, and keeping, friendships

While smiling babies are very cute, in reality they are completely self-absorbed and will face a long journey toward hopefully taking an interest in other people, and balancing their own needs with those of others around them.

A brain injury can disrupt much of this hard-won experience, and we can revert to our earlier basic patterns. The result? People will think we are self-centered and desert us in droves! If you have lost some of your listening skills then a critical step to maintaining your relationships is learning to listen again.

Typical issues after a brain injury

You may now have trouble organizing your thoughts into compact, structured sentences so you may tend to rave on and on. You may have lost the ability to pick up non-verbal cues from other people, such as boredom if you are talking too much, or frustration if you keep interrupting them. When social skills have been disrupted, you will need to begin the slow process of relearning these skills.

Ask questions

People love to feel you are taking an interest in them. Instead of trying to talk about yourself, focus on the other person. Get interested in what they are talking about. Ask plenty of questions but make sure they aren't too personal. If you have trouble with disinhibition, you may be inclined to

ask offensive questions about their sex life or how much they are earning.

Balance the conversation

Be appropriate!

Try to keep an idea of how much 'air space' you are hogging. You should be letting the other

person talk at least half of the time. The more you let them speak, the more they will usually enjoy the conversation.

Look out for cues

Much of our communication is non-verbal. You know the person is probably not enjoying the conversation when they don't keep eye contact, turn away from you, look at their watch, or stop smiling. These may be an indication you have talked too long, or on a topic they don't find interesting. Of course, they might just be depressed themselves, or need to be somewhere else! Non-verbal cues are tricky to read at the best of times — where possible, get feedback later from a friend without a brain injury on how you went in conversations with other people.

Look interested

Asking questions is only part of good listening. It helps if you smile, nod and laugh in the right



Look at who is talking



Do not talk

ACTIVE LISTENING







Follow directions



Visualise what is being said

places. This is hard if you are depressed or nervous, but practice makes perfect. Again, get plenty of feedback from family and friends you can trust.

Practice with someone you know Exercising your listening skills can be hard in new social situations. Sit down with a good friend over coffee and deliberately practice these skills. Tell them you need to refine your listening, and ask them for feedback on how you are going. Ask them if the 'personal space' is right — sometimes, we unknowingly stand or sit too close to people after a brain injury.

Avoid alcohol and drugs

Plenty of our social interaction revolves around alcohol. While you might feel more relaxed, it will only amplify difficulties with poor listening or raving on too much. Stick with the orange juice, iced tea or water with lemon and work on your social skills instead!



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

- CBIS Training (Certified Brain Injury Specialist)-International Certification/Brain Injury Fundamentals Certification
- 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
- · 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





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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

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confidential and free of charge.

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(503) 243-2081 http://www.disabilityrightsoregon.org/



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Everyday at Avanir Pharmaceuticals, Inc., we focus on the research, development and commercialization of novel medical and pharmaceutical treatments for people with central nervous system disorders. That focus, along with the deep seated passion of our people, is fueling the development of innovative medical solutions.

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Kampfe Management Services - Brain Injury Rehab was the first "Specialized Living Facility" in the state of Oregon to focus on brain injury rehabilitation services, KMS has a history of developing programs that benefit our clients (and payers). We offer independence within the structure of a

supported living environment that focuses on developing compensatory strategies which allow clients to successfully transition back into community.

Matthew@kampfemanagement.com 503-788-3266

page 18 Fall 2018 The Headliner

The 17th Pacific Northwest Brain Injury Conference 2019
36th Annual BIAOR Medical/Legal Conference

Living with Brain Injury, Stroke and Neurological Changes:

Back To The Future: Rewriting Your Future

About The Conference

BIAOR, and our co-sponsors: Brain Injury Alliance of Idaho, Brain Injury Alliance of is dedicated to providing members the opportunity for the finest continuing medical legal education available. Annual conferences are held each year in the spring. On behalf of the Conference organizing Committee we would like to cordially invite all for the 17th Pacific Northwest Brain Injury Conference 2019 - Living with Brain Injury, Stroke and Neurological Changes: Back to the Future: Rewriting Your Future to be held March 7-9, 2019 in Portland Oregon.

Theme: The Latest Technology and Treatment in the field of Brain Injury

The Brain Injury 2019 Conference will serve as an extraordinary platform to engage in stimulating discussions, information exchange and perceiving new ideas in the field of Brain Injury and Neuroscience. These meetings provide a composite open atmosphere, allowing attendees and speakers to easily focus on academic exchange of ideas to bring about excellence in science.

The main aim of the 17th Pacific
Northwest Brain Injury Conference
2018 - Living with Brain Injury, Stroke
and Neurological Changes: Back to the
Future: Rewriting Your Future is to
provide an opportunity for establishing
relationships with the I professionals
focused on the science of brain injury
research, rehabilitation, legal perspectives
as well as the latest proven effect
treatments.

Keynotes:

Friday Conference Opening Keynote: Glen Zielinski, DC, DACNB, FACFN Functional Neurology Treatment of Traumatic Brain Injuries

Friday Closing Keynote: Matt Senn MT-BC/ NMT Neurologic Music Therapy: Treatment and Clinical Applications for Traumatic Brain Injuries

Saturday Opening Keynote: Dr. Adam Grove, ND, former chair of the Alaska Brain Injury Network - Nutrition and Brain Injury Recovery

Saturday Conference Closing Keynote: Larry Sherman, PhD Music and the Brain

Speakers

Brain Injury Fundamentals Certification and exam - Sherry Stock, CBIST

Certified Brain Injury Specialist 2 day training and exam - Sherry Stock CBIST

Pediatric Issues After a Brain Injury - Cathy Thomas, PhD, ABPdN

TBI – Residential Treatment of Individuals who have experienced brain injury: Treatment challenges and how to work with families. - Karen Campbell, BA Brain Logistics LLC

Memory for Independent Living - Kathy Griffin, Brain Injury Alliance of Idaho Board Member

TBI – A Focus on Behavior & Strategies - Karen Campbell, BA, Brain Logistics LLC

Family Medicine: Substance Abuse and Brain Injury and Pain - Andrew Mendenhall, MD

Idaho's Traumatic Brain Injury Program:
Five-Year Plan and Preliminary Results Russell C. Spearman, M. Ed., Institute of Rural
Health at Idaho State University

The Silent Epidemic of TBl's: Listening for Depression & Suicide. - Shauna Hahn, PMHNP

Oregon Disabilities Commission - Public Meeting

The Do's and Don't's When Working with Clients with Brain Injury - Timothy Titolo, JD, Chair of the American Association of Justice Traumatic Brain Injury Litigation Group, Secretary/Treasurer of the Inadequate Security Litigation Group.

Float Tanks: The Benefits of Relaxation - Ashkahn Jahromi & Graham Talley

TBI Team - What is it and how we can help you - Melissa McCart, D.Ed

What Services Are There In Oregon to Help - Panel:

Ashley Carson Cottingham - Aging and People with Disabilities Dir. Director for DHS Aging and People with Disabilities
Cameron Smith - Director at Oregon

Department of Consumer and Business Services -

Trina Lee - Director of Vocational Rehabilitation

Hyperbaric Oxygen Therapy - Yesterday, Today and Tomorrow - Ben Richards and Jeff Hampsten, President, Idaho Hyperbrics, Inc

Saturday Lunch Presentation: River City Riders

The Headliner Fall 2018 page 19

Early Registration Form - Before February 15, 2019

17th Annual Pacific Northwest Brain Injury Conference 2019 36th Annual BIAOR Medical Legal Conference Living with Brain Injury, Stroke and Other Neurological Changes: Back to the Future

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, ABIN, VA and OVRS receive member rates)

First Name		Last Name			
Badge Name		Affiliation/Compan	у		
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 sponsorsh	nip/exhibitor opportunition	es.
Add \$75	for each Registran	t after Feb 15	Member	Non-Member	Amount
	ain Injury Fundamentals Certifica fied Brain Injury Specialist Certi			\$275 \$700	\$ \$
	res: Registration fees include: continental rable. Contact BIAOR, 800-544-5243 for n			ed for on-site registrations	s. There are no
VIP Special— 3 Days of	Conference		\$600	\$700	\$
Professional (CEUs) 2 [Day Friday & Saturday		\$375	\$475	\$
Professional (CEUs)1 D	ay Only: □Friday □ Saturday		\$225	\$325	\$
Students \$50 per day []Thursday □ Friday □ Saturda	у	\$50 per day	1	\$
<u>Saturday_Survivor/Fam</u>	ily (no CEUs)		\$125	\$150	\$
Saturday Only Courtes	y (Brain Injury Survivors with lim	nited means-limited number)	\$25	\$35	\$
Membership Profession	onal \$100 □ Family \$50 □ Basic	\$35 Survivor \$5			\$
Scholarship Contribution	on (donation to assist in covering the	he cost of survivors with limite	d funds)		\$
Credit Card Number	-	- Exp Date	/ Sec	code	
CC Address if different t	han above		Zip Code Bill	goes to	
(Please add totals from	m Pre-Conference & Conference	e Registration Fee, BIF Tra for final total costs)	ining, CBIS Training a	nd Scholarship Co	ntribution
or fax: 503.96	Make Checks out to BIAO 31.8730 Phone: 800-544-524	R —Mail to: BIAOR, PO Bo	•		rg
	for BIAOR discount Code: BIA20 limited 503-281-2500		Hotel: Sheraton Port NE Airport Way, Portland		1.2500
No refunds v	will be issued for cand	cellations; howeve	r, registrations	are transfer	able

Pre-Conference Workshops 8am—5pm Thursday - \$250

Brain Injury Fundamentals Certification Class including exam 8 CEU's CEUs applied for: AFH, CRCC, CMC, CDMC, SW, OT, SLP, CLE, DC, DO, VA. Please contact us if you would like one that is not listed **Total CEU Hours 23**

Agenda

Thursday

8 am - 5 pm Pre-Conference Workshop **Friday & Saturday**

7 am - 7:45 am: Breakfast

7:45 am - Noon: Keynote and Break- Outs Noon - 1 pm: Working Lunch and Networking 1 pm - 5 pm: Keynote and Break-Outs

* Friday and Saturday-Breakfast, Breaks, Lunch provided ** Thursday—lunch and breaks provided

page 20 Fall 2018 The Headliner

HELPING VETERANS AND ACTIVE DUTY MILITARY MEMBERS

By Kirk Larson Social Security Public Affairs Specialist for Alaska Idaho Oregon Washington

Every year on Veterans Day, we honor the people who risk their lives to protect our freedom. Social Security honors veterans and active duty members of the military every day by giving them the respect they deserve. Social Security's disability program is an important part of our obligation to wounded warriors and their families.

For military members who return home with injuries, Social Security is a resource they can turn to. If you know any wounded veterans, please let them know about Social Security's Wounded Warriors website. You can find it at https://www.ssa.gov/people/veterans/

The Wounded Warriors website answers many commonly asked questions, and shares other useful information about disability benefits, including how veterans can receive expedited processing of disability claims. Benefits available through Social Security are different than those from the Department of Veterans Affairs and require a separate application. The expedited process is used for military service members who become disabled while on active military service on or after October 1, 2001, regardless of where the disability occurs.

Even active duty military who continue to receive pay while in a hospital or on medical leave should consider applying for disability benefits if they're unable to work due to a disabling condition. Active duty status and receipt of military pay doesn't necessarily prevent payment of Social Security disability benefits. Although a person can't receive Social Security disability benefits while engaging in substantial work for pay or profit, receipt of military payments should never stop someone from applying for disability benefits from Social Security.

Social Security is proud to support veterans and active duty members of the military. Let these heroes know they can count on us when they need to take advantage of their earned benefits. Our webpages are easy to share on social media and by email.

UNDERSTANDING SPOUSES' BENEFITS

By Kirk Larson Social Security Public Affairs Specialist for Alaska Idaho Oregon Washington

Marriage is a cultural institution that exists all over the world. Having a partner means sharing many things including a home and other property. Understanding how your future retirement might affect your spouse is important. When you're planning for your fun and vibrant golden years, here are a few things to remember:

If a spouse accepts reduced retirement benefits before starting spouse's benefits, the spouse will not receive the full 50 percent of the worker's benefit amount.

Full spouse's benefit could be up to 50 percent of your spouse's full retirement age amount if you are full retirement age when you take it. If you qualify for your own retirement benefit and a spouse's benefit, we always pay your own benefit first. (For example, you are eligible for \$400 from your own retirement and \$150 as a spouse for a total of \$550.) The reduction rates for retirement and spouses benefits are different. If your spouse is younger, you cannot receive benefits unless he or she is receiving benefits (except for divorced spouses). If you took your reduced retirement first, when you add spouse's benefits later, your own retirement portion remains reduced which causes the total retirement and spouses benefit together to total less than 50 percent of the worker's

amount.

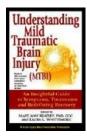
On the other hand, if your spouse's retirement benefit is higher than your retirement benefit, and he or she chooses to take reduced benefits and dies first, your survivor benefit will be reduced, but may be higher than what your spouse received.

If the deceased worker started receiving reduced retirement benefits before their full retirement age, a special rule called the retirement insurance benefit limit may apply to the surviving spouse. The retirement insurance benefit limit is the maximum survivor benefit you may receive. Generally, the limit is the higher of:

- The reduced monthly retirement benefit to which the deceased spouse would have been entitled if they had lived, or
- 82.5 percent of the unreduced deceased spouse's monthly benefit if they had started receiving benefits at their full retirement age (rather than choosing to receive a reduced retirement benefit early).

Spouse and Survivor benefits are complex programs. If you have questions, please review out FAQ section at https://faq.ssa.gov/en-US/. When it comes to information, we have over 80 years of experience. Access a wealth of useful information as well as our benefits planners at https://www.ssa.gov/planners/.





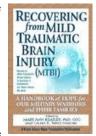
Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

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 \$23.00

BIAOR Membership Become a Member Now

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. \$23.00

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. \$25

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

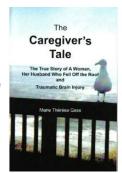


Fighting for David

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. \$20

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

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. \$20



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The Headliner page 22 Fall 2018

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

Northwest ADA Center - Oregon

Carla Waring, MRA ADA Training & Technical Assistance University of Washington, Center for Continuing Education in Rehabilitation ADA TA Hotline 800.949.4232 www.nwadacenter.org Direct - 503.841.5771 carla.waring@adaanswersnw.com

Fall Sudoku

(Answer from page 2)

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

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
	322 SW 3 rd Suite 6 Pendleton, OR 97801 (541) 276-1037 1-877-711-1037	Gilliam,, Morrow, Umatilla, Union, Wheeler
EOCIL (Eastern Oregon Center for Independent Living) Director: Kirt Toombs	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 <i>or</i> 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	1006 Main Street Klamath Falls, OR 97601 (541) 883-7547	Klamath
Director: Curtis Raines	SPOKES Lakeview Branch Office 100 North D St, Lakeview, OR 97630 541-947-2078 (voice)	Lake
UVDN (Umpqua Valley disAbilities Network) Director: Matt Droscher	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 Team www.cbirt.org/oregon-tbi-team/
Melissa McCart 541-346-0597 tbiteam@wou.edu or mccart@uoregon.edu

www.cbirt.org

The Hello Foundation

Providing therapy in-person at school or at their Portland Clinic and on-line SLP/OT under 18 503-517-8555 www.thehellofoundation.com

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 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-ontbi pageall.html

FREE Brain Games to Sharpen Your Memory and Mind

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

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



Washington TBI Resource Center

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

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

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

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

Want to Return to Work? - Pathways to Independence, Oregon Kathy Holmquist. 503-240-8794 Kathy@pathwaysto.net

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

Addiction Inpatient help:

Hazelden Betty Ford Foundation, <u>1901 Esther St. Newberg, OR 97132</u> (503) 554-4300 www.hazeldenbettyford.org

Serenity Lane, <u>10920 SW Barbur Blvd Ste 201, Portland, OR 97219</u> (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, quardianship, parenting time, and spousal support. 503-557-9800

page 24 Fall 2018 The Headliner

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

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.

Assistance

Financial, Housing, Food, Advocacy

TBI 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, 1-800-522-2602 503-983-5985 Mult County: 503-318-2708

Oregon Public Guardian Ombudsman - 844-656-6774 Oregon Health Authority Ombudsman - Ellen Pinney Ellen.Pinney@state.or.us 503-947-2347 desk 503-884-2862 cell 877-642-0450 toll-free

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 <u>rental housing assistance programs</u> for low income households are administered by local community action agencies, known as CAAs. <u>Subsidized housing</u>, 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 <u>Programs.shtml</u>

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
- Attainment of income through employment or accessing benefits.

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

<u>http://activecoach.orcasinc.com</u> 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). https://www.phpnw.org Sharon Bareis, 503-875-6918

Brain Injury Support Groups

Astoria

Astoria Support Group www.pnwhigrroup.vpweb.com Kendra Bratherton 209-791-3092

pnwhigroup@gmail.com Must Pre-Register

Beaverton Circle of Support

Brain Injury Survivors, Stroke Victims and their Care Givers

4th Saturday 10:00 am - 11:30 pm Elsie Stuhr, Cedar Room 5550 SW Hall, Beaverton, OR 97005

Rend

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
Training Rm. (West Entrance) Dinner is Provided
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 (2)

Traumatic Brain Injury (TBI) Support Group

2nd Saturday 3:00pm – 5:00pm Kaffe 101, 171 South Broadway Coos Bay, OR 97420 tbicbsupport@qmail.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

Concussion Support Group

Tuality Healthcare 1st Thursday 3-4pm TCH Conference Room 1, Main Hospital 335 SE 8th Avenue, Hillsboro, OR 97123 linda.fish@tuality.org 503-494-0885

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

On hiatus

Market of Choice, 5639 Hood St, West Linn

Medford

Southern Oregon Brainstormers Support & Social Club

1st Tuesday 3:30 pm to 5:30 pm Lion's Sight & Hearing Center 228 N. Holly St (use rear entrance Lorita Cushman 541-621-9974 BIAOregon@AOL.COM

Oregon City

Brain Injury Support Group

3rd Friday 1-3 pm (Sept - May) - summer potlucks Pioneer Community Center - ask at the front desk for room

615 5th St, Oregon City 97045 Sonja Bolon, MA 503-816-1053 brain4you2@gmail.com>

Portland

Brain Injury Help Center Without Walls "Living the Creative Life" Women's Coffee

1st and 3rd Fridays: 10:00 – 12:00 - currently full

Family and Parent Coffee in café

Wednesdays: 10:00-12:00 braininjuryhelporg@yahoo.com Sometimes we are not notified about changes to schedules. Please contact the support group to verify that it is meeting at the listed time and place

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, Rm 102, Wilcox Building . 1015 NW 22nd Portland, 97210 Brian Liebenstein at 503-598-1833

BrianL@bic-nw.org info@braininjuryconnectionsnw.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 MS CRC Lynne.Chase@gmail.com 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

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

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

PARENTS OF CHILDREN WITH BRAIN INJURY

Wednesdays: 10:00-12:00

Currently combined with THRIVE SUPPORT GROUP/ FAMILY SUPPORT GROUP

Contact for further information

braininjuryhelp@yahoo.com Pat Murray 503-752-

6065

MUST BE PRE-REGISTERED

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 Family and Parent Coffee in café

Wednesdays: 10:00-12:00

Brain Injury Survivor support group ages 15-25

Currently combined with FAMILY

SUPPORT GROUP/PARENTS OF CHILDREN WITH

BRAIN INJURY SUPPORT GROUP

Contact for further information

braininjuryhelp@yahoo.com Pat Murray 503-752-

6065 or Call Michael Jensen 503-804-4841 happieheads@gmail.com

MUST BE PRE-REGISTERED

TBI SOCIAL CLUB

2nd Tuesday 11:30 am - 3 pm Pietro's Pizza, 10300 SE Main St, Milwaukie OR

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 <u>udvn@udvn.org</u>

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) 814-7974

megan.snider@salemhealth.org

SALEM COFFEE & CONVERSATION

Fridays 11-12:30 pm Ike Box Café 299 Cottage St, Salem OR 97301 Megan Snider (503) 814-7974

SALEM STROKE SURVIVORS & CAREGIVERS SUPPORT GROUP

2nd Tuesday 1 pm -3pm

Networking 12-1 & 3-3:30

Must arrive early between 12:30-12:45

Salem First Church of the Nazarene 1550 Market St NE, Rm 202 Salem OR 97301 Scott W swerdses@yahoo.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; biagcedby@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 FI), Boise Kathy Smith (208-367-8962; kathsmit@sarmc.org) Greg Meyer (208-489-4963; gmeyer@elksrehab.org)

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)

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.



The Brain Injury Alliance of Oregon (BIAOR) AKA the Brain Injury Association of Oregon PO Box 549, Molalla OR 97038 NON-PROFIT ORG U. S. Postage PAID PORTLAND, OR PERMIT NO. 3142



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Oregon Care Partners

Oregon Care Partners helps family and professional caregivers improve the lives of and care for Oregonians by providing access to no-cost high-quality trainings. In-person and online classes teach strategies that address many caregiving concerns including: challenging behaviors like anger and aggression, safe medication management, and Alzheimer's and dementia care.

Visit <u>www.OregonCarePartners.com</u> or call (800) 930-6851



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Legal Malpractice



2018 Conference Sessions Available For Purchase on DVD With CEUs

How To Contact Us

Brain Injury Alliance of Oregon (BIAOR)

Mailing Address: PO Box 549 Molalla, OR 97038 Sherry Stock, MS CBIST Executive Director 800-544-5243

Resource Facilitator—Peer Mentor Becki Sparre 503-961-5675

Toll free: 800-544-5243 Fax: 503-961-8730

Meetings by Appointment only Call 800-544-5243

biaor@biaoregon.org www.biaoregon.org

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Nancy Irey Holmes, Psy.D Psychologist, Certified Brain Injury Specialist 4531 SE Belmont Suite 204 Mail 203 Traumatic Brain Injury Portland OR 97215 Chronic Pain Management 503-235-2466 Biofeedback Trauma 2775 SW 17th Pl Anxiety Health Point Bldg, Suite 4 **EMDR** Redmond, OR 97756 541-330-4428 nancyholmespsyd.com FAX: 503-841-5816

page 28 Fall 2018 The Headliner