



the

# HEADLINER

Winter 2015  
Vol. XX Issue 4

The Newsletter of the Brain Injury Alliance of Oregon

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## What We Know About Marijuana

Now that Marijuana is legal in Oregon and Washington individuals living with brain injury and neurological diagnoses are seeing their lives changing. We will have speakers telling us how using medical marijuana has changed their lives.

### 10 major benefits of Marijuana

**1 - Treats Migraines** - Doctors in California report that they have been able to treat over 300,000 cases of migraines with medical marijuana

**2 - Prevents Alzheimer's** - Marijuana may be able to slow the progression of Alzheimer's disease, according to research by the Scripps Research Institute and published in Molecular Pharmaceutics. THC found in marijuana works to prevent Alzheimer's by blocking the deposits in the brain that cause the disease.

**3 - Slows Tumor Growth** - The American Association for Cancer Research has found marijuana works to slow tumor growth in lungs, breasts, and the brain. Research in the journal Molecular Cancer Therapeutics found that cannabidiol found in marijuana, turns off a gene called "Id-1," which cancer cells use to spread.

**4 - Relieves Symptoms of Chronic Diseases** - Research shows marijuana can help nausea associated with Irritable Bowel Disease and Crohn's

**5 - Treats Glaucoma** - The use of marijuana has been shown to reduce intraocular eye pressure in glaucoma patients

### 6 - Helps Those with ADD/ADHD

Marijuana is not only a perfect alternative for Ritalin, it treats the disorder without the negative side effects of the pharmaceutical

**7 - Prevents Seizures** - Marijuana has been shown in studies by Virginia Commonwealth University and Stanford, to stop seizures. Marijuana is a muscle relaxant, and contains antispasmodic qualities that have been shown to be very effective in the treatment of seizures

**8 - Treating Multiple Sclerosis**—A study published in the Canadian Medical Association Journal found that cannabinoids found in marijuana significantly reduced multiple sclerosis pain by stopping neurological symptoms and muscle spasms caused by multiple sclerosis by protecting nerves from damage caused by the disease.

**9 - Calms Those with Tourette's and OCD** - Marijuana slows down the tic's in patients with Tourette's and relieves the obsessive neurological symptoms in patients with OCD

**10 - Nausea** - Marijuana contains a minimum of 60 chemicals known as cannabinoids, of which THC is the primary one associated with its mind-altering effects. THC has been used in the treatment of nausea, including drug- or chemotherapy-induced nausea.



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**Headliner DEADLINES**

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

Editor: Sherry Stock, John Botterman, Dave Kracke, Jeri Cohen

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**The President's  
Corner**

**Craig Nichols, JD**



2015, a New Year which provides us an opportunity to look briefly at the most recent developments in 2014, but more importantly, to look forward to what is in our immediate future and on the horizon.

We ended 2014 with the tremendously successful joint Brain Injury Alliance of Oregon/Oregon Trial Lawyers Association seminar on Handling Traumatic Brain Injury cases that was held on December 4<sup>th</sup>. Over eighty professionals from the legal and medical community participated in the program, and the response to the program speakers and content has been overwhelmingly positive.

On behalf of BIAOR, I want to thank all of the participants and especially the medical and legal professionals that gave freely of their time to present at the seminar including Dr. Danielle Erb, Dr. James Chesnutt, Dr. Muriel Lezak, Ph.D, Cheryl Coon, J.D., Michele Nielsen, R.N., Kevin Coluccio, J.D., Melissa Carter, J.D., Arthur Leritz, J.D., Tim Nay, J.D., Richard Adler, J.D., Jacob Gent, J.D., and Aaron DeShaw, J.D.

In December we also hosted our 2<sup>nd</sup> Annual Holiday party at John's Incredible Pizza in Beaverton. I have it on good authority that everyone enjoyed the holiday party which has helped raise much needed funds for BIAOR.

On that same fundraising theme, looking

forward, BIAOR is one of six charities selected by the Metro Portland New Car

Dealers Association to be a host charity for MPNCDA's Sneak Peak Charity Preview Party at the Portland International Auto Show on February 4, 2015 at 6:30 p.m. If you don't yet have your tickets, please contact Sherry as this is an event you will not want to miss.

This March, another event you will not want to miss is BIAOR's 13<sup>th</sup> Annual Pacific Northwest Brain Injury Conference at the Sheraton Portland Airport Hotel on March 12 -14 hosted by Brain Injury Alliance of Oregon and Brain Injury Alliance of Washington. Our Executive Director, Sherry Stock, has assembled another great program entitled, "Living with Brain Injury: Thinking Outside the Box."

We are off and running and 2015 is shaping up to be another great year for BIAOR.

Craig Nichols  
BIAOR Board President

*Craig Nichols is the senior partner at Nichols & Associates in Portland. Nichols & Associates has been representing brain injured individuals for over thirty years. Mr. Nichols is available for consultation at (503) 224-3018.*

**Fred Meyer Community Rewards  
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### State of Oregon

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### Vocational Rehabilitation/Rehabilitation/

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Names in bold are BIAOR Board members

† Corporate Member ‡ Gold Member £ Non-Profit  
 € Silver Member ± Bronze Member  
 ¥ Sustaining Member Δ Platinum

## 2015 BIAOR Calendar of Events

For updated information, please go to [www.biaoregon.org](http://www.biaoregon.org)  
 Call the office with any questions or requests

March 12	Pre-Conference 13th Pacific Northwest Brain Injury Conference - Living with Brain Injury & Neurological Disorders
<b>March 13-14</b>	13th Pacific Northwest Brain Injury Conference - Living with Brain Injury & Neurological Disorders

**Pre-Conference Workshop Thursday, March 12 8:00 – 5:00 pm**

**Thinking Outside the Box: Working with Clients and Individuals with Brain Injury and Other Neurological Changes**

**Overview**

An entire day devoted to effective ways caregivers and families can work with clients and individuals with brain injury and other neurological disorders and best practices being used.


- 8 am - 10 am**      **Behavior Management Strategies for Caregivers dealing with Challenging Behaviors from individuals diagnosed with Brain Injury or other Neurological Diagnosis.** - Dr. BJ Scott, Pacific University OR, Rehab without Walls
- 10:15 am-11:15 am**      **How Caregivers and families can help individuals with ever-changing Neurological deficits deal with communication and Relationships after Brain Injury or other Neurological Diagnosis** - Kristi Schaefer, RN
- 11:30 am-12:30 pm**      **Techniques and Activities for caregivers to use to help clients diagnosed with Brain Injury or other Neurological Diagnosis to help clients gain as much of their independence as possible - campout, day programs, support groups** - Carol Altman
- 12:30 pm-1 pm**      **Working Lunch - Strategies for Working with Challenging Behaviors**
- 1 pm - 2 pm**      **Therapeutic Exercise Options - including line dancing - for individuals with Brain Injury or other Neurological Diagnosis** - Karen Campbell
- 2 pm - 3 pm**      **Falling in Love Again, and Again - caregivers assisting with consensual relationships and the clients choices while honoring their privacy after brain injuries or other neurological changes** - Laura Opson R.N., WA
- 3:15 pm - 5 pm**      **Caregiver Survival - Part 1: Strategies, tools and methods in which to work with the client as the client rediscovers relationships; Part 2: Care of the caregiver and how to be rested and energized - knowing when to take time for self and family; Part 3: How does the caregiver time manage the family?**

Sign up for The 13th Annual Pacific Northwest Brain Injury Conference 2015  
 Living with Brain Injury & Neurological Changes: Thinking Outside the Box  
 Page 9 or online at [www.biaoregon.org/annualconference/htm](http://www.biaoregon.org/annualconference/htm)

**Winter Sudoku**


The object is to insert the numbers in the boxes to satisfy only one condition: each row, column and 3 x 3 box must contain the digits 1 through 9 exactly once. (Answer on page 22)

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




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Medical Malpractice	Aviation Accidents
Wrongful Death	Legal Malpractice

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

## Representation ©

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



A few months ago I was fortunate enough to be interviewed on OPB radio about Max's law and Jenna's law. Near the end of the interview the host asked me if I was done with legislative work now that those two laws have been so successful in educating the public about concussions. Essentially he was asking if all the work that needed to be done was done. My response was quick, and I said, essentially, no, there is still work to be done.

Fast forward to last week and the celebration for one of the most successful brain injury support groups in the Portland area, BIRRDsong, whose name is now Brain Injury Connections Northwest, where my longtime friend Fern Wilgus spoke to the assembled crowd. Fern has been with BIRRDsong since its formation, and her comments emphasized a maturation within the brain injury support community which, to me, was the recognition of an important milestone in the development of all those groups whose goal it is to make the lives of tbi survivors better and for the prevention of brain injuries through laws such as Max's and Jenna's.

Fern discussed her experiences within BIRRDsong likening the growth of that group during its beginning phases to a rigid grain silo in that during the formative years of BIRRDsong's growth there was much protection of the niche that they were carving out in the greater tbi survivor community. Fern's insight was spot-on in that during the formative years of that, or any, organization,

there is much to be protected, much to be nourished and much to develop if they were to become the viable group that they are today. I have seen this same "behavior" in many of the organizations that I have been involved with over the years, and Fern's description seemed particularly apt based on the struggles and growing pains that most organizations go through as they are developing their identity and their place in the greater community.

But then Fern continued with a thought of profound importance that resonated with me immediately as she described how BIRRDsong had reached the top of their "silo" and their good work began spilling out of the silo into the greater tbi survivor community. She described what I envisioned as a cloud of goodwill rising from that imaginary silo mixing with other clouds from other silos, merging the efforts of those diverse groups, less afraid of survival for the individual organization and more concerned with how the efforts of the entire tbi support community, not just BIRRDsong, not just BIAOR, not just OCAMP, not just any of the individual groups, but the tbi support community as a whole, could positively affect the lives of survivors and their families and friends.

In this description Fern was emphasizing cooperation and synergy over isolation and protectionism, and for me it was a wonderful moment. Oregon has been (and is) a national leader in our commitment to helping the tbi survivor community and many of the individual groups spearheading those efforts are now

recognizing that our collective efforts are best realized when we work together toward common goals with a spirit of cooperation and trust. For Fern to recognize this and so eloquently describe it was a moment of triumph for the entire tbi survivor community.

This is not to say that each group will abandon its identity, but merely that as the tbi support community continues to grow and flourish in Oregon, there will be a greater sense of community, of common goals and of cooperation that will guide our efforts. What we will recognize years from today is that Fern's insight will prove accurate and that there will be a greater merging of the clouds of goodwill emanating from all of the "silos" throughout our community and that the tbi survivor community will be better served as a result. For that message and the hope that it brings to the tbi community as a whole I want to thank Fern and thank all the organizations that have grown to where they are today because thanks to those efforts, to that energy and to that commitment, I know that our work is not done and that our best days are still ahead.

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

## ARE YOU A MEMBER?

**The Brain Injury Alliance of Oregon relies on your membership dues and donations to operate our special projects and to assist families and survivors. Many of you who receive this newsletter are not yet members of BIAOR. If you have not yet joined, we urge you to do so. It is important that people with brain injuries, their families and the professionals in the field all work together to develop and keep updated on appropriate services. Professionals: become a member of our Neuro-Resource Referral Service. Dues notices have been sent. Please remember that we cannot do this without your help. Your membership is vitally important when we are talking to our legislators. For further information, please call 1-800-544-5243 or email [biaor@biaoregon.org](mailto:biaor@biaoregon.org). See page 23 to sign up.**

# The Use of Medical Marijuana For The Treatment of Epilepsy

In countries where medical use of marijuana is legal, a number of people with epilepsy report beneficial effects from using marijuana, including a decrease in seizure activity. Those who promote the medical use of marijuana often include treatment of epilepsy in the long list of disorders for which marijuana is supposed to be helpful.

There is no "one size fits all" treatment for epilepsy, and about a third of people living with epilepsy suffer from uncontrolled or intractable seizures, with many more living with significant side-effects, despite available treatments. Uncontrolled seizures can lead to disability, injury, and even death. This is why people living with uncontrolled seizures turn to medical cannabis **when all other options have failed**.

Medical use of cannabis has been legalized in 23 states and the District of Columbia, and people living with uncontrolled seizures have reported beneficial effects and reduced seizure activity when using medical cannabis, especially CBD oil. But people living with uncontrolled seizures and in states where medical cannabis is not legal, don't have access to these treatment options. Some families split up, and one parent moves to a state where medical cannabis is legal to gain access to CBD for their child.

But this is not an option for most people living with epilepsy.

Nothing should stand in the way of patients gaining access to this potentially lifesaving treatment when all other options have failed.

The use of marijuana for children with epilepsy has been in the national spotlight since CNN's Sanjay Gupta featured in August 2013 the story of Charlotte Figi, a Colorado child with Dravet Syndrome.

Charlotte's previously intractable seizures declined dramatically after she began taking a medication now known as "Charlotte's Web" made from marijuana plants. This case has placed Colorado at the epicenter of this phenomenon, as families from around the United States are moving to Colorado to access Charlotte's Web for their children who are suffering from uncontrolled seizures.

According to Stanford University, a cannabidiol-rich cannabis extract may be widely effective for individuals with epilepsy. The survey, published in the an issue of Epilepsy & Behavior, compiled responses from 18 parents who had turned to a special form of cannabis to treat severe epilepsy. The work begins now to determine which types of epilepsy CBD is going to help, its side effects, and how it interacts with other anti-seizure drugs.



In some cases, a reduction in seizure frequency of up to 80% is seen and 83% indicated a reduction in an individual's seizure frequency, with little to no side effects of cannabis treatment. Catherine Jacobson, PhD, a postdoctoral fellow who lead the study believes that the results support CBD-rich cannabis as an effective epilepsy medicine and found research dating back to the 1970s that supported the anecdotes.

Debbie Wilson has been a part of the Stanford study and now has her life back because of it. Hear Debbie tell her story and how medical cannabis changed, and indeed saved her life, on Saturday, March 14 at 4 pm at the Living with Brain Injury and Neurological Changes Conference.



**Sponsored by**

**The Brain Injury Alliance of Oregon, The Brain Injury Alliance of Washington, and The Brain Injury Alliance of Idaho**

**Living with Brain Injury & Neurological Changes: Thinking Outside the Box**

<b>Friday, March 13</b>		<b>Saturday, March 14</b>
7 am-8 am	Registration and Check-in - Continental Breakfast	Registration and Check-in - Continental Breakfast
8 am - 8:15 am	Welcome to BIA Conference 2014	Welcome to BIA Conference 2014
8:15 am- 9:15 am	<b>Keynote Speaker: Functional Neurology and treating Brain Injury - Glen Zielinski, DC, DACNB, FACFN</b>	<b>Keynote Speaker: Brain Injury in the Young: What We Know Now - Fred Langer, JD RN</b>
9:30 am-10:30 am	Track 1 - Advanced Neuro Imaging: MRI, DWI, DTI, MRS, SWI, fMRI, and PET - and 3D reconstruction of MRI and DTI. - Aaron DeShaw, JD DC Track 2 - Neurobiofeedback and How it can Help - Kayle Sandberg-Lewis Track 3 - Returning to Work: Vocational Rehabilitation Panel - what it can do for you - Kadie Ross, OVRS	Track 1 - How to use their stories to win your case - Richard Adler, JD Track 2 - The Psychometrics of Social Role Return for the Person with BI & Dual Diagnosis - Rolf Gainer, PhD, Brookhaven Hospital TBI & Loss of Identity: Recovering Self - Ron Broughton, LPC, CBIST- Brookhaven Hospital
10:45 am-12 pm	Track 1 - Best Practices: Medical Management After Stroke that Caregivers and Families should know in dealing with individuals with neurological disorders- - José L. Fuentes, Ph.D. Clinical Neuropsychologist Director of Neuropsychology, Casa Colina Centers for Rehabilitation Track 2 - Pain and Headaches after Brain Injury and Neurological Disorders Dr. Eric Hubbs Track 3 - TBI & Loss of Identity: Recovering Self - Ron Broughton, LPC, CBIST- Brookhaven Hospital	Track 1 - Winning your case by knowing what insurance companies are really thinking (as told by former insurance attorneys): Arthur Leritz, JD, Melissa Carter, JD, Steve Angles, JD, Jacob Gent, JD Track 2 - Glutamate Cascade - Dr. Eric Hubbs, DC Track 3 - Mindfulness Meditation and TBI, Gold Mind Meditation - The Best Do It Yourself Project - Had and Faith Walmer
12 pm - 1 pm	Working Lunch - Native American Voc Rehab Presentation	Working Lunch - Native American Voc Rehab Presentation
1 pm - 2:15 pm	<b>Afternoon Keynote: The Amen Clinic and Their Method Kabran Chapek, ND</b>	<b>Afternoon Keynote: Vision issues after brain injury and neurological changes - Dr. Bruce Wojciechowski</b>
2:30 pm-3:45 pm	Track 1 - The Psychometrics of Social Role Return for the Person with BI & Dual Diagnosis - Rolf Gainer, PhD, Brookhaven Hospital Track 2 - Functional Vision Assessment and optometric diagnostic - Dr. Remy Delplanche, Optometris Track 3 - Support Groups and brain injury recovery - Deborah Crawley and Mary Anderson	Track 1 - What survivors, caregivers and families need to know. - Dr. Glen Zielinski: a chiropractic functional neurologist on brain rehab Track 2 - Managing Emotional and Behavioral Disturbances After TBI, including Marijuana for headaches- Kendra Ward COTA. Track 3 - Soft tissue treatment for TBI-related headache - Tracy Holland CA, CCT
4 pm - 5 pm	Track 1 - Youth Athletes: The Latest on Sports Concussions and Treatment - James Chesnut, MD Track 2 - What is Atlas Orthogonal (AO)? How Can It Help With Headaches? - Russell Kort, Chiropractic Physician Dr. Kort will describe Atlas Orthogonal techniques and how those techniques can help relieve headaches and migraines. Track 3 - Falling in Love Again, and Again. - Laura Opson R.N.	Track 1 - Saved by Cannabis After 25 Years of Pharmaceuticals - How Medical Marijuana Saved My Life - Debbie Wilson, PhD Track 2 - PTSD, police crisis intervention, domestic violence, and resiliency among the veteran population - Eddie Black Track 3 - Overcoming fears after multiple aneurysms -Survivor story of going to Ecuador including learning Spanish and traveling overseas- Leslie Hays
5 pm - 6 pm	Oregon Governor's Task Force On Traumatic Brain Injury - an interactive presentation round table discussion with the Oregon TBI Task Force and attendees	To Register for the Conference and/or the Dinner <b>Page 9 or online at</b> <b><a href="http://www.biaoregon.org/annualconference/htm">www.biaoregon.org/annualconference/htm</a></b>
6 pm - 9:30 pm	Reception & Dinner- The Music Within Us	



## Registration Form

13th Annual Pacific Northwest Brain Injury Conference 2015 32nd Annual BIAOR Conference  
 Living with Brain Injury: Thinking Outside the Box Sheraton Portland Airport Hotel



**Register Now online at [www.biaoregon.org](http://www.biaoregon.org)**

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

First Name		Last Name	
Badge Name		Affiliation/Company	
Address	City	State	Zip
Phone	Fax	Email	
Please check all that apply: <input type="checkbox"/> I am interested in volunteering at the conference. Please call me. <input type="checkbox"/> Call me about sponsorship/exhibitor opportunities.			
7 hour Certified Brain Injury Specialist Training/Test for Certification—Thursday (No Refunds) Pre-Registration is required: Book, training & exam included—must register before 2/25		\$600	Class Only \$175
		<i>Member</i>	<i>Non-Member</i>
<input type="checkbox"/> Pre-Conference Workshop - Leaving the Hospital - What to expect when working with Individuals with Brain Injury and Neurological Diagnosis—Thursday		\$100	\$175
<b>Conference Registration Fees:</b> Registration fees include: continental breakfast, lunch & conference related materials. Meals not guaranteed for on-site registrations. There are no refunds, but registration is transferable. Contact BIAOR, 800-544-5243 for more information or questions. The following fees are per person:			
<input type="checkbox"/> <b>VIP Special</b> — 3 Days of Conference & Dinner		\$500	\$600
<input type="checkbox"/> <b>Professional (CEUs) 2 Day Friday &amp; Saturday</b>		\$350	\$450
<input type="checkbox"/> <b>Professional (CEUs) 1 Day Only:</b> <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		\$200	\$300
<input type="checkbox"/> <b>Students \$50 per day</b> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		\$50 per day	\$
<input type="checkbox"/> <b>Saturday Survivor/Family (no CEUs)</b>		\$100	\$125
<input type="checkbox"/> <b>Saturday Only Courtesy (Brain Injury Survivors with limited means—limited number)</b>		\$25	\$35
<input type="checkbox"/> <b>Membership</b> Professional \$100 Family \$50 Basic \$35 Survivor \$5			\$
<input type="checkbox"/> <b>Scholarship Contribution</b> (donation to assist in covering the cost of survivors with limited funds)			\$
Reception & Dinner The Music Within Us Reception 5:30 -6:30pm, Dinner begins at 6:45pm <b>Separate Charge from Conference</b>		\$75	\$
Credit Card Number ____-____-____-____ Exp Date ____/____ Sec code ____ Signature _____ Pre-conference, Registration & Dinner Total \$ _____ CC Address if different than above _____			
(Please add totals from Registration Fee, Reception/Dinner and Scholarship Contribution for final total costs) <b>Make Checks out to BIAOR</b> —Mail to: BIAOR, PO Box 549, Molalla OR 97038 or fax: 503.961.8730 Phone: 800-544-5243 <a href="http://www.biaoregon.org/annualconference.htm">www.biaoregon.org/annualconference.htm</a> <a href="mailto:biaor@biaoregon.org">biaor@biaoregon.org</a> No refunds will be issued for cancellations; <b>however, registrations are transferable</b>			

### Agenda

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

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

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

**CEUs applied for:** AFH, CRCC, CDMC, SW, OT, SLP, CLE, DC, DO, CGC. Please contact us if you would like one that is not listed **Total CEU Hours 25.5**

# Why Should You Attend The 2015 Brain Injury Conference?

Everyone is busy, so the thought of taking a few days away from work to participate in a conference can seem like a waste of time. However, these live meetings might be just what you need to uncover new ways, ideas and best practices in working with individuals with brain injury and neurological disorders.

Many think that being around competitors can be a waste of time, or worse, a chance for others to steal their ideas. But not everyone in your business is actually a competitor, as many can be allies and friends. The mindset you choose about participating in events will impact your results.

Here are five reasons to attend the March 12-14 Brain Injury Conference:

**Educational opportunities.** No matter how experienced you are, everyone can learn. Working can often be isolating, and without exposure to a variety of points of view, we can miss new ideas and trends that can impact future results. The educational aspect of this conference can expose you to new ways of assisting individuals with brain injury/neurological disorders and help you discover how to be more productive, learn upcoming best practices, and what is happening in the industry both from the state level and the federal level-changes coming from the K Plan and legalized marijuana.

**Networking with peers.** The Annual Pacific Northwest Conference provides a great opportunity to network. Speakers and attendees from other regions of the country can become valuable resources for referrals and best-practices. Avoiding peers for fear of others discovering your competitive advantage can actually limit your own success. Collaboration is the way to approach networking. While there are those whose intentions can be suspect, most people can help each other uncover ideas and spark inspiration when they get to know each other on a personal level.

**Encounter new vendors, leading medical professionals, referral agencies and suppliers.** Too often people shy away from the exhibitors at conferences. They fear that they will have to talk to salespeople, but these industry suppliers are some of the best people for you to get to know if you want to learn more about the current trends and services available for clients. Discovering innovative products and services for your business is necessary to stay competitive in today's fast-paced world. Plus, these vendors who sell to your industry fully grasp what is happening inside your competition. Invest time with the sponsors at the event and turn them into your friends and allies.

**Position yourself as an expert.** When you are active in your industry, you can develop a reputation as an expert to your peers and your clients. Those who are engaged over the long term are often asked to speak at the events and to write articles for their publications - such as *the Headliner*. Like it or not,

others like to associate with the experts in any industry. Clients feel good about doing business with those that are celebrated by their peers. Unless your strategy is to be the best-kept secret in the brain injury community, you will be missing a valuable opportunity.

**Have fun.** Being in business should be rewarding and fun. All work and no play can get old fast. Brain Injury conferences can add a layer of enjoyment to managing your career growth by mixing a social aspect into your learning opportunities. Friday night we will have a dinner highlighting The Music Within Us. Brain Injury survivors have been practicing all year long to entertain you. Join them in the fun. Taking an extra day at the beginning or end of the trip to explore or visit friends in the region is also a great way to maximize the investment in travel. Never underestimate the power of a little fun mixed with some interesting people!

Many falsely believe that since they can now access industry information via the Internet that the days of the live meeting are gone. The truth is, meetings are more important than ever. The value in meetings comes from the human-to-human connections that occur. Often people cite the serendipitous "hallway conversations" that they have with other attendees as the most valuable parts of attending an event. While these are not on the agenda, or mentioned in the breakout sessions learning objectives, when two or more people begin to discuss topics on a deeper and personal level, the success of the event to those involved becomes irreplaceable. It is the people that bring the irreplaceable value to your time at the conference.

Sign up now.

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# Marijuana For Migraines

*Migraine sufferers have few options for reducing their headache pain*



Our brain's own endogenous marijuana-like chemicals produce analgesia by modulating the entry of pain signals into the brain at the level of our spinal cord. Future generations of pain relievers will likely be developed based upon the action of marijuana in the body. The advantage of targeting the endogenous marijuana system is that only noxious or painful signals are blocked; normal touch sensation is normal.

Migraine sufferers have few options for reducing their headache pain and most of the medications available have unpleasant side-effects that limit their long term usefulness. About twenty years ago a new class of drugs, the triptans, was introduced as an effective and safe alternative treatment. This class of drug works effectively for most patients but must be taken at the first sign of a headache and are often associated with unwanted side-effects such as feeling hot or cold, weak, or "strange" in some way. The strange feelings are often given the term "serotonin syndrome" and also include changes in mental status. These changes in mental status can be quite significant in individuals who carry a genetic vulnerability, such as people with bipolar illness or schizophrenia. The assumption has been that these drugs work by acting upon

serotonin receptors leading to a constriction of cerebral blood vessels or by some unknown mechanism(s). This assumption may be incorrect.

One potentially important "unknown mechanism" that was initially published in 1987 described how migraine headaches developed in some people shortly after they abruptly discontinued their long-term marijuana use. The implication was that marijuana was preventing the onset of migraines in vulnerable individuals. In addition, marijuana has long been known to possess analgesic properties. Possibly, the marijuana was somehow masking the pain of the migraines. A recent publication from the University of California, San Francisco, in *The Journal of Neuroscience*, has offered a fascinating explanation for why the use of both triptans and marijuana prevent migraine headaches.

This recent study made two significant advances: it confirmed the role of the endogenous marijuana neurotransmitter system as a potential target for treating migraines, and their results suggest that triptans may produce their migraine relief by activating the brain's own endogenous marijuana-like chemicals. This study may lead to the development of more effective migraine prevention and treatment. The challenge will be to find a dose of marijuana that produces pain relief without disturbing normal cognitive function.

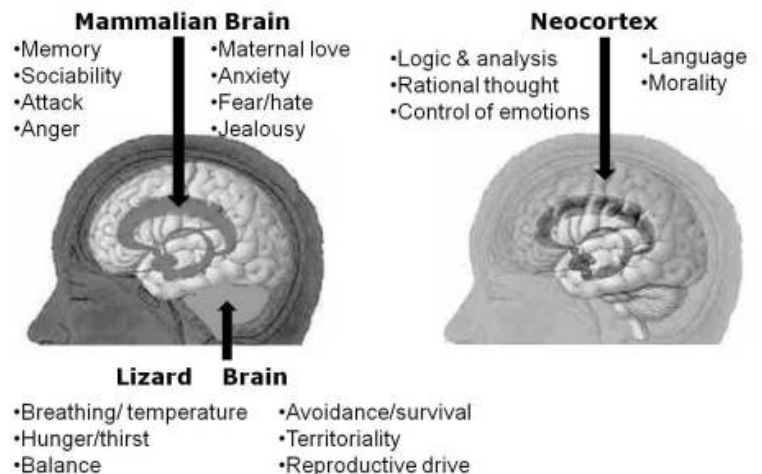
Kendra Ward will discuss her use of marijuana in treating her migraines after her brain injury.

Source: [www.psychologytoday.com/blog/your-brain-food/201309/marijuana-migraines](http://www.psychologytoday.com/blog/your-brain-food/201309/marijuana-migraines)

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# Mindfulness and Meditation

Mindfulness is a state of awareness that results from consciously paying attention, and meditation is a means to bring about mindfulness. Jon Kabat-Zinn, PhD, a leading expert in this type of mind-body medicine, developed the Mindfulness-Based Stress Reduction (MBSR) program at the University of Massachusetts Medical Center's Stress Reduction Clinic, of which he is founding director. As a Professor of medicine emeritus at the University of Massachusetts Medical School, he's also founding executive director of the school's Center for Mindfulness in Medicine, Health Care, and Society. Begun in 1979, his renowned program is now offered in numerous centers around the world. It's the basis of numerous research projects examining its usefulness in healing, including those made possible by grants from the National Institutes of Health's National Center for Complementary and Alternative Medicine.

Mindfulness-based cognitive therapy is a

variant of the program that marries a meditative practice with cognitive therapy techniques that lets participants process thoughts and feelings. The MBSR program typically involves eight weekly sessions including a variety of meditative practices such as sitting meditations, mindful yoga, and mindful walking, each emphasizing attitudes of acceptance, patience, and nonjudgmental attention. Research consistently indicates a number of benefits to participation in these programs, including a reduction in medical and psychological symptoms. And research is beginning to demonstrate its similar efficacy in the treatment of complaints associated with TBI, revealing a reduction in anxiety, stress, and isolation, for example, along with improvements in memory, attention, and other cognitive functions.

The MBSR program was the basis for a pilot study examining its effect on symptoms of chronic mild TBI/postconcussive syndrome, by

a team of researchers. Participants were men and women ages 18 to 62 with mild TBI of at least seven months' duration. The researchers modified Kabat-Zinn's MBSR program to make it more applicable to a population of individuals with TBI, in particular adding an emphasis on processing the experiences. They spent an hour teaching meditation and an hour getting feedback and helping participants connect the dots about what they were experiencing. MBSR is a tool that allows for the processing of what is referred to as "strings of painful experiences." "The processing is necessary because without it it's too hard to wrap your head around the experience," a researcher explained.

"Most surprising because we didn't expect it was that their attention and memory function changed significantly," said one researcher. Learning to meditate affected their ability to maintain their attention, and because their attention improved, their memory also improved.

*(Mindfulness Continued on page 13)*

## Benefits Of MEDITATION

- Reduces pain and enhances the body's immune system.
- Reduces feelings of depression, anxiety, anger and confusion.
- Increases blood flow and slows the heart rate.
- Provides a sense of calm, peace and balance.
- Helps reverse heart disease.
- Helps control thoughts.
- Increases energy.
- Reduces stress.

(Mindfulness Continued from page 12)

Physical symptoms didn't change but emotional symptoms did. Individuals complained less about frustration, irritability, and anxiety, and while their headaches and sensory symptoms hadn't diminished, they learned to deal with them better. "We spent a lot of time moving toward psychological and physical pain," a researcher said, with participants learning to explore and embrace it and thus be desensitized by the fear of pain."

In addition to an increased ability to sustain attention and improved working memory, participants experienced gains in self-efficacy, problem solving, and perceived quality of life. Other benefits were realized in self-regulation. Meditators were better able to cope with their emotions and regulate themselves. If an individual became anxious, he might be able to "step back and go into a meditative understanding and give himself time or space to respond or not respond at all," and to avoid making decisions based on fear.

In addition to this study, there have been many small studies that have shown efficacy for the use of mindfulness/meditation with individuals with TBI, but there are challenges to studying these techniques. The limiting factor in larger studies has been funding to support the research. It's much easier to get funding for drug trials than lifestyle measures. It's also

logistically more difficult to study this type of intervention compared to a drug trial. Nevertheless, existing studies and experiential accounts point to numerous rewards of mindfulness-based programs.

TBI is a complex diagnosis involving many components. One significant component is the stress response after having this type of injury. Mindfulness meditation appears to have a strong relaxing and stress reduction quality for patients, which is tremendously beneficial for overall recovery from injury. Meditation has been shown to help counteract the stress response and the effects of cortisol. High levels of cortisol can adversely affect important cognitive structures in the brain, which affects overall recovery from brain injury.

Charli Prather, MSW, LCSW, a licensed clinical social worker and registered combat-sensitive yoga and meditation teacher, has worked as a clinical contractor during vacations to the Wounded Warrior Project Odyssey program through Courage Beyond, an endeavor to help veterans and service members overcome combat stress. She's also taught meditation in her private practice as provider for Tricare, a health program serving uniformed service members and their families. Prather observes that mindfulness training is useful in helping people with TBI adapt to pain. "For pain control, it can induce a relaxation response that can

reduce activity in the sympathetic nervous system—the fight or flight response—and increase activity in the parasympathetic nervous system—responsible for rest and digest activities."

According to Prather, "Learning how to control breathing can balance the nervous system and impacts the vagal response and heart rate variability," which, she says, can help control responses to pain, emotional balance, communication, and anger. The focus on breathing in mindfulness meditation practice also targets specific challenges associated with the experience of having a TBI. "Meditation," she says, "can assist the individual in reducing hyperarousal with the intentional use of breath and attention." Its emphasis on being present in the moment also makes it helpful for slowing the release of traumatic memories.

"Meditation has a definite value; the question is how to adapt it to the population at hand," said one researcher. "It will be interesting to see how this evolves for this population over time as more research comes out. Mindfulness is like the hammer in the toolbox—a very simple piece, but you have to have it to negotiate life on its own terms."

Had Walmer will discuss Mindfulness at the March Conference on March 14.

Source: Social Work Today

# 4 MUST-KNOW FACTS ABOUT MEDITATION

## It Increases GRAY MATTER

Brain scans of participants in a mediation study by Yale, Harvard and Mass General Hospital showed increases of gray matter in parts of the brain, and that meditation may slow natural brain deterioration.

The parts of the brain with increased gray matter thickness are related to attention and processing sensory input.

It improves brain plasticity; Helps you sleep more efficiently; and it lowers your blood pressure



# Bridge to Independence

Bridge to Independence Day Program (BTI) is a community day program certified and funded by the State of Oregon serving the Metro Portland, Oregon area for adults with acquired brain injury. The program is activity based and provides a supportive, goal-directed and stimulating environment for the brain injury survivor to be motivated and encouraged as they continue healing. Program facilities are located in a peaceful country setting.

The BTI program is directed by a licensed occupational therapist and uses a client-centered approach to design and carry out individual service plans. These plans are created through a collaborative process between the client and BTI skilled staff to regain, maintain, and learn new skills and strategies for the job of living. Each participant's individualized service plan is designed to reinforce rehabilitation therapies, and enhance cognitive, social, and functional daily living skills.

Participants engage in four groups throughout the day with a focus on personal goal setting, wellness, independent living skills and social support. These groups provide each participant with a community of belonging and respect through their process of recovery.

The BTI program also offers:

- Community-based field trips
- On-site occupational therapy services
- Extended services also available for individualized one-on-one training in areas such as independent living skills training, medication management, cognitive computer skills training, therapy exercise program follow through, technical skills lab tutoring, medical visit accompaniment, and job exploration.



Here are some stories of day program participants:

BTI staff became aware of a participant's risky social behavior and had been working with them to encourage safer choices. The participant's unsafe choices ultimately lead to them being evicted from their rental housing. BTI staff advocated for the participant and guided them through the process of getting state social services support and helped them find new housing in an assisted living facility that gives them their needed level of support and a safe environment to live in. They are contented in their living situation and are ready to explore some part-time vocational opportunities.

One participant came to BTI bored and depressed about life. After their brain injury they had lost their friends, felt isolated and their current socially unacceptable behavior had made them unwelcome in different public places. They had tried working with vocational rehabilitation but it had been a failure. BTI staff worked with the participant on developing social skills to be able to build

friendships, they worked with the participant on recognizing and curbing socially unacceptable behavior and finding coping skills to use when things weren't progressing fast enough and life looked depressing. Under BTI staff supervision the participant worked on developing work habits for success and is now ready with staff support to explore vocational opportunities.

Another participant came to BTI with a history of inappropriate sexual advances that had isolated them and kept vocational opportunities out of reach. BTI staff worked with this participant on developing acceptable social interaction skills and getting practice on using those skills. The participant also learned appropriate behavior with the opposite sex and to treat them with respect. As the participant learned and practiced these skills, they wanted to contribute to the community. Staff explored volunteer possibilities with the participant and the participant now successfully volunteers two days a week. This

*(BTI Continued on page 15)*

## BTI Participant Quotes

### Best/Favorite thing about BTI?

- Randy – “The people are the best thing at BTI. We have TBI in common but we have gotten here in different ways.”  
Jason – “The best thing about BTI is being part of a team.”  
Brian – “Being able to grow is my favorite thing about BTI.”  
Zina – “Favorite thing about BTI is getting to do different activities that I've never done before.”  
Zoey – “Cool llama” “A nice place where everyone can just be who they are. We can hang out, learn and do what we can. Everyone is treated as people to get to know.”  
Kevin – “I like that it's difficult to get in trouble at BTI - staff help keep you on track.”  
Nate – “Getting out of my residence.”

### How have you grown being at BTI?

- Randy – “At BTI I've exercised my brain and strengthened mentally and physically. Following a schedule, a routine and being responsible.”  
Jason – “BTI helps me focus and have a place of value to be – it's an important place to be.”  
Brian – “I'm nicer to people since I've been at BTI.”  
Zina – “Since I've been at BTI my communication with younger people has improved. My language skills are improving.”  
Zoey – “We have disabilities, but that's not who we are – at BTI we learn to work with them.”  
Kevin – “At BTI I've worked on things I needed to, like talking with people and going on outings and having fun.”  
Nate – “At BTI I've learned to respect people more.”



they started getting agitated. They improved to the point where they seldom had to find a quiet place and they were able to manage their emotions and stay around other participants. Staff also worked with this participant on setting up a personal hygiene program because staff noticed that the participant was arriving at the day program disheveled and with evidence of poor body and teeth hygiene. She also arrived many mornings complaining that she was hungry because she hadn't eaten breakfast. She developed with staff a morning personal care routine poster that she could post at home to follow to make sure that she took care of herself properly each morning.

Contact Bridge to Independence (503) 640-0818



*(BTI Continued from page 14)*

participant worked with staff and developed independent living skills but was in an adult foster care home that did not allow developing independence. Staff encouraged family to explore looking for new living arrangements and the participant is excited to have just moved into new living quarters where he can be more independent.

A participant with a history of substance abuse joined the day program. BTI staff developed with him goals that he wanted to achieve but active drug seeking was preventing him from reaching. A program was set up with his residential team to remind him of his goals and give motivation to avoid the drugs.

Becoming easily irritated and then getting angry was interfering with another participant's ability to be around people. Staff worked with the participant on strategies to use to take care of themselves when

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# Emotional and behavioral effects of brain injury

Everyone who has had a brain injury can be left with some changes in emotional reaction and behavior. These are more difficult to see than the more obvious problems such as those which affect movement and speech, for example, but can be the most difficult for the individual concerned and their family to deal with. This subject is very large, and not everybody will experience all of the problems below. The severity of the problems will also vary.

## Agitation

*For example, restlessness, pacing and pulling at intravenous tubes.*

This can be as a result of direct neurological damage, and frequently occurs at a very early stage after the accident. It can be a coping mechanism for the patient, who may be disorientated and very confused. It is a stage through which a person passes, rather than a permanent change.

## Explosive Anger and Irritability

*For example, exaggerated angry reaction to apparently minor annoyances.* Direct damage to the **frontal lobes**, which is the part of the brain which controls emotional behavior and tolerance of frustration, can create emotional lability. This means emotions can swing to extremes. The stress of coping with even minor crises, such as misplaced shoes or a noisy vacuum cleaner, can be too much and trigger an angry outburst. If these stresses can be identified, they may be able to be reduced.

## Lack of Awareness and Insight

*The mental ability to monitor personal behavior and adjust it accordingly is a sophisticated skill contained in the frontal lobes of the brain.* Damage to this area affects the ability to be self-aware, have insight into the effects of personal actions, show sensitivity or feel empathy. It also means that a person may not fully appreciate or understand the effect that the accident is having on their life, health or family.

Involvement in a brain injury support group can be very useful for meeting people at various stages of recovery who can help a



due to a person becoming accustomed to the huge amount of attention focused on a head injury survivor while they were in hospital.

The result can be very hard to cope with. It needs to be handled firmly to avoid a family feeling their effort and love are not appreciated.

## Apathy and Poor Motivation

*For example, no interest in hobbies enjoyed*

*previously, or not being bothered to get out of a chair all day.* Lack of motivation or spontaneity, or apathy, is a direct result of brain injury to frontal lobe structures that concern emotion, motivation or forward planning. Over time, lack of motivation can lead to social isolation and lack of pleasure. To help, activities can be broken down into small steps to avoid overwhelming the person.

## Depression

*For example, feeling there is no point in having survived the accident, or thinking that everything has changed for the worse.* Depression is a very common emotional reaction which comes on in the later stages of rehabilitation, often when a person realizes the full extent of the problems caused by the accident. This can be seen as a good sign, that a person is aware of the reality of the situation, and is coming to terms with the emotional consequences. 'Healthy' depression can be worked through in time, as adjustments are made. If a person feels emotionally blocked and unable to move on, professional counselling from someone who understands head injury may be helpful.

## Anxiety

*For example, panic attacks, nightmares, and feelings of insecurity.* It is natural for people involved in a traumatic experience to feel anxious afterwards. Loss of confidence when faced with situations and tasks which are

person recognize difficulties they may also be experiencing. See pages 26-27.

## Impulsivity and Disinhibition

*For example, speaking your mind no matter what the circumstances, touching people inappropriately, and not considering the consequences of any action.* This is the lack of ability to control either actions or speech, and is due to neurological damage to the frontal lobes. This problem often goes hand in hand with lack of awareness, and the person may not be aware of breaching any social rules or etiquette. A behavioral management system devised with the help of a neuro-psychologist can help improve the situation, and prevent a person developing unacceptable behavior through habit.

## Emotional Lability

*This describes a person's tendency to laugh and cry very easily and to move from one emotional state to another very quickly.* Loss of control over emotions means the person has lost the ability to discriminate about when and how to express their feelings. This can be very tiring and embarrassing for family members to deal with, but in time a person can begin to re-learn emotional control.

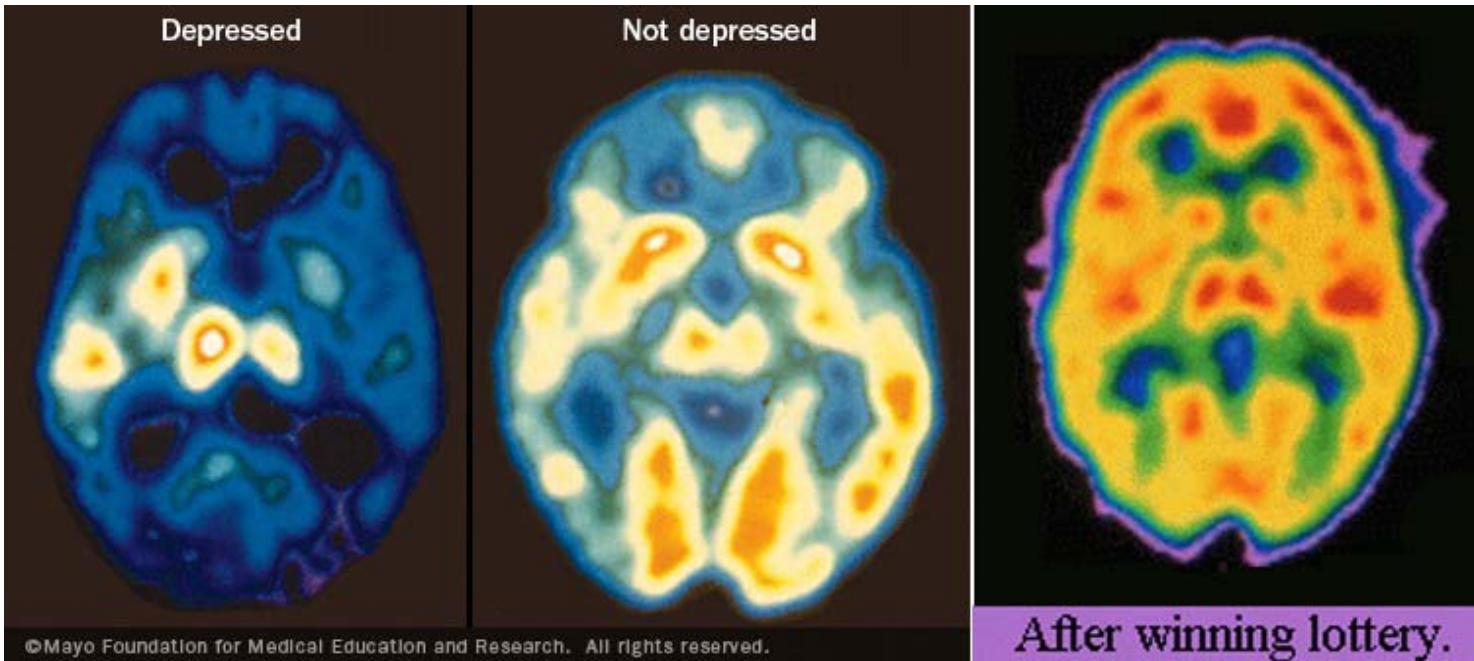
## Self-Centeredness

*For example, not showing any interest in family matters, and only being concerned with personal needs.*

This can be partly due to direct brain injury affecting a person's ability to judge how another person is feeling, and may be partly

*(Emotional Continued on page 17)*





*(Emotional Continued from page 16)*  
 difficult to cope with is also a pretty normal reaction. However, long standing problems can occur if difficult situations are continually avoided, or if caregivers encourage dependence rather than independence. Talking about fears and worries is very helpful, and adopting methods of staying calm under stress can reduce the effect of anxiety on everyday life.

**Inflexibility**

*For example, unreasonable stubbornness, obsessive patterns of behavior such as*

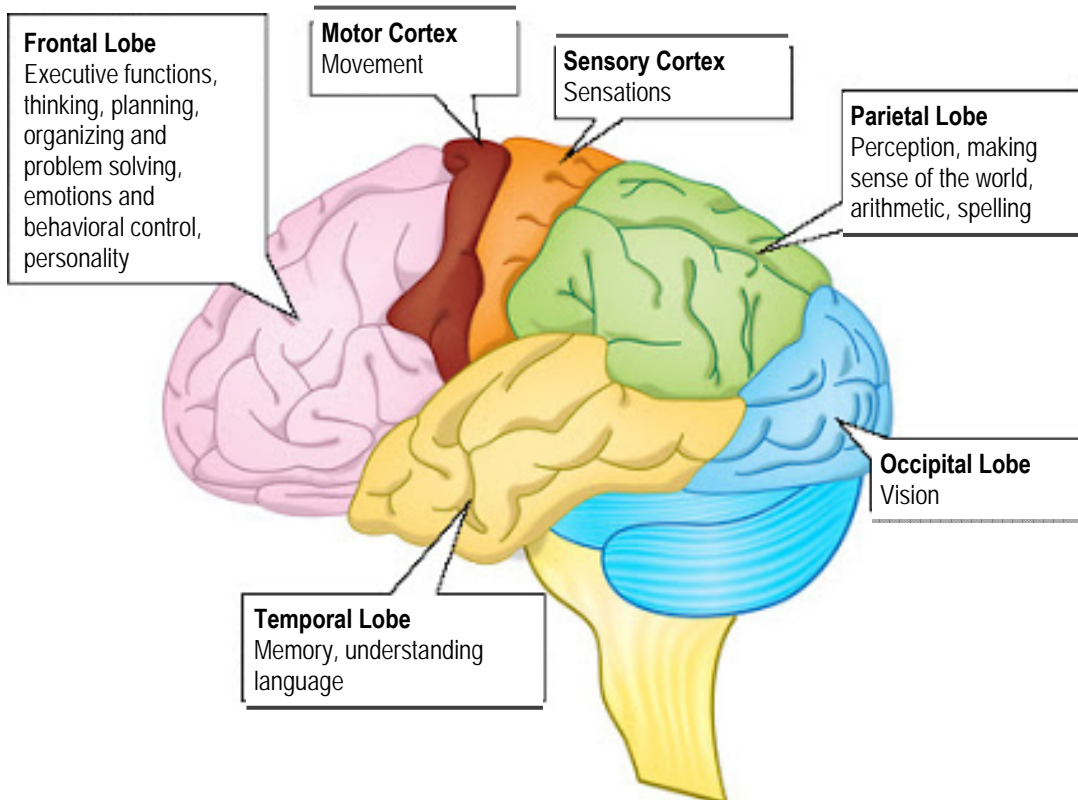
*washing or checking things, or fear of possessions being stolen.* The ability to reason must not be taken for granted. The roots of this type of rigid behavior are in cognitive difficulties resulting from damage to the **frontal lobes**. The person can lose the ability to jump from one idea to another, and becomes 'stuck' on one particular thought. This type of behavior is often made worse by anxiety or insecurity, so reassurance is helpful, as is trying to redirect attention to more constructive ideas and behavior. This type of behavior can be very irritating to family and friends, and often leads to social

isolation.

**Sexual Problems**

*For example, increased sex drive, promiscuity, or misinterpreting other people's behavior as a 'come on'.*

The sexuality of a person who has experienced a head injury can be either increased or decreased as a result of the physical damage for a variety of psychological reasons. Damage to the **hypothalamus**, a small nerve center in the middle of the brain, affects sex drive and the release of testosterone.



Source: Headway

# Physical effects of brain injury

Most people make an excellent physical recovery after a brain injury, which can mean there are few, or no, outwards signs that an injury has occurred. There are often physical problems present that are not always so apparent, but can have a real impact on daily life.

## Movement, balance and co-ordination

Damage to the brain that causes movement difficulties usually happens to the **motor cortex**, the **brain stem** and the **cerebellum**. As one side of the brain affects the motor co-ordination on the opposite side of the body, a person often experiences a weakness or paralysis of one side.

Damage to the **cerebellum** affects fine co-ordination of the muscles, and can mean continuing problems with dexterity even after a period of improvement. Difficulties with balance can be caused by damage to the **vestibular system**, which is a small mechanism at the back of the skull. Even a minor brain injury can upset this delicate organ, so that the person often feels dizzy. Learning to walk again after a head injury involves re-learning the basic developmental stages so

that they learn to balance before a stable posture can be achieved.

**Contractures**, that is, abnormal shortening of muscles that makes it very hard to stretch limbs, can seriously affect posture. Exercises provided by the physiotherapist are essential in helping to overcome this in the early stages. More severe contractures may require the muscle to be encased in plaster and gradually stretched. Physiotherapy can help with these problems by keeping the muscles moving and re-training your body to adopt a more 'normal' posture. Speak to your GP or other treating doctor about this.

## Dyspraxia

**Dyspraxia** is a disorder of deliberate voluntary actions, or sequences of actions. That means it is different from problems with motor co-ordination or movement. The person may not have a problem with actual movement, rather the problem lies with being unable to put movements together deliberately and intentionally. This kind of problem can often be perceived as a lack of co-operation on the person's part. A good example of the kind of problem would be a person who cannot bend his

elbow when instructed to, but a few minutes later could tell the time by looking at his watch which involves bending his elbow quite automatically.

**Rehabilitation** aims to break actions down into a sequence of activities, with cues and prompts, which is then practiced until the cues and prompts can be gradually dispensed with.

## Loss of Sensation

Different parts of the sensory cortex deal with sensations in different parts of the body. After a head injury, people may experience a loss of sight, hearing, taste, smell (**anosmia**) and so on without actually damaging any of the sense organs. If the **sensory cortex** has been bruised, a gradual recovery of sensation may be possible. If the area has been torn, it is unlikely to return to normal functioning.

Processing what the eyes see is carried out in the Occipital Lobe at the back of the brain. Damage here can result in either full or partial blindness, or gaps in the visual field. Visual neglect is covered in the section on cognitive problems. Temperature control can also be

*(Physical Continued on page 19)*



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(Physical Continued from page 18)

affected, particularly by damage to the brain stem.

**Fatigue**

Fatigue after head injury can be one of the most limiting symptoms because it affects everything a person does. Energy stores are easily depleted, and it can take a long time to build up the reserves again. By pushing themselves too hard a head injured person can exhaust the supply of energy, so it is better to recognize the early signs of fatigue and to rest.

**Headaches**

Around a quarter of people with severe head injuries are still suffering from headaches two years after the accident. The effects range from mild, occasional inconvenience to nearly total incapacitation. These headaches are generally aggravated by stress, or by trying to 'do too much'. Headaches can be helped by a stress management program, the same medication as is used for migraine treatment, muscle relaxation or acupuncture.

**Speaking and swallowing disorders**

Damage, particularly to one of the **cranial nerves**, can result in **dysarthria**. This means that the muscles needed for articulation of speech become weak and un-coordinated. This can cause speech to become slurred, slower or quieter than normal.

A **speech and language therapist** can help the patient relearn basic muscle movements, and improve the quality of speech to a degree. Dysphagia is a problem affecting the ability to chew and swallow. This can cause choking or malnutrition, and may result in a person being fed using a tube through the nose or direct to the stomach, at least in the short term.

**Bladder and bowel incontinence**

**Continence** is a cognitive skill since the subtle signs that a person needs to use the toilet must be recognized. It is also a physical skill, in that the person needs to be able to act on the signs. After a head injury, a number of basic skills like this need to be relearned.

Other factors affect continence, such as medication, physical disability, communication difficulties and embarrassment, and all need to be taken into account.

When purely physical problems have been eliminated, sometimes a person may continue to be incontinent as a way of objecting to a situation, or as a way of getting attention. A


behavior modification program can be worked out with the help of nursing staff, or a clinical psychologist for more severe problems.

**Epilepsy**


Injury to the brain in the form of a scar increases the risk of an epileptic attack. This is more likely to happen in a penetrating injury, where the skull has been fractured and the

brain pierced by the skull or some other foreign object. Although the wound heals, the resulting scar causes the electrical activity in that area to be unstable and liable to bursts of uncontrollable activity. Seizures brought on by a head injury often occur within the first week after the injury, but the first may not appear until one or two years have passed. A person is not considered free of seizures until 2 or 3 seizure-free years have passed.

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# Coma: Types, Causes, Treatments, Prognosis

## What Is a Coma?

A coma is a prolonged state of unconsciousness. During a coma, a person is unresponsive to his or her environment. The person is alive and looks like he or she is sleeping. However, unlike in a deep sleep, the person cannot be awakened by any stimulation, including pain.

## What Causes a Coma?

Comas are caused by an injury to the brain. Brain injury can be due to increased pressure, bleeding, loss of oxygen, or buildup of toxins. The injury can be temporary and reversible. It also can be permanent.

More than 50% of comas are related to head trauma or disturbances in the brain's circulatory system. Problems that can lead to coma include: Trauma: Head injuries can cause the brain to swell and/or bleed. When the brain swells as a result of trauma, the fluid pushes up against the skull. The swelling may eventually cause the brain to push down on the brain stem, which can damage the RAS (Reticular Activating System) -- a part of the brain that's responsible for arousal and awareness.

**Swelling:** Swelling of brain tissue can occur even without distress. Sometimes a lack of oxygen, electrolyte imbalance, or hormones can cause swelling.

**Bleeding:** Bleeding in the layers of the brain may cause coma due to swelling and compression on the injured side of the brain. This compression causes the brain to shift, causing damage to the brainstem and the RAS (mentioned above). High blood pressure, cerebral aneurysms, and tumors are non-traumatic causes of bleeding in the brain.

**Stroke:** When there is no blood flow to a major part of the brain stem or loss of blood accompanied with swelling, coma can occur.

**Blood sugar:** In people with diabetes, coma can

occur when blood sugar levels stay very high. That's a condition known as hyperglycemia. Hypoglycemia, or blood sugar that's too low, can also lead to a coma. This type of coma is usually reversible once the blood sugar is corrected.

**Oxygen deprivation:** Oxygen is essential for brain function. Cardiac arrest causes a sudden cutoff of blood flow and oxygen to the brain, called hypoxia or anoxia. After cardiopulmonary resuscitation (CPR), survivors of cardiac arrest are often in comas. Oxygen deprivation can also occur with drowning or choking.

**Infection:** Infections of the central nervous system, such as meningitis or encephalitis, can also cause coma.

**Toxins:** Substances that are normally found in the body can accumulate to toxic levels if the body fails to dispose of them correctly. As an example, ammonia due to liver disease, carbon dioxide from a severe asthma attack, or urea from kidney failure can accumulate to toxic levels in the body. Drugs and alcohol in large quantities can also disrupt neuron functioning in the brain.

**Seizures:** A single seizure rarely produces coma. But continuous seizures -- called status epilepticus -- can. Repeated seizures can prevent the brain from recovering in between seizures. This will cause prolonged unconsciousness and coma.

## What Are the Different Types of Coma?

Types of coma can include:

**Toxic-metabolic encephalopathy.** This is



an acute condition of brain dysfunction with symptoms of confusion and/or delirium. The condition is usually reversible. The causes of toxic-metabolic encephalopathy are varied. They include systemic illness, infection, organ failure, and other conditions.

**Anoxic brain injury.** This is a brain condition caused by total lack of oxygen to the brain. Lack of oxygen for a few minutes causes cell death to brain tissues. Anoxic brain injury may result from heart attack (cardiac arrest), head injury or trauma, drowning, drug overdose, or poisoning.

**Persistent vegetative state.** This is a state of severe unconsciousness. The person is unaware of his or her surroundings and incapable of voluntary movement. With a persistent vegetative state, someone may progress to wakefulness but with no higher brain function. With persistent

*(Coma Continued on page 21)*

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(Coma Continued from page 20)

vegetative state, there is breathing, circulation, and sleep-wake cycles.

**Locked-in syndrome.** This is a rare neurological condition. The person is totally paralyzed except for the eye muscles, but remains awake and alert and with a normal mind.

**Brain death.** This is an irreversible cessation of all brain function. Brain death may result from any lasting or widespread injury to the brain.

**Medically induced:** This type of temporary coma, or deep state of unconsciousness, is used to protect the brain from swelling after an injury. The patient receives a controlled dose of an anesthetic, which causes lack of feeling or awareness. Doctors then closely watch the person's vitals. This happens only in hospital intensive care units.

### Is There Effective Treatment for a Coma?

Treatment for a coma depends on the cause. People close to the comatose patient should give doctors as much information as possible to help the doctors determine the cause of coma. Prompt medical attention is vital to treat potentially reversible conditions. For example, if there is an infection that's affecting the brain, antibiotics may be needed. Glucose may be required in the event of a diabetic shock. Surgery may also be

necessary to relieve the pressure on the brain due to swelling or to remove a tumor.

Certain drugs may also help relieve the swelling. Medication may also be given to stop seizures if necessary.

In general, treatment for a coma is supportive. People in comas are looked after in an intensive care unit and may often require full life support until their situation improves.

### What's the Prognosis for a Coma?

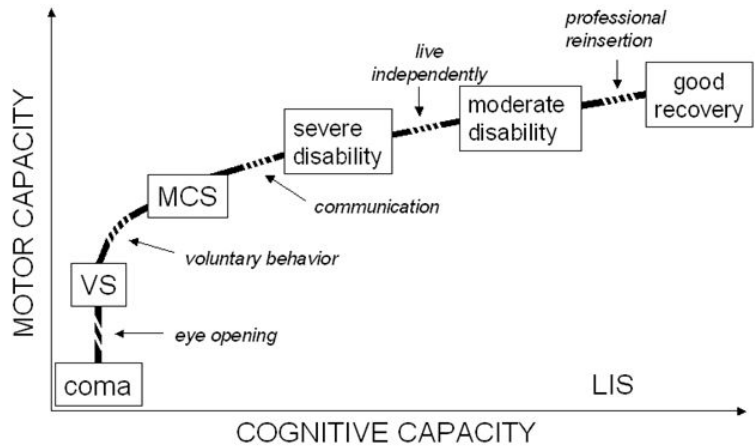
The prognosis for a coma varies with each situation. The chances of a person's recovery depend on the cause of the coma, whether the problem can be corrected, and the duration of the coma. If the problem can be resolved, the person can often return to his or her original level of functioning. Sometimes, though, if the brain damage is severe, a person may be permanently disabled or never regain consciousness.

Comas that result from

drug poisonings have a high rate of recovery if prompt medical attention is received. Comas that result from head injuries tend to have a higher rate of recovery than comas related to lack of oxygen.

It can be very difficult to predict recovery when a person is a coma. Every person is different and it is best to consult with your doctor. As we would expect, the longer a person is in a coma, the worse the prognosis. Even so, many patients can wake up after many weeks in a coma. However, they may have significant disabilities.

SOURCES:  
Brain Injury Association of America: "What is a Brain Injury?"  
National Institute of Neurological Diseases and Stroke: "Coma and Persistent Vegetative State;" "Traumatic Brain Injury;" and "Locked In Syndrome Information Page."  
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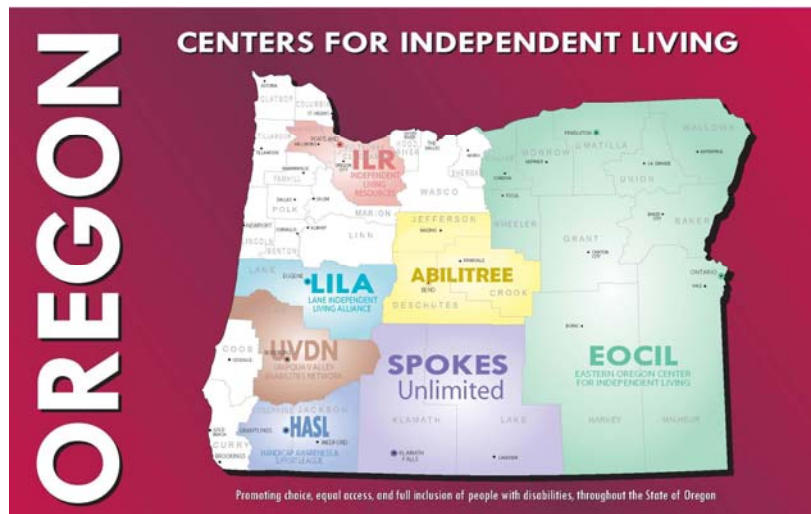


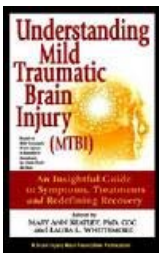
### Winter Sudoku (Answer from page 5)

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

## Oregon Centers for Independent Living Contact List

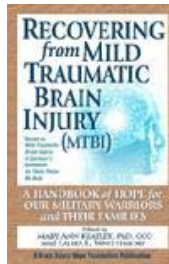
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<b>UVDN</b> (Umpqua Valley disAbilities Network) Director: David Fricke	736 SE Jackson Street, Roseburg, OR 97470 (541-672-6336	Douglas





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

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

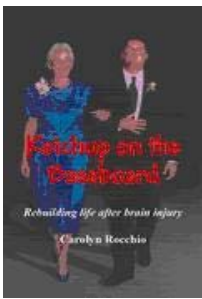
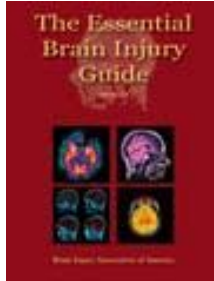


**Recovering from Mild Traumatic Brain Injury A handbook of hope for military and their families.** Edited by Mary Ann Keatley, PhD and Laura L. Whittemore

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

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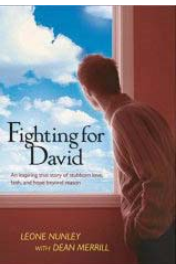
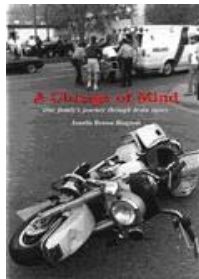


**Ketchup on the Baseboard**

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

**A Change of Mind**

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

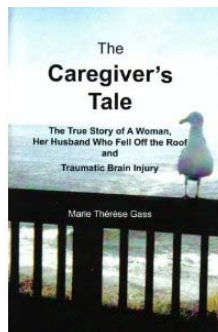


**Fighting for David**

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

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

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



**Brain Injury Alliance of Oregon**

New Member  Renewing Member

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

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

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

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

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

**Type of Membership**

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

**Sponsorship**

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

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

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

(Please print name)

**Member is:**

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

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

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

- The Caregiver's Tale \$15  Change of Mind \$20
- Fighting for David \$15  Ketchup on the Baseboard \$20
- The Essential Brain Injury Guide \$60
- Recovering from MTBI \$18  Understanding MTBI \$16

**Type of Payment**

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

Charge my VISA/MC/Discover Card \$ \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code from back \_\_\_\_\_

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**800-544-5243 Fax: 503-961-8730**

**www.biaoregon.org • biaor@biaoregon.org**

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# Resources

For Parents,  
Individuals, Educators  
and Professionals

## The Oregon TBI Team

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

## LEARNet

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

## Parent Training and Information

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

1-888-988-FACT

Email: [info@factoregon.org](mailto:info@factoregon.org)

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

## Websites

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

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

## FREE Brain Games to Sharpen Your Memory and Mind

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

<http://brainist.com/>

**Home-Based Cognitive Stimulation Program**

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

**Sam's Brainy Adventure**

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

**Neurobic Exercise**

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

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

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

## Returning Veterans Project

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

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

## Center for Polytrauma Care-Oregon VA

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

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



## Washington TBI Resource Center

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

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

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

## Legal Help

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

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

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

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

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

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



## Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

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

If so call:

Julia Greenfield, JD Staff Attorney  
Disability Rights Oregon

610 SW Broadway, Ste 200, Portland, OR 97205  
Phone: (503) 243-2081 Fax: (503) 243 1738  
jgreenfield@droregon.org

## Financial Assistance

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

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

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

### Housing

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

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

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

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

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

## 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 Projectaccessnow.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.

## 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

## Valuable Websites

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

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

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

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

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

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

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

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

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

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

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

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

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

## Survivor Support Line - CALL 855-473-3711

A survivor support line is now available to provide telephone support to those who suffer from all levels of brain impairment. 4peer11 is a survivor run, funded, operated and managed-emotional help line. We do not give medical advice, but we DO have two compassionate ears. We have survived some form of brain injury or a we are a survivor who is significant in the life of a survivor.

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

### Astoria

#### Astoria Support Group

3rd Tuesday 6-7:30  
Pacific NW Occupational Therapy Clinic  
1396 Duane St. Astoria OR 97103  
Kendra Ward 209-791-3092 pnwhigroup@gmail.com

### Beaverton

#### Because My Dani Loved Me

Survivor and Caregiver Support Group  
Weekly - Saturdays 10-11 am  
Elsie Stuhr Center  
5550 SW Hall Blvd, Beaverton, Ore. 97005  
Carrie di Palma RN [MyDaniLovedMe@aol.com](mailto:MyDaniLovedMe@aol.com)  
503.629.6342

### Bend (3)

#### CENTRAL OREGON SUPPORT GROUP

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

#### Ablitree Thursday Support Group

Every Thursday 10:30 am-12pm  
Survivor and Family/Caregiver Cross Disabilities  
Ablitree, 2680 NE Twin Knolls Dr., Bend OR 97701  
Contact Michelle Harper 541-388-8103 x 204  
[michelleh@ablitree.org](mailto:michelleh@ablitree.org) or  
Amanda Brittner [francinem@ablitree.org](mailto:francinem@ablitree.org)

#### Ablitree Moving A Head

1st & 3rd Friday 5:30-7:30  
Brain Injury Survivor and Family Group  
Ablitree, 2680 NE Twin Knolls Dr., Bend OR 97701  
Contact Francine Marsh 541-388-8103 x 205  
[francinem@ablitree.org](mailto:francinem@ablitree.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: Shawn Johnson, CCC-SLP  
541-768-5157 [smjohnson@samhealth.org](mailto:smjohnson@samhealth.org)

#### BRAIN INJURY SUPPORT GROUP

2nd Tuesday of each month, 5:30-6:30 pm  
Good Sam. Regional Medical Cntr, Ancillary Bldg  
3580 NW Samaritan Dr., Corvallis, OR 97330  
Call for Specifics: Rebecca Veltri, PT  
[541-768-5157](mailto:541-768-5157), [rveltri@samhealth.org](mailto:rveltri@samhealth.org)

# Brain Injury Support Groups

### Coos Bay (2)

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

2nd Saturday August 9<sup>th</sup> 3:00pm – 5:00pm  
Kaffe 101, 171 South Broadway  
Coos Bay, OR 97420 [tbicbsupport@gmail.com](mailto:tbicbsupport@gmail.com)

#### Growing Through It- Healing Art Workshop

Wednesdays, 9-10:30am  
The Nancy Devereux Center  
1200 Newmark Avenue, Coos Bay, Oregon  
Bittin Duggan, B.F.A., M.A.,  
541-217-4095 [bittin@growingthroughit.org](mailto:bittin@growingthroughit.org)

### Eugene (3)

#### Head Bangers

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

#### Community Rehabilitation Services of Oregon

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

#### BIG (BRAIN INJURY GROUP)

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

### Hillsboro

#### Westside SUPPORT GROUP

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

### Klamath Falls (2)

#### SPOKES UNLIMITED Brain Injury Support Group

2nd Tuesday 1:00pm to 2:30pm  
1006 Main Street, Klamath Falls, OR 97601  
Dawn Lytle 541-883-7547  
[dawn.lytle@spokesunlimited.org](mailto:dawn.lytle@spokesunlimited.org)

#### SPOKES UNLIMITED BRAIN INJURY RECREATION

4th Tuesday  
Contact Dawn Lytle for additional information:  
541-883-7547 [dawn.lytle@spokesunlimited.org](mailto:dawn.lytle@spokesunlimited.org)

### Lake Oswego

#### Family Caregiver Discussion Group

4th Wednesday of the month 7-8:30 p.m.  
(there will be no group in August)  
Lake Oswego Adult Community Center  
505 G Avenue, Lake Oswego, OR 97034  
Ruth C. Cohen, MSW, LCSW, 503-701-2184  
[www.ruthcohenconsulting.com](http://www.ruthcohenconsulting.com)

### Lebanon

#### BRAIN INJURY SUPPORT GROUP OF LEBANON

1st Thursday 6:30 pm  
Lebanon Community Hospital, Conf Rm #6  
525 North Santiam Hwy, Lebanon, OR 97355  
Lisa Stoffey 541-752-0816 [lstoffey@aol.com](mailto:lstoffey@aol.com)

### Medford

#### Southern Oregon Brainstormers Support & Social Club

1st Tuesday 3:30 pm to 5:30 pm  
751 Spring St., Medford, Or 97501  
Lorita Cushman @ 541-621-9974  
[BIAOregon@AOL.COM](mailto:BIAOregon@AOL.COM)

### Newport

#### BRAIN INJURY SUPPORT GROUP OF NEWPORT

2nd Saturday 2-4 pm  
Progressive Options, 611 SW Hubert Street Ste A,  
Newport, OR 97365  
(541)265.4674 or [progop541@yahoo.com](mailto:progop541@yahoo.com)

### Oregon City

3rd Friday 1-3 pm (on hiatus until Sept)  
room 226 McLoughlin Hall  
Clackamas Community College  
Sonja Bolon, MA 503-816-1053 [sonjabolon@yahoo.com](mailto:sonjabolon@yahoo.com)

### Portland (16)

#### BIRRDsong

1st Saturday 9:30 a. m. and 11 p.m.  
Legacy Good Samaritan Hospital  
1015 NW 22<sup>nd</sup>, Wistar Morris Room. Portland  
Brian Liebenstein 503-608-2378  
[peersupportcoordinator@birrdsonq.org](mailto:peersupportcoordinator@birrdsonq.org)

#### Brain Injury Help Center

*Meet with Brain Injury Advocate* - Appointments only  
Tuesdays & Thursdays: 10:00-12:00

#### Young BI Adult Technology & Game time

Wednesdays: 10:00-12:00

#### Family and Parent Coffee in café

Wednesdays: 10:00-12:00

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

Fridays: 10:00 – 12:00

1411 SW Morrison #220 Portland, Oregon 97205  
[braininjuryhelporg@yahoo.com](mailto:braininjuryhelporg@yahoo.com) Pat Murray 503-752-6065

#### 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  
Jane Starbird, Ph.D., (503) 493-1221 [drstarbird@aol.com](mailto:drstarbird@aol.com)

#### BRAINSTORMERS II

3rd Saturday 10:00am-12:00noon  
Survivor self-help group  
Emanuel Hospital, Medical Office Bldg West (MOB West)  
2801 N Gantenbein, Portland, 97227 503-816-2510  
Steve Wright [stephenwright@comcast.net](mailto:stephenwright@comcast.net)

#### CROSSROADS (Brain Injury Discussion Group)

2nd and 4th Friday, 1-3 pm  
Independent Living Resources  
1839 NE Couch St, Portland, OR 97232  
Sarah Gerth, 503-232-7411 [sarah@ilr.org](mailto:sarah@ilr.org)  
**Must Be Pre-Registered**

#### Doors of Hope - Spanish Support Group

3rd Tuesday 5:30 -7:30pm  
Providence Hospital,  
4805 NE Glisan St, Portland, Rm HCC 6  
503-454-6619 [grupodeapoyo@BIRRDsong.org](mailto:grupodeapoyo@BIRRDsong.org)  
**Please Pre-Register**

**FAMILY SUPPORT GROUP**

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

**FARADAY CLUB**

*Must be pre-registered*  
1st Saturday 1:00-2:30pm  
Peer self-help group for professionals with BI  
Emanuel Hospital, Rm. 1035  
2801 N Gantenbein, Portland, 97227  
Arvid Lonseth, (503) 680-2251 (pager)  
alonseth@pacifier.com

**OHSU Sports Concussion Support Group**

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

**PARENTS OF CHILDREN WITH BRAIN INJURY**

3rd Saturday 12:30 - 2:30 pm  
self-help support group.  
12:30-1 pm Currently combined with THRIVE  
SUPPORT GROUP for Pizza then joins  
*FAMILY SUPPORT GROUP*  
Emanuel Hospital, Rm 1035  
2801 N Gantenbein, Portland, 97227  
Pat Murray 503-752-6065

**THRIVE SUPPORT GROUP**

3rd Saturday 12:30 - 2:30 pm  
*Brain Injury Survivor support group Ages 15-25*  
Emanuel Hospital, MOB West  
Medical Office building West  
Directly across from parking lot 2  
501 N Graham, Portland, 97227  
Amy Werry and Kimberly Skillicorn be the facilitators  
[ThriveGroupPDX@gmail.com](mailto:ThriveGroupPDX@gmail.com) or 817.602.8387

**MUST BE PRE-REGISTERED**

**TBI Caregivers Support Group**

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

**MUST BE PRE-REGISTERED**

**TBI SOCIAL CLUB**

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

**MUST BE PRE-REGISTERED**

**Roseburg**

**UMPQUA VALLEY DISABILITIES NETWORK**

2nd Monday 12 noon - 1:15pm  
736 SE Jackson St, Roseburg, OR 97470  
(541) 672-6336 [udvn@udvn.org](mailto:udvn@udvn.org)

**Salem (3)**

**SALEM COFFEE & CONVERSATION**

Fridays 11-12:30 pm  
Ike Box Café, 299 Cottage St, Salem OR 97301  
**SALEM BRAIN INJURY SUPPORT GROUP**  
4th Thursday 4pm-6pm  
Salem Rehabilitation Center, Conf Rm 2 A/B  
2561 Center Street, Salem OR 97301  
Megan Snider (503) 561-1974  
[megan.snider@salemhealth.org](mailto:megan.snider@salemhealth.org)

**SALEM STROKE SURVIVORS & CAREGIVERS SUPPORT GROUP**

2nd Friday 1 pm -3pm  
Salem Rehabilitation Center  
2561 Center Street, Salem OR 97301  
Scott Werdebaugh 503-838-6868  
Ruby McElroy 503-390-3372

**Redmond (1)**

**Coffee Social**

2nd & 4th Wednesday 2-4 pm  
Lavender Thrift Store  
724 SW 14th St, Redmond OR 97756  
Call Cheryl Brown 541-548-7358 or  
Darlene 541-390-1594

**WASHINGTON TBI SUPPORT GROUPS**

**Quad Cities TBI Support Group**

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

**Stevens County TBI Support Group**

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

**Moses Lake TBI Support Group**

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

**Pullman TBI Support Group**

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

**Pullman BI/Disability Advocacy Group**

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

**SPOKANE, WA**

**Spokane TBI Survivor Support Group**

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

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

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

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

**\*TBI Self-Development Workshop**

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

**Spokane County BI Support Group**

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

**Spokane County Disability/BI Advocacy Group**

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

**VANCOUVER, WA**

**TBI Support Group**

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

**IDAHO TBI SUPPORT GROUPS**

**STARS/Treasure Valley BI Support Group**

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

**Southeastern Idaho TBI support group**

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

**Twin Falls TBI Support Group**

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

**\*Northern Idaho TBI Support Group**

**\*For Veterans**

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





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

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Helping and Working with Individuals with  
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(Note: Members of BIAWA, BIAOR, BIAID, VA and VRS receive  
member rates)

See Registration on page 9

Nancy Irey Holmes, Psy.D, CBIS

Psychologist, Certified Brain Injury Specialist

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Portland OR 97202

503-235-2466

[nancyholmespsyd.com](http://nancyholmespsyd.com)

Traumatic Brain Injury

Chronic Pain Management

Biofeedback

Trauma

Anxiety

EMDR

FAX: 503-200-5550

## How To Contact Us

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

**Mailing Address:**

PO Box 549

Molalla, OR 97038

Toll free: 800-544-5243

Fax: 503-961-8730

[biaor@biaoregon.org](mailto:biaor@biaoregon.org)

[www.biaoregon.org](http://www.biaoregon.org)

**Branch Offices: Appointments only**

Brain Injury Help Center- Pat Murray

1411 SW Morrison #220 Portland, Oregon 97205

[braininjuryhelporg@yahoo.com](mailto:braininjuryhelporg@yahoo.com) 503-752-6065

Salem Regional Rehab Center

2561 Center St NE, Salem OR 97401

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

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