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A Brain Injury Can Happen To Anyone- Even George Clooney



Who Do You See? What Therapies Are Available? What Resources Are There? Attend The 2017 Annual Pacific NW Brain Injury Conference For The Answers March 9-11, 2017 Portland Oregon

George Clooney has won many awards for both acting and directing, including a Golden Globe, for his performance in political thriller *Syriana*. During the filming of *Syriana* in 2005, George was strapped to a chair in a torture scene, the floor was wet concrete and the interrogators kicked the chair. It was supposed to send the chair sliding on the wet concrete, but it fell over instead and cracked his head open and severely injured his spine.

Doctors couldn't quite pinpoint where the injury was at first but finally noticed fluid leaking from Clooney's spine, and realized that the condition was more serious than anyone had thought. He tore the dura - the membrane that surrounds the spine and brain and holds in the spinal fluid. This caused excruciating pain which he says was like having a "severe ice cream brain freeze that lasted 24 hours a day". After being examined by a specialist, he had to have surgery - but still suffers agonizing headaches. The actor revealed that he was forced to take strong pain medication and as part of a long process.

George says that he has a vivid scar "That starts from the top of my neck and goes all the way down to the base of my spine." The scar is a legacy of an accident during the filming of *Syriana* in which George plays a CIA agent caught up in a complex plot involving global greed and corruption, oil intrigue in the Middle East and terrorism. He says that at the time of the injury, the pain was so bad, he considered taking his own life. "I was at a point where I

thought, 'I can't exist like this. I can't actually live.' I was lying in a hospital bed with an IV in my arm, unable to move, having these headaches where it feels like you're having a stroke, and over a short three-week period, I started to think, 'I may have to do something drastic about this'"

They'll hand you a giant tub of Vicodin, which is not a good drug for me; I had a lot of stomach pain and I really didn't like the high it gave me. Then there were other drugs. I was on morphine for awhile, which created this horrible anxiety where I really thought I was in trouble."

He finally turned to therapy, explaining, "I went to a pain-management guy whose idea was, "You can't mourn for how you used to feel, because you're never going to feel that way again." I've gone from where I can't function...to, "I've got a bad headache". He said: "You can't live like that. You literally can't survive like that because of the pain."

He has gone through a life-altering experience. "It has been big issue in my life," he admitted. "It changed everything for me. I still have to have blood patches right into my spine to try and clog up the holes... that hurts. Every day I still have to deal with pretty severe headaches but nothing like what it was."

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Executive Director's Corner



Our Conference is right around the corner. Are you not sure if you should attend? Let me tell you why you should.

1. You get to learn about a whole lot of new ideas and techniques.
2. You get to meet and network with others who are interested in the same things you are. It can be a great morale booster. Meeting like minded people not only inspires you, but it creates an opportunity to build partnerships and joint venture opportunities.
3. Conferences can help you regain your focus.
4. It's a great way to connect with old and new friends.
5. If you have your own products and services, attending a conference is a great way to find prospective clients.
6. Conferences are always great places to renew your excitement about your family or your work. They help you realize that everyone has struggles and many times you can find out about new ideas or systems that might work for you.
7. Attending conferences can greatly improve your productivity.
8. You get to meet the experts and mentors face to face. It's good to connect through email, it is better to connect on the phone, but the best

way to connect is face to face, and always will be. At the events I attend, conference speakers are usually available to chat and answer questions. Remember to pull out your camera and ask if you can take a photo with them.

9. You can learn current strategies that are working for others. At events people tend to loosen up and will often share their ideas, strategies and war stories with you.

10. Being around like-minded people is inspirational and refreshing. It gives you a chance to "rest and reflect." I don't mean a "nap-type-rest; I mean rest from the "common-grind" of your daily routine. It's often difficult to reflect when you're ministering to your family and community; these conference sessions and networking times allow you to pull over, slow down, stop... and reflect.

We look forward to seeing you at the March Conference.

Sherry Stock

Sherry Stock, MS, CBIST
BIAOR Executive Director



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

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 23)

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

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

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



In May, 2016, a trial was held in Multnomah County for a man who lost his left leg in a tragic collision between the man and a trash truck. The man was a pedestrian, crossing in a crosswalk with a green light and the truck driver was making an illegal turn when the truck ran over the man. The jury heard the case and decided that the man suffered damages in an amount that equaled \$13.5 million: \$3 million for economic damages and \$10.5 million for non-economic damages.

Non-economic damages are defined as damages for pain, suffering and loss of enjoyment of life. Economic damages are damages for defined economic losses such as medical expenses associated with treatment for injuries suffered in the collision, future medical expenses, lost wages, and loss of future earning capacity.

In early 2017 the judge who heard the case issued an opinion about the award of \$10.5 million for the man's non-economic losses. The judge held that Oregon law required the non-economic jury award to be reduced to \$500,000.00, and that is where the case stands at this moment. The jury's decision was essentially nullified (or, if not nullified in full, then reduced by \$10 million). And the

rule of law apparently controlling in Oregon now is that a person injured by another person's negligence, no matter how devastating those injuries, is limited to recover \$500,000.00 for his or her non-economic damages.

Our system of monetary remedy for a personal injury case is undoubtedly imperfect. In the first place, we rely on a jury to award money damages for pain, suffering and loss of enjoyment of life, when no amount of money can return the person to the condition they were in before the injuries were inflicted. It is the jury that hears the evidence and determines in their collective wisdom the amount of damages suffered by any given plaintiff. But now, because of the apparent cap on non-economic damages available to any given plaintiff, those damages cannot exceed \$500,000.00.

Our analysis of this issue requires us to ask a fundamental question: What do we mean when we talk about "pain, suffering and the loss of enjoyment of life"? And, more importantly, how do we put a dollar amount on those losses? What about a young person who, as the result of someone else's negligence, suffered a severe brain injury and was changed from a person who loved playing

with her children, who loved traveling with her family, who loved her work, who loved her church and her community, who loved getting out in nature and exploring the world, to a person who is confined to living her life in a long term care facility?

Why would we limit her damages for these "non-economic" losses to \$500,000.00 and then determine that this is enough? And why would we impose these limitations on damages when a jury says differently? Where is the fairness in this scenario? Where is the justice?

Right now the Oregon legislature is grappling with this issue. The question the legislature is being asked to consider fundamentally boils down to the question of whether or not the limitation on damages is fair. We all have a right to have our opinions heard by our elected representatives, and any readers of this column who are so inclined should dig into this issue a little bit deeper and then let your representative know where you stand.

Lawyers are prohibited from asking a jury to "step into the shoes" of the plaintiff in any given case. But in the real world we step into other people's shoes all the time in an effort to see the world through their eyes. We then can ask ourselves whether or not we would ever change places with the other person, and when that other person is suffering permanent effects of a brain injury, for instance, we can ask ourselves if we would trade our life for that person's life even if it meant that we would also receive \$500,000.00. If you are like me, there would be no amount of money that I would take over my ability to live without that injury. Jury's get this; it's time for the court to get it as well.

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.



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Speech Therapy	Recreational Therapy
Occupational Therapy	Dietary & Nutrition Therapy



888-298-4673
www.traumaticbraininjury.net



Nasal Specifics: A Case Study

By Dr. George Siegfried



Whiplash/Concussion/Mild Traumatic Brain Injury Relief from the Bilateral Nasal Specifics Technique. A Case Study

History:

This patient, a 20 year old, was in a car accident on December 15, 2016. He was driving his pick-up truck to work when he hit an ice patch. He lost control of his truck, it spun around, and it went into the ditch, flipped over and then somehow righted itself. He hit his head on the driver's side window and cracked the window. The truck was totaled. He presented to the clinic on 12/16/16.

Chief Complaints:

Headaches "all over his head", ringing in both ears, more sensitive to noise, lack of energy, neck, upper back, low back, left shoulder pain and left shoulder bruising. Bending over to pick things up caused dizziness. Ibuprofen helped a little with his pain.

Past History:

A very athletic individual, he played High School football and wrestled. He had had multiple head blows prior to this incident but "nothing like this" in this accident.

Treatment:

He was evaluated the first visit and asked about The Bilateral Nasal Specific Treatment procedure as his father had had the procedure done several years before due to a concussion. The procedure was performed on his second visit.

After his first treatment with the Bilateral Nasal Specific treatment, he said the headache was gone and his sinuses were so much better as he could breathe better. He will receive a few more treatments to be sure that the bones of his head "stay loose" and are not "locked up anymore". He is able to work fulltime and attend his classes and study with no problems.

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

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

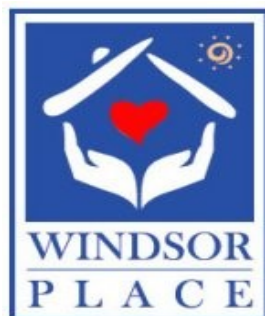


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Embracing the Journey

Why Should You Attend The 2017 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 9-11 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.



*Embracing
the
Journey*

The 15th Annual Pacific Northwest Brain Injury Conference 2017

34th Annual BIAOR Conference

Sponsored by

The Brain Injury Alliance of Oregon, The Brain Injury Alliance of Washington,
the Alaska Brain injury Network, and The Brain Injury Alliance of Idaho

Living with Brain Injury, Stroke & Neurological Changes: Embracing The Journey

Friday, March 10

Saturday, March 11

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 2017	Welcome to BIA Conference 2017
8:15 am- 9:15 am	Opening Keynote Speaker We Are Oregon Veterans - Cameron Smith, Director, Oregon Department of Veterans Affairs	Morning Keynote Speaker: The End of Caring: Understanding the Dynamic of Failure in Rehab - Rolf B. Gainer, PhD
9:30 am-10:30 am	Track 1 - Treatment of Concussion - From the Field to the Hospital and Rehabilitation - James Chesnutt, MD Track 2 - What Imaging Can Reveal About Brain Injury - Aaron DeShaw Track 3 - The Role of Music Therapy in Rehabilitation - Lillieth Grand, MS, MT-BC	Track 1 - PROVING DAMAGES IN A TRAUMATIC BRAIN INJURY CASE: GETTING THE INSURER TO SAY 'YES, WE WILL TENDER LIMITS' Track 2 - A Holistic Approach to Healing Broken Brains: Nutrition, Supplements and Herbs Patient - Dr. Adam Grove, ND Track 3 - Heal Your Brain, Heal Your Body - Linda Gifford
10:45 am-12 pm	Track 1 - Screening for Traumatic Brain Injury: Idaho's Approach - Russell C. Spearman M.Ed. Track 2 - The Developing Adolescent Brain: How THC affects the Brain - Shelley Campbell Track 3 - Washington State's Traumatic Brain Injury Advisory Council: A history and the positive impact on the brain injury community - Scott Bloom, CBIS, Mary Kelly	Track 1 - PROVING DAMAGES IN A TRAUMATIC BRAIN INJURY CASE - Continued Track 2 - TBI and Psychiatric Illness: A Common Thread of Neuroinflammation - Shauna Hahn, PMHP Track 3 - TBI Induced Vision Problems: The Hidden Problem That Impedes Rehabilitation - Juliet Machado, BA OVT
12 pm - 1 pm	Working Lunch - It's All About the Dance - Karen Campbell	Working Lunch - Break A Board - Brain Injury and Taekwondo - Karen Campbell
1 pm - 2:15 pm	Afternoon Keynote Speaker: Patient, Dr., What's the Difference- Jacob Plasker, DC	Afternoon Keynote Speaker: Functional Neurology and treating Brain Injury - Glen Zielinski, DC, DACNB, FACFN
2:30 pm-3:45 pm	Track 1 - Headaches and Balance Problems - Dr. Glen Zielinski, DC, DACNB, FACFN Track 2 - "How can I help?" – Practical Applications for Behavioral Health Clinicians - Dan Overton, MC, LMHC, MHP, TBI Program Coordinator Track 3 - Multi-Modal Brain Imaging: The Future of Trauma Diagnosis and Treatment in Veterans - Dr. Michael Seyffert, Amen Clinic	Track 1 - Embracing the Journey - Dr. George Siegfried, D.C. Track 2 - Nutrition and Brain Injury Recovery - Dr. Jeffrey McNannly Track 3 - Managing Emotional and Behavioral Disturbances after TBI - Kendra Bratherton, COTA/L
4 pm - 5 pm	Track 1 - Roadblocks to Re-entry: The Triple Whammy of Brain Injury, Psychiatric Disorders and Substance Abuse - Rolf B. Gainer, PhD Track 2 - Finding Happiness - Dan Overton, MC, LMHC, MHP Track 3 - Triumph over TBI: Turning Loss into Opportunity Brief - Tanya J. Peterson, MS, NCC	Track 1 - Stroke and Brain Injury Recovery - Dr. Haakon Track 2 - What Support Groups Can Do To Help You - Kristina Fosse and Dr. James Chesnutt Track 3 - Life After Brain Injury - Panel
5 pm - 6 pm	Reception & Networking	To Register for the Conference and/or the Dinner Page 9 or online at www.biaoregon.org/annualconference/htm



*Embracing
the
Journey*

Early Bird Pricing - Add \$75 after March 1

Registration Form

15th Annual Pacific Northwest Brain Injury Conference 2017 34th Annual BIAOR Conference
Living with Brain Injury, Stroke and Other Neurological Changes Embracing the Change
Sheraton Portland Airport Hotel

Register Now online at www.biaoregon.org

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

First Name		Last Name	
Badge Name		Affiliation/Company	
Address	City	State	Zip
Phone	Fax	Email	
Please check all that apply: <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)		\$700	Class Only \$200
Pre-Registration is required: Book, training & exam included-must register before 2/20			
		Member	Non-Member
___ Pre-Conference Workshop - How to Work with Challenging Behaviors after Brain Injury and Neurological Diagnosis—Thursday		\$125	\$200
Conference Registration Fees: Registration fees include: continental breakfast, lunch & conference related materials. Meals not guaranteed for on-site registrations. There are no refunds, but registration is transferable. Contact BIAOR, 800-544-5243 for more information or questions. The following fees are per person:			
___ VIP Special— 3 Days of Conference		\$500	\$600
___ Professional (CEUs) 2 Day Friday & Saturday		\$375	\$475
___ Professional (CEUs) 1 Day Only: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		\$225	\$325
___ Students \$50 per day ___ Thursday ___ Friday ___ Saturday		\$50 per day	\$
___ Saturday Survivor/Family (no CEUs)		\$125	\$150
___ Saturday Only Courtesy (Brain Injury Survivors with limited means-limited number)		\$25	\$35
___ Membership Professional \$100 Family \$50 Basic \$35 Survivor \$5			\$
___ Scholarship Contribution (donation to assist in covering the cost of survivors with limited funds)			\$
Credit Card Number ____-____-____-____ Exp Date ____/____ Sec code ____ Signature _____ Pre-conference & Registration Total \$ _____ CC Address if different than above _____			
(Please add totals from Pre-Conference & Conference Registration Fee, Membership, CBIS Training and Scholarship Contribution for final total costs) Make Checks out to BIAOR—Mail to: BIAOR, PO Box 549, Molalla OR 97038 or fax: 503.961.8730 Phone: 800-544-5243 www.biaoregon.org/annualconference.htm biaor@biaoregon.org No refunds will be issued for cancellations; however, registrations are transferable			

Hotel: Sheraton Portland Airport Hotel

8235 NE Airport Way, Portland, OR 97220 503.281.2500

Discount room rate Ask for BIAOR discount

Rooms are limited

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

Agenda

Thursday

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

Friday & Saturday -Breakfast, Breaks, Lunch provided

7 am - 8 am: Breakfast

8 am - Noon: Keynote and Break-Outs

Noon - 1 pm: Working Lunch and Networking

1 pm - 5 pm: Keynote and Break-Outs

until 6 pm on Friday

Brain cooling lessens chances of head injury recovery, study finds

Head injury patients do not benefit from a therapy that involves cooling their bodies to reduce brain swelling, research has found.

Lowering body temperature -- a therapy known as induced hypothermia -- did not improve patients' chances of recovery, the study showed.

Doctors say the therapy may increase patients' risk of death and disability and should not be used to treat traumatic brain injuries.

Cooling the brain helps to reduce the build-up of pressure inside the head, which is strongly linked to long-term disability and death following head injury.

The treatment is widely used in some intensive care units in Europe and North America, but there have been few clinical trials to assess the effects on patients' long-term recovery.

The major international study -- led by the University of Edinburgh -- tracked the outcomes of almost 400 cases of traumatic brain injuries from 18 different countries.

Around half of the patients were treated with standard procedures. The other half were treated

On a winter night in Connellsville, PA, 24-year-old Josh Roe was in a car crash and experienced severe TBI. He was immediately flown to UPMC Presbyterian for treatment.

UPMC doctors used a cooling suit to minimize his brain damage. The suit reduced the inflammation in his brain, which allowed for better healing.

Josh had a long path to recovery, but UPMC was able to help him start living his life again. He is now back to doing things that he has always loved doing, including driving around in his truck with his son by his side.



with induced hypothermia to try to protect the brain from further damage caused by swelling.

The team found that induced hypothermia

was successful at reducing the build-up of pressure in the skull after head injury. Six months later, however, patients who had received the therapy were more likely to fare worse than those treated with standard care.

Favorable outcomes, ranging from moderate disability to good recovery, occurred in only a quarter of the patients in the hypothermia group compared with more than a third of patients in the control group.

Doctors ended the trial early because of fears that the therapy may cause harm to some patients. Two million people experience a traumatic brain injury worldwide each year, mostly as a result of a road accidents or falls. The condition claims 50,000 lives and causes 80,000 people to suffer long-term disability.

Induced hypothermia involves cooling the body between two and five degrees below normal body temperature of 37 degrees Celsius. Patients are given ice cold intravenous drips within 10 days of their accident. They are kept cool using either cold water blankets or cooling pads for at least 48 hours, after which they are gradually re-warmed to normal body temperature.

The results of the Eurotherm3235 trial are published in the New England Journal of Medicine. The study was funded by the National Institute for Health Research's Health Technology Assessment Program.

Source: University of Edinburgh.

Journal Reference:

Peter J.D. Andrews, H. Louise Sinclair, Aryelly Rodriguez, Bridget A. Harris, Claire G. Battison, Jonathan K.J. Rhodes, Gordon D. Murray. Hypothermia for Intracranial Hypertension after Traumatic Brain Injury. New England Journal of Medicine, 2015

TREATMENT

Because little can be done to reverse the initial brain damage caused by trauma, medical personnel try to stabilize an individual with a TBI and focus on preventing further injury.

Primary concerns include:

- ensuring proper oxygen supply to the brain and body
- maintaining adequate blood flow
- controlling blood pressure

COOLING SUIT TREATMENT

Used in the most severe cases of TBI, the cooling suit works by sending a constant flow of water over the body, lowering the temperature of brain trauma patients. Hypothermia slows down the rate of oxygen needed by the brain so that it doesn't starve for energy. Brain cooling also reduces inflammation, which allows for better healing.



Among TBI-related deaths in 2006-2010, men were nearly three times as likely to die as women.

Apps that integrate self-regulation after brain injury



The PaceMyDay and ReachMyGoals apps integrate principles of self-regulation to help individuals with brain injury manage their daily lives. Both apps were developed through an iterative process incorporating input from actual users who had brain injuries.

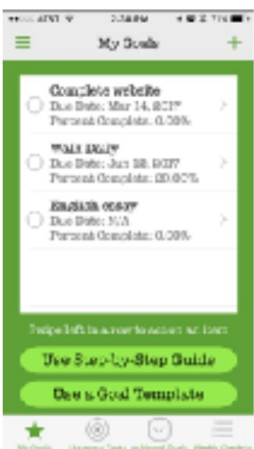
Self-regulation

Self-regulation is the process of planning, monitoring, and evaluating one's behavior in order to learn from and optimize end results over time. The purpose of each of the three primary components is described below:

- **Plan** — Consider various aspects of a situation and establish a plan
- **Monitor** — Check progress on the task and the quality of one's performance as plans are implemented
- **Evaluate** — Use information gathered from the planning and monitoring phases to evaluate and modify future plans

How can apps integrate self-regulation?

The PaceMyDay (PMD) and ReachMyGoals (RMG) apps were developed to help individuals with brain injury learn to apply self-regulation techniques to track and monitor progress associated with two common brain-injury-related issues: energy management/fatigue (PMD) and goal setting (RMG).



Planning

PaceMyDay integrates planning by encouraging users to plan their day each morning (after waking and assessing their overall sleep, fatigue and energy levels based on their responses to the Wakeup Questionnaire), rather than the night before. This provides users the opportunity to be more

realistic about the number of daily tasks they may be able to successfully complete, helping to reduce undue stress/ anxiety and optimizing self-awareness.

ReachMyGoals encourages users to create SMART (specific, measurable, attainable, relevant, timely) goals, including start and due dates and specific tasks necessary to complete each goal.

In addition, both apps include fields for notes and/or strategies that will accumulate over time, providing a history to assist with planning, memory, and tracking successful strategies. For example, including strategies in the PaceMyDay app such as "open Dictionary.com" can help orient the user to important aspects of the task "Write report."

One final example of the integration of the planning stage of self-regulation involves the user identifying what she believes to be her optimal duration for a task—the number of minutes the user believes she can stay focused and still have some energy left.

Monitoring

Monitoring is integrated throughout both apps. For instance, in PaceMyDay, as users begin and end each task, they are prompted to identify their current energy level (1-5). This encourages the user to be aware of their energy/fatigue both before initiating a task and after the task is attempted. Their actual task durations are captured and can be used to help monitor the amount of time spent on tasks. After working on a task for the selected duration, users are encouraged to choose an appropriate break activity and duration to help re-energize before returning to their task list or moving on to something else.

ReachMyGoals integrates monitoring by including a special list of upcoming tasks limited to only those tasks due in the next 3 or 5 days. This helps to filter out tasks that need to be done in the future, allowing users to focus on those tasks needing to be addressed right away. In addition, the RMG app incorporates weekly check-ins to help users monitor the successes and challenges associated with each goal. The resulting journals can be shared with others to help with accountability.



Evaluating

The process of evaluating is sometimes overlooked; consequently, individuals tend to continue with the same plan regardless of the outcome(s) over time. Both apps integrate the evaluation process in a variety of ways, capturing relevant information and encouraging review and consideration for future task planning. For example, tasks and breaks from the PMD app can be automatically added to the device calendar to help users become more aware of the number and type of tasks worked on and breaks taken in relation to scheduled appointments, meetings, etc. A simple review of the calendar can provide insights for the user and/or professionals with whom they work.

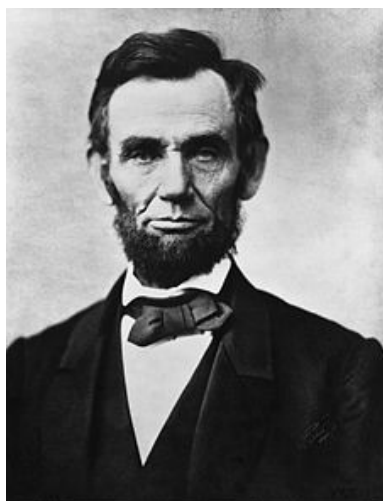
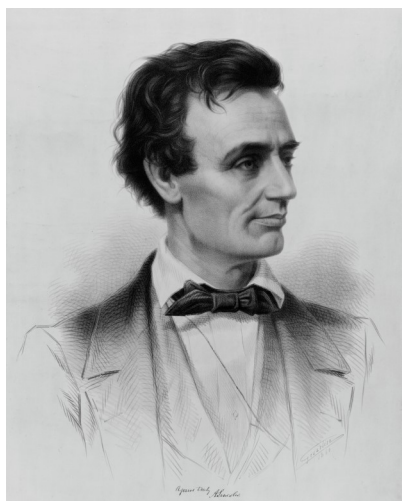
Each app provides the ability to generate reports that can be shared with doctors and other professionals, as well as family members, to help track and evaluate overall energy and goal progress. In turn, this encourages improved self-awareness and the interaction of self-regulation strategies.



The PaceMyDay and ReachMyGoals apps are available through the iTunes store and include comprehensive online training courses for professionals and individuals with brain injury. For further information, visit bestconnections.org or contact Michelle Ranae Wild at michelle@bestconnections.org.

A Brain Injury can happen to anyone...At Anytime.

Did you know... These people have all suffered Brain Injuries



Abraham Lincoln was kick in the back of his head by a mule and had a lazy eye because of his brain Injury. To learn more about this plan a visit to see the program call Lincoln's Eyes at the Abraham Lincoln Presidential Library and Museum. Lincoln was reported to suffer from "melancholia", which we know today as depression. Could this have been cause by his brain injury? We know that depression is one of the most common disorder following a TBI.



Bob Woodruff co-anchor of ABC's "World News Tonight", on January 29, 2006, while reporting on U.S. and Iraqi security forces, Mr. Woodruff was seriously injured by a roadside bomb that struck his vehicle near Taji, Iraq



Phineas Gage: Neuroscience's Most Famous Patient - An accident with a tamping iron made Phineas Gage history's most famous brain-injury survivor.

Phineas P. Gage (1823 – May 21, 1860) was an American railroad construction foreman remembered for his improbable survival of an accident in which a large iron rod was driven completely through his head, destroying much of his brain's left frontal lobe, and for that injury's reported effects on

his personality and behavior over the remaining twelve years of his life—effects sufficiently profound (for a time at least) that friends saw him as "no longer Gage."

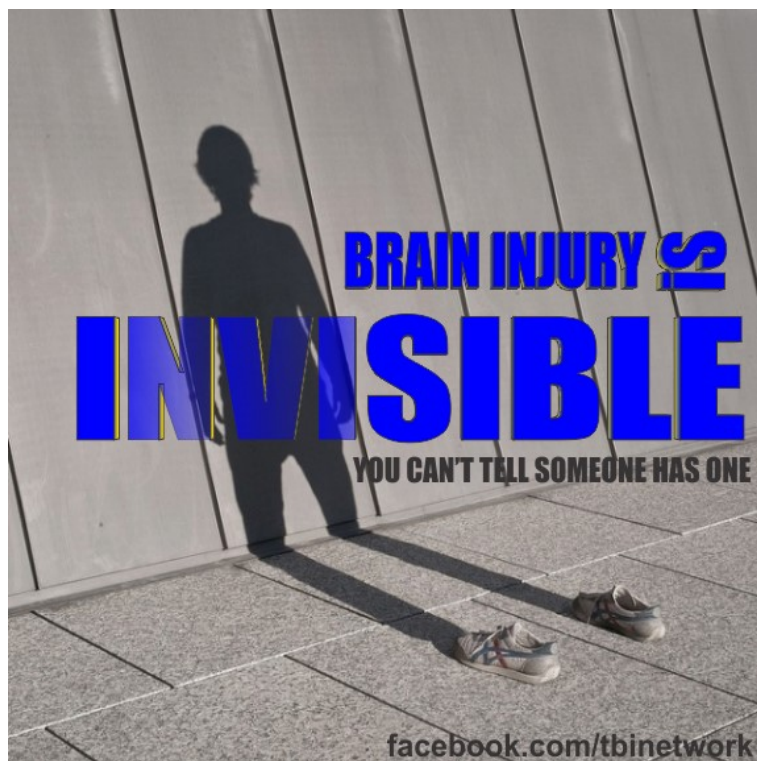
Phineas Gage influenced nineteenth-century discussion about the mind and brain, particularly debate on cerebral localization, and was perhaps the first case to suggest the brain's role in determining personality, and that damage to specific parts of the brain might induce specific personality changes. A report of Gage's physical and mental condition shortly before his death implies that his most serious mental changes were temporary, so that in later life he was far more functional, and socially far better adapted, than in the years immediately following his accident. A social recovery hypothesis suggests that Gage's work as a stagecoach driver in Chile fostered this recovery by providing daily structure which allowed him to regain lost social and personal skills.



Amy Davis was crowned Miss Utah in 2004 at the Abravanel Hall. In 2001, while their team was working with a new cheerleading stunt, Davis fall accidentally and her head received an extreme impact when she fell in the floor. As a result, she became unconscious after the accident. Days later, while she was in the hospital, her memory was affected by the injury and she could not recall everything about the past. Following the injury, Davis suffered bouts with depression and focus that were results of damage to her frontal lobe. Even so, she graduated in musical theater.



CAN YOU SEE THE KISSING COUPLE?



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

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

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

BIAOR by the Numbers

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

What does your membership dues pay for?

Each year we provide:

Information & Referral

7200 calls, 32,000 emails
1520 packets mailed, 2550 DVDs mailed
1.2 million website visitors

Legislative & Personal Advocacy

Support Services

85 Support Groups
Peer Mentoring and Support
Donations
Emergency Support

Awareness and Prevention

65 Awareness and Prevention Events

Education

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

Referrals to Research Projects

We can't do this alone, please send in your membership dues today or donations.

See page 22 for a membership form

Vehicle Donations



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



Can You See The Baby?

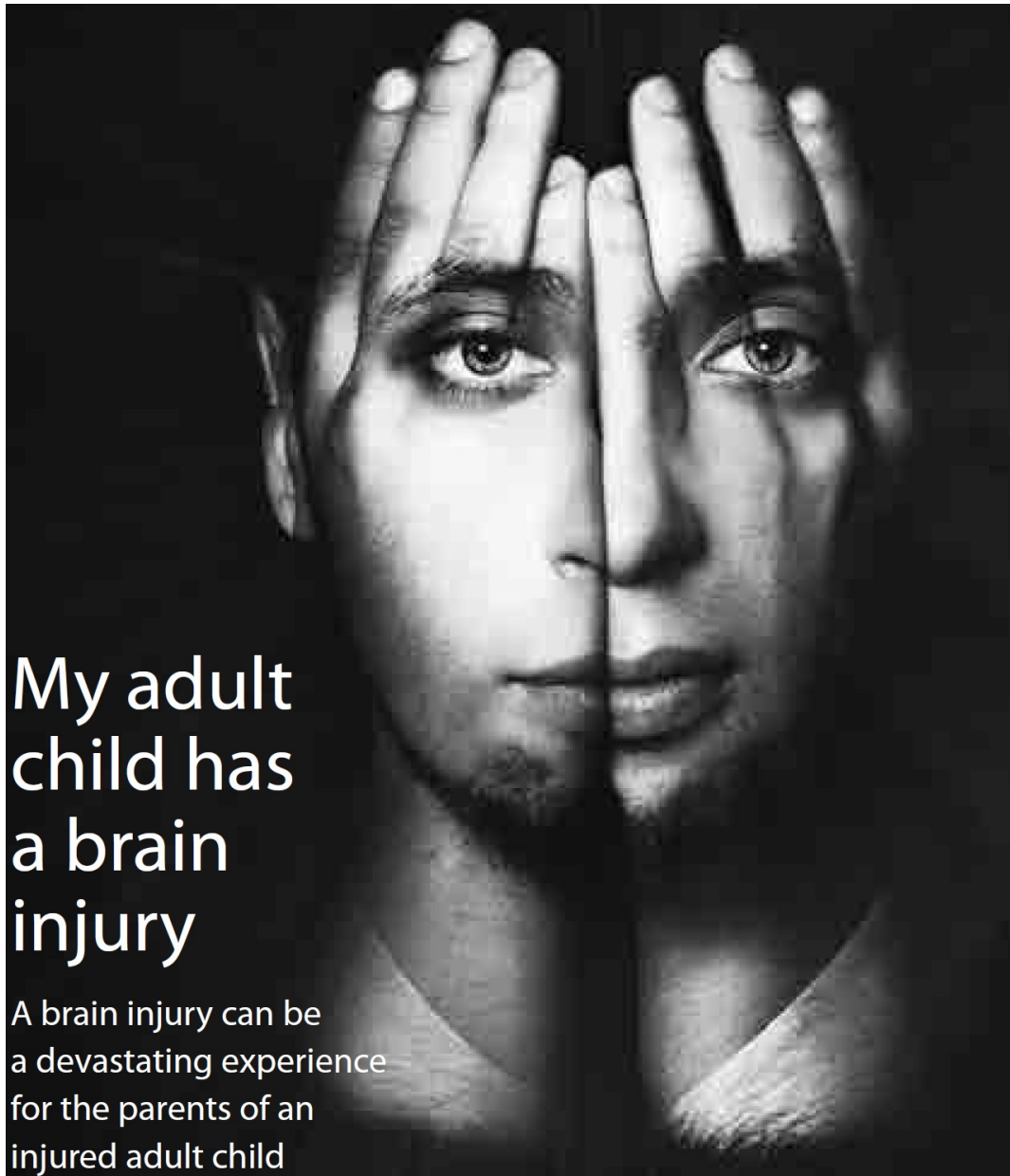
AM I HAVING A HEART ATTACK?

IN WOMEN, HEART ATTACK SYMPTOMS ARE NOT ALWAYS DRAMATIC. HERE ARE COMMON SIGNS:

- Cold sweat
- Jaw pain
- Shortness of breath (with or without chest discomfort)
- Pressure in the chest
- Nausea or vomiting
- Back pain
- Pain or discomfort in one or both arms

IF YOU HAVE ANY OF THESE SIGNS, DON'T WAIT MORE THAN FIVE MINUTES BEFORE CALLING FOR HELP. CALL 9-1-1 AND GET TO A HOSPITAL RIGHT AWAY.

SOURCE: AMERICAN HEART ASSOCIATION



My adult child has a brain injury

A brain injury can be a devastating experience for the parents of an injured adult child

Parents say they have had no time to prepare for the many changes that occur to their lives as a result of a son or daughter's brain injury. Often, now that their family have grown, parents are at the stage of planning for their own future. It seems that life and those plans disappear in an instant.

Changes in personality and behavior of their child can be very disconcerting for parents. Displays of childish behavior can be embarrassing, while mood swings and having to provide guidance and feedback can be challenging.

Possible reactions

Like all family members, parents can experience many emotions coming to terms with the fact that their adult child has acquired a brain injury. These could include:

- Shock and denial at the immediacy and

severity of the injury and the consequences of brain injury / changes to your child

- **Anger and frustration** at the circumstances of the injury, of how it has impacted on your life and how your child's life will change
- **Loss** – changes to plans, financial losses, grieving the loss of the future parents had anticipated for themselves and their children
- **Resentment and guilt** – resenting the changes, feeling that you could have “done something better”, feeling guilty for feelings of anger, resentment and frustration
- **Loneliness and isolation** – many parents report the gradual withdrawal of their friends as their lives have now taken different directions with different priorities
- **Mourning/chronic sorrow** – Grieving processes rarely end, as a loved one remains in your life, but often as an altered

person.

It is common to mourn the personality and characteristics that have been lost while learning to relate to a different person. Mourning is never completed but can begin again with reminders of what has been lost. Some parents say that they have lost interest in things they used to enjoy.

Relationship & role changes

Depending on the severity and nature of the brain injury relationships can change in several ways.

A brain injury places strain on many relationships and marriages. Concern about a child's relationships, practical issues of how to help, and uncertainty about how the situation will work out is common.

Tensions between parents themselves can occur. Different attitudes and expectations and different ways of coping can aggravate this.

It is possible that the injured adult may move back home and parents may become caregivers. If this involves basic personal care and cueing with daily living tasks, it may be like parenting a child all over again. The relationship is no longer an adult relationship and this can be especially difficult if there are challenging behaviors as well.

Having caregivers or homecare workers coming into the home on a regular basis can place a strain on relationships as parents feel that their lives are less private.

Help with grandchildren may be needed when one parent has a brain injury and the other is committed to a significant caring role or full-time employment.

Parents often worry about how the brain injury has affected their relationships with their other children. Some parents find themselves being more over-protective of their other children. Others worry that they are neglecting their other children and feel their resources (emotional, financial, time) are stretched in this regard.

Relationships with friends and extended

(My Adult Child Continued on page 17)

family may also change especially if parents feel that others do not understand the brain injury. Many parents find that roles in the family change as a result of their adult child sustaining a brain injury:

- Parents may have to take on a caregiver role with their adult son/daughter
- Previously valued roles may change e.g. giving up work to be a caregiver, loss of retirement plans
- Grandparents may become more involved in their child's own family as a result of the brain injury and may even take on the parenting role with their grandchildren
- Parents may need to take on a more supportive role in relation to the spouse of their son/ daughter
- Parents may need to help educate and support other family members and friends about brain injury.

Practical consequences of a brain injury

There may be many practical consequences of the brain injury. At times a brain injury will result in challenging behavior which requires understanding of the reasons for the behavior and strategies to manage them. Professional assistance may be required in some cases.

Parents may need to assist financially, particularly if the injured person was the primary income earner. This may result in an inability to meet previous financial commitments such as mortgage repayments, car payments, childcare or school fees. Check with your Area Agency on Aging and ADRC for help. Parents may find that they need help with:

- Accommodations
- 'Hands on' assistance e.g. feeding, bathing
- Transport to appointments and activities
- Assistance with managing finances and making decisions
- Assistance with maintaining pre-existing relationships
- Social support and social outings.

Remember to ask other family members or services to provide assistance. Encourage the person with a brain injury to gain as much independence as possible as it is important to allow them to learn new skills and to be as independent as possible. Be guided by the professionals working with them.

USEFUL STRATEGIES FOR PARENTS

- **Become involved in the hospitalization and rehabilitation stages**
- **Learn as much as possible about the brain injury to assist developing realistic expectations**
- **Realistically consider the strengths of individual family members**
- **Identify areas where assistance would be beneficial and asking for help**
- **Talk about concerns with other family members/friends**
- **Take time to deal with the effects of the injury**
- **Keep daily routines as normal as possible**
- **Be open to involvement in support groups and counselling**
- **Spend quality time with other family members, and develop a network of friends and activities**
- **Use supports such as regular respite when needed to rest, rejuvenate, and care for yourself.**

Remember that a brain injury does not change everything about a person and some personality traits, behavior traits and interests will remain unchanged.

Inflexibility & obsessions

Rigid thinking, inflexibility and obsessive behavior after a brain injury are usually due to damage in the frontal lobes. We take it for granted, but the ability to see the world from someone else's point of view, tolerate uncertainty, or keep a balance of interests in our lifestyle are all complex cognitive skills.

Unfortunately, the frontal lobes are very commonly affected in traumatic brain injuries, so these issues frequently go hand-in-hand with lack of self-awareness, anger, depression, fatigue and reduced social skills. The person may lose the ability to jump from topic to topic in conversation, and becomes bogged down in talking about a favorite issue.

Obsessive behavior is often worsened by anxiety.

What the family can do

Often the hardest part for a family is accepting that these new character traits are not intentional. Brain injury is often called the 'invisible disability' – because the injury can't be seen, it is hard to accept that a loved one has seemingly become arrogant, opinionated, intolerant of others and obsessed with things everyone else finds boring.

Understanding the effects of the brain injury often brings families to a point where they can accept the changes and enact strategies to manage the situations that arise.

Try not to respond to difficult situations with criticism or an angry outburst. Families may need to understand that their opinions, ways of doing things and favorite interests will not be accepted. Instead of feeling hurt or angry, it is best to distract the person with other topics or activities, or respond with any chosen behavioral strategies that have been developed.

It may be worth getting in touch with your local Brain Injury Association to be referred to a professional to develop a behavior management program.

In some cases, a brain-injured person can be very skilled at manipulating their family emotionally. If their demands aren't met, they try various strategies to get what they want — such as threats, pleading, criticizing the lack of compassion, or sullen silences. Family members are often surprised that their loved one's skills in manipulation are so effective when their overall social skills have dropped significantly. In these cases it is vital for the family to have agreed on boundaries for acceptable behavior, not be drawn into arguments.

(My Adult Child Continued from page 17)

Families can also look for underlying causes. Anxiety and insecurity can worsen any of these behaviors, but can be hard to counteract. Where possible, look for the triggers that worsen the behavior, and see if these can be avoided or reduced. Examples of this may be insecurity in new social environments, meeting strangers, or a change in routine.

If there is a local support group for survivors of brain injury, it may help if they can go. Sometimes seeing similar behaviors and attitudes in others can bring about some level of self-awareness.

A brain injury affects not only the injured person but the whole family — from financial challenges and social upheaval to isolation and job loss. One of the few things known about good recovery is that survivors with a healthy support system do better. In an ideal world, each person's pre-injury support system would be able to meet their new needs—but most individuals find that is not so. Many families are so consumed by the immediate needs of their loved ones, such as physical care, financial challenges, transportation, etc., that they are too overwhelmed to focus on the individual's emotional needs. What do you get from a support group: meeting people who understand brain injury and what you are going through, learning about resources in your community from people who are or have used them, emotional healing by knowing that you are not alone, socialization and activities, finding encouragement and hope, active involved listening to and learning from others, being able to share with others what you are going through, an opportunity to be understood and to express yourself, providing an atmosphere where positive and negative views can be expressed without being judged or labeled, exploring common needs and strengths, and a safe place to find courage and to take risks.

There are also support groups for family members and caregivers that will help. See page 26-27.

Sources in part: BRIDGE
VOLUME 14 - March 2014



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Creating a Culture of Quality Care

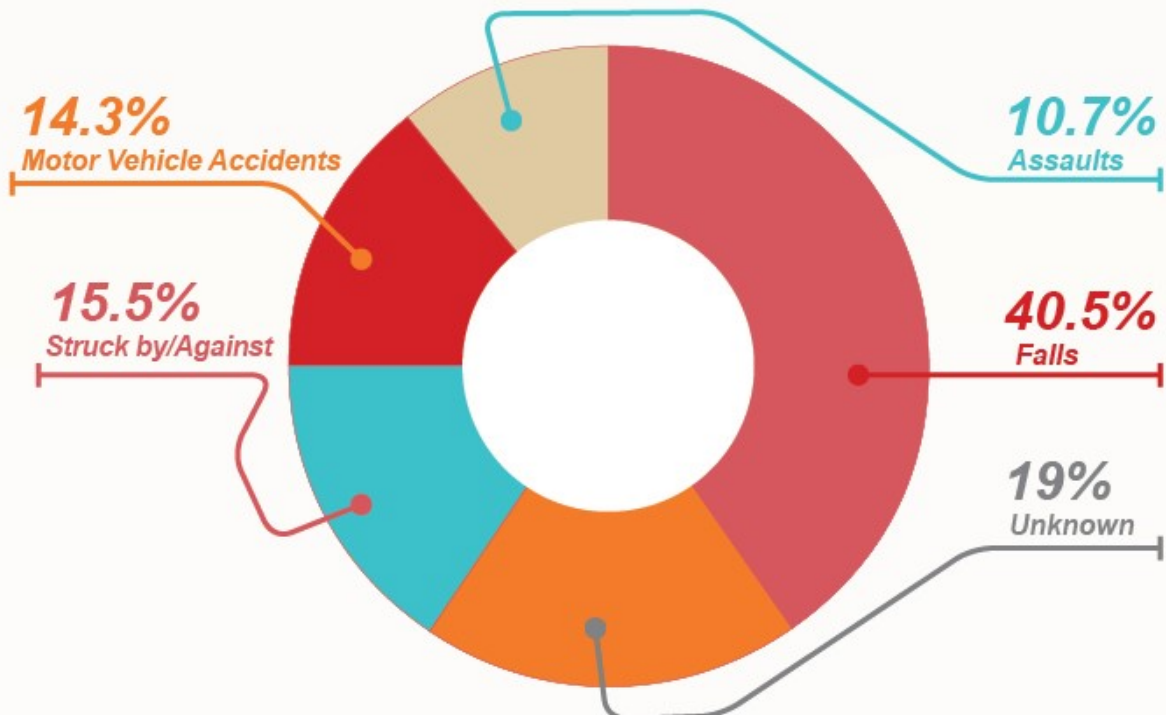
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LEADING CAUSES OF TBI: 2006–2009



Neuroplasticity and Exercise Will Keep Your Brain Young and Spry

Our poor brains.

From 25-years-old on, it's just one long downward spiral toward Age Related Cognitive Decline (ARCD). As Dr. Jack Lewis writes at The Independent, ARCD is an inevitable part of aging. If we were all to live to be 150, he says, our capacity to maintain focus and memory will have long since degraded. It's just a simple fact of life... or at least until those darn scientists figure out this whole immortality thing.

If the above bit of cranial memento mori is getting you down, Dr. Lewis offers solace by suggesting several strategies you can employ to stall the process by which your brain shrinks toward ineffectuality. The first is to exercise regularly. The brain thrives when steady streams of blood pump oxygen through it. Sitting at your desk 40 hours every week isn't doing your brain any favors. Go for a long walk after work in order to feed it what it likes.

Something else you can do to keep your

brain fit is to take advantage of neuroplasticity. Just as the muscles in your body get stronger when you exercise them, our brains benefit from activities that cause it to change and adapt.

"By consistently challenging it with fresh mental activities, your brain will be continually forced to restructure, rewire and build new connections to cope with the new demands placed on it."

There are four activities Dr. Lewis cites as delayers of ARCD: learning a musical instrument, playing chess, dancing, and reading.

Each of these activities requires your brain to interpret, adapt, or think critically. Learning guitar requires memorization of finger movements. Playing chess is all about stretching cognitive capacity. Dancing is similar to playing an instrument, though with

an intrinsic social element added. Reading involves connecting words on a page with an understanding of what they mean in your mind.

Those four (plus exercise) are but the tip of the iceberg. Learning a new language is another way to expand your brain through neuroplasticity. No matter how you choose to keep your brain in shape, coupling these activities with exercise will postpone ARCD, and thus dementia and Alzheimer's. It's the least we can do for our poor and doomed brains.

Source:



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

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

Building Futures



Gilroy Campus, California



Learning Services Neurobehavioral Institute - West

Nancy Irey Holmes, Psy.D, CBIS

Psychologist, Certified Brain Injury Specialist

2775 SW 17th Pl

Health Point Bldg, Suite 4

Redmond OR 97756

541-330-4428

4511 SE Cesar E. Chavez Blvd.

Portland OR 97202

503-235-2466

nancyholmespsyd.com

FAX: 503-200-5550

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Biofeedback
Trauma
Anxiety
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my self:**

"I don't need to
write that down, i'll
remember it."



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than you are in the injury
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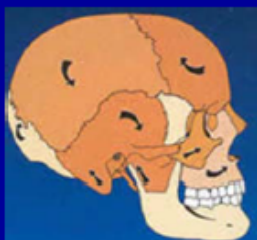
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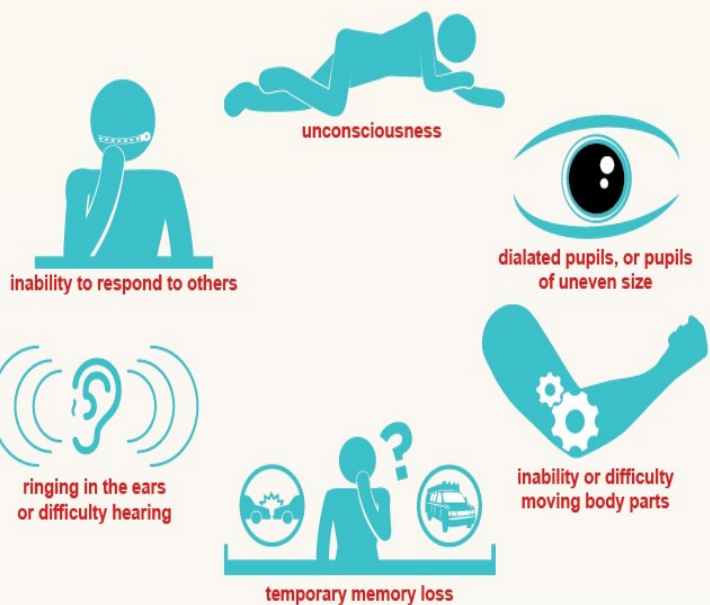


TRAUMATIC BRAIN INJURY

(TBI):

A blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain.

SYMPTOMS OF TBI:



2 TYPES OF TBI:

PENETRATING:

Result from a foreign object that penetrates the skull.



CLOSED:

Results from blunt impact or blow to the head.



TOP 3 SPORTS THAT CAUSE TBI:



Yearly head injuries according to the U.S. Consumer Product Safety Commission, 2007.

Age groups most likely to sustain a TBI

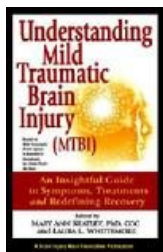


30%

of all injury deaths in the US are caused by TBI.



Research has linked moderate and severe traumatic brain injury to a greater risk of developing Alzheimer's disease.

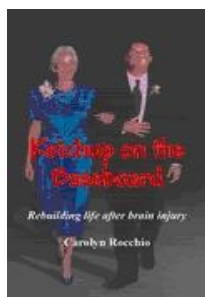
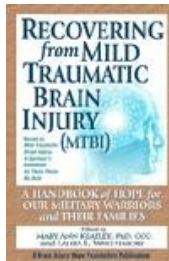


Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

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

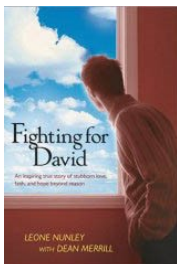
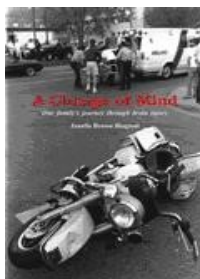


Ketchup on the Baseboard

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

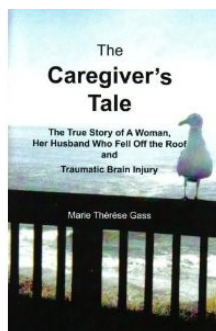


Fighting for David

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



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☐ Fighting for David \$15 ☐ Ketchup on the Baseboard \$20
☐ Recovering from MTBI \$18 ☐ Understanding MTBI \$16

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Resources

Oregon Developmental Disabilities (DD)

For individuals whose disability manifested before age 22 and resulted in lifelong conditions that affect a person's ability to live independently, this state agency arranges and coordinates services to eligible state residents.

<http://www.oregon.gov/DHS/dd/Pages/index.aspx> (800)-282-8096

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

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

ADRC - Aging and Disability Resource Connection

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

Winter Sudoku

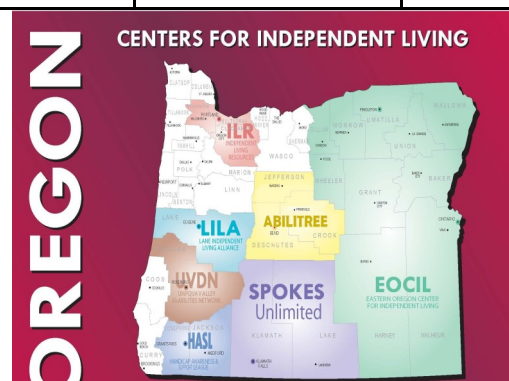
(Answer from page 5)

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

Oregon Centers for Independent Living

Contact List

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



Resources

For Parents, Individuals, Educators and Professionals

The Oregon TBI Team

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

LEARNet

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

Parent Training and Information

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

1-888-988-FACT

Email: info@factoregon.org

http://factoregon.org/?page_id=52

Websites

Mayo Clinic www.mayoclinic.com/health/traumatic-brain-injury/DS00552

BrainLine.org www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi_pageall.html

FREE Brain Games to Sharpen Your Memory and Mind

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

<http://brainist.com/>

Home-Based Cognitive Stimulation Program

[http://main.uab.edu/tbi/show.asp?](http://main.uab.edu/tbi/show.asp?durki=49377&site=2988&return=9505)

[durki=49377&site=2988&return=9505](http://main.uab.edu/tbi/show.asp?durki=49377&site=2988&return=9505)

Sam's Brainy Adventure

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

Neurobic Exercise

www.neurobics.com/exercise.html

Brain Training Games from the Brain Center of America

www.braincenteramerica.com/exercises_am.php

Returning Veterans Project

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

Belle Bennett Landau, Executive Director, 503-933-4996 www.returningveterans.org
email: mail@returningveterans.org

Center for Polytrauma Care-Oregon VA

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

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



Washington TBI Resource Center

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

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

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

Addiction Inpatient help:

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

Legal Help

Disability Rights Oregon (DRO) promotes Opportunity, Access and Choice for individuals with disabilities. Assisting people with legal representation, advice and information designed to help solve problems directly related to their disabilities. Have you had an insurance claim for cognitive therapy denied? All services are confidential and free of charge. (503) 243-2081 www.disabilityrightsoregon.org/

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

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

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

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

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

Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

Assistance

Financial, Housing, Food, Advocacy

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

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

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

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

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

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

Housing

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

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

Central City Concern, Portland 503 294-1681

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

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

Tammy Greenspan Head Injury Collection

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

Oregon Health Connect: 855-999-3210

Oregonhealthconnect.org Information about health care programs for people who need help.

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

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

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

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

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

Valuable Websites

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

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

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

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

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

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

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

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

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

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

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

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

Survivor Support Line - CALL 855-473-3711

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

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

Astoria

Astoria Support Group
on hiatus

Kendra Ward 209-791-3092 pnwhigroup@gmail.com

Beaverton

Because My Dani Loved Me

Brain Injury Survivors, Stroke Victims and their Care Givers

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

Elsie Stuhr, Willow Room

5550 SW Hall

Beaverton, OR 97005

Bend

CENTRAL OREGON SUPPORT GROUP

2nd Saturday 10 am to 11:30

St. Charles Medical Center

2500 NE Neff Rd, Bend 97701

Call 541 382 9451 for Room location

Joyce & Dave Accornero, 541 382 9451

Accornero@bendbroadband.com

Abilitree Thursday Support Group

Thursdays 10:30 am - 12:00 noon

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

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

Contact Francine Marsh 541-388-8103 x 205

francinem@abilitree.org

Abilitree Moving A Head Support Group

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

Brain Injury Survivor, Survivor and Family

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

Contact Francine Marsh 541-388-8103 x 205

francinem@abilitree.org

Corvallis

STROKE SUPPORT GROUP

1st Tuesday 1:30 to 3:00 pm

Church of the Good Samaritan Lng

333 NW 35th Street, Corvallis, OR 97330

Call for Specifics: Josh Funk

541-768-5157 jfunk@samhealth.org

Brain Injury Support Group

Currently with Stroke Support Group

Church of the Good Samaritan Lng

333 NW 35th Street, Corvallis, OR 97330

Call for Specifics: Josh Funk

541-768-5157 jfunk@samhealth.org

Brain Injury Support Groups

Coos Bay (1)

Traumatic Brain Injury (TBI) Support Group

2nd Saturday 3:00pm – 5:00pm

Kaffe 101, 171 South Broadway

Coos Bay, OR 97420 tbicbsupport@gmail.com

Growing Through It- Healing Art Workshop

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

541-217-4095 bittin@growingthroughit.org

Eugene (3)

Head Bangers

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

6:30 pm - 8:30 pm Potluck Social

Monte Loma Mobile Home Rec Center

2150 Laura St., Springfield, OR 97477

Susie Chavez, (541) 342-1980

admin@communityrehab.org

Community Rehabilitation Services of Oregon

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

7:00 pm - 8:30 pm Support Group

St. Thomas Episcopal Church

1465 Coburg Rd.; Eugene, OR 97401

Jan Johnson, (541) 342-1980

admin@communityrehab.org

BIG (BRAIN INJURY GROUP)

Tuesdays 11:00am-1pm

Hilyard Community Center

2580 Hilyard Avenue, Eugene, OR. 97401

Curtis Brown, (541) 998-3951 BCCBrown@gmail.com

Hillsboro

Westside SUPPORT GROUP

3rd Monday 7-8 pm

For brain injury survivors, their families, caregivers and professionals

Tuality Community Hospital

335 South East 8th Street, Hillsboro, OR 97123

Carol Altman, (503) 640-0818

Klamath Falls

SPOKES UNLIMITED BRAIN INJURY SUPPORT GROUP

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

1006 Main Street, Klamath Falls, OR 97601

Jackie Reed 541-883-7547

jackie.reed@spokesunlimited.org

Lake Oswego (2)

Family Caregiver Discussion Group

4th Wednesday, 7-8:30 PM

(there will be no group in August)

Parks & Recreational Center

1500 Greentree Drive, Lake Oswego, OR 97034

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

www.ruthcohenconsulting.com

Functional Neurology Support Group

3rd Wednesday 7-8:30 pm

Market of Choice, 5639 Hood St, West Linn

Lebanon

BRAIN INJURY SUPPORT GROUP OF LEBANON

on hiatus

Medford

Southern Oregon Brainstormers Support & Social Club

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

751 Spring St., Medford, Or 97501

Lorita Cushman 541-621-9974

BIAOregon@AOL.COM

Oregon City

Brain Injury Support Group

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

Pioneer Community Center

615 5th St, Oregon City 97045

Sonja Bolon, MA 503-816-1053

sonjabolon@yahoo.com

Portland (20)

Brain Injury Help Center Without Walls

"Living the Creative Life" Women's Coffee

Tuesdays: 10-12

Fridays: 10:00 – 12:00 - currently full

Family and Parent Coffee in café

Wednesdays: 10:00-12:00

braininjuryhelporg@yahoo.com

Call Pat Murray 503-752-6065

BIRRDsong

1st Saturday 9:30 - 11

1. Peer support group that is open to everyone, including family and the public

2. Family and Friends support group that is only for family and friends

Legacy Good Samaritan Hospital, Wistar Morris Room.

1015 NW 22nd Portland, 97210

Joan Miller 503-969-1660

peersupportcoordinator@birrdsong.org

BRAINSTORMERS I

2nd Saturday 10:00 - 11:30am

Women survivor's self-help group

Wilcox Building Conference Room A

2211 NW Marshall St., Portland 97210

Next to Good Samaritan Hospital

Lynne Chase MS CRC Lynne.Chase@gmail.com

503-206-2204

BRAINSTORMERS II

3rd Saturday 10:00am-12:00noon

Survivor self-help group

Emanuel Hospital Medical Office Building West Conf Rm

2801 N Gantenbein, Portland, 97227

Steve Wright stephenmwright@comcast.net

503-816-2510

CROSSROADS (Brain Injury Discussion Group)

2nd and 4th Friday, 1-3 pm

Independent Living Resources

1839 NE Couch St, Portland, OR 97232

503-232-7411

Must Be Pre-Registered

Doors of Hope - Spanish Support Group

3rd Tuesday 5:30 - 7:30pm

Providence Hospital, 4805 NE Glisan St, Portland, Rm HCC 6

503-454-6619 grupodeapoyo@BIRRDsong.org

Please Pre-Register

FAMILY SUPPORT GROUP

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

OHSU Sports Concussion Support Group

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

PARENTS OF CHILDREN WITH BRAIN INJURY

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

TBI Caregiver Support Meetings

4th Thursday 7-8:30 PM
8818 NE Everett St, Portland OR 97220
Call Karin Keita 503-208-1787
email: afripath@gmail.com

MUST BE PRE-REGISTERED

THRIVE SUPPORT GROUP

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

MUST BE PRE-REGISTERED

TBI SOCIAL CLUB

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

MUST BE PRE-REGISTERED

Redmond (1)

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

Roseburg

UMPQUA VALLEY DISABILITIES NETWORK on hiatus
736 SE Jackson St, Roseburg, OR 97470
(541) 672-6336 udvn@udvn.org

Salem (3)

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

SALEM COFFEE & CONVERSATION

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

SALEM STROKE SURVIVORS & CAREGIVERS SUPPORT GROUP

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

Tillamook (1)

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

WASHINGTON TBI SUPPORT GROUPS

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

Moses Lake TBI Support Group

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

Pullman TBI Support Group

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

Pullman BI/Disability Advocacy Group

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

SPOKANE, WA

Spokane TBI Survivor Support Group

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

Spokane Family & Care Giver BI Support Group

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

***TBI Self-Development Workshop**

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

Spokane County BI Support Group

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

Spokane County Disability/BI Advocacy Group

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

VANCOUVER, WA

TBI Support Group

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

IDAHO TBI SUPPORT GROUPS

STARS/Treasure Valley BI Support Group

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

Southeastern Idaho TBI support group

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

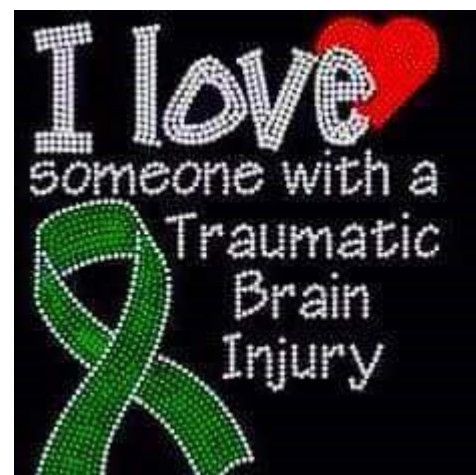
Twin Falls TBI Support Group

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

***Northern Idaho TBI Support Group**

***For Veterans**

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





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

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Brain Injury Alliance of Oregon (BIAOR)

Mailing Address:	Sherry Stock, MS CBIST
PO Box 549	Executive Director 800-544-5243
Molalla, OR 97038	Resource Facilitator—Becki Sparre 503-
Toll free: 800-544-5243	961-5675
Fax: 503-961-8730	Rachel Moore, CBIS Director Eastern
biaor@biaoregon.org	Oregon 541-429-2411
www.biaoregon.org	Brain Injury Help Center Without Walls-
	Pat Murray braininjuryhelporg@yahoo.com

Meeting by Appointment only Call 800-544-5243

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