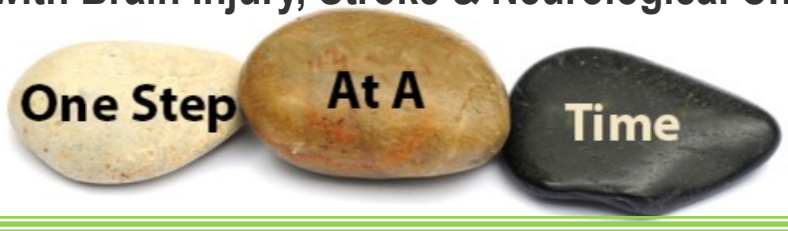
the HEADLINER
Winter 2018
Vol. XXIII Issue 4
The Newsletter of the Brain Injury Alliance of Oregon

The 16th Annual Pacific Northwest Brain Injury Conference 2018 35th Annual BIAOR Conference
March 1-3, 2018 Sheraton Portland Airport Hotel Medical/Legal Conference

Living with Brain Injury, Stroke & Neurological Changes:



'If a disease were killing our children in the proportions that [brain] injuries are, people would be outraged and demand that this killer be stopped." former Surgeon General Everett Koop, MD.

Pre-Conference Workshop
Thursday, March 1, 7:45 – 5:00 pm

March 1: Behavior Management Strategies for Caregivers dealing with Challenging Behaviors from individuals diagnosed with Neurological Diagnosis - Experts will share "tricks of the trade" that they have learned over the many years of working with severe behavioral issues in clients and how, over time, they are able to have successful positive outcomes using music, dance, art and physical activities.

Conference
Friday-Saturday
March 2-3, 7:45 – 5:00 pm

March 2 - all day legal training co-sponsored by OTLA including **How to Win Your TBI Case -** by **-** Richard H. Adler, JD, Jacob Gent, JD, Steven Angles, JD, Lauren E. Adler, JD, Melissa D. Carter, JD, Arthur D. Leritz, JD, Timothy Titolo, JD, **Forensic Life Care Planning-** Dr. Janet Mott, and an ethics training **Representing Clients with Diminished Capacity-** Mark Johnson Roberts, JD, OSB

March 3 - all-day training Brain Injury and Neurodegeneration - Dr. Dan Murphy

March 2-3: Keynotes

A Continuum of Care Pilot for Persons with Catastrophic Brain and Spinal Cord Injury - Dr. Debra Braunling-McMorrow, PhD President & CEO Learning Services**; Functional Neurology Treatment of Traumatic Brain Injury -** Dr. Glen Zielinski, DC, DACNB, FACFN**; The Latest Treatments in TBI -** Dr. Danielle Erb**; Resiliency - Putting the R back in Brain Injury Recovery** - Dr. Adam Grove, ND**; Music and Brain Injury Recovery -** Lillieth Grand, MS, MT-BC

Friday and Saturday Presentations include:

The Medical Perspective of TBI - Dr. James Chesnutt; **TBIs and the incarcerated population** -Tim Roessel; **The Therapeutic Triad: Forgiveness, Self-compassion and Resilience as Gateways for Healing -** Dr. Susan Stuntzner PhD; **Facing Pain: Empowering Yourself to Live a Beautiful Life** – Daniella Clark, PhD; **Needs Assessment of Individuals with TBI in Idaho -** Russell C. Spearman M.E.,; **TBI and Hormones: A Case Study -** Dr. Kamran Jahangiri, DC, DACNB: **Brain Injury 101** - Kayt Zundel and Kahyra Ramirez, Think First Oregon; **Rehabilitation of Balance Disorders and Dizziness** - Dr. Jeff McNally; **Oregon Disabilities Commission** meeting; **The Eyes Have It! -** Dr. Remy Delplanche, Optometric Physician; **Acupuncture and Chinese medicine - How it can make a difference -** Douglas S. Wingate, MAcOM, L.Ac; **Forging New Pathways-What you may not know and why you should** - Dan Overton, MC, LMHC, MHP, CBIS

What's Inside?

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Headliner DEADLINES

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

Editor: Sherry Stock, Jeri Cohen

Advertising in Headliner

Rate Schedule (Color Rate)	Issue	Annual/4 Issues
A: Business Card	$100(125)	$ 350(450)
B: 1/4 Page	$ 200(250)	$ 700(900)
C: 1/2 Page	$ 300(375)	$ 1000(1300)
D: Full Page	$ 600(700)	$ 2000(2400)
E. Sponsor Headliner	$ 2500	$ 10,000

Advertising on BIAOR Website:
$10,000 for Banner on every page
$5000/year Home Page
$250 for active link Pro-Members page

Policy

The material in this newsletter is provided for education and information purposes only. The Brain Injury Alliance of Oregon does not support, endorse or recommend any method, treatment, facility, product or firm mentioned in this newsletter. Always seek medical, legal or other professional advice as appropriate. We invite contributions and comments regarding brain injury matters and articles included in *The Headliner*.

Executive Director's Corner

I was recently told that there is no difference between TBI, DD, MH, and dementia. At first, I thought this individual was joking. Then I understood that he did not have the training to know the difference-and this was from one of our top agencies in Salem. And this is what people with brain injury are putting up with every day. Pople do not understand but these same people are the ones deciding where they will live and with whom, how many services they will receive, if any, and whether they will receive their workers comp or social security disability benefits.

A person with a brain injury may have little or no change in their I.Q. test scores because they can still draw on their past memories and skills. However, a person's level of adaptive functioning (problem solving, organization, personal management) is often impaired. The individual's self-identity and expectations of life are still strongly shaped by their social and intellectual development before the brain injury.

Developmental Disability refers to a slowness to learn and process information that can affect how a person functions in society. Intellectual disability is not a sickness, it cannot be cured and it is not medically "treatable". While people with intellectual disability often encounter difficulties in learning and development, it is not an inability to learn. People with intellectual disability can and do learn a wide range of skills throughout their lives. It is through appropriate levels of support, early intervention and educational opportunities that the effects of intellectual disability can be minimized. Intellectual disability is often evident from birth. The period of one's life between birth and adulthood, 0-18 years, is referred to as the "Developmental Stage". The fact that intellectual disability occurs during the developmental stage is one important factor that distinguishes it from other types of disability.

Dementia results when once-healthy neurons (nerve cells) in the brain stop working, lose connections with other brain cells, and die. While everyone loses some neurons as they age, people with dementia experience far greater loss. Dementia is a downhill process.
While dementia is more common as people grow older (up to half of all people age 85 or older may have some form of dementia), it is not a normal part of aging.

A person who has a mental illness or has had a mental illness in the past does not necessarily have a psychiatric disability. Medication can often be used to assist the person to cope with their disability. However, some medications create a range of additional problems. People who have a psychiatric disability can enjoy a satisfying and fulfilling life.

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

Sherry Stock

Sherry Stock, MS, CBIST
BIAOR Executive Director

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)

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

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

Names in Bold are BIAOR Board members

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Looking for an Expert? See our Professional Members here

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

ARE YOU A MEMBER?

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

Imagine What Your Gift Can Do.

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

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Why Should You Go To A Conference?

Educational opportunities - Hear from the experts. Our speakers are brain injury experts, leaders, strategists, practitioners and peers. They are successful working professionals; well-respected experts who know what you need to know. Our selection process for speakers is as rigorous as you'll find anywhere, and we make sure that you're hearing from the best.

No matter how experienced you are at your field-legal, medical, social work, caregiver-, everyone can learn. Working can often be isolating, and without exposure to a variety of points of view, we can miss new ideas, treatments and trends that can impact future results. The educational aspect of a conference can expose you to new ways of working effectively with your clients/patients and help you discover how to be more productive.

Networking with peers. Brain Injury Medical/Legal conferences provide a great opportunity to network. Often providers from other regions of the country can become valuable resources for referrals and best-practices. Collaboration is the way to approach networking. Most people can help each other uncover ideas and spark inspiration when they get to know each other on a personal level. Social media keeps me connected to my peers who are both local and "from away." However, there's no substitution for meeting someone IRL (in real life).

This conference, like all good conferences, have opportunities to mix and mingle, form new relationships, and strengthen existing ones. Over coffee, lunch, or cocktails, you may make a connection with the perfect provider or prospect. At a breakout session, you may find yourself sitting next to your next customer or mentor. Or, if you don't go, maybe your toughest competitor will be sitting in your seat.

Encounter new vendors, products 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 business climate. Discovering innovative products and services for your business or to help your client/patient that you weren't aware of.. 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.

Have Fun!
I'm not sure this is the most important reason, but I didn't want to leave it off the list. Conferences are fun! Live events with other people are fun! (The introverts reading this may be rolling their eyes or going to their happy places right now.)

Network and break into a conversation with people. Turn off your smart phone and tablet and make some amazing connections and even more amazing friends. 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!

Pre-Conference Workshop

Thursday, March 1, 7:45 am – 5:00 pm

How to Work with Challenging Behaviors After Brain Injury, Stroke and 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 the best practices being used.

7:45 am - 8:00 am	**Welcome to BIA Conference 2018:** **Hands on booths, interactive demonstrations and individual trainings throughout the day**
8:00 am – 10:45 am	**Inspiring Change: tips and techniques for modifying behaviors - Matthew Kampfe**
11:00 am - 12:00 pm	**Strategies for Working with Challenging Behaviors - Matthew Kampfe, Sherry Stock and Karen Campbell**
12:15 pm – 1 pm **Working Lunch**	**Strategies for Working with Challenging Behaviors - Matthew Kampfe, Sherry Stock and Karen Campbell**
1:15 pm – 3:00 pm	**What you need to know about working with Challenging Behaviors - Karen Campbell**
3:15-5:00 pm	**Using Music to Calm Challenging Behaviors - Lillieth Grand and Karen Campbell**

The 16th Annual Pacific Northwest Brain Injury Conference 2018
35th 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

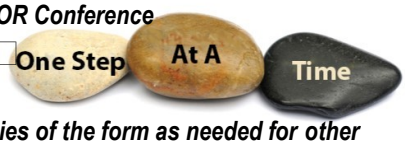
Living with Brain Injury, Stroke & Neurological Changes: One Step At A Time

	Friday, March 2	Saturday, March 3
7 am-7:45 am	**Registration and Check-in - Continental Breakfast**	**Registration and Check-in - Continental Breakfast**
7:45 - 8:00 am	**Welcome to BIA Conference 2018**	**Welcome to BIA Conference 2018**
8:00- 9:15 am	**Opening Keynote Speaker Dr. Debra Braunling-McMorrow - A Continuum of Care Pilot for Persons with Catastrophic Brain and Spinal Cord Injury**	**Opening Keynote Speaker: The Latest Treatments in TBI - Dr. Danielle Erb** **MT. ADAMS - BRAIN INJURY AND NEURODEGENERATION -Dr. Dan Murphy**
9:30-10:30 am	**Track 1 - - Legal Issues - How to Win Cases and Prove Damages in a Brain Injury Case** **Track 2 - The Medical Perspective of TBI -** Dr. James Chesnutt **Track 3 - TBIs and the incarcerated population -**Tim Roessel, Disability Rights Oregon	**Track 1 - BRAIN INJURY AND NEURODEGENERATION - Dr. Dan Murphy** **Track 2 - Forging New Pathways-What you may not know and why you should -** Dan Overton, MC, LMHC, MHP, CBIS **Track 3 - Acupuncture and Chinese medicine - How it can make a difference -** Douglas S. Wingate, MAcOM, L.Ac.
10:45 - 12 pm	**Track 1 - - Legal Issues - How to Win Cases and Prove Damages in a Brain Injury Case** **Track 2 - The Therapeutic Triad: Forgiveness, Self-compassion and Resilience as Gateways for Healing -** Dr. Susan Stuntzner PhD, LPC, LMHP, CRC, NCC, DCC, BCPC, DAPA, FAPA **Track 3 - Forging New Pathways-What you may not know and why you should -** Dan Overton, MC, LMHC, MHP, CBIS	**Track 1 - BRAIN INJURY AND NEURODEGENERATION - Dr. Dan Murphy** **Track 2 - Needs Assessment of Individuals with TBI in Idaho -** Russell C. Spearman M.Ed. Principal Investigator, Traumatic Brain Injury Program Institute of Rural Health ISU Meridian Health Science Center **Track 3 - Facing Pain: Empowering Yourself to Live a Beautiful Life –** Daniella Clark, PhD
12 - 1 pm	**Working Lunch -** **12:15-12:45 – Oral Poster Presentations** **Legal Track—Arthur Towers – Legislative Update**	**Working Lunch** **12:15-12:45 - Where is help when you need it? - Ombudsman Long Term Care Ombudsman, Fred Steele, Guardian Ombudsman, and Oregon Health Authority Ombudsman, Ellen Pinney**
1 - 2:15 pm	**Track 1 -- Legal Issues - Forensic Life Care Planning -** Dr. Janet Mott **Track 2 - Brain Injury 101 -** Kayt Zundel and Kahyra Ramirez, Think First Oregon **Track 3- Oregon Disabilities Commission - Public Mtg**	**Afternoon Keynote: Resiliency - Putting the R back in Brain Injury Recovery - Dr. Adam Grove, ND, Chair, Alaska Brain Injury Network**
2:30 -3:45 pm	**Track 1 - Legal Issues - Continued** **The Do's and Don'ts When Working with Clients with Brain Injury** - Timothy Titolo, JD **Track 2 - TBI and Hormones: A Case Study -** Dr. Kamran Jahangiri, DC, DACNB, San Diego Chiropractic Neurology **Track 3 - Oregon Disabilities Commission - Continued**	**Track 1 - BRAIN INJURY AND NEURODEGENERATION - Dr. Dan Murphy** . **Track 2 - The Eyes Have It! -** Dr. Remy Delplanche, Optometric Physician **Track 3 - Rehabilitation of Balance Disorders and Dizziness -** Dr. Jeff McNally
4 - 5 pm	**Track 1 - Legal Issues - Continued** **Representing Clients with Diminished Capacity -** Mark Johnson, JD, Oregon State Bar **Track 2 - 3 - Closing Keynote** **Functional Neurology Treatment of Traumatic Brain Injury - Dr. Glen Zelinski, DC, DACNB, FACFN**	**Track 1 - BRAIN INJURY AND NEURODEGENERATION - Dr. Dan Murphy** **Track 2 - 3 Closing Keynote** **Music and Brain Injury Recovery -** Lillieth Grand, MS, MT-BC

Registration Form - Before February 15

16th Annual Pacific Northwest Brain Injury Conference 2018 ***35th Annual BIAOR Conference***

Living with Brain Injury Stroke and Other Neurological Changes



Register Now online at www.biaoregon.org

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

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Add $ 75 for each egistrant after Feb 15	***Member***	***Non-Member***	**Amount**
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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 BIAO, 800-544-5243 for more information or questions. The following fees are per person*			
___ **VIP Special—3 Days of Conference**	$500	$600	$
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___ **Professional (CEUs)1 Day Only: ___ Friday ___ Saturday**	$225	$325	$
___ **Students** $50 **per day ___ Thursday ___ Friday ___ Saturday**	$50 per day		$
___ **Saturday Survivor/Family (no CEUs)**	$125	$150	$
___ **Saturday Only Courtesy (*Brain Injury Survivors with limited means*-limited number)**	$25	$35	$
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___ **Scholarship Contribution (donation to assist in covering the cost of survivors with limited funds)**			$

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No refunds will be issued for cancellations; However, registrations are transferrable

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Rooms are limited

CEUs applied for: CLE, DC, DO, APD-AFH, MH, DD, CRCC, CDMC, OT, SLP
Total Up to CEU Hours 23.5

Agenda

Thursday
8 am - 5 pm Pre-Conference Workshop
Friday & Saturday
7 am - 7:45 am: Breakfast
7:45 am - Noon: Keynote and Break– Outs
Noon - 1 pm: Working Lunch and Networking
1 pm - 5 pm: Keynote and Break-Outs

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

Conference Learning Objectives

At the completion of the conference, participants will be able to:

1. Implement strategies designed to significantly improve positive outcomes for those living with brain injury and neurological conditions in all communities.
2. Describe the epidemiology of brain injury and its resultant impairments, disability, and psychosocial impact.
3. Integrate new developments in science and medicine into practice for brain injury rehabilitation.
4. Utilize multidisciplinary strategies for the management of psychological and behavioral problems common to brain injury including behavior management.
5. Identify neurophysiological mechanisms involved in brain plasticity and their potential application to improving practice and service provision across rehabilitation disciplines.
6. Summarize recent brain injury-related research with corresponding practical application and best practices.
7. Identify clinical management practices, specifically new strategies in behavioral management, prevention, diagnosis, and treatment guidelines.
8. Understand health care delivery trends and their impact on long-term brain injury and neurological conditions management, acute care, and what that can/will mean to your business.
9. Analyze past brain injury and neurological conditions - related interventions and weigh their value in today's world-what is working.
10. To understand brain injury as a chronic disease which affects the person throughout their lifetime
11. To consider co-morbid conditions which affect the process of aging with a brain injury
12. Discuss the life long, post-acute rehabilitation needs of individuals with traumatic brain injuries and the importance of developing long term care plans.
13. Improve quality of life for brain injury survivors and their caregivers by connecting them with community resources.
14. Create networking opportunities and build partnerships with key brain injury researchers, clinicians, and prevention professionals.

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.v-dac.com/org/?id=930900797

Fred Meyer Community Rewards - Donate to BIAOR

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

Link your Rewards Card to the Brain Injury Association of Oregon at www.fredmeyer.com/communityrewards.
Whenever you use your Rewards card when shopping at Freddy's, you'll be helping BIAOR to earn a donation from Fred Meyer.

Post Concussion And Traumatic Brain Injury Syndrome Nasal Specific Treatment Review

The Symptomatic Picture

Patients suffering with post concussion syndrome have many many symptoms. Common ones are headaches, brain fog, memory issues, emotional issues, depression, sleep issues, concentration issues, reading and comprehension issues, balance, vision issues, vestibular issues, energy issues work and relationship issues, other cognitive issues, anxiety, anger, PTSD and the list goes on.

These are all problems that interfere with their activities of daily living. Things once easy and not even thought about may become very difficult and challenging. Driving a car, going up and down stairs, writing, listening, thinking clearly, even walking may require such concentration that is not available and leads to an ongoing cycle of frustration and for many hopelessness that nothing can be done for them. But there is hope.

The Bilateral Nasal Specifics Technique

As a leading expert in the Bilateral Nasal Specifics Technique since 1976, I have by no means helped every patient who has come to me for these and other issues relating to post concussion/traumatic brain injury syndrome. And there are many reasons for this: are they on a lot of meds, what is their immune system status, how do they eat, are they exposed to chemical and environmental factors that inhibit their nervous system and body from healing, or at the very least progressing? It is hard to tell until I try to help them. Everyone has a particular equation that must be addressed. The most important one is that their sphenoid bone—the base of the skull bones-- must be adjusted.

The Sphenoid Bone, The Base of all of the Skull Bones

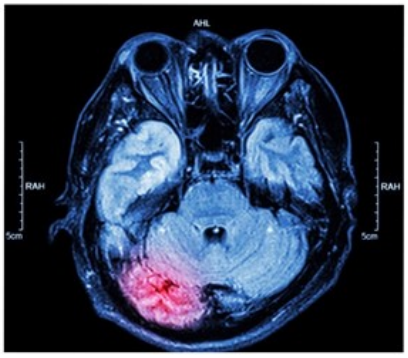
In my opinion obviously, the **Bilateral Nasal Specific Treatment** which adjusts the sphenoid bone is a must for patients who have suffered a concussion, a TBI, even a concussive blast for example the soldiers in any of the Iran, Iraq, Afghanistan or other situations where blasts occur. They do not have to have had a blow to the head. The blasts or blows may not be a direct blow to the head, but the effect of the physical trauma, the blast or even a whiplash incident may be the same. And that is that the brain/nervous system may be traumatized to the extent that this delicate electrical system is compromised as is its circulation of both the blood and the cerebrospinal fluid. The symptomatic picture then follows.

The Basic Premise Of The Need To Adjust The Sphenoid Bone

The basic premise, proven over and over again since the 1950's when it was developed, practiced and subsequently taught for over 35 years-- is that the 22 bones of the head move.

They **"pivot"** on and around the sphenoid bone, which is the base of the skull. When the **sphenoid bone**, which acts like a gyroscope, is moving and working as designed, there is a **"pump-like action "**of the brain, called the **Primary Respiratory Mechanism**, which promotes proper circulation, nutrients, cerebrospinal fluid and blood flow to and from the brain, the cranial nerves coming from the brain, and other structures in the brain, but also to every cell and tissue in the body. Seemingly **"unrelated symptoms or complaints"** begin to clear up and the patient makes comments like **"I feel like the lights have come back on in my body". *Why Because the electrical system the nervous system has been restored to its full capacity as designed and therefore healing can go on as best it can for that patient. So long as the other parts of the "equation" as mentioned above are also addressed.***

But it must also be stated that patients—since their injury--who have seemingly the worst lifestyle, diet, many medications, bad environment, etc., still, seemingly miraculously respond in a fashion that is seemingly not understandable. But, if their **sphenoid bone**, the base of their skull, is **"locked up"** and they are seemingly **"driving around with their brakes on"** and the **brakes are "released"**, then the



symptomatic picture is certainly able to change with just the Bilateral Nasal Specifics Treatment. My testimonials are many, spanning all age groups, over many years with numerous incidences and conditions. Today I will report on a most recent case with quite a remarkable outcome.

But First, Who Am I And Why Should You Listen To Me?

I was introduced to the Bilateral Nasal Specifics Treatment in 1976 in an Endocrinology Class taught by Dr. Stober, the developer of the technique in the northwest. I had been suffering from chronic headaches, sinusitis and other symptoms that would come and go from falling on my head in basketball in college and getting a concussion playing rugby in Europe as an undergrad in Heidelberg, Germany and of course, a few fights growing up in Philly.

He made so much sense to me that I should have my head adjusted—the sphenoid in particular—that I started treatment and decided to learn it, become an expert, an help as many people as possible. Since that decision I have performed the procedure thousands of times to people of all ages with conditions too numerous to list, but every patient's symptoms were related to the sphenoid bone being **"locked up"** for different reasons. Like birth trauma, or some sort of blow to the head.

(Continued on page 11)

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Case Study of a 33 year old Post Concussion/ TBI female patient

A 33 year old patient presented with severe post concussion symptoms which worsened since she did a "face plant" one year ago. She had been suffering with many symptoms since being in a car accident where she was hit head on in 2015 while stopped.
The current affects "that she could remember" included, but were by no means limited to dizziness, light-headedness, anxiety, insomnia, stressed out, depressed, vision issues, balance issues, headaches/migraines, brain fog, virtually no energy,, poor memory, intermittent panic attacks, anger, and other emotional issues. Her daily life was a mess as it was hard to muster enough energy to much of anything around her house. The simplest of "chores" were very difficult, to say the least. Previous treatment had consisted of regular chiropractic adjustments, acupuncture, certain medicines, herbs, massage, cranio-sacral treatments and nutritional supplementation. The extreme facial and head skin sensitivity made it very difficult to even have cranio-sacral treatments from an experienced cranio-sacral therapist.

She also had had 2 trips to the emergency room due to her ongoing symptoms since her car accident. Nothing helped, medically or otherwise. She was desperate, as was her husband.

Evaluation revealed multiple areas of cranial fixations, particularly the **sphenoid bone**. She decided to treat and I performed the **Bilateral Nasal Specifics Treatment.** The first treatment went very well, although a little painful as her head was so **"locked up".** The next day when I called her she reported her facial and head skin was not hurting as much and she was able to lay on her pillow more comfortably, she also slept better than she had in over 2 years.

After her second treatment she slept through the night for the first time in over a year. She was happier and much less anxious. At this point I determined that she needed extra nutritional support she had not had for her adrenal glands—the stress glands—and nervous system. Both supplements were whole food concentrates, organic, non-gmo'd, raw, untreated.

She did suffer one short relapse one time she picked up her child and did a lot of housework because she felt so good. But she recovered well.

Fast forward 5 treatments and one month later and she is now driving, sleeping regularly, her energy allows her to do regular housework and other work, she is happy again, no anxiety, no depression. She feels she is **slowly but surely "getting her life back"**. One big test for her that she passed was to be able to drive almost 2 hours to the coast and back with no problems. She will get treated until she is completely stable and then on an as needed basis. This treatment protocol was over the period of only one month, although it may vary from patient to patient.

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

Brain Injury, Psychiatric Disability, Intellectual Disability – are they the same?

NO - each type of disability is different. This only a summary of these types of disabilities

Brain Injury

Brain Injury is defined as a loss of brain function which can be caused by:

- Accidents (motor vehicles accidents are the cause of 70% of all brain injuries)
- Poisoning
- Stroke
- Brain tumors
- Infections
- Lack of oxygen

As a direct result of a brain injury a person may develop impairments in one or several aspects of their life including:

- Loss of mobility
- Difficulty in solving problems or making decisions
- Fatigue and tiredness
- Problems with memory and concentration
- Sticking to the one idea for a long time
- Becoming easily distracted
- Quickly aroused to anger or sadness

A brain injury that is "acquired" as an adult does not affect previously stored memories & experiences. A person may have little or no change in their I.Q. test scores because they can still draw on their past memories and skills. However, a person's level of adaptive functioning (problem solving, organization, personal management) is often impaired. The individual's self identity and expectations of life are still strongly shaped by their social and intellectual development before the brain injury.

Brain injury cannot be "cured". The impairments are caused by permanent damage to the brain. However, over time, many people return to work and maintain a healthy and enjoyable lifestyle.

Psychiatric Disability

Psychiatric Disability is a range of functional difficulties often linked with a past or current mental illness, associated institutional dependence or the adverse effects of medications.

Mental illness is characterized by the presence in a person of one or more symptoms including:

- Delusions
- Hallucinations
- Serious disorder of thought form
- Severe disturbance of mood
- Sustained or repeated irrational behavior.

A person who has a mental illness or has had a mental illness in the past does not necessarily have a psychiatric disability. The three most common disorders are:

- Schizophrenia
- Bi - Polar disorder
- Depression.

Medication can often be used to assist the person to cope with their disability. However, some medications create a range of additional problems.

People who have a psychiatric disability can enjoy a satisfying and fulfilling life.

Intellectual Disability

Intellectual disability refers to a slowness to learn and process information which can affect how a person functions in society. Intellectual disability is not a sickness, it cannot be cured and it is not medically "treatable". While people with intellectual disability often encounter difficulties in learning and development, it is not an inability to learn. People with intellectual disability can and do learn a wide range of skills throughout their lives. It is through appropriate levels of support, early intervention and educational opportunities that the effects of intellectual disability can be minimized.

Intellectual disability is often evident from birth. The period of one's life between birth and adulthood, 0-18 years, is referred to as the "Developmental Stage". The fact that intellectual disability occurs during the developmental stage is one important factor which distinguishes it from other types of disability.

There is no one identifiable cause for intellectual disability, however there are some reasons that we do know about which include:

- brain damage before birth due to conditions such as rubella, a drug or diet problem.
- brain damage resulting from a lack of oxygen during birth, eg as a result of a prolonged labor.
- brain damage after birth due to an illness eg. encephalitis or accident.
- Abnormal chromosome count resulting in eg Down Syndrome.

Multiple Disabilities

A person can have more than one form of disability. For example, a child can develop an intellectual disability and a physical disability as a result of a brain injury.

A person who sustains a brain injury or has an intellectual disability has the same chances of developing a psychiatric disability as any other member of the community.

Any form of disability can have very serious effects on the lives of people who have the disability and those who support and assist them.

Conclusion

People who have a disability have the same rights as any other member of the community. Just like every other member of the community they are individuals who have personal needs that are unique to them

It's not concussions that cause CTE. It's repeated hits, a study finds

CTE can develop without ever experiencing concussion, new study finds
Study found changes in the brain occurred as early as 24 hours after injury
The neurodegenerative disease chronic traumatic encephalopathy can start early and without any signs of concussion, according a study released in February 2018
The Alzheimer's-like disease has been most commonly associated with former professional football players, but has also been detected in military veterans, including many who have been exposed to roadside bombs and other types of military blasts.

Former NFLers call for end to tackle football for kids

Previous studies have shown that repetitive hits to the head -- even without concussion -- can result in CTE, but scientists said this is the most definitive study to date to find this connection. "Now we have both the scientific proof, the pathologies to support it, and all the evidence to show that concussion is not linked to long-term neurological disease," said Dr. Lee Goldstein, one of the authors on the study, published in the journal Brain.

Goldstein and his colleagues from Boston University evaluated the brains of four deceased athletes, ages 17 and 18 years old. All four had died within a day to four months of receiving some sort of sport-related head injury and had a history of playing football.
Brain changes detected by 24 hours
In all four brains, there were already changes to the brain that could be indicators of CTE, including leaky blood vessels and abnormal buildups of the protein tau.

CTE found in 99% of studied brains from deceased NFL players

Some of these changes in the brain occurred as early as 24 hours after injury. Goldstein said one of the cases could be diagnosed as early-stage CTE.

What researchers found under the microscope was striking, said Goldstein. "We're seeing the earliest pathology soon after one of these injuries," he said.

The four specimens were compared to brains from four other athletes of similar age who had not experienced any recent head trauma before death. The brains in this group had no changes in their pathology.

Concussion 'not telling you anything about the brain'

While it seems likely that the recent head injuries could be the source of the brain changes, Goldstein said, "we can infer it, but we can't prove it."

Could veterans have concussion-related CTE?
To try and understand the source of the changes, Goldstein and his colleagues mimicked the experiences of the human brains in mouse models, by exposing mice to repeated head trauma, like that in football, and single blast head trauma, similar to military combat.

The researchers found similar pathologies in both the mouse and human brains, regardless of the type of blast exposure they had experienced. Goldstein and his colleagues also measured the mice for concussion-like symptoms by testing their arousal and balance. They found that even without concussion, the mice exposed to the head trauma still exhibited changes in the brain. Concussion is "not only not correlated, we can decouple it," said Goldstein. He said that concussion itself is not the injury, but rather the symptoms experienced from injury, such as memory impairment or loss of balance. But not everyone experiences these symptoms, and so "by looking at concussion, it's not telling you anything about the brain or CTE," he added.

Ex-NFL player confirmed as 1st case of CTE in living patient

Using animal models and computer modeling, Goldstein and his partners were able to see progression of the disease, finding that as tau built up, it began to work its way through the brain.
Currently, the only way to diagnose CTE is with an autopsy after death. Researchers are working on finding biomarkers and other indicators to help detect it in the living, with further hope that such findings can help lead to potential treatments.
Goldstein said that while the new work advanced understanding of the mechanisms underlying CTE, it's not clear how frequently people experience these types of changes in the brain. "We don't know how to weight the information," he said.

But the risk of CTE is worrisome enough that children shouldn't be playing tackle football, said Pro Football Hall of Famer Nick

(Continued on page 14)

(Continued from page 13)

Buoniconti. The legendary Miami Dolphins player suffers from dementia and has been diagnosed with probable CTE.

"Now, CTE has taken my life away. Youth tackle football is all risk with no reward," he said.

Buoniconti and Goldstein joined other former players and researchers to launch the Concussion Legacy Foundation's Flag Football Under 14 initiative on Thursday. The campaign aims to warn parents about the dangers of football's repetitive hits.

'It starts early. It persists'

"I think [this research] really reinforces, as we have suspected, [the idea] that it's not concussion per se, it's the exposure to multiple head impacts," said Dr. Julian Bailes, the director of neurosurgery and co-director of NorthShore University HealthSystem Neurological Institute, who was not involved in the study. Bailes was one of the first researchers to connect repeated head trauma to neurological damage in football players.

Attorney Tests show Aaron Hernandez had CTE

A recent evaluation from Boston University's CTE Center found that 110 of 111 former NFL players had been diagnosed with the disease. However, there is a potential bias, as many of the studied brains came from players who experienced clinical CTE symptoms when living, such as memory loss, rage and mood swings.

In addition, scientists are also trying to unravel the role other factors play in the disease -- factors such as genetics, how early someone is exposed to head trauma, and how long they've been exposed to trauma.

While it's not clear how common CTE is, Goldstein said the brains examined in the new study are a warning.

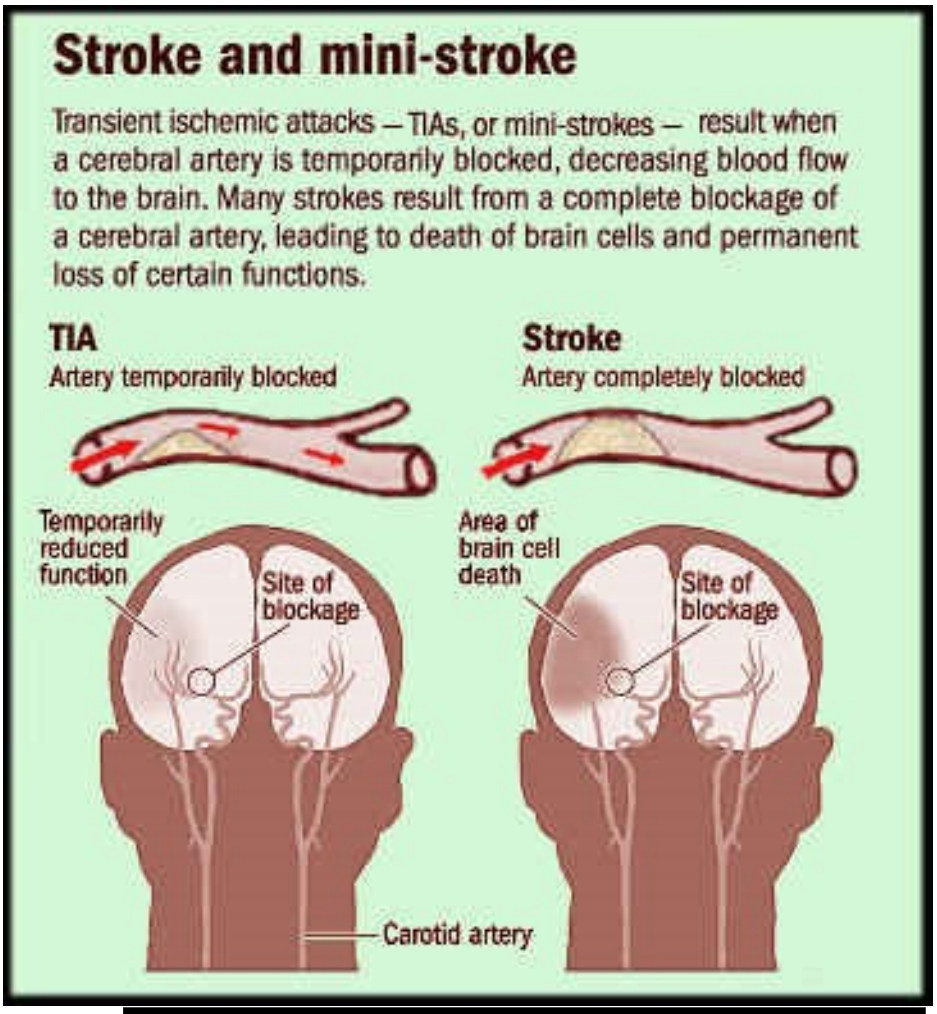
"CTE develops early, soon after injury. It doesn't take years, or decades. It starts early. It persists. And all of our evidence to date shows it's progressive."

Goldstein hopes policy makers, professional players and parents heed the warning that CTE can develop early -- and that focus on concussions doesn't reduce the risk. Instead he said it was important to focus on ways about how to reduce total overall exposure to repeated hits, such as limiting head-to-head contact.

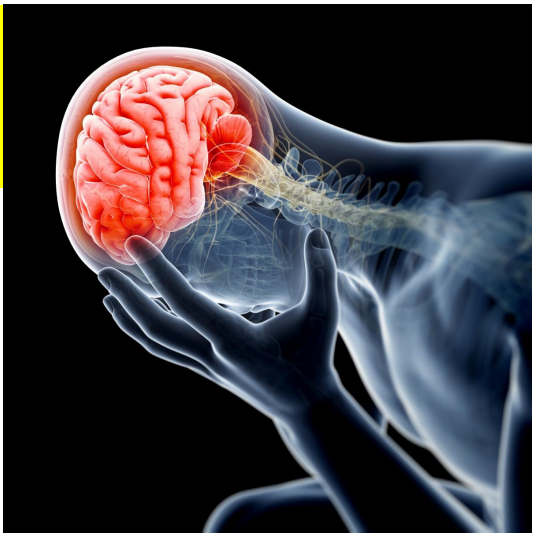
"Most hits to the head are not concussive ... but no one is paying any attention to them," said Goldstein.

But, he remains optimistic for the future of football.

"You can play football differently. There are all sorts of ways to do it more safely," he said.



Hits to the Head May Result in Immediate Brain Damage



When a teenager is hit in the head, his brain can begin to show signs, within days, of the kind of damage associated with degenerative brain disease, according to an unsettling new study of young men and head injuries.

The findings, which also involve tests with animals, indicate that this damage can occur even if the hit does not result in a full-blown concussion.

The issue of head impacts is on many of our minds. It is well known, of course, that some deceased football players' brains have shown tissue damage and spreading clumps of a protein called tau that can strangle and kill brain cells.

This brain condition, called chronic traumatic encephalopathy, or C.T.E., is thought to be caused by blows to the head, including the kind of impacts that occur frequently during tackle football and other contact sports.

These impacts often lead to a concussion, a brain injury characterized by a multitude of symptoms, such as headaches, dizziness, wobbly balance and changes in attention and memory. For many of us who watch, play or are the parents of young athletes in contact sports, concussions are a great and growing concern.

But surprisingly little is conclusively known about the relationships between head impacts, concussions and C.T.E., or about how quickly or slowly a head injury might begin to shade into early signs of disease.

Those precise questions have gripped a large and distinguished group of scientists at Boston University School of Medicine and many other institutions around the world. These researchers were among the first to identify C.T.E. in the brains of football players and later in soldiers who had experienced blast injuries to their heads.

Their work has established strong links between such hits to the head and later C.T.E.

But for the small new study, which was published recently in Brain, they hoped to learn more about how and how quickly such injuries might contribute to the disease.

So they turned to what were, frankly, a series of tragedies. The brain bank at Boston University had come into possession of brains from four teenage athletes, each of whom had died within days or weeks of a head injury experienced during play.

Two of the young men had killed themselves. The scientists do not know if their head injuries had contributed to their suicides. The other two had died of brain swelling that most likely was related to "second-impact syndrome," which can occur if someone experiences two head injuries within a short period of time.

"None of the individual impacts was serious enough, in and of itself, to have caused death," says Dr. Lee Goldstein, an associate professor of psychiatry at Boston University School of Medicine and the study's senior author.

But when the researchers closely examined the young men's brains, they found more harm than they had expected. The teenagers' blood-brain barriers, a natural defense system that keeps harmful substances from entering the brain, appeared to have been damaged, and many of the small blood vessels throughout their brains had sprung tiny leaks. Two of the brains showed disquieting accumulations of tau proteins near these broken blood vessels, and one brain had diagnosable Stage I C.T.E.

This was the first time that scientists had found signs of incipient or actual C.T.E. so soon after a brain injury and in people so young.

But since so many other factors might have contributed to the brain conditions, from genetics to earlier hits to the head, the researchers next decided to look at similar head impacts in animals and track precisely what happened inside their skulls.

Using young male mice, they applied relatively mild jolts, designed to result in a sudden, strong jerking of their heads, much as occurs during head -to-head tackles and other impacts. Afterward, some animals showed symptoms of a rodent version of a concussion, stumbling and performing poorly on memory tests.

The scientists then injected some animals with a dye that cannot cross a healthy blood-brain barrier and scanned the living animals' brains. In about half of the mice, they saw signs of the dye in their brains, indicated that their blood-brain barriers had become permeable. Many of the mice also showed signs of leaky blood vessels and other damage, including inflammation and disruptions in the electrical activity within their brains. Some had early signs of tau accumulation.

All of this had occurred within days of the head impacts.

But, interestingly, the damage was not closely associated with concussions. The animals that had developed concussion symptoms were rarely those that showed damage during the brain scans.

So some animals had developed concussions despite having little discernible brain damage, while others had experienced damage typical of C.T.E. without showing any symptoms of a concussion.

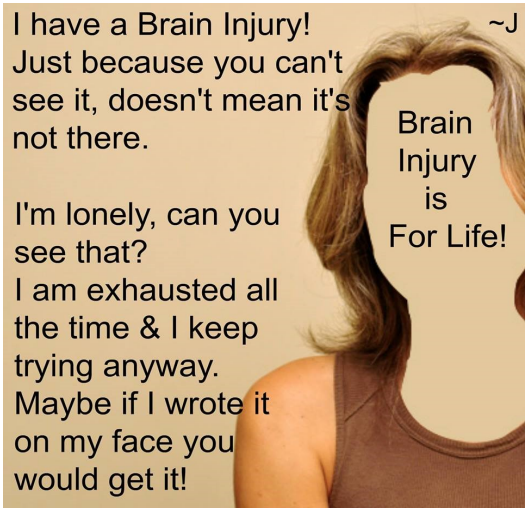
The upshot is that "we probably have raised more questions than we've answered," Dr. Goldstein admits.

Principally, those questions center on whether the current focus on concussions in athletes (and the rest of us) might be too narrow, Dr. Goldstein says.

"It looks like it's the head impacts that matter," he says, whether or not they result in a concussion.

The study also cannot determine whether older or younger brains respond the same way to injuries, or why some brains, in both mice and men, seem especially susceptible to mild trauma, while others, after the same hit, remain healthy. Perhaps most important, this short-term experiment cannot tell us whether brains that show incipient signs of C.T.E. will necessarily go on to develop the disease.

Source: By Gretchen Reynolds www.nytimes.com/2018/01/31/well/move/hits-to-the-head-may-result-in-immediate-brain-damage.html?emc=edit_tnt_20180131&nlid=27358391&tntemail0=y

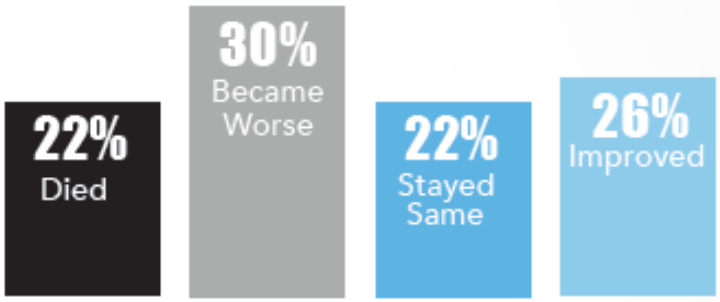


Moderate to Severe Traumatic Brain Injury is a Lifelong Condition

Moderate and severe traumatic brain injury (TBI) can lead to a lifetime of physical, cognitive, emotional, and behavioral changes. These changes may affect a person's ability to function in their everyday life. Despite initial hospitalization and inpatient rehabilitation services, about 50% of people with TBI will experience further decline in their daily lives or die within 5 years of their injury. Some of the health consequences of TBI can be prevented or reduced. Attending to these lifelong issues also known as chronic disease management, is crucial for improving the lives of persons with TBI.

This fact sheet outlines the estimated burden of moderate and severe TBI on public health, and highlights key policy strategies to address the long-term consequences of TBI. The national estimates are based on data from the TBI Model Systems (TBIMS) National Database. It contains data from the largest study of people with moderate or severe TBI who receive inpatient rehabilitation, and includes information from the time of injury to the end of life. Those requiring inpatient rehabilitation are among the most severely injured and constitute less than 10% of all persons hospitalized with a TBI.

Five-year outcomes of persons with TBI*



*Data are US population estimates based on the TBIMS National Database. Data refer to people 16 years of age and older who received inpatient rehabilitation services for a primary diagnosis of TBI.

Long-term negative effects of TBI are significant.

Even after surviving a moderate or severe TBI and receiving inpatient rehabilitation services, a person's life expectancy is 9 years shorter. TBI increases the risk of dying from several causes. Compared to people without TBI, people with TBI are more likely to die from:

SEIZURES
50 x more likely

ACCIDENTAL DRUG POISONING
11 x more likely

INFECTIONS
9 x more likely

PNEUMONIA
6 x more likely

After inpatient rehabilitation for TBI, the following groups are more likely to die sooner:

- Older adults
- Men
- Unemployed
- People who are not married
- People with fewer years of education
- People with more severe TBI
- People with fall-related TBI

In addition, people with moderate to severe TBI typically face a variety of chronic health problems. These issues add costs and burden to people with TBI, their families, and society. Among those still alive 5 years after injury:

57% are moderately or severely disabled.

55% do not have a job (but were employed at the time of their injury).

50% return to a hospital at least once.

33% rely on others for help with everyday activities.

29% are not satisfied with life.

29% use illicit drugs or misuse alcohol.

12% reside in nursing homes or other institutions.

Policy Implications: Proactive Management of TBI

With proper health care and community services, some causes of TBI-related problems can be prevented or treated, and the impact can be reduced. Because the problems faced by people with TBI are lasting, they require long-term solutions. While coordinated approaches to acute care and rehabilitation after TBI are available, only a few promote long-term health and well-being. The public health burden of TBI suggests important implications for future policies to address proactive, lifelong disease management.

Coordinated long-term care can help prevent or reduce many costly consequences of TBI, such as:

- Decreased life expectancy
- Poor health
- Limited function
- Low quality of life

TBI researchers and the TBI Model System Program should continue to:

- Study TBI as a chronic health condition.
- Investigate the contribution of pre-existing and co-occurring conditions.
- Identify risk factors, such as sleep, weight, depression, aging, and alcohol use.
- Study the benefits of exercise, diet, social support, and engagement in the community.
- Test treatments for depression, irritability, sleep disorders, and cognitive impairment.

At the federal level, decision-makers can:

- Recognize TBI as a chronic health condition.
- Review policies that affect access to rehabilitation services over the life span.
- Further research that addresses the future management of TBI.
- Enhance surveillance to monitor the national burden of TBI.

At the state level, decision-makers can:

- Identify the prevalence of disabilities due to TBI among their residents.
- Screen for TBI history among persons who receive state-funded health and social services.
- Train health and social service professionals to recognize and minimize the effects of TBI on behavior.
- Make home and community services more accessible to people with TBI.

Health care providers can:

- Determine if their patients have experienced TBI and understand the impact of TBI on the current health status of patients.
- Screen for and treat common, late-developing problems, such as depression, substance misuse, and weight gain.
- Encourage lifestyles that promote brain health.
- Educate patients and their families to prevent or reduce late-occurring problems.

NIDILRR
National Institute on Disability, Independent Living, and Rehabilitation Research

CDC
Centers for Disease Control and Prevention

www.cdc.gov/TraumaticBrainInjury

The Disability Integration Act

Over 25 years after the signing of the Americans with Disabilities Act (ADA), institutionalization seriously interferes with the liberty of people with disabilities and seniors. The Senate HELP Committee report "Separate and Unequal: States Fail to Fulfill the Community Living Promise of the Americans with Disabilities Act" documented the failure of States to secure and protect the liberty of people with disabilities and seniors by refusing to provide community-based services. That report recommended that Congress strengthen the ADA integration mandate to clarify that States and private insurers cannot interfere with every American's right to liberty by failing to provide Long Term Services and Supports (LTSS) in the community.

Summary of Legislation

The Disability Integration Act is bipartisan, bicameral legislation that ensures that disabled Americans have a right to live and receive services in their own homes. The DIA further secures our Constitutionally-protected right to liberty by preventing people with disabilities from being forced into costly institutional settings by unnecessary government regulations. DIA was first introduced in the 114th Congress. Senate Minority Leader Schumer has reintroduced the bill (S.910) in the 115th Congress with minor changes that have strengthened the bill. Representative Sensenbrenner (R-WI), who was a cosponsor during the 114th Congress, has introduced DIA (HR.2472) in the House of Representatives.

Legislative Approach

The **Disability Integration Act** creates a comprehensive solution, assuring the full integration of disabled people in the community by:

- clarifying that **every individual who is eligible for LTSS** has a federally protected right to a **real choice** in how they receive services and supports;
- assuring that states and other LTSS insurance providers **deliver services** in a manner that allows disabled individuals to **live in the most integrated setting**, have maximum control over their services and supports, and lead an independent life;
- articulates the **right to live in the community** without creating unnecessary or wasteful Government programs; **States have broad latitude** to determine how they will secure that right;
- establishing a **comprehensive planning requirement** that includes enforceable benchmarks;
- requiring public entities to address the need for **affordable, accessible, integrated housing that is independent of service delivery**; and establishing **stronger, targeted enforcement** mechanisms.

Why You Should Support DIA

- It secures the Constitutional right to liberty for millions of disabled people and seniors who are in institutions and want to live in the community.
- It helps seniors stay in their own homes as they age.
- It saves millions of Federal and State dollars compared with institutionalization.
- It keeps families together.

Support for this Legislation

This legislation has broad-based support of organizations with over 40 national groups, and over 400 groups in all. It was crafted by ADAPT & the National Council on Independent Living with assistance from the Autistic Self Advocacy Network. Key supporters include:

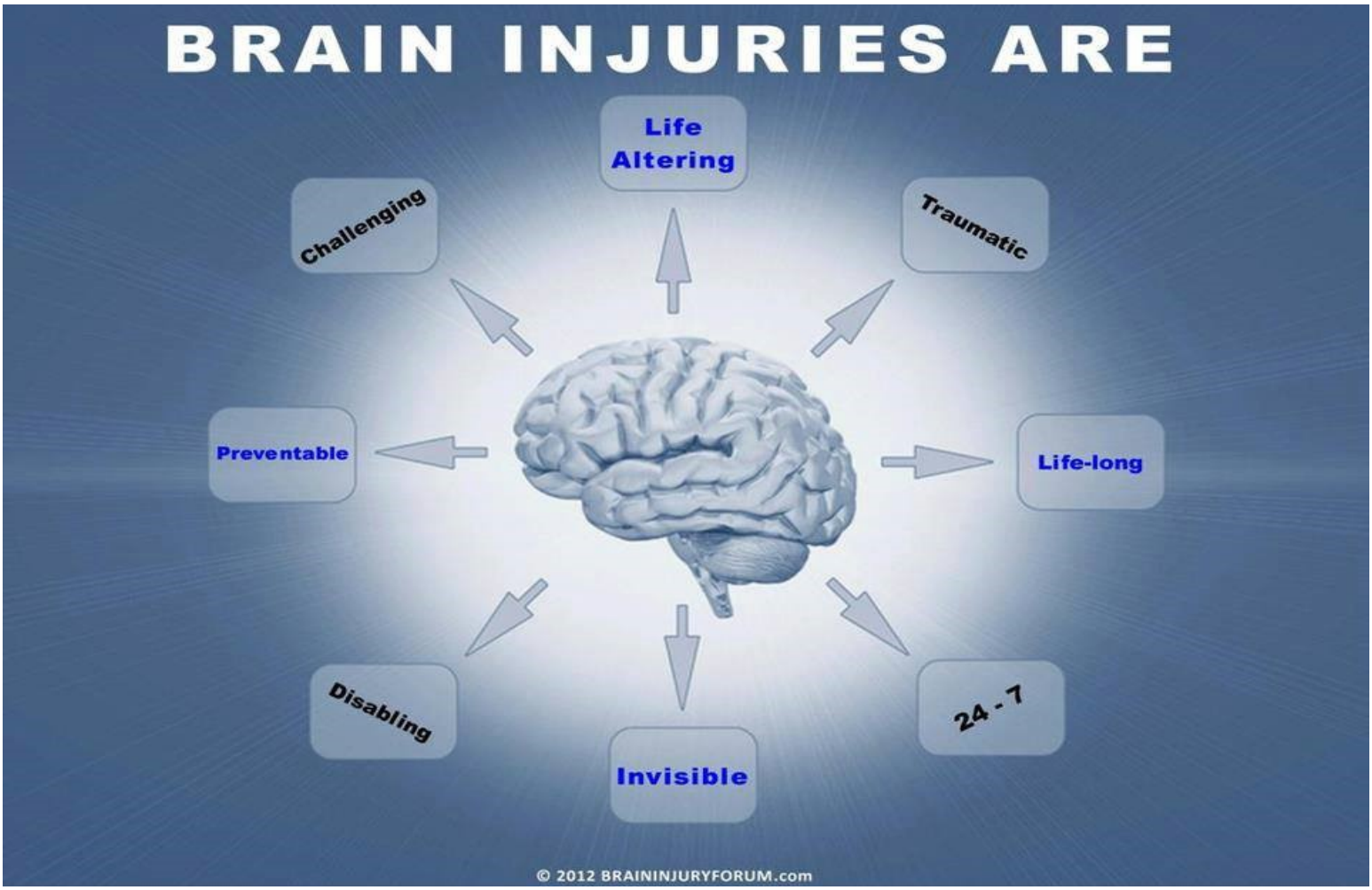
- Advance CLASS
- American Association of People with Disabilities
- Association of University Centers on Disabilities
- Bazelon Center for Mental Health Law
- Brain Injury Association of America
- Leadership Conference on Civil and Human Rights
- Little People of America
- Medicare Rights Center
- National Academy of Elder Law Attorneys
- National Council on Aging
- National Disability Leadership Alliance
- National Disability Rights Network
- National Downs Syndrome Congress
- National Organization of Nurses with Disabilities
- Paraprofessional Healthcare Institute
- Parent to Parent USA
- Self Advocates Becoming Empowered
- SEIU
- Tash
- The Congress of Disabled Persons Against Exploitation
- United Spinal Association

This issue has significant untapped public support. In 2010, ADAPT secured a Harris poll assessing public support. The poll showed that 89% of all Americans, and 94% of retirees, support legislation which would require people to get home and community-based supports and services instead of forcing older and disabled Americans into nursing facilities and other institutions. **More information, including the full supporter list, is available at the DIA website: www.DisabilityIntegrationAct.org**

THE RIGHT TO LIVE IN THE COMMUNITY is logically prior to, and necessary for, the exercise of the rights which the ADA was intended to secure for all people with disabilities.

The lack of adequate community-based services and supports has imperiled the civil rights of people with disabilities, and has undermined the very promise of the Constitution for disabled Americans.

It is, therefore, necessary to recognize in statute a robust and fully-articulated right to community living.



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

Susan Hunter
Executive Director

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

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

A Storm in the Brain

Doctor, dentist, counselor, nurse.
Vision therapy made me worse.

Walking, talking, working through,
All the stuff I have to do.

To keep my brain waves running smoothly,
So stress of life does not undo me.

Planning, scanning, the horizon,
Avoiding trouble, no surprisin'.

Best laid plans get interrupted,
When symptoms flare,
Whole life disrupted.

Stress and strain, worry, pain.
Let it out,
Go ahead, complain!
Getting well is no small job.
My old life's gone,
I've been robbed.

Watching, waiting, thinking, praying.
Day by day to keep hope-staying.

But I grow weary, sad and weak,
When new problems,
To my front door sneak.

I'm forced to stop and rest and wait,
Can't control it,
This I hate.

Working hard and pushing through,
In many cases,
Just won't do.

Letting go and backing off,
Never mind if others scoff.

The constant see-saw of this trial,
On good days makes me smile.

On the bad, I grit my teeth,
Look for strength,
Above, beneath.

It always comes once I surrender,
It's just hard stuff,
I can't defend 'er.

--by Nancy J Zink
January 24, 2018

Jack and Jill

Jack and Jill,
Went up a hill,
To fetch a pail of water.

Jack fell down,
And broke his crown,
And Jill came tumbling after.

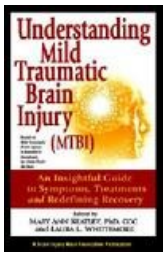
The ambulance came,
I repeated my name,
Counted forward and backward.

My answers were wrong,
Didn't take very long,
To see that my brain was broken.

They hauled me away,
My Jill she did pray,
TBI to this day, I've awoken.

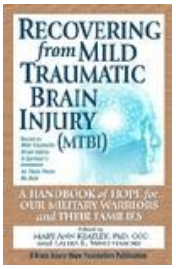
Now I head up that hill,
Holding on…to my Jill,
To fetch that pail of water.

--by Nancy J Zink
January 24, 2018

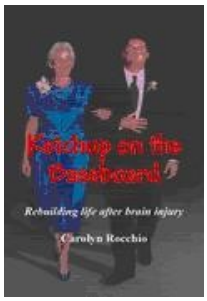


Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery
Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery Edited by Mary Ann Keatley, PhD and Laura L. Whittemore $23.00

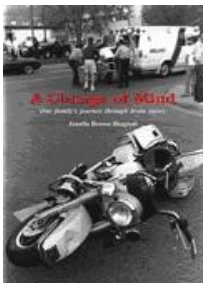
BIAOR Membership Become a Member Now



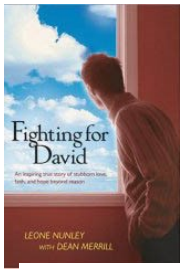
Recovering from Mild Traumatic Brain Injury A handbook of hope for military and their families. Edited by Mary Ann Keatley, PhD and Laura L. Whittemore
This clear and concise handbook speaks to our Wounded Warriors and their families and helps them navigate through the unknown territory of this often misunderstood and unidentified injury. It provides an insightful guide to understanding the symptoms, treatment options and redefines "Recovery" as their new assignment. Most importantly, the intention of the authors is to inspire hope that they will get better, they will learn to compensate and discover their own resiliency and resourcefulness. $23.00



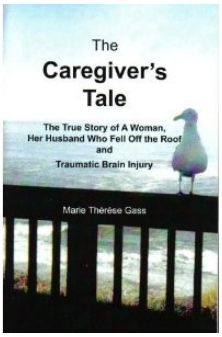
Ketchup on the Baseboard
Ketchup on the Baseboard tells the personal story of the authors' family's journey after her son, Tim, sustained a brain injury. Chronicling his progress over more than 20 years, she describes the many stages of his recovery along with the complex emotions and changing dynamics of her family and their expectations. More than a personal story, the book contains a collection of articles written by Carolyn Rocchio as a national columnist for newsletters and journals on brain injury. $25



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



Fighting for David
Leone Nunley was told by doctors that her son David was in a "persistent coma and vegetative state"--the same diagnosis faced by Terri Schiavo's family. Fighting for David is the story how Leone fought for David's life after a terrible motorcycle crash. This story shows how David overcame many of his disabilities with the help of his family. $20



The Caregiver's Tale: The True Story Of A Woman, Her Husband Who Fell Off The Roof, And Traumatic Brain 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. $20

Brain Injury Alliance of Oregon

☐ New Member ☐ Renewing Member

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Type of Membership

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

Sponsorship

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

Additional Donation/Memorial: $_____

In memory of: _____
(Please print name)

Member is:

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

Book Purchase (includes S&H):

☐ The Caregiver's Tale $20 ☐ A Change of Mind $25
☐ Fighting for David $20 ☐ Ketchup on the Baseboard $25
☐ Recovering from MTBI $23 ☐ Understanding MTBI $23

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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

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

Winter Sudoku

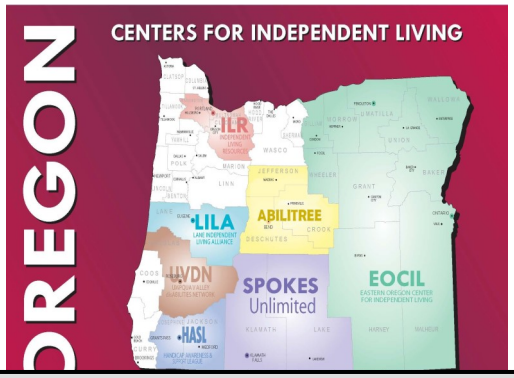
(Answer from page 2)

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

Oregon Centers for Independent Living

Contact List

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



Resources

For Parents, Individuals, Educators and Professionals

The Oregon TBI Team

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

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

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

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

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

FREE Brain Games to Sharpen Your Memory and Mind
www.realage.com/HealthyYOUCenter/Games/intro.aspx?gamenum=82
http://brainist.com/
Home-Based Cognitive Stimulation Program
http://main.uab.edu/tbi/show.asp?durki=49377&site=2988&return=9505
Sam's Brainy Adventure
http://faculty.washington.edu/chudler/flash/comic.html
Neurobic Exercise
www.neurobics.com/exercise.html
Brain Training Games from the Brain Center of America
www.braincenteramerica.com/exercises_am.php

Brain Injury Alliance – WASHINGTON — Washington TBI Resource Center

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

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

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

Returning Veterans Project

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

Center for Polytrauma Care-Oregon VA

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

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

Legal Help

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

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

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

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

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

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

Resources

Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

Assistance

Financial, Housing, Food, Advocacy

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

Long Term Care Ombudsman - Fred Steele, JD, fred.steele@ltco.state.or.us, 1-800-522-2602 503-983-5985 Mult County: 503-318-2708

Oregon Public Guardian Ombudsman - 844-656-6774

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

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

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

Housing
Various 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
- Attainment of income through employment or accessing benefits.

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

Need Help with Health Care?

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

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

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

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

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

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

Valuable Websites

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

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

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

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

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

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

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

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

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

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

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

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

Brain Injury Support Groups

Astoria
Astoria Support Group
www.pnwhigrroup.vpweb.com
Kendra Bratheron 209-791-3092
pnwhigroup@gmail.com **Must Pre-Register**

Beaverton
Circle of Support
Brain Injury Survivors, Stroke Victims and their Care Givers
4th Saturday 10:00 am - 11:30 pm
Elsie Stuhr, Cedar Room
5550 SW Hall, Beaverton, OR 97005

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

Abilitree Thursday Support Group
Thursdays 10:30 am - 12:00 noon
Brain Injury Survivor and Family Group & Survivor and Family/Caregiver Cross Disabilities
Abilitree, 2680 NE Twin Knolls Dr., Bend OR 97701
Contact Francine Marsh 541-388-8103 x 205
francinem@abilitree.org

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

Corvallis

STROKE SUPPORT GROUP
1st Tuesday 1:30 to 3:00 pm
Church of the Good Samaritan Lng
333 NW 35th Street, Corvallis, OR 97330
Call for Specifics: Josh Funk
541-768-5157 jfunk@samhealth.org

Brain Injury Support Group
Currently with Stroke Support Group
Church of the Good Samaritan Lng
333 NW 35th Street, Corvallis, OR 97330
Call for Specifics: Josh Funk
541-768-5157 jfunk@samhealth.org

Coos Bay (2)
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
Concussion Support Group
Tuality Healthcare
1st Thursday 3-4pm
TCH Conference Room 1, Main Hospital
335 SE 8th Avenue, Hillsboro, OR 97123
linda.fish@tuality.org 503-494-0885

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

Klamath Falls
SPOKES UNLIMITED BRAIN INJURY SUPPORT GROUP
2nd Tuesday 1:00pm to 2:30pm
1006 Main Street, Klamath Falls, OR 97601
Jackie Reed 541-883-7547
jackie.reed@spokesunlimited.org

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

Functional Neurology Support Group
On hiatus
Market of Choice, 5639 Hood St, West Linn

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

Oregon City
Brain Injury Support Group
3rd Friday 1-3 pm (Sept - May) - summer potlucks
Pioneer Community Center - ask at the front desk for room
615 5th St, Oregon City 97045
Sonja Bolon, MA 503-816-1053
brain4you2@gmail.com>

Sometimes we are not notified about changes to schedules. Please contact the support group to verify that it is meeting at the listed time and place

Portland

Brain Injury Help Center Without Walls
"Living the Creative Life" Women's Coffee
1st and 3rd Fridays: 10:00 – 12:00 - currently full
Family and Parent Coffee in café
Wednesdays: 10:00-12:00
braininjuryhelporg@yahoo.com
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

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

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
Wednesdays: 10:00-12:00
Currently combined with THRIVE SUPPORT GROUP/ FAMILY SUPPORT GROUP
Contact for further information
braininjuryhelp@yahoo.com Pat Murray 503-752-6065
MUST BE PRE-REGISTERED

TBI Caregiver Support Meetings
4th Thursday 7-8:30 PM
8818 NE Everett St, Portland OR 97220
Call Karin Keita 503-208-1787
email: afripath@gmail.com
MUST BE PRE-REGISTERED

THRIVE SUPPORT GROUP
Family and Parent Coffee in café
Wednesdays: 10:00-12:00
Brain Injury Survivor support group ages 15-25
Currently combined with FAMILY SUPPORT GROUP/PARENTS OF CHILDREN WITH BRAIN INJURY SUPPORT GROUP
Contact for further information
braininjuryhelp@yahoo.com Pat Murray 503-752-6065
MUST BE PRE-REGISTERED

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

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

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

Salem (3)
SALEM BRAIN INJURY SUPPORT GROUP
4th Thursday 4pm-6pm
Community Health Education Center (CHEC)
939 Oat St, Bldg D 1st floor, Salem OR 97301
Megan Snider (503) 561-1974
megan.snider@salemhealth.org

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

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

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

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

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

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

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

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

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

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

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

VANCOUVER, WA

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

IDAHO TBI SUPPORT GROUPS

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

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

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

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

Survivor Support Line - CALL 855-473-3711

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

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

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

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There is no additional cost to you! Use Smile.Amazon.com every time you shop!

amazonsmile

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
www.biaoregon.org

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

Resource Facilitator—Becki Sparre 503-961-5675

Rachel Moore, CBIS Eastern Oregon
541-429-2411

Meetings by Appointment only Call 800-544-5243

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