the HEADLINER

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The Newsletter of the Brain Injury Alliance of Oregon

Music & The Brain

1 Healing Powers

Listening to music can decrease anxiety, speed healing, increase optimism and decrease pain.

2 Incredible Memory for Sounds

Alzheimer's patients can recall and sing songs long after they've stopped recognising names and faces. There is growing evidence that listening to music can help stimulate seemingly lost memories and even help restore some cognitive function.

3 Creativity Boost

Music boosts creative energies through the production of alpha and theta waves. Large influxes of alpha waves induce states of enhanced creativity while theta waves are associated with dreaming, learning and relaxing.

The key for boosting creative energies is to listen to the type of music you enjoy the most. If you want more inspiration in language and mathematics it would make sense to listen to music with singing, while music without words stimulates more artistic and visual senses.

"Sound is a nutrient for the nervous system. Love your ears... they are much more important than you ever realized."

Prof. Dr. Alfred Tomati

Sources:

http://www.naturalnews.com/039589_music_brain_hemispheres.html
http://www.emedexpert.com/tips/music.shtml
http://www.livescience.com/7581-babies-happy-sad-songs.html
http://med.stanford.edu/news_releases/2007/july/music.html
http://www.cracked.com/article_19006_the-5-weirdest-ways-music-can-mess-with-human-brain.html

4 The Mozart Effect

It's been thought that listening to classical music, particularly Mozart, enhances performance on cognitive tests. However, recent findings show that listening to any music that is personally enjoyable has positive effects on cognition.

Listening to music can make you learn better and has the power to enhance some kinds of higher brain function, such as reading and literacy skills, spatial-temporal reasoning, emotional intelligence and mathematical abilities - even children with attention deficit/hyperactivity disorder benefit in mathematics tests from listening to music beforehand.

5 Babies Know Happy From Sad Songs

Babies as young as 5 months can distinguish an upbeat tune, such as "Ode to Joy" from Beethoven's Ninth Symphony, from a lineup of gloomy tunes.

6 Music Forces The Brain to Pay Attention

A Stanford research team showed that music engages the areas of the brain involved with paying attention, making predictions and updating the event in memory.

7 Music Taps Into Primal Fear

There are certain sounds that humans automatically associate with death because they tap into our evolutionary fear of the screams of other animals (and other human beings). Scientists have dubbed these "discordant noises"; any noise that makes you feel very unpleasant falls into this category.

We know if we hear other living things making those discordant noises that we have to react because something bad is going to happen. Movie directors know this and make good use of it when deciding on the score for a film!

What's Inside?

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Headliner DEADLINES

Issue	*Deadline*	*Publication*
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Summer	July 15	August 1
Fall	October 15	November 1
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The 14th Annual Pacific Northwest Brain Injury Conference.

On behalf of The Brain Injury Alliance of Oregon, The Brain Injury Alliance of Washington, The Brain Injury Alliance of Idaho and the Conference Planning Committee, I want to thank everyone for a wonderful conference.

Attendees included attorneys, guardians, physicians, health care professionals, health agencies, business and education communities, Vocational Rehabilitation from Oregon and Washington, Brain Injury Alliance members from many states, individuals living with brain injury, family members, advocates from 11 states, as well as leading health stakeholders.

Washington, Idaho and Oregon united to provide a fabulous and enlightening conference. The program focused on positive outcomes for those living with brain injury and neurological changes. I want to thank all of our outstanding speakers for donating their time and sharing their knowledge with us.

Please join me in thanking the committee members for their outstanding work: Deborah Crawley, BIAWA, and all staff members, The BIAOR Board of Directors and many others: and our many volunteers including our AV volunteer Thom Moore, and general conference volunteers Becki Sparre, Rachel Moore, Chuck McGilvray, Jill Keeney, Melissa Taber and John Botterman.

The highlight of the conference focused on the many talents of individuals living with brain injury and neurological changes by showcasing their musical talents at the Friday night dinner with the Music Within Us. They worked all year to learn songs and dances to entertain us.

We also wish to thank our sponsors, The Neurologic Rehabilitation Institute (NRI) at Brookhaven Hospital and Learning Services, and our exhibitors for making this conference possible.

Sherry Stock

Sherry Stock, MS, CBIST
BIAOR Executive Director

14th Annual Pacific Northwest Brain Injury Conference

Conference Sponsor

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Spring Sudoku

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

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

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

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

The question I am exploring in this column concerns communication between two people; one of whom has a disability and is applying for a job and one of whom does not and is the prospective employer. The context of the conversation between these two individuals is the conversation that occurs during a job interview. And the question is: Should a prospective employer be allowed to ask questions about the job applicant's disability?

One thing I have learned in my twenty five years as an attorney is that good ideas can come from anywhere, and when they do I need to recognize the good idea and act upon it. Another thing I have learned is that there are incredible people everywhere in this world, and when I am lucky enough to get to know those incredible people I need to be open to their influence. When a good idea comes from one of the incredible people I really need to pay attention.

Todd Kimball is one of those incredible people. Todd does not have a brain injury, but he is disabled, although you would never know it from talking to him. Todd has been confined to a wheelchair for his entire life, and while he is disabled by any definition of the word, his disability has never slowed him down. In fact, Todd has developed numerous businesses and has founded numerous worthy organizations during his life. His most recent accomplishment is a non-profit organization called United By Media whose mission is to empower disabled people by allowing them to interview famous and not-so-famous people. The interviews are then posted on United By Media's website.

In the context of this column, however, Todd and I are exploring another aspect of the disabled community's efforts to gain meaningful employment, and that is where the relevance to BIAOR's mission becomes clear. Todd is a firm believer that open, honest and direct communication breaks down barriers that exist when communication is not open, honest and direct.

The Americans with Disabilities Act (ADA) prohibits a prospective employer from asking a job applicant about that applicant's disability. In other words, when Todd rolls into an interview in his wheelchair the interviewer cannot ask Todd anything about why he is in the wheelchair. I understand the policy reasons behind this provision of the ADA: The disability should be ignored, it shouldn't be a factor in the hiring decision and it is a privacy issue that shouldn't be intruded upon by a nosey prospective employer. But according to Todd, these policies actually hurt the disabled applicant much more than they help.

Again, it's back to the comment I made earlier in this column: Communication breaks down barriers.

Todd uses an example from his own life to illustrate this point. He was applying for a job when after a mere five minutes Todd could tell that the prospective employer was not interested in hiring someone in a wheelchair. The employer never said as much (because doing so would expose that employer to one giant lawsuit), but Todd could tell. The interview was going nowhere fast. Soon, Todd knew, he would be thanked, instructed to leave and would never hear from that prospective employer again.

So Todd did what he always does: he took the bull by the horns and opened the door that the employer couldn't.

"I know you have questions about why I'm in a wheelchair, and I know you can't ask me about it, so I'm going to conduct this part of the interview myself," he said, startling the interviewer. After that bold statement, Todd launched into a mock conversation with himself.

"Tell me, Todd, why are you in a wheelchair," Todd began much to the confusion of the interviewer.

"Well, I was born premature and I've been in a wheelchair for my entire life," he continued.

"And does this affect your ability to be a hardworking, valued employee able to take on and complete any task that might be presented to you?" Todd continued.

"Absolutely not," Todd answered himself, "in fact, I tend to work harder and more efficiently than most because I know that I have to." The "conversation" continued like this for another few minutes before the interviewer jumped in and began asking some follow-up questions of his own and, long story short, after an ensuing thirty minute conversation between Todd and the interviewer, Todd was hired.

So Todd has begun asking the question: During the interview process, does it help or hurt disabled individuals when a prospective employer is unable to ask about the person's disability? Todd thinks the answer is clear: not being able to communicate about a person's disability during a job interview hurts the applicant much more than it helps. Todd and I are now figuring out how to get around the ADA provisions which prevent this type of open and honest communication between a disabled applicant and a prospective employer.
We have discussed allowing the applicant to waive the ADA prohibition and have begun drafting possible waiver language that would allow the communication while also satisfying the employer's concern that they won't get sued when they start discussing the applicant's disability. We have discussed amending the ADA to allow for this candid dialog fully aware that any such amendment is highly unlikely at this time.

But the point is that Todd has yet again applied his substantial intellect to solving a problem that few people within or outside the disabled community even recognize as a problem. I wonder what the tbi survivor community thinks of this as well. Would the ability to openly and directly discuss a job applicant's disability help or hurt that applicant? I am with Todd on this one. Communication helps. It breaks down barriers and it can humanize someone who faces subtle prejudices. We are all people whether we are disabled or not, and we owe it to everyone to let them tell their stories if they are so inclined, because when we understand each other, when we openly and honestly communicate with each other, that is when we tend to see the similarities between us rather than the differences.

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

Nasal Specifics: A Case Study

By Dr. George Siegfried

Nick McDonough, Concussion Patient
Age 83

History: 2 concussions from falling on his face. First time blacked out July 2013 and fell on his face. ER evaluation and sent home. Went on vacation to Ireland for 3 weeks shortly thereafter. Blacked out and fell on his face again August, 2013, hospitalized with broken teeth, severe pressure on the brain and relieved by emergency craniotomy. This procedure relieved his headaches for a while. Jaw/bite problems since the 2nd fall. While in the hospital after the 2nd concussion he had a pacemaker put in as the surgeon said that his heart was the reason for the blackouts.

His chief complaints at his first visit were as follows: although he was basically over his headaches, he was still "foggy", he was "disoriented", total coordination "between the head and the body was not totally synchronized", dizziness, balance problems, unsteady gait, difficulty concentrating/ forgetfulness, comprehension was off, impatient/angry more often, depressed, lack of energy, emotionally fragile, really needed to be careful hammering nails on home projects, poor motivation to start projects.

After 7 Bilateral Nasal Specifics treatments over a period of 6 weeks he has made the following observations: His eyes focus better, his mind is clearer, he has more energy, he has better orientation, his eyes are tracking better, conversation is better, his head feels clearer, his comprehension is better.

Current treatment plan: Treatment sessions as able, as he lives 8 hours away by car.

Dr. George Siegfried has been a Chiropractic Physician since 1983. He is an expert in Nasal Specifics Treatment, having performed thousands of the procedure. Dr. Siegfried's career highlights include: past Vice President, Oregon Board of Chiropractic Examiners, 2003-2006; Oregon Chiropractor of the Year, 2001, 2002, 2003; Chiropractic Lobbyist, 1999-2003; Award of Excellence, 1999 Chiropractor for the 1984 Italian Olympic Team Track and Field Division; Other former organizations: "A Chorus Line", "Dancin", "Ain't Misbehavin", San Francisco Ballet, Portland Meadows Jockeys, United Arab Emirates Track and Field Division.

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

What Exactly Is Happening In Your Brain When You Get Déjà Vu?

Feeling like you've lived the present moment already may actually be your brain having a teeny tiny seizure

Even had that dizzying feeling that you've been somewhere before, not just somewhere, but in that *exact* spot, doing the exact same thing, with the same people—even though you know there's no way that could be true?

Déjà vu, that sometimes magical, sometimes disconcerting feeling of already having lived the present moment, has been part of the human experience forever. We've explained it as a futuristic vision, a glimpse into a former life, a warning from beyond or some other kind of mystical experience. But now science has a biological explanation: It's a brain glitch. Sorry.

Researchers from Texas A&M University were researching epilepsy, a disease that causes repeated seizures, and found something interesting: Epileptics often have a moment of déjà vu right before a seizure hits, almost like an early warning system. The scientists used brain scans to examine the link between déjà vu and seizures and they found that both events appear to be caused by the same neurological hiccup in our brains.

But déjà vu is super common, with over two-thirds of people saying they've experienced it, while epilepsy is relatively rare, affecting just one percent of the population. So how exactly are they connected? It all comes down to how we store our memories, lead researcher Michelle Hook, Ph.D., an assistant professor in the Department of Neuroscience and Experimental Therapeutics, said in a press release. The temporal lobe is where the nerve cell activity in the brain is disrupted in patients with temporal lobe epilepsy, and it's also the place where we make and store our memories.

Hook explained that this part of our brain is responsible for the detection of familiarity and the recognition of certain events, so when there is a neurological misfire there, it can lead us to mistake the present for the past. For people with epilepsy, the neurological disruption continues on to cause a full-blown seizure, but in healthy patients, it just causes that all-too-familiar feeling of déjà vu.

Another factor, according to the study, is that our brains are constantly trying to create a whole picture of the world based on our limited sensory input. They do this by filling in the gaps with what we know from past experience—for instance, a honking horn tells us there's a car and there's danger, even if we can't see it. Most of the time this works seamlessly, but every once in awhile our brains fill in the blank with the wrong piece of information, leading to a strange "memory" happening in the present moment.

Lastly, the different speeds at which we process all that incoming sensory data may also spark déjà vu. For instance, we may process what we see slightly before we process what we hear and that difference may make us think we're having two experiences at the same time.

"Some suggest that when a difference in processing occurs along these [incoming sensory] pathways, the perception is disrupted and is experienced as two separate messages. The brain interprets the second version, through the slowed secondary pathway, as a separate perceptual experience, and thus the inappropriate feeling of familiarity (déjà vu) occurs," Hook explained.

So now that we know *why* it happens, the real question is if déjà vu moments are basically just pre-seizures does that mean *The Matrix* is a true story after all??

"**This is like déjà vu all over again**." Yogi Berra

Source: (http://www.shape.com/lifestyle/mind-and-body/what-exactly-happening-your-brain-when-you-get-deja-vu)

Returning to work after brain injury

There are many ways to approach returning to work after a brain injury and below you will find some strategies that have been shown to enhance the potential for success.

Seek support
It is important not to try to do everything alone. Accepting help from others is a sign of strength, not weakness, and the right support can make a successful return to work much easier.

Excellent sources of help include:
- Rehabilitation services, particularly specialist vocational rehabilitation
- Occupational therapists
- Brain Injury Alliances and Support Groups

Remember, the support of family and friends is also invaluable and they may be able to help you to implement some of the suggestions in this article.

Choose the right option
The most important aspect of returning to work is to choose the right option. Going back to full-time employment is not appropriate for everybody and it is important to have an enjoyable, healthy and balanced life in whatever way is most suitable for you.

Consider the following options:
- Return to your previous place of employment
- Start a new job, either full-time or part-time
- Enroll in vocational training or adult education
- Start your own business
- Find voluntary work

Enjoy having the time to pursue other interests, such as hobbies or spending more time with family and friends

Return to your previous job if possible
If you have a job still open to you from before the injury then returning to it in some capacity is usually the best option. There are many advantages to returning to work with your previous employer. They already know you and value you and may be more likely to make allowances than someone who doesn't.

Discuss the following options:
- Returning gradually, for example, starting at three mornings a week or even working from home to start with
- Returning with shorter hours
- Taking more breaks
- Returning with less workload
- Taking up a different role at the organization

Arrange a meeting with your employer and find out what the options and procedures are and how flexible can they be. Ask them to put everything in writing in case you forget, or take someone with you to help you remember.

Be positive, but realistic
- The attitude you have towards returning to work is very important.
- Research has shown that the following factors are particularly influential:
- Realistic awareness and insight
- Acceptance of disability and acceptance of self
- Willingness to use strategies to help with these problems
- Willingness to tell others what you need
- Willingness to accept and act on honest feedback from others

Thinking positively does not just mean saying, "I will go back to work", but rather it means carefully considering and planning the best options. It means asking yourself "what can I do?", "what am I going to have difficulty with?" and "how do I manage the problems?".

There is a balance to be found between positivity and realism. Unrealistic expectations can lead to disappointment and loss of self-esteem and it is very important to think carefully about the effects of the injury and their impact on your abilities. However, if you are realistic and sensible about things then it is equally important to be positive and committed in the path you choose to follow.

Communicate with your employer
Many people are unsure whether to tell a potential employer about the effects of their injury. It is up to you whether you declare it or not, unless you are asked about it directly on a job application form. However, if you do not declare it then it may be difficult to show that you should be covered by the Equality Act. You must always mention your disability if it might risk your own or other people's health and safety.

If you are honest about your abilities and limitations, then the employer will have no surprises if you then experience any problems. It may mean that they will be able to make reasonable adjustments if you require any additional support, which they will not be able to do if you don't tell them. It will also give you peace of mind because you won't feel like you're hiding anything.
Employers often do not understand the subtle, hidden effects of brain injury, as they will usually have had no experience or education on the subject.

The following suggestions should help them to understand the situation and allow them to make any necessary allowances:
- Keep your employer informed at all stages. Make sure you keep in fairly regular contact while you are away.
- Make sure you find out what your sick pay and annual leave entitlements are.
- Provide them with information about brain injury, such as Brain Injury Alliance of Oregon's publications.
- If you have a Vocational Rehabilitation Counselor or healthcare professional, ask if they can help by talking to the employer.
- Be honest with your employer about your abilities. If you are unsure about your ability to complete a task, tell them.
- Make your employer aware of any legal issues, such as if you have been told you cannot drive due to increased risk of epilepsy. This may also mean you need to take other precautions at work.

Communicate with your colleagues
Again, it is up to you whether you tell colleagues about your injury and its effects. If you are returning to your previous job then they will know you have been away, so it is better to tell them something about the situation. Don't feel that you have to share anything you aren't comfortable with, as your business is your own, but it will help people to understand and make some allowances if you are as honest as possible.

The following suggestions are worth considering:
- Discuss with your employer whether you want colleagues to know about your brain injury and any resulting disabilities. You are within your rights to ask for others not to be informed.
- Keep in touch with friends at work while you are away in order to keep them informed

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about the situation. If you wish, ask them to keep other colleagues up-to-date and to discretely let them know of some of the difficulties you may experience when you return.

- If starting a new job you might like to arrange to visit your new colleagues before you start. It might be possible to arrange an induction process where you can discuss the situation and make sure people are aware in advance of any special arrangements.
- Make sure the working environment and demands of the job are suitable
- The effects of brain injury can make some working environments unsuitable. For example, busy, noisy, stressful office environments can be difficult to cope with if you have difficulty concentrating and filtering out unwanted distractions.
- Also, jobs with very high levels of stress and demanding time deadlines may be unsuitable.

The following job characteristics may be helpful after brain injury:

- Having a sympathetic employer who will provide feedback, support and stability Interesting, so suiting a lowered tolerance for frustration
- Low stress and few time deadlines
- Requiring old familiar knowledge and skills
- Requiring one task to be completed at a time
- Structure, routine and predictability
- Local and possibly part-time if fatigue is a problem

However, while this is a useful guide, everyone is different and you shouldn't feel constrained if you are ready for something more challenging. In fact it is often the case that people who were high-functioning before injury can still perform well in demanding jobs as long as some adjustments and allowances are made.

It is also important that the workplace itself is suitable. Before attempting to return you need to make sure your doctor agrees and that you will be covered by your employer's insurance.

Use compensatory strategies and external aids

Many people use external memory aids, regardless of whether they have a brain injury or not. External memory aids are particularly important for people with memory problems as they limit the work the memory has to do. It is important to remember that this isn't cheating and using external aids will not prevent any natural improvement of memory.

Some examples of external memory aids include:

- Diaries, datebooks
- Notebooks
- To-do lists of the day's or week's tasks
- Mobile phones
- Watches
- Calendars
- Computer applications, such as Outlook calendars
- Wall charts
- Tape recorders and Dictaphones
- Electronic organizers
- Sticky-backed notes
- Cameras

There are also many strategies that can help to compensate for problems. These will vary for different jobs and different people and it can be a matter of experimenting to find out what works for you.

Some advice can apply to most jobs. For example, remember that tasks become more manageable if broken down into small stages so that they are less overwhelming. Another example is to arrange to do particularly demanding tasks at times of the day when you are at your most alert.

Arrange for careful monitoring and feedback
The effects of brain injury mean you may not always be able to accurately assess your own performance. Regular monitoring and feedback

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How Music Helps to Heal the Injured Brain

The use of music in therapy for the brain has evolved rapidly as brain-imaging techniques have revealed the brain's plasticity--its ability to change--and have identified networks that music activates. Research has shown that neurologic music therapy can help patients who have difficulty with language, cognition, or motor control, and the authors suggest that these techniques should become part of rehabilitative care

The use of music in therapy for the brain has evolved rapidly as brain-imaging techniques have revealed the brain's plasticity—its ability to change—and have identified networks that music activates. Armed with this growing knowledge, doctors and researchers are employing music to retrain the injured brain. Studies by the authors and other researchers have revealed that because music and motor control share circuits, music can improve movement in patients who have suffered a stroke or who have Parkinson's disease. Research has shown that neurologic music therapy can also help patients with language or cognitive difficulties, and the authors suggest that these techniques should become part of rehabilitative care. Future findings may well indicate that music should be included on the list of therapies for a host of other disorders as well.

The role of music in therapy has gone through some dramatic shifts in the past 21 years, driven by new insights from research into music and brain function. These shifts have not been reflected in public awareness, though, or even among some professionals

Biomedical researchers have found that music is a highly structured auditory language involving complex perception, cognition, and motor control in the brain, and thus it can effectively be used to retrain and reeducate the injured brain. While the first data showing these results were met with great skepticism and even resistance, over time the consistent accumulation of scientific and clinical research evidence has diminished the doubts. Therapists and physicians use music now in rehabilitation in ways that are not only backed up by clinical research findings but also supported by an understanding of some of the mechanisms of music and brain function.

Rapid developments in music research have been introduced quickly into neurologic therapy over the past 16 years. Maybe due to the fast introduction, the traditional public perception of music as a 'soft' addition, a beautiful luxury that cannot really help heal the brain, has not caught up with these scientific developments.

But music can. Evidence-based models of music in therapy have moved from soft science—or no science—to hard science. Neurologic music therapy does meet the standards of evidence-based medicine, and it should be included in standard rehabilitation care.

Where We Started

While the notion that music has healing powers over mind and body has ancient origins, its formal use as therapy emerged in the middle of the 20th century. At that time, music therapists thought of their work as rooted in social science: The art had value as therapy because it performed a variety of social and emotional roles in a society's culture. In this early therapy, music was used, as it had been through the ages, to foster emotional expression and support; help build personal relationships; create and facilitate positive group behaviors; represent symbolically beliefs and ideas; and support other forms of learning. In the clinic, patients listened to music or played it together with the therapists or other patients to build relationships, promote well-being, express feelings, and interact socially.

Because early music therapy was built upon these laudable and important but therapeutically narrow concepts, many in health care, including insurers, viewed it as merely an accessory to good therapy. For decades it was difficult to collect scientific evidence that music therapy was working because no one knew what the direct effects of music on the brain were. Now, however, the approaches that are central to brain rehabilitation focus on disease-specific therapeutic effects, demonstrated by rigorous research.

Neuroscience Steps Up

During the past two decades, new brain imaging and electrical recording techniques have combined to reshape our view of music in therapy and education. These techniques (functional magnetic resonance imaging, positron-emission tomography, electroencephalography, and magnetoencephalography) allowed us for the first time to watch the living human brain while people were performing complex cognitive and motor tasks. Now it was possible to conduct brain studies of perception and cognition in the arts.

From the beginning of imaging research, music was part of the investigation. Scientists used it as a model to study how the brain processes verbal versus nonverbal communication, how it processes complex time information, and how a musician's brain enables the advanced and complicated motor skills necessary to perform a musical work.

After years of such research, two findings stand out as particularly important for using music in rehabilitation. First, the brain areas activated by music are not unique to music; the networks that process music also process other functions. Second, music learning changes the brain.

The brain areas involved in music are also active in processing language, auditory perception, attention, memory, executive control, and motor control. Music efficiently accesses and activates these systems and can drive complex patterns of interaction among them. For example, the same area near the front of the brain is activated whether a person is processing a problem in the syntax of a sentence or in a musical piece, such as a wrong note in a melody. This region, called Broca's area after the French neurologist from the 19th century who described it, is also important in processing the sequencing of physical movement and in tracking musical rhythms, and it is critical for converting thought into spoken words. Scientists speculate, therefore, that Broca's area supports the appropriate timing, sequencing, and knowledge of rules that are common and essential to music, speech, and movement.

A key example of the second finding, that music learning changes the brain, is research clearly showing that through such learning, auditory and motor areas in the brain grow larger and interact more efficiently. After novice pianists have just a few weeks of training, for example, the areas in their brain serving hand control become larger and more connected. It quickly became clear that music can drive plasticity in the human brain, shaping it through training and learning.

Researchers in the field of neurologic rehabilitation have described parallel results. They found that the brain changes in structure and function as a result of learning, training, and environmental influences. Exposure and experience will create new and more efficient connections between neurons in the brain in a sort of "rewiring" process.

This discovery fundamentally changed how therapists developed new interventions. Passive stimulation and facilitation were no longer considered effective; active learning and training promised to be the best strategy to help rewire the injured brain and recover as much ability as possible. Further clinical research has strongly confirmed this approach.

By combining these developments—brain imaging, insight into plasticity, and finding that musical and non-musical functions share systems—therapists finally could build a powerful, testable hypothesis for using music in rehabilitation: Music can drive general reeducation of cognitive, motor, and speech and language functions via shared brain systems and plasticity. Once used only as a supplementary stimulation to facilitate treatment, music could now be investigated as a potential element of active learning and training.

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First Steps with Movement

To explore this hypothesis, in the early 1990s we began to extract and study shared mechanisms between musical and non-musical functions in motor control. One of the most important shared mechanisms is rhythm and timing.

Timing is key to proficient motor learning and skilled motor activities; without it, a person cannot execute movement appropriately and skillfully. Rhythm and timing are also important elements in music. Rhythm timing adds an anticipation component to movement timing. The necessary harness for all elements of musical sound architecture, rhythm is also important in learning the appropriate motor control in order to play music.

The researchers hypothesized that by using musical rhythms as timing signals we might improve a person's motor control during non-musical movement. To test this idea, they used rhythmic auditory cues to give people an external "sensory timer" with which they could try to synchronize their walking.

When the researchers tried it with patients with stroke or Parkinson's disease, their improvements in certain areas were instantaneous and stunning. By following the rhythmic cues, patients recovering from stroke were able to walk faster and with better control over the affected side of their bodies. Some of the more complex measures of movement control, such as neuromuscular activation, limb coordination, angle extensions, and trajectories of the joints and centers of body mass, also became significantly more consistent, smoother, and flexible.

For those with Parkinson's disease, it was interesting to see that music and rhythm could quicken their movements and also serve as an auditory trigger to keep the movements going and prevent "freezing" (the sudden halt of all movement), which occurs frequently in Parkinson's patients.

These improvements held up over long-term training and also proved to be superior in comparison with other standard physical therapy interventions. The researchers then applied the same concepts to arm therapy, with similar success. Since then, other studies have confirmed and extended our research. The therapy created from it, rhythmic auditory stimulation, now is considered part of the state-of-the-art repertoire in motor therapies.

The researchers results added weight to the idea that music could shape movements in therapy by accessing shared elements of musical and non-musical motor control (rhythm, timing) and thus powerfully enhance relearning and retraining in a clinical environment. In a recent study that utilized brain imaging in patients with stroke, arm training with auditory rhythm triggered brain plasticity, as predicted. Additional areas in the sensorimotor cortex and the cerebellum were activated by the training. In comparison, standard physical therapy did not result in any evidence of new changes in brain activations.

Reaching for Speech and Cognition

Clinical research studies in the past 16 years have extended the use of music from motor therapy to the rehabilitation of speech, language, and cognitive functions. Scientists wondered if they could design therapeutic music exercises that would affect general cognition and speech and language functions via plasticity in shared brain systems the way they had for motor therapies.

It wasn't as clear from the outset, though, exactly what advantage music would show over other methods of retraining impaired cognition or language functions. It was easier to see that music has advantages over other types of therapies for motor control because of its rhythmic patterns that drive priming and timing of the motor system, and the rich connectivity between the neurons in the auditory system and those in the motor system. One can picture the auditory neurons responding to rhythmic stimuli and firing in patterns that spread via connecting nerve fibers into motor neurons, activating them in

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BIAOR by the Numbers

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

What does your membership dues pay for?

Each year we provide:

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

See page 23 for a membership form

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 23 to sign up.

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synchronicity. How music could facilitate cognition and language training was initially less obvious.

Two insights from research help to bridge this gap. The first extends the idea that the brain systems underlying music are shared with other functions. Evidence suggests that music may activate these systems differently than speech or other stimuli do and might enhance the way the systems work together. For example, music tends to activate brain structures either bilaterally—in both hemispheres simultaneously—or in the right hemisphere more than the left. For injuries on one side of the brain, music may create more flexible neural resources to train or relearn functions. Aphasia rehabilitation is a good example. Singing—which relies mainly on right-hemisphere brain systems—can bypass injured left-hemisphere speech centers to help people produce speech. We have shown in a memory study that learning word lists in a song activates temporal and frontal brain areas on both sides of the brain, while spoken-word learning activates only areas in the left hemisphere. Music also can activate the attention network on both sides of the brain, which can help overcome attention problems caused by stroke or traumatic brain injury

The second helpful insight was the development of the auditory scaffolding hypothesis. This model proposes that the brain assigns nearly everything that deals with temporal processing, timing, and sequencing to the auditory system. This process works because sound is inherently a temporal signal, and the auditory system is specialized and highly sensitive for perceiving time information. For example, short-term auditory verbal memory (in spoken words) is better than short-term visual memory (in written words). Similarly, people can track and remember auditory tone sequences better than visual or tactile ones. And people who are deaf also often have trouble developing non-auditory temporal skills. Cognitive abilities such as language, learning and remembering, attention, reasoning, and problem-solving require complex temporal organization. Experiences with sound may help bootstrap—or provide a kind of scaffolding for—developing or retraining such abilities. As music may be the most complex temporal auditory language, it may offer superior auditory scaffolding for cognitive learning.

Using these two insights, researchers could make a case for trying music as therapy in speech, language, and cognitive rehabilitation. Evidence from the research that ensued supports the clinical effectiveness of music and has identified the brain processes that underlie these effects.

For example, various studies have shown that therapeutic music exercises can help improve verbal output for people with aphasia, strengthen respiratory and vocal systems, stimulate language development in children, and increase fluency and articulation. Music therapy can retrain auditory perception, attention, memory, and executive control (including reasoning, problem-solving, and decision-making).

Next Frontier: Mood

The extended shared brain system theory and the auditory scaffolding theory provided a new theoretical foundation for the therapeutic use of music in motor, speech and language, and cognitive rehabilitation. In the future, new theories may help us understand the other effects of music, and point the way to new types of rehabilitation.

For example, how can researchers harness the ability of music to evoke and induce mood and emotion to help retrain the injured or depressive brain? Researchers know that the capacity for memory improves when people are in a positive mood. Researchers also know that rational reasoning in executive control requires integrating and evaluating both logic and emotion. In this context, one question is whether emotions evoked by music can contribute to executive control

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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

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training in rehabilitation, and if so, how. The problem is that researchers still do not know the exact nature of these emotional responses and whether they relate to those that are experienced in everyday life. If researchers find answers to questions like these, they might someday use music to retrain emotional and psychosocial competence—not in the traditional music therapy sense of improving well-being, but rather as a functional goal in cognitive ability.

Biomedical research in music has come a long way to open new and effective doors for music to help reeducate the injured brain. Of course, much still needs to be done: More professionals need specialized training, and other possibilities for rehabilitation require further research and clinical development. Scientists need to better understand what dosages work best, to pay more attention to research that will benefit children, and to focus on disorders in which neurologic music therapy lacks rigorous study so far, such as autism, spinal cord injury, cerebral palsy, and multiple sclerosis. In addition, the effects of brain injury can be complex, and researchers must take individual factors into account and adapt to individual needs. Neurologic music therapists share those aims with practitioners in other rehabilitation disciplines.

What no longer requires confirmation is the premise that music in therapy works, in principle and in practice. It is a fact: Music shows promise for helping to heal the brain. Research has identified specific areas in which music is an effective therapeutic approach. Neurologic music therapy now meets the standards of evidence-based medicine, is recognized by the World Federation of Neurorehabilitation, and should be a tool for standard rehabilitation care.

Insurance companies must become familiar with the research evidence and reimburse patients who have conditions for which the evidence supports its effectiveness.

Neurologic music therapy is a specialized practice, but it is based on elements and principles of music and brain function that can be integrated by all rehabilitation professions. In this way, it offers a strong foundation for interdisciplinary teamwork that will benefit patients.

Authors: Michael Thaut Ph.D., and Gerald McIntosh M.D.

Source: http://dana.org/Cerebrum/2010/How_Music_Helps_to_Heal_the_Injured_Brain__Therapeutic_Use_Crescendos_Thanks_to_Advances_in_Brain_Science/

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

- CBIS Training (Certified Brain Injury Specialist)
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- Judicial and Police: Working with People with Brain Injury
- Traumatic Brain Injury: A Guide for Educators
- Native People and Brain Injury
- Brain Injury 101
- What the Family Needs to Know After a Brain Injury
- Anger Management and TBI
- Aging and TBI
- How Brain Injury Affects Families
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- Caregiver Training
- Domestic Violence and TBI
- Dealing with Behavioral Issues
- Returning to Work After Brain Injury

And more!

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

BRAIN INJURY EXPLAINED

There is a tendency in the medical world to use big words and terms that the rest of us simply aren't familiar with. This can be very difficult for families in the hospital phase, when everyone is stressed out. In this issue we take a look at:

DIFFUSE AXONAL INJURY

As the name suggests, diffuse axonal injury (DAI) is diffuse in nature: the damage occurs over a more widespread area than in one particular zone of the brain. Axons are the nerve fibers that conduct electrical impulses away from the billions of neurons in the human brain.

Diffuse axonal injury can be a devastating form of brain injury as it disrupts the very basis of how the brain works, and does so in many areas of the brain. This is why it is one of the major causes of unconsciousness and coma after head trauma.[1] Diffuse axonal injury can also be very mild, as in cases of concussion.[2]

How it happens

Diffuse axonal injury is usually caused by rapid acceleration, deceleration or rotation forces on the brain. These typically occur in sporting injuries, assaults and car accidents. Different parts of the brain have different densities, so they tend to move at different rates. Axons are stretched when these various areas of the brain move at differing rates or in different directions.

Curiously, it is not the actual physical stretching or tearing of axons that causes most of the injury to the brain; it is the biochemical cascades that occur in the hours and days after the trauma. The brain reacts to injury by releasing certain chemicals, which unfortunately make the axons become brittle. Some of these processes occur within hours of the injury, while others may occur within two days. This delayed onset is why a people with diffuse axonal injury may initially appear well, but their condition deteriorates later.

Diagnosis and treatment

Diffuse axonal injury is difficult to detect since it does not show up well on CT scans or with other macroscopic imaging techniques, though it shows up microscopically.[1]

Medical professionals should suspect diffuse axonal injury in any patients whose CT scans appear normal but who have symptoms like unconsciousness.

Diffuse axonal injury currently lacks a specific treatment beyond what is done for any type of head injury, such as stabilizing the patient and trying to limit increases in intracranial pressure (ICP). There is ongoing research into lowering body temperature after a brain injury to limit the effects of diffuse axonal injury.

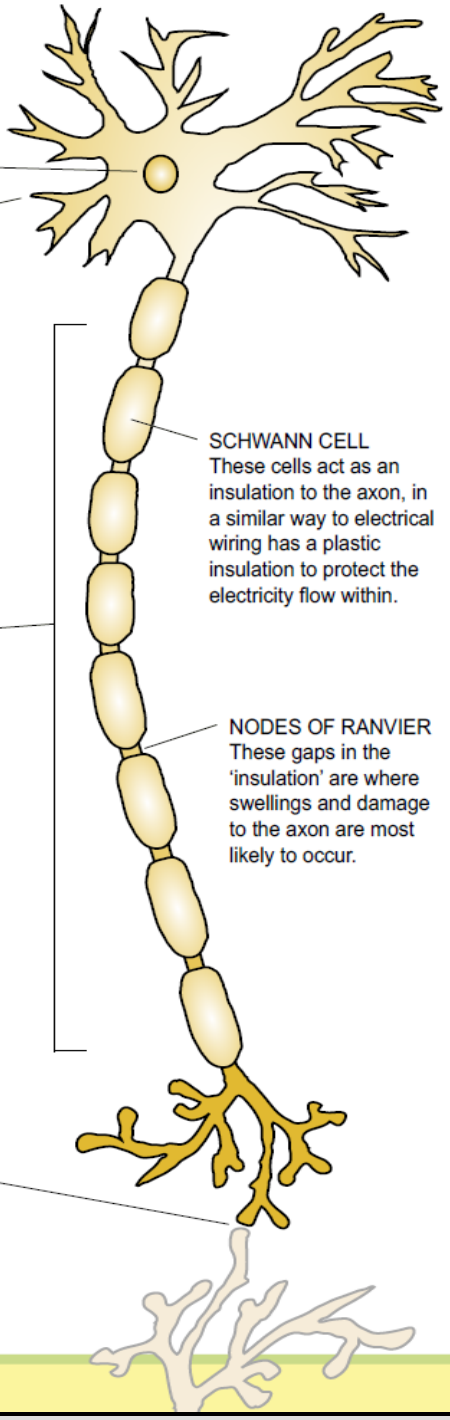
REFERENCES

1. Wasserman J. and Koenigsberg R.A. (2007). Diffuse axonal injury, www.Emedicine.com. Retrieved on 26 January 2008.

2. Sivák Š, Kurca E, Jancovic D, Petriščák Š, Kucera P (2005), An outline of the current concepts of mild brain injury with emphasis on the adult population, ttp://www.clsjep.cz/odkazy/clc0507_445.pdf

A TYPICAL NEURON

The human brain has around 100,000,000,000 neurons



Volunteers Needed:
Research Study on Balance Problems
Caused by Traumatic Brain Injury (TBI)

The Center for Regenerative Medicine at Oregon Health & Science University (OHSU) and the VA Portland Health Care System are conducting a research study for people who have problems with balance or walking that resulted from mild or moderate traumatic brain injury (TBI). This study will test a potential treatment that combines the use of a device called the **Portable Neuromodulation Stimulator (PoNS™) –** which provides mild electrical stimulation to the tongue – with physical therapy exercises and relaxation training.

APPROVED: SEP 18, 2015

Who is Eligible?
You may be eligible if you:

- experienced a mild or moderate traumatic brain injury (TBI) one or more years ago
- have difficulty with balance and walking
- are between the ages of 18 and 65 years
- are able to walk for 20 minutes on a treadmill (**even at a slow pace**)

This is a research study, not treatment.

- Compensation will be provided for this research study**.** You will receive $1500 if you complete the entire study. If you should leave the study early for any reason you will be paid for the visits you complete in full.

- The study is 6 to 7 weeks long. Research personnel will provide training and assistance during the study. You may stop at any time.

If you would like to participate, please call:
Dr. Sarah Theodoroff at 503-220-8262 ext 51948

The Principal Investigator for this study is Dr. Kenton Gregory
OHSU Center for Regenerative Medicine
Oregon Health & Science University
3181 S.W. Sam Jackson Park Road
Portland, OR 97239

(Returning to Work Continued from page 10)
can help to identify and address problems as quickly as possible.

Consider the following:
It can be a good idea to have somebody else to help you to monitor your progress, identify problems and provide feedback about strengths and weaknesses. It may be possible to have a colleague act as a 'mentor' for a while in order to do this.

Arrange regular review meetings with your employer in order to monitor your progress and pick up on any problems.

Having another person present at review meetings (e.g. job coach, occupational therapist, union representative or mentor may be a good idea, especially when you first start back at work).

Remember, it is better to identify and sort out any problems as soon as they occur.

Remember that sometimes problems can occur that are not due to your injury and are just a regular part of working life.

Try to think of all feedback in a positive way, even if you have made mistakes. Treat mistakes and negative feedback as part of the learning process.

Be prepared
It is important to be as prepared as possible before returning to work. An effective way of doing this is to follow a program to assess and develop the skills that will be required. The aim is to be able to mimic a working week, so try to follow your program throughout regular working hours. Try to do this for at least two weeks before returning to work.

Some suggestions for a structured home program are:

- Practice working at a computer and concentrating for as long as you will need to at work.
- Try to get up and go to bed at the times you will need to when you go back to work.
- Practice being physically active for as long as you would need to at work. This can involve any activities you like, such as mowing the lawn, shopping, cleaning the house or exercising at the gym.
- Practice activities that involve planning and organizing, such as shopping, cooking a meal, organizing a night out with friends, or arranging a holiday.
- Practice activities that make you concentrate, such as computer games, watching films, reading books or doing crosswords.
- Practice taking notes when using the telephone.
- Practice any physical activities that you will need to do.
- Practice your time management skills by sticking to appointment times.
- Practice making journeys on public transport if you can no longer drive. It is particularly useful to practice making the journey to and from work at the times you will need to do so.
- Ask if there are any work tasks you can do at home to help your employer.

Only return when you're ready
Finally, it is important to remember that the timing of your return is very important. People often try to return to work too early after a brain injury. This is a particular problem when a good physical recovery has been made, as people often assume that cognitive (thinking) abilities have also recovered. Returning to work often reveals the full extent of difficulties and returning too soon can damage confidence if performance doesn't meet expectations.

It is advisable to avoid making major decisions and becoming involved in stressful situations until you feel you are ready. This is especially the case in jobs with high levels of stress and pressure and where margins for error are small. Mistakes made because of the injury could damage your confidence and hinder recovery.

Be honest with yourself, don't try to rush your recovery and prepare as much as possible. Remember, try not to take on overtime, shift work or new responsibilities until you feel ready.
Conclusion
Work is an important part of most people's lives and returning after brain injury is a key part of many people's recovery. Depending on individual circumstances and the effects of the injury it can be very difficult, but with help and support many people can return successfully.

Many people need to make adjustments in order to achieve a healthy work/life balance and returning to employment is often not possible at all. Employment is not the only option and it is important to remember that deciding not to work can be an equally positive step. Leading a healthy and happy life is the most important thing.

14th Annual Pacific Northwest Brain Injury Conference

Conference Sponsor

14th Annual Pacific Northwest Brain Injury Conference

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Conference Exhibitors

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OREGON

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Alisha Langford, Special Team Manager
503-542-9482 alishalangford@financialguide.com

Growing Through It
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Growing Through It® - Innovative WHOLEistic services that promote rehabilitation and personal growth to those living with a Traumatic Brain Injury (TBI). The Growing Through It process is designed to compliment and augment traditional treatments and therapies, while providing a comfortable and holistic means for participants to re-define their own identity. www.growingthroughit.com

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Casa Colina Centers for Rehabilitation is an independent not-for-profit, provider. The physician-directed Casa Colina Hospital is a Joint Commission accredited facility and offers 68 acute rehabilitation beds for people ages 15 and over as well as a broad range of outpatient services. Post-acute care is offered at the 38 bed CARF-accredited Transitional Living Center and long-term residential care for people with traumatic brain injuries is provided at two additional locations in Southern California. All facilities are designed for the comfort of patients and their families. www.casacolina.org 1-800-926-5462

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4035 SW Mercantile Drive, Suite 112, Lake Oswego, OR, 97035
Phone: (503) 850-4526 Fax: (503) 908-1555

Face in the Mirror* Counseling Services

Face in the Mirror Counseling provides Art Therapy and creative opportunities to adults in the greater Portland/Vancouver area who have experienced a cognitive challenge and work with them at their residence. Art as therapy to adults at their residence or in facilities. Everyone is creative! With supportive guidance, we bring stimulation, enrichment, behavioral support, manipulation, communication skills, and joy back into folk's lives. www.fitmc.org 503-201-0337

Independent Living Resources (ILR)

is Center for Independent Living in the Portland area. ILR provides activities such as orientation and mobility, skills training, crafts, and recreation as well as the four core services of Advocacy, Information and Referral, Peer Counseling and Skills Training.

503-232-7411

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Kampfe Management Services - Brain Injury Rehab was the first "Specialized Living Facility" in the state of Oregon to focus on brain injury rehabilitation services, KMS has a history of developing programs that benefit our clients (and payers). We offer independence within the structure of a supported living environment that focuses on developing compensatory strategies which allow clients to successfully transition back into community.

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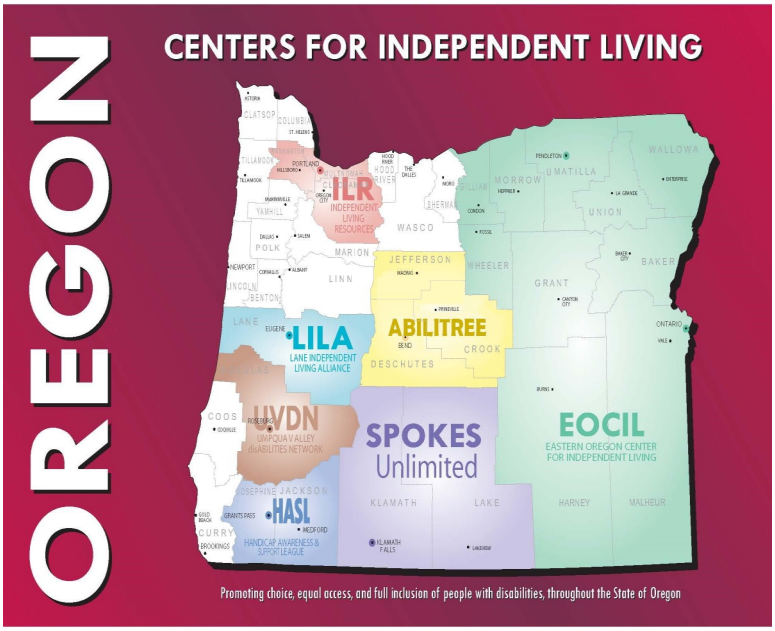
Steve Pethick, Ph.D.
Clinical Psychologist


Marian Petrash, M.S., CCC-SLP
Speech Pathologist


Nancy R. Vasilakes, M.A., CCC-SLP
Speech Pathologist


Niki Amsden, Ph.D.
Clinical Psychologist

Community Rehabilitation Services of Oregon
911 Country Club Road, Suite 390, Eugene, Oregon 97401
541-342-1980 fax 541-342-6207
www.communityrehab.org



Spring Sudoku

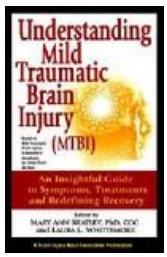
(Answer from page 5)

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

Oregon Centers for Independent Living

Contact List

CIL	LOCATION	COUNTIES SERVED
ABILITREE IL Director: Greg Sublette	2680 NE Twin Knolls Dr Bend, OR 97702 1-541-388-8103	Crook, Deschutes, Jefferson
EOCIL (Eastern Oregon Center for Independent Living) Director: Kirt Toombs	322 SW 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: David Fricke	736 SE Jackson Street, Roseburg, OR 97470 (541-672-6336	Douglas



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

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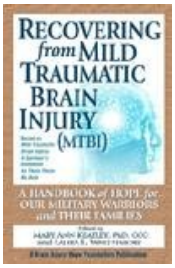
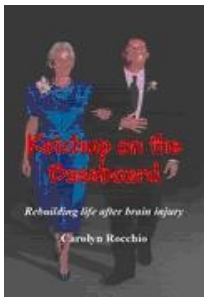
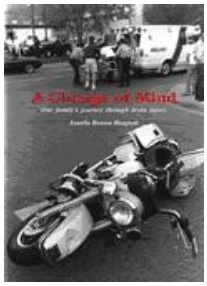


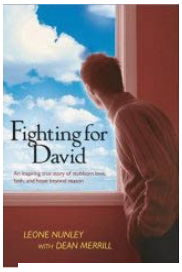
Recovering from Mild Traumatic Brain Injury A handbook of hope for military and their families. Edited by Mary Ann Keatley, PhD and Laura L. Whittemore
This clear and concise handbook speaks to our Wounded Warriors and their families and helps them navigate through the unknown territory of this often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



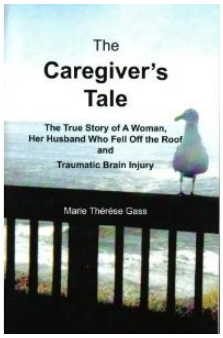
Ketchup on the Baseboard
Ketchup on the Baseboard tells the personal story of the authors' family's journey after her son, Tim, sustained a brain injury. Chronicling his progress over more than 20 years, she describes the many stages of his recovery along with the complex emotions and changing dynamics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



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



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



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

Brain Injury Alliance of Oregon

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Book Purchase ($2 per book for mailing):

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Resources

For Parents, Individuals, Educators and Professionals

The Oregon TBI Team

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

LEARNet

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

Parent Training and Information

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

Websites

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

FREE Brain Games to Sharpen Your Memory and Mind

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

http://brainist.com/

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

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

Neurobic Exercise
www.neurobics.com/exercise.html

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

Returning Veterans Project

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

Center for Polytrauma Care-Oregon VA

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

Washington TBI Resource Center

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

Legal Help

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

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

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

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

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

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

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

Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

Have you had an insurance claim for cognitive therapy denied?

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Disability Rights Oregon

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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

Financial Assistance

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

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

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. Subsized housing, such as Section 8 rental housing, is applied for through local housing authorities. 503-986-2000 http://oregon.gov/OHCS/CSS_Low_Income_Rental_Housing_Assistance_Programs.shtml

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

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

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

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

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

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

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

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.braininjuryhelp.org Peer mentoring help for the TBI survivor in the Portland Metro/ Southern Washington area. 503-224-9069

www.phpnw.org *If you, or someone you know needs help-contact:* People Helping People Sharon Bareis 503-875-6918

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

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

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

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

Survivor Support Line - CALL 855-473-3711

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

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

Brain Injury Support Groups

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

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

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

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

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

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

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

Coos Bay (1)
Traumatic Brain Injury (TBI) Support Group
2nd Saturday 3:00pm – 5:00pm
Kaffe 101, 171 South Broadway
Coos Bay, OR 97420 tbicbsupport@gmail.com

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

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

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

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

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

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

Lake Oswego
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

Lebanon
BRAIN INJURY SUPPORT GROUP OF LEBANON
on hiatus

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

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

Portland (20)
Brain Injury Help Center Without Walls

"Living the Creative Life" Women's Coffee
Tuesdays: 10-12
Fridays: 10:00 – 12:00 - currently full
Family and Parent Coffee in café
Wednesdays: 10:00-12:00
braininjuryhelporg@yahoo.com
Call Pat Murray 503-752-6065

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

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

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

CROSSROADS (Brain Injury Discussion Group)
2nd and 4th Friday, 1-3 pm
Independent Living Resources
1839 NE Couch St, Portland, OR 97232
503-232-7411
Must Be Pre-Registered

Doors of Hope - Spanish Support Group
3rd Tuesday 5:30 -7:30pm
Providence Hospital, 4805 NE Glisan St, Portland,
Rm HCC 6
503--454--6619 grupodeapoyo@BIRRDsong.org
Please Pre-Register

FAMILY SUPPORT GROUP
3rd Saturday 1:00 pm-2:00 pm
Self-help and support group
Currently combined with PARENTS OF CHILDREN WITH BRAIN INJURY Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Pat Murray 888-302-2229 murraypamurray@aol.com

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
3rd Saturday 12:30 - 2:30 pm
self-help support group.
12:30-1 pm Currently combined with THRIVE SUPPORT GROUP for Pizza then joins FAMILY SUPPORT GROUP
Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Pat Murray 888-302-22503-406-2881
murraypamurray@aol.com

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

THRIVE SUPPORT GROUP
3rd Saturday 12:30 - 2:00 pm
Brain Injury Survivor support group ages 15-25
Emanuel Hospital, MOB West
Medical Office building West
Directly across from parking lot 2
501 N Graham, Portland, 97227
braininjuryhelp@yahoo.com Pat Murray 503-752-6065
MUST BE PRE-REGISTERED

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

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

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

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

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

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

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)
Valerie Wooten (360-387-6428)

Spokane Family & Care Giver BI Support Group
4th Wednesday of each month, 6 p.m.
St. Luke's Rehab Institute
711 S. Cowley, #LL1, Spokane, WA
Melissa Gray (melissagray.mhc@live.com)
Craig Sicilia (509-218-7982; craig@tbiwa.org)
Michelle White (509-534-9380; mmwhite@mwhite.com)
***TBI Self-Development Workshop**
"reaching my own greatness" *For Veterans
2nd & 4th Tues. 11 am- 1 pm
Spokane Downtown Library
900 W. Main Ave., Spokane, WA
Craig Sicilia (509-218-7982; craig@tbiwa.org)

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

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

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

IDAHO TBI SUPPORT GROUPS

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

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

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

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

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

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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

Resource Facilitator Becki Sparre
503-961-5675

Branch Offices: Appointments only
Brain Injury Help Center- Pat Murray
1411 SW Morrison #220 Portland, Oregon 97205
braininjuryhelporg@yahoo.com

BIAOR Open biaoropen-subscribe@yahoogroups.com
BIAOR Advocacy Network BIAORAdvocacy-subscribe@yahoogroups.com

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