

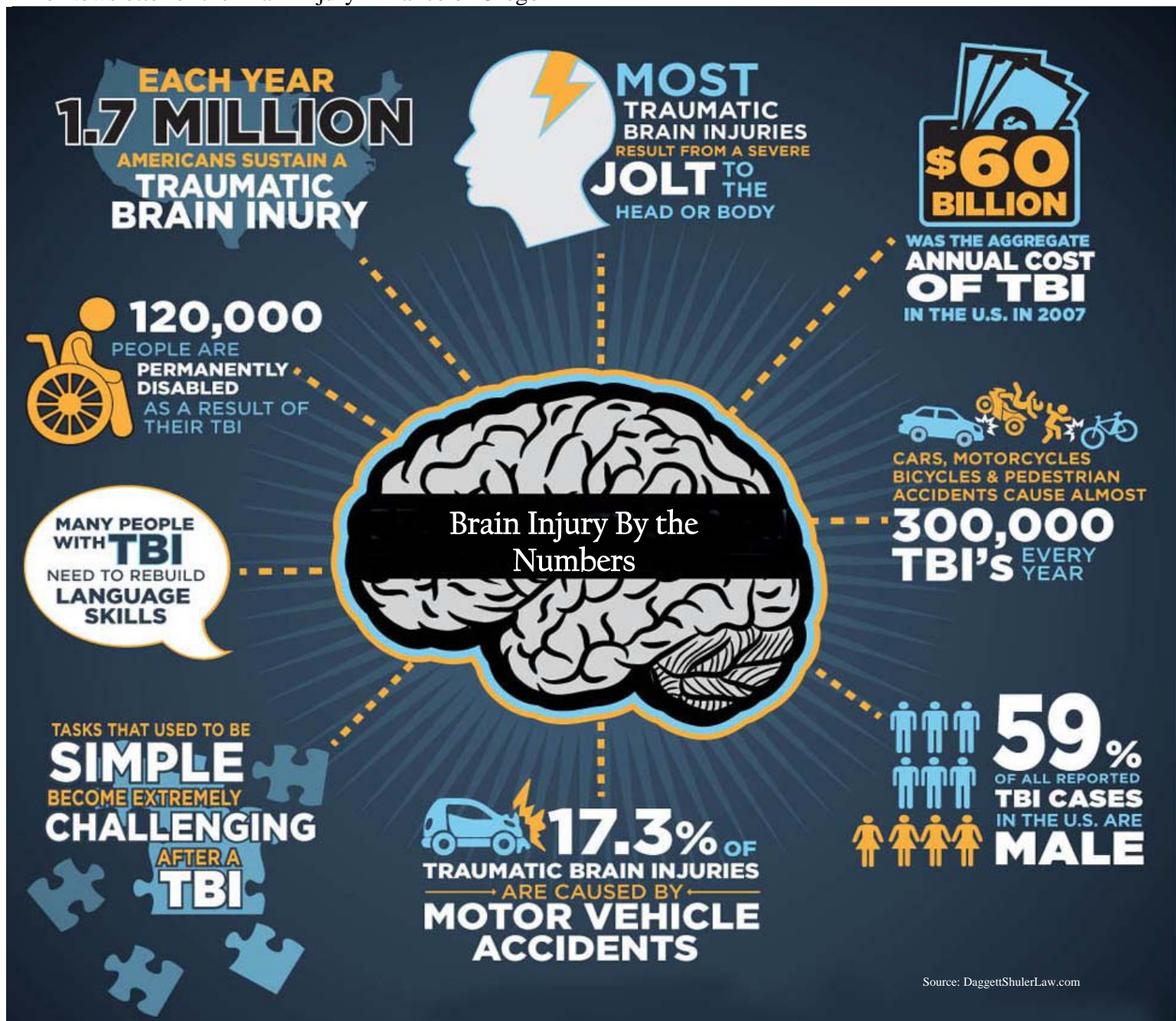


the

# HEADLINER

Spring 2015  
Vol. XXI Issue 1

The Newsletter of the Brain Injury Alliance of Oregon



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**Staff**

Sherry Stock, MS CBIST Executive Director  
Pat Murray, Peer Mentor, Director-Brain Injury  
Help Center - 503-752-6065  
Becki Sparre, SG Facilitator, Admin, Trainer

*Brain Injury Alliance of Oregon  
PO Box 549*

**Molalla, Oregon 97038-0549**

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

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

**501 (c)(3) Fed. ID 93-0900797**

**Headliner DEADLINES**

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

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

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# The President's Corner

Craig Nichols, JD



In the world of non-profit organizations the leadership often works in a world devoid of community wide recognition, which is why it was so gratifying to read the March 15, 2015 article by Elizabeth Hovde in the Oregonian, praising the efforts of Sherry Stock, executive director of the Brain Injury Alliance of Oregon, (BIAOR) and her efforts to provide brain injury awareness, prevention research, education and advocacy to the people of Oregon.

In the article Hovde wrote about how when she was in a coma with a traumatic brain injury four years ago, Susan Nielsen, Hovde's friend and colleague at the Oregonian reached out to Sherry Stock at BIAOR and Sherry helped her with questions on what Hovde should expect and how it would be for her to rehabilitate from a serious brain injury.

The article was such a wonderful tribute to Sherry Stock and her efforts over the last 13 years at BIAOR that I asked Sherry to publish the article in this issue of the Headliner. The article can be found on page 10.

On other fronts, the Sneak Peak Charity Preview Party at the Metro Portland New Car Dealer's Portland International Auto Show was a great fund raising success

for BIAOR.  
The Metro  
Portland New  
Car Dealers  
Association  
contributed

\$500,000. That's right, \$500,000 to the six charities participating in this year's event. The share of proceeds was determined by how many tickets were sold by each charity. BIAOR received a check from the Portland Metro New Car Dealers Association in the amount of \$27,500 which is fantastic and we are so appreciative that BIAOR was included as one of the beneficiary charities at this year's event.

The Metro Portland Auto Dealers have already invited BIAOR to participate in next year's Sneak Peek Preview Party at the Auto Show. Watch for more information on the 2016 Sneak Peek Preview Party at the Auto Show. You do not want to miss this wonderful opportunity to support BIAOR.

Craig Nichols  
BIAOR Board President

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

## Fred Meyer Community Rewards - Donate to BIAOR

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† Joe DiBartolomeo, DiBartolomeo Law Office, PC, Astoria, 503-325-8600

##### Bend

† Dwyer Williams Potter Attorney's LLC, Bend, 541-617-0555 [www.RoyDwyer.com](http://www.RoyDwyer.com)  
Warren John West, JD, Bend, 541-241-6931 or 800-353-7350.

##### Eugene

† Derek Johnson, Johnson, Clifton, Larson & Schaller, P.C., Eugene 541 484-2434  
Don Corson, Corson & Johnson Law Firm, Eugene, 541-484-2525  
Charles Duncan, Eugene, 800-347-4269  
Tina Stupasky, Jensen, Elmore & Stupasky, PC, Eugene, 541-342-1141,

##### Portland

‡ Paulson Coletti, John Coletti, Jane Paulson Portland, 503.226.6361 [www.paulsoncoletti.com](http://www.paulsoncoletti.com)  
¥ Craig Allen Nichols, Nichols & Associates, Portland 503-224-3018  
William Berkshire, Portland 503-233-6507 PI  
Jeffrey Bowersox, Lake Oswego, 503-452-5858 PI  
Tom D'Amore, D'Amore & Associates, Portland 503-222-6333  
**Aaron DeShaw, Portland 503-227-1233**  
Lori Deveny, Portland 503-225-0440  
Jerry Doblle, Doblle & Associates, Portland, 503-226-2300  
Wm. Keith Dozier, Portland 503-594-0333  
Sean DuBois, DuBois, Law Group, Portland, 503-222-4411  
† Brendan Dummigan, Pickett Dummigan, Portland 503-223-7770 [www.pickettdummigan.com](http://www.pickettdummigan.com)  
Peggy Foraker, Portland 503-232-3753  
Sam Friedenberg, Nay & Friedenberg, Portland 503-245-0894 Guardianship/Conservatorship  
€ Bill Gaylord, Gaylord Eyerman Bradley, PC, Portland 503-222-3526  
Timothy Grabe, Portland, 503-282-5223  
Julia Greenfield, Disability Rights Oregon, Portland 503-243-2081  
Sharon Maynard, Bennett, Hartman, Morris & Kaplan, Portland 503-227-4600, SSI/SSD  
Richard Rizk, Rizk Law, Inc., Portland 503-245-5677 Trucking Injuries, WC, Empymt & LT Disability  
Charles Robinowitz, Portland, 503-226-1464  
J. William Savage, Portland 503-222-0200  
€ Richard A. Sly, Portland 503-224-0436, SSI/SSD/PI  
Steve Smucker, Portland 503-224-5077  
± Scott Supperstein, The Law Offices of Scott M Supperstein, PC, Portland 503-227-6464  
¥ Tichenor & Dziuba Law Offices, Portland 503-224-3333

Ralph Wiser III, Wiser & Associates, Inc., Lake Oswego 503 620-5577, PI & SSI/SSDI

##### Salem

Adams, Hill & Hess, Salem, 503-399-2667  
€ Richard Walsh, Walsh & Associates, PC Keizer, 503-304-4886 [www.walshawfirm.net](http://www.walshawfirm.net)

##### Roseburg

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##### Bremerton

Kenneth Friedman, Friedman Rubin, Bremerton, 360-782-4300

##### Seattle

‡ Richard Adler, Adler Giersch, Seattle, WA 206.682.0300  
Kevin Coluccio, Coluccio Law, Seattle, WA 206-826-8200 [www.coluccio-law.com](http://www.coluccio-law.com)

**Care Facilities/TBI Housing** (subacute, community based, inpatient, outpatient, nursing care, supervised-living, behavior, coma management, driver evaluation, hearing impairment, visual impairment, counseling, pediatric)

Sherry Acea, Fourth Dimension Corp, Bend 541-647-7016

**Carol Altman, Homeward Bound, Hillsboro 503-640-0818**

Linda Beasley, LPN CBIS, Autumn House, Beaverton, 503-941-5908

Hazel Barnhart, Psalm 91 Care Home, Beaverton, 971-227-4773 or 503-747-0146 TBI 35+

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£ Casa Colina Centers for Rehabilitation, Pomona, CA, 800-926-5462

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Care N Love AFH LLC, Corrie Lalangan, Vancouver WA 360-901-3378

Danville Services of Oregon, LLC., Michael Oliver, Portland (800) 280-6935

Maria Emy Dulva, Portland 503-781-1170

Herminia D Hunter, Trinity Blessed Homecare, Milwaukie, 503-653-5814, Dem/Alz 70+

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Karin Keita, Afripath Care Home LLC, Adult Care Home Portland 503-208-1787

Terri Korbe, LPN, High Rocks Specialty Care, Clackamas 503-723-5043

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Joana Oлару, Alpine House, Beaverton, 503-646-9068

† Oregon Rehabilitation Center, Sacred Heart Medical Center, Director: Katie Vendsco, 541-228-2396

Quality Living Inc (QLI), Kristin Custer, Nebraska, 402-573-3777

† Ridgeview Assisted Living Facility, Dan Gregory, Medford, 541-779-2208

WestWind Enhanced Care, Leah Lichens, Medford, 541-857-0700

Melissa Taber, Oregon DHS, 503-947-5169

Polly Smith, Polly's County AFH, Vancouver, 360-601-3439 Day Program and home

Uhlhorn Program, Eugene, 541 345-4244 Supported Apt

† Windsor Place, Inc., Susan Hunter, Salem, 503-581-0393 Supported Apt

### Chiropractic

**Gretchen Blyss, DC, Portland, 503-222-0551**

Stefan Herold, DC, DACNB, Tiferet Chiropractic Neurology, Portland 503-445-7767

**Eric Hubbs, DC, Total Mind & Body Health, Beaverton 503-591-5022**

Russell Kort, DC, Kort Chiropractic & Rehab, Sherwood, 503-625-5678

Michael T. Logiudice, DC, Linn City Chiropractic, West Linn 503-908-0122

Garreth MacDonald, DC, Eugene, 541-343-4343

D.Stephen Maglente, DMX Vancouver, Vancouver WA 360-798-4175

Bradley Pfeiffer, Bend 541-383-4585

### Cognitive Rehabilitation Centers/ Rehab Therapists/Specialists

Marydee Sklar, *Executive Functioning Success*, Portland, 503-473-7762

† *Progressive Rehabilitation Associates*—BIRC, Portland, 503-292-0765

*Quality Living Inc (QLI)*, Kristin Custer, Nebraska, 402-573-3777 (BI & SCI)

*Neurologic Rehabilitation Institute at Brookhaven Hospital*, Tulsa, Oklahoma 888.298.HOPE (4673)

Marie Eckert, RN/CRRN, Legacy HealthCare, RIO Admissions, Portland, 503-413-7301

† *Rehab Without Walls*, Mountlake Terrace, WA 425-672-9219 Julie Allen 503-250-0685

### Counseling

Heidi Dirkse-Graw, Dirkse Counseling & Consulting, Inc. Beaverton, OR 503-672-9858

Sharon Evers, Face in the Mirror Counseling, Art Therapy, Lake Oswego 503-201-0337

Donald W. Ford, MA, LMFT, LPC, Portland, 503-297-2413

Jerry Ryan, MS, CRC, Oregon City, 503-348-6177

Elizabeth VanWormer, LCSW, Portland, 503-297-3803

### Dentists

Dr. Nicklis C. Simpson, Adult Dental Care LLC, Gleneden Beach

### Educators/Therapy Programs

Gianna Ark, Linn Benton Lincoln Education Service District, Albany, 541-812-2746

To become a supporting professional member of BIAOR see page 23 or contact BIAOR, [biaor@biaoregon.org](mailto:biaor@biaoregon.org).

## Looking for an Expert? See our Professional Members here

Andrea Batchelor, Linn Benton Lincoln Education Service District, Albany, 541-812-2715  
 Heidi Island, Psychology, Pacific University, Forest Grove, 503-352-1538  
 ± McKay Moore-Sohlberg, University of Oregon, Eugene 541-346-2586  
 Jon Pede, Hillsboro School District, Hillsboro, 503-844-1500

### Expert Testimony

Janet Mott, PhD, CRC, CCM, CLCP, Life Care Planner, Loss of Earning Capacity Evaluator, 425-778-3707

### Life Care Planners/Case Manager/Social

#### Workers

Rebecca Bellerive, Rebecca Bellerive, RN, Inc, Gig Harbor WA 253-649-0314  
 Michele Lorenz, BSN, MPH, CCM, CHPN, CLCP, Lorenz & Associates, Medford, 541-538-9401  
 Vince Morrison, MSW, PC, Astoria, 503-325-8438  
 Michelle Nielson, Medical Vocational Planning, LLC, West Linn, 503-650-9327  
 Dana Penilton, Dana Penilton Consulting Inc, Portland 503-246-6232 danapen@comcast.net www.danapenilton.com/  
 Thomas Weiford, Weiford Case Management & Consultation, Voc Rehab Planning, Portland 503-245-5494

### Legal Assistance/Advocacy/Non-Profit

¥ Deborah Crawley, ED, Brain Injury Association of Washington, 253-238-6085 or 877-824-1766  
 £ Disability Rights Oregon, Portland, 503-243-2081  
 £ Eastern Oregon Center for Independent Living (EOCIL), Ontario 1-866-248-8369; Pendleton 1-877-771-1037; The Dalles 1-855-516-6273  
 £ Independent Living Resources (ILR), Portland, 503-232-7411  
 £ Jackson County Mental Health, Heather Thompson, Medford, (541) 774-8209  
 £ Oregon Chiropractic Association, Jan Ferrante, Executive Director, 503-256-1601  
 £ Kayt Zundel, MA, ThinkFirst Oregon, (503) 494-7801

### Legislators

‡ Vic Gilliam, Representative, 503-986-1418

### Long Term TBI Rehab/Day Program's/Support Programs

Carol Altman, Bridges to Independence Day Program, Portland/Hillsboro, 503-640-0818  
 Anat Baniel, Anat Baniel Method, CA 415-472-6622  
 Benjamin Luskin, Luskin Empowerment Mentoring, Eugene, 541-999-1217  
 Marydee Sklar, Executive Functioning Success, Portland, 503-473-7762

### Medical Professionals

Marsha Johnson, AnD, Oregon Tinnitus & Hyperacusis Treatment Center, Portland 503-234-1221  
 Kristin Lougee, CBIS, 503-860-8215-cell  
 Carol Marusich, OD, Neuro-optometrist, Lifetime Eye Care, Eugene, 541-342-3100  
 † Kayle Sandberg-Lewis, LMT, MA, Neurofeedback, Portland, 503-234-2733

Bruce Wojciechowski, OD, Clackamas, Neuro-optometrist, Northwest EyeCare Professionals, 503-657-0321

### Physicians

Sharon Anderson, MD, West Linn 503-650-1363  
 Bryan Andresen, Rehabilitation Medicine Associates of Eugene-Springfield, 541-683-4242  
 Diana Barron, MD, Barron-Giboney Family Medicine, Brownsville, OR (541) 451-6930  
 Jerald Block, MD, Psychiatrist, 503-241-4882  
 James Chesnutt, MD, OHSU, Portland 503-494-4000  
 Paul Conti, MD, Psychiatrist, Beaverton, 503-644-7300  
 Danielle L. Erb, M.D., Brain Rehabilitation Medicine, LLC, Portland 503 296-0918  
 M. Sean Green, MD, Neurology, OHSU, (503) 652-2487  
 Steve Janselewitz, MD, Pediatric Physiatrist, Pediatric Development & Rehabilitation-Emanuel Children's Hospital, Portland Nurse: 503-413-4418 Dept:503-413-4505  
 Michael Koester, MD, Slocum Center, Eugene, 541-359-5936  
 Andrew Mendenhall, MD, Family Medicine, Addiction & Pain, Beaverton 503-644-7300  
 ± Oregon Rehabilitation Medicine, P.C., Portland, 503-230-2833  
 Kevin Smith, MD, Psychiatrist, OHSU, 503-494-8617  
 Francisco Soldevilla, MD, Neurosurgeon, Northwest Neurosurgical Associates, Tualatin, 503-885-8845  
 Gil Winkelman, ND, MA, Insights to Health LLC, Alternative Medicine, Neurobiofeedback, Counseling, Portland, 503-501-5001  
 David Witkin, MD, Internal Medicine, Sacred Heart Hospital, Eugene, 541-222-6389

### Psychologists/ Neuropsychologists

¥ Tom Boyd, PhD, Sacred Heart Medical Center, Eugene 541-686-6355  
 James E. Bryan, PhD, Portland 503.284.8558  
 Caleb Burns, Portland Psychology Clinic, Portland, 503-288-4558  
 Amee Gerrard-Morris, PhD, Pediatrics, Portland, 503-413-4506  
 Elaine Greif, PhD, Portland 503-260-7275  
**Nancy Holmes, PsyD, CBIS, Portland 503-235-2466**  
 Sharon M Labs PhD, Portland 503-224-3393  
 Ruth Leibowitz, PhD, Salem Rehab, 503-814-1203  
 Michael Leland, Psy.D, CRC, Director, NW Occupational Medicine Center, Inc., Portland, 503-684-7246

Susan Rosenzweig, PsyD, Center for Psychology & Health, 503-206-8337

### Speech and Language/Occupational Therapist

Channa Beckman, Harbor Speech Pathology, WA 253-549-7780  
 John E. Holing, Glide 541-440-8688  
 ± Jan Johnson, Community Rehab Services of Oregon, Inc., Eugene, 541-342-1980  
 Sandra Knapp, SLP, David Douglas School District, Sandy 503-256-6500  
 Carol Mathews-Ayres, First Call Home Health, Salem  
 Anne Parrott, Legacy Emanuel Hospital Warren 503-397-6431

**Kendra Ward, COTA, Astoria, 209-791-3092**

### State of Oregon

Dave Cooley, Oregon Department of Veterans Affairs, Salem, 503-373-2000  
 Stephanie Parrish Taylor, State of Oregon, OVRs, Salem, (503) 945-6201 www.oregon.gov/DHS/vr

### Technology/Assistive Devices

RJ Mobility Services, Independence, 503) 838-5520  
 Second Step, David Dubats, Eugene, 877-299-STEP

### Veterans Support

Mary Kelly, Transition Assistance Advisor/Idaho National Guard, 208-272-4408  
 Belle Landau, Returning Veterans Project, Portland, 503-933-4996

### Vocational Rehabilitation/Rehabilitation/

#### Employment / Workers Comp

D'Autremont, Bostwick & Krier, Portland, 503-224-3550  
 Roger Burt, OVRs, Portland  
 Arturo De La Cruz, OVRs, Beaverton, 503-277-2500  
 † Marty Johnson, Community Rehab Services of Oregon, Inc., Eugene, 541-342-1980  
 † SAIF, Salem, 503-373-8000  
 Stephanie Parrish Taylor, State of Oregon, OVRs, Salem, (503) 945-6201 www.oregon.gov/DHS/vr/  
 Kadie Ross, OVRs, Salem, 503-378-3607

### Professionals

‡ Ronda Sneva, R&G Food Services, Inc. Sisters/Tucson, 520-289-5725

Names in bold are BIAOR Board members

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

## 2015-16 BIAOR Calendar of Events

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

September 13	Pacific Northwest Motorcycle Rally for Brain Injury
<b>March 11-13</b>	14th Pacific Northwest Brain Injury Conference - Living with Brain Injury, Stroke & Neurological Disorders

# Oregon SB 227

## Traumatic Brain Injury Registry

Oregon SB 227 amends the statute that established the Oregon Trauma Registry (OTR) to allow the state to create a Traumatic Brain Injury Registry, utilizing OTR data. The state will compile a case list from the Trauma Registry of persons who experienced a traumatic brain injury (TBI). The compiled case list would be shared with the Department of Human Services (DHS), Seniors and People with Disabilities program. DHS staff would use the case list information for services planning and to conduct outreach and follow up with people with TBI. The measure amends the Trauma Registry statute to allow data from the Trauma Registry to be used for public health epidemiologic studies that will support overall system improvement and prevention of injuries. The Trauma Registry was enacted in 1999.

Status: Passed the Senate 24 to 6 on 2/19! Passed out of House Health Care committee on 5/13 and is now headed to the House floor where it passed with 50 ayes, 2 nays, 1 absent and 7 excused out of the House is on the Governor Brown's desk to sign.



### 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)

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

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

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



We have done a good job creating *Return to Play* protocols for student athletes who have suffered concussions. What we have yet to address sufficiently, however, are *Return to Class* protocols.

Last week I spoke to ninety administrators, educators and athletic trainers from the Lane County school district regarding their obligations and best practices under Max's law, the mandatory concussion education and protocol law regarding high school athletic coaches. What impressed me most is how thoroughly our message has been internalized by the various school districts and how seriously the concussion issue is being taken with regard to high school athletes and their return to play.

Everyone at the school district seems to know that if a concussion is suspected then the mandatory response is to take the player out of the game until that player can be evaluated by a health care professional and then returned to play only when a health care professional says it's okay to do so. In other words, our *Return To Play* protocols are becoming solidified within the best practices of Oregon's school districts, and those districts that do not have any such protocols in place are risking not only the health and wellbeing of their student athletes, but also serious financial damages if they don't follow the protocols codified by Max's Law if and when lawsuits are filed on behalf of a concussed athlete.

But this success on the field has only emphasized an area where we can, and must, do better: *Return To Class*.

When a student athlete, or any student, suffers a concussion, our first line of defense is to ensure that the student is not at risk for second impact syndrome. But once that risk subsides we owe it to the student to understand that he or she is still going to struggle when it comes to returning to the academic rigors of general school work. What we don't have, and what we absolutely

need to establish, are protocols that create an understanding among teachers, administrators, parents and students that a concussed student, during his or her recovery, needs certain accommodations in order to keep up with the general class work that he or she is expected to complete.

We need *Return to Class* protocols because we know certain things about kids and their behavior. We know that kids will not always tell us when they are struggling with school work after suffering a concussion. We know that they tend to be extremely concerned with how their peers see them. We know that the last thing a kid wants to be is a social outcast perceived as weak, slow or affected with a brain injury. As a result, the students are hesitant to admit to any ongoing concussion problems. This can lead teachers and administrators to assume everything is fine with the recovering student. But, typically, it is not.

It's up to the adults to make sure that proper accommodations are made so that during the student's recovery from a concussion the student does not get left behind the rest of the class. It's up to the teachers and the administrators to understand that even if a student says he is doing fine, he might not be. In other words, we need to expect teachers and administrators to understand what happens to a concussed brain and what accommodations can help a student during his or her recovery.

If a student behaves differently in class after suffering a concussion it is likely because the student is struggling to do what he or she had no trouble doing before the concussion. If the student can't finish a test in the allotted time it's likely because his or her brain is not working as fast as it did before the concussion. If the student is distracted by bright lights, loud noises and other stimuli it's not because that student has suddenly become a behavior problem, it's because his or her brain is struggling. The student doesn't need detention; the student needs

accommodations!

Concussion experts know what these accommodations are: more time for tests, more time for homework, more time for rest, understanding that the student is overly sensitive to light and sound, awareness that the student's brain is recovering from a serious injury. In more extreme cases an individualized education plan (IEP) is implemented, but we need awareness that immediately after suffering a concussion even a great student needs additional help from his or her teachers at a time when an IEP may not even be considered. We need teachers and administrators to be aware that a concussed student will go through a period of recovery that requires accommodations to ensure that the student is not left behind.

Once a student is left behind, even for only a few weeks, it can have profound effects on that student's future. I have heard too many stories about straight A students failing classes after suffering a concussion. To me it's clear that they are failing because the teachers are not aware that the previously great student needs additional help that he or she didn't need before the concussion. It's not a sudden behavior problem; it's a sudden brain injury. The sooner all of our educators understand this and make appropriate accommodations for that student, the better the chance that the student will make a full recovery without long-lasting problems. And if we in the tbi community have to mandate these protocols, then so be it. It is better that rules exist for teachers to follow than for students to be left to suffer in silence as their world seems to disintegrate around them.

*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.*





# The Neurologic Rehabilitation Institute at Brookhaven Hospital in Tulsa, Oklahoma

By Rolf B. Gainer, PhD

The Neurologic Rehabilitation Institute at Brookhaven Hospital in Tulsa, Oklahoma is a unique rehabilitation resource for the person living with a brain injury who also has mental health, substance abuse and neurobehavioral problems. The Neurologic Rehabilitation Institute known as NRI has been part of the hospital since 1985. The NRI program is best described by the stories of the people we serve. Through their experiences following their brain injury, rehabilitation in the NRI programs and the results they experienced you will have a better understanding of the issues they faced and how the NRI program helped them achieve their goals towards independence.

Please allow me to introduce you to Mary Anne, a 30 year old mother of two children and former medical secretary, who was admitted to the Neurologic Rehabilitation Institute. Mary Anne had an anoxic brain injury as a result of ventricular fibrillation five years ago. Following her injury, Mary Anne had several significant problems with the following: short-term memory, problem solving, insight, confusion, and orientation. She also had neurobehavioral problems which included: aggression, hypersexuality, obsessive behaviors, elopement attempts, verbal outbursts, impulsivity and severe mood swings. Mary Anne also experienced seizures and episodes of choking after her injury. Prior to her admission to the NRI program, Mary Anne was in a locked psychiatric hospital due to severe aggression and impulsive and risky behaviors, such as attempting to jump from a moving car.

In the NRI program, Mary Anne's rehabilitation addressed her medical, cognitive and behavioral problems. Her rehabilitation focused on: regaining skills related to activities of daily living; improving her cognitive functions; reducing the frequency and severity of aggressive physical and behavioral outbursts; reducing her inappropriate sexual behaviors and promoting pro-social, cooperative activities with peers and learning about how she could better self-manage the deficits related to her brain injury to support her return to home and parenting.

One year and a half later, Mary Anne progressed into the Transitional Living Center program where she lived with six other peers in a large, 6-bedroom, ranch style home located approximately two miles from the hospital campus. In the TLC program, Mary Anne participated in improving her independent living skills and reducing her reliance on staff for constant cues and direction. Her hospital-based rehabilitation program continued on a Monday to Friday schedule and became more focused on functional skills and pre-vocational training to support her planned return home to live with her children and parents. After six months in the TLC program, along with extensive planning and education, Mary Anne and her family celebrated her return home.

Since her discharge home Mary Anne's family has kept us up-to-date on her progress. They report that people who haven't seen her since her injury "can't

believe it's the same person." Mary Anne has re-established her relationship with her children and has rejoined her family and community. Her progress in the NRI program is a testament to the real changes which can be made years after brain injury.

As Mary Anne's story illustrates, the Neurologic Rehabilitation Institute program at Brookhaven Hospital is a bridge back to independence, family living and important relationships. We understand the barriers faced by people living with a brain injury disability and the long and difficult road back that severe brain injury causes. The NRI programs are individually designed to help people get their lives back on track in a supportive, safe and structured rehabilitation environment.

The NRI website [traumaticbraininjury.net](http://traumaticbraininjury.net) can provide you with additional information about the programs, offers brain injury resources for the person, their families and professionals and current information about brain injury topics in our NeuroNotes blog. The hospital can be reached at 888-298-HOPE or 918-438-4257



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# Elizabeth Hovde: Oregonians struggle to adapt to brain injuries

By Elizabeth Hovde

March 14, 2015 The Oregonian Newspaper



By 10:44 a.m., she had received phone calls from three Oregon moms trying to figure out how to help their kids with school following their children's brain injuries.

"Oregon is becoming more and more aware of brain injury and concussion. At the same time, kids are falling through the cracks," said Sherry Stock, the executive director of the Brain Injury Alliance of Oregon.

One was the mom of a high school junior injured cheerleading. She was, her mother said, a straight-A student, excited for college. Now, she's barely passing classes. "She's still as smart as she was, but now fatigue and speed are factors," Stock said.

The girl, her mother said, doesn't have enough time to complete quizzes, and math, once her forte, doesn't come quickly right now. Makes sense. The brain is amazing. And when it gets injured, it rewires and can often create new pathways to access information it holds. But having to find files in a brain with injured areas can take longer. I'd compare it to finding files in a Seattle courthouse the way I did in the early '90s, instead of being able to pull them up online.

Another mom phoning Stock has a son who was injured while riding a bike. She said she was told he's faking his difficulty doing school work. Sigh. I maintain that brain injury survivors need easy-to-wear head casts. When a kid has a broken leg, we don't expect him to run.

The day after I talked with Stock about National Brain Injury Awareness Month and where Oregon was on the issue, I visited a high school and happened to meet a senior who recently injured her brain playing basketball. She, too, was just visiting the school that day, as she hasn't gone back to classes. Instead, she is doing some online work to finish the remaining two credits she needs to graduate on time. She told me she is struggling. Big time. She can't remember what she learns from one day to the next right now. I get it.

Brains take time to heal. They get insanely tired. But with the right kind of help, motivation and personality type, some brain-injured people are able to do things we did before injuries occurred, even if we can't remember where we put our keys or multitask.

That Stock has phone popularity makes me feel

good about Oregonians' brain injury awareness. BIAO is a statewide, nonprofit organization dedicated to brain-injury awareness, prevention, research, education and advocacy. It lists support groups available across the state and spearheads laws, such as a recent one regarding sports concussions.

Stock and I have a connection in part because when I was in a coma with a traumatic brain injury four years ago, my friend and colleague at the time, Susan Nielsen, called her with questions about what to expect and how to help me come back. Susan, I was told, printed a stack of my columns for me, and I read them in a hospital bed. They reminded me I was a columnist -- something I didn't know. I thought I was a housecleaner. I credit my two young boys and an era of constantly wiping things for that.

To help the moms, BIAO works with CBIRT, the Center on Brain Injury Research and Training based at the University of Oregon. Funded by the Oregon Department of Education, its research focuses on developing strategies to improve outcomes related to brain injury survivors' education and employability. That's good for everyone.

A lot of my new peers don't return to school, work or government tax rolls. CBIRT collaborates with schools and hospitals to improve the hospital-to-school re-entry process and tracks students following TBI. It also offers resources to educators. Melissa McCart, the program's coordinator, said they had close to 500 educators take some kind of brain injury training this year.

As I walked the halls of a high school this month, I had a hard time. There's noise from every direction, people nearly colliding in halls, and

you have only so much time to get somewhere.

And I was a guest being escorted. I can't imagine the stimulation overload and confusion this would have brought me in the early recovery days. Add the need to keep to a schedule that changes all day long? Eek. Four years out from a traumatic brain injury I have to check my smartphone several times a day to make sure I'm where I'm supposed to be.

Cheers to Oregon's overall awareness level and concern. I'm excited educators and families in the state are becoming increasingly aware of how to help students find more solid ground.

*Elizabeth Hovde's column appears on Sundays in the Oregonian.*

Source: [http://www.oregonlive.com/opinion/index.ssf/2015/03/elizabeth\\_hovde\\_oregonians\\_str.html#mcart\\_river](http://www.oregonlive.com/opinion/index.ssf/2015/03/elizabeth_hovde_oregonians_str.html#mcart_river)

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Adequate oxygen is vital for the brain. Many factors can cause the brain to receive inadequate oxygen. When oxygen levels are significantly low for four minutes or longer, brain cells

begin to die and after five minutes permanent anoxic brain injury can occur. Anoxic brain injury which is also called cerebral hypoxia or hypoxic-anoxic injury (HAI) is a serious, life-threatening injury; it can cause cognitive problems and disabilities. Some HAI injuries are due to a partial lack of oxygen; the term hypoxic means partial lack. Other HAI injuries are due to a complete lack of oxygen; the term anoxic means total lack. The greater the loss of oxygen, the more wide-spread and serious the injury will be.

## The Brain's Dependence on Oxygen

The death of brain cells interrupts the brain's electrochemical impulses and interferes with the performance of neurotransmitters—the chemical messengers which transmit messages within the brain. The neurotransmitters regulate body functions and influence behavior. For example, the neurotransmitters serotonin, dopamine, and norepinephrine help regulate moods, while the endorphins increase pleasure and control pain. The neurotransmitter acetylcholine plays an important role in memory.

## Causes of Anoxic Brain Injury

There are four types of anoxia, but each can cause the same serious damage to the brain.

**Anemic anoxia.** This form of anoxia results from blood that cannot carry sufficient oxygen to the brain. Some forms of lung disease can lead to insufficiently oxygenated blood, since the lungs are not processing oxygen sufficiently. While the blood flow to the brain is still adequate, the brain will not receive enough oxygen to perform vital functions. This can lead to slow deterioration of the patient's overall condition. Chronic anemia, acute hemorrhage, and carbon monoxide poisoning can cause anemic anoxia.

**Toxic anoxia.** This form of anoxia is caused by toxins in the system that prevent the blood's oxygen from being used efficiently. For example, carbon monoxide poisoning can cause toxic anoxia.

**Stagnant anoxia.** This condition is also called hypoxicischemic injury (HII). In HII, an internal condition blocks sufficient oxygen-rich blood from reaching the brain. Strokes, cardiac arrhythmia, and cardiac arrest can cause HII.

**Anoxic anoxia.** This condition is caused when there is not enough oxygen in the air for the body to benefit with it. It can occur at high altitudes.

# Anoxic Brain Injury

## Common Causes of Anoxia

- Respiratory arrest
- Electrical shock
- Drowning
- Heart attack
- Brain tumors
- Heart arrhythmia
- Extreme low blood pressure
- Carbon monoxide inhalation
- Poisoning
- Choking
- Compression of the trachea
- Respiratory conditions which interfere with proper breathing
- Suffocation
- Illegal drug use

## Symptoms of Anoxic Brain Injury

Usually HAI will begin with a loss of consciousness or a coma, although this is not always the case. A coma resembles sleep, but the person will not wake up when called or stimulated in some way. After the initial unconscious period the person may lapse into a persistent vegetative state—the person is not comatose, but yet he or she will not respond to being stimulated; the persistent vegetative states is often called “wakeful unresponsiveness.”

If the person regains full consciousness, he or she may experience a wide-range of symptoms which resemble the symptoms seen after head trauma. The extent and type of symptoms depend on the amount of brain tissue damage and part of the brain where the injury occurred.

## Cognitive Problems with Anoxia

Short-term memory loss. Most people with HAI experience short-term memory loss; the problem is extremely common when a hypoxicischemic injury caused the HAI. The person cannot remember new information which has just been presented. The part of the brain responsible for learning new information is called the hippocampus and it is very sensitive to a lack of oxygen.

**Poorer performance in executive functions.** The executive functions include judgment making, reasoning, and processing information. The person with HAI may become impulsive and indecisive. He or she may lack the ability to concentrate or to focus on

more than one task.

**Anomia.** This term means having difficulty using words or processing what words mean. The right word may not be remembered or a word may be placed out of context. Sometimes the opposite word is used; for example, a person wanting to say “sunny” may say “cloudy” instead. Common words may not be understood.

**Visual disturbances.** The person with HAI may have trouble processing visual information. They may find it difficult to focus or they may reach for an object, but not be able to touch it because they are reaching in the wrong place. Rarely, HAI causes cortical blindness; the eyes are normal, but the brain cannot process visual information and so the person cannot see. Oddly enough people with cortical blindness may act as though they can see, even though they seem unable to identify objects, colors, or shapes; this because the damaged part of the brain is unable to realize that it is damaged.

## Physical Problems with Anoxia

**A lack of coordination.** This is called ataxia. The person's gait may be wobbly; they may weave or stagger like someone who has had too much alcohol.

**An inability to do common tasks.** This is known as apraxia. The person may be unable to remember the sequence of common tasks like brushing the hair or drinking from a cup.

**Movement disorders.** The person may experience spasticity, rigidity, and myoclonus (muscle spasms). The patient may have involuntary movements, jerky movements, or trembling.

**Quadriplegia.** The person may experience weakness in all four limbs.

**Headaches.** Anoxic brain injury can also cause confusion, depression, hallucinations, delusions,

*(Anoxic Brain Injury Continued on page 12)*



personality changes (such as increased irritability), and the inability to concentrate.

## Diagnosing Anoxic Brain Damage

Loss of consciousness is a serious medical emergency; call an ambulance if you are with someone who has lost consciousness. If you or someone you know are experiencing symptoms of anoxic brain injury, do not delay seeking medical help. Problems such as heart arrhythmias can cause significant lack of oxygen to the brain without inducing a lack of consciousness; the person may simply be extremely sleepy or fatigued.

Diagnostic tests for anoxic brain damage include: MRI (magnetic resonance imaging)—considered the gold standard for diagnostic tests; an MRI produces detailed cross-sections of the brain by using radio waves and magnets. The images are shown on a computer screen.

CT or CAT scan (computerized axial tomography)—which uses x-rays and the computer to show detailed images of brain's interior.

The evoked potentials tests evaluate the patient's response to visual, auditory, and sensory stimuli. Electrodes are places on the patient's head to measure brain waves and the various stimuli are then presented.

EEG (electroencephalogram)—Electrodes are placed on the head to measure the brain's electrical activity.

Blood tests, especially tests for arterial blood gases, since these determine the level of oxygen in the blood.

## Prognosis for Anoxic Brain Damage

Recovering from anoxic brain damage is difficult. Many factors contribute to the degree and rate of recovery. The amount and kind of brain damage is a critical factor; anoxic brain injury can be mild, moderate, or severe. The length of time spent unconscious or in a coma, coupled with how much normal function is recovered within the first month of the injury can indicate the chance of long-term recovery. People who have experienced severe anoxic brain injury may remain in a coma or vegetative state.

Their chances of recovery may be minimal. Cases of moderate anoxic brain injury have a better outcome, but recovery may still take months or years. People with mild anoxic brain injury usually make a full or nearly full recovery, and are able to live lives that are relatively normal and symptom free.

## Treatment of Anoxic Brain Injury

When treating anoxic brain injury, doctors first

attempt to pinpoint the cause of the injury and treat it. For example, if lack of oxygen is due to a stroke, the first priority will be to treat the patient for stroke. If the problem is due to heart arrhythmia, steps will be taken to regulate and stabilize the heart's rhythm. Efforts to stop further brain damage will be combined with treatments for the cause of the problem. Every effort will be made to restore normal oxygen availability to the brain. The patient will be kept cool in order to reduce further brain damage, because the brain can reach high temperature during oxygen deprivation.

Steroids may be given in an attempt to reduce brain swelling, since swelling can also damage the brain. Barbiturates may be given to reduce brain activity and allow the tissue time to recover. Sometimes people with anoxic brain injury have seizures. Anti-seizure medications will be used to control this problem. Severe seizures may be treated with anesthesia. In many instances, the patient must be put on a ventilator during the first phase of treatment. This is frightening for the family, but it can be a step taken to assure the proper level of oxygen will be maintained so that the patient has a chance of recovery. Of course, all involved must be prepared for the possibility of brain death (no brain activity, which means no chance of recovery).

The longer a person remains unconscious, the greater the chance of brain death. The medical team should keep the appropriate family members aware of exactly what is going on; do not hesitate to ask questions about every treatment. There are no "dumb questions." Once the patient is stable and life-threatening injuries have been treated, the rehabilitation phase of treatment will follow. Generally, chances of recovery are better when rehabilitation can be started quickly, particularly with people over 25. As people age the muscles atrophy more quickly with bed rest, so it is important to begin movement as soon as possible.

During rehabilitation the patient and his or her family will work with a multidisciplinary staff including doctors, nurses, physical and occupational therapists, and other specialists to devise an individualized program designed to return the patient to the maximum level of function. The rehabilitation phase may include:

- Speech therapy
- Physical therapy
- Occupational therapy
- Recreational therapy
- Adaptive equipment training

Counseling the patient's family and caregivers can help with rehabilitation by talking with all members of the rehabilitation team and making sure that they understand what the goals of

therapy are. Love and emotional support is vital for the patient during this time. Taking care of someone with anoxic brain injury can be a physically and emotionally draining experience; the person's physical needs may be taxing and they may not relate to you in the way they once did.

If you are taking care of a loved one with anoxic brain damage, make sure that you also take care of your own physical and emotional needs. A support network is important. Do not hesitate to tell family and friends what you need and do not hesitate to take advantage of support systems offered by the hospital or rehab center.

## Preventing Anoxic Brain Damage

The best way to avoid the long-term effects of an anoxic Brain Injury is to avoid injury altogether. While accidents can happen, there are steps you can take to reduce the risk of anoxic brain damage to yourself and your loved ones:

- Make sure children under the age of three are not exposed to choking hazards.

- Chew your food slowly and carefully.

- Learn how to swim and teach your loved ones to swim. Make sure that small children who aren't able to swim aren't left alone in pool areas, bathtubs, or areas in which there is water. It only takes a couple of inches for a child who can't swim to experience a near-drowning event.

- Learn CPR (cardiopulmonary resuscitation).

- Stay away from high-voltage electrical sources.

  - Install carbon monoxide detectors in your home.

- Do not take illegal drugs, or abuse prescription drugs.

- Maintain your heart's health by exercising regularly, eating right, and getting regular check-ups. Monitor your blood pressure.

Source: [www.brainandspinalcord.org/traumatic-brain-injury-types/anoxic-brain-injury/index.html](http://www.brainandspinalcord.org/traumatic-brain-injury-types/anoxic-brain-injury/index.html)





# Do Men and Women Metabolize Drugs Differently?



A lot of people think that drugs affect each user in similar ways. They think that if a drug has specific potential side effects, then most people who take that drug will experience those side effects in specific and predictable ways. However, while most drugs affect men and women in similar ways, male and female bodies metabolize some types of drugs differently. These differences can range from mild to severe, but should be carefully considered before a person uses any type of substance that could be metabolized differently depending on the person's sex.

## Differences in Drug Effects for Men and Women

Most drugs have similar effects on a person's body regardless of sex. But scientists have recently realized that for some drugs, sex makes a significant difference. Specifically, some drugs are metabolized more slowly in women than in men. One example, as Sandra L. Kweder describes, is the sleep aid medication zolpidem, which the Federal Drug Administration has found stays in a woman's system longer than in a man's. Kweder also points out that some drugs that work well for one sex have no effect on the other sex. Two

examples that Kweder gives are:

**Alosetron:** this drug treats irritable bowel syndrome for women, but has no beneficial effect on men.

**Balsalazide:** this drug treats ulcerative colitis in adult men, but isn't effective for women.

Each drug a user takes has a complex interaction with his or her own body and brain chemistry and it is risky to assume that all drugs will produce identical results in all users.

## Differences in Alcohol Effects for Men and Women

Alcohol is another substance that is metabolized differently in men and women. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) explains that alcohol is processed by the water in the body, and bodies with more water can metabolize alcohol faster. Since men, on average, weigh more than women, and since women have less water per pound in their bodies, it takes longer for women to metabolize alcohol. Because of this, as the NIAAA states, women's bodies are

exposed to more alcohol for longer periods of time, which over time can cause health problems such as:

- Brain damage
- Cancer, especially those related to the breasts, head and neck
- Heart disease
- Immune system suppression
- Liver disease

Women may assume that their alcohol consumption is at a safe limit without considering the different effects alcohol has on their health depending on their weight, body chemistry and personal risk factors.

## Differences in Substance Use Patterns for Men and Women

Not only do women's bodies process certain substances differently than men's bodies, but they also tend to use substances in different patterns than men do. point out that men are two to three times more likely than women to develop a substance use disorder. Carla A. Green also explains that while women use drugs, drink alcohol and develop substance abuse problems less often than men, problems that do develop in

women are often more severe than those experienced by men. Green goes on to report that women are more likely than men to seek out treatment. Furthermore, women who complete treatment are nine times more likely to be abstinent compared with women who don't receive treatment. Men who receive treatment, on the other hand, are only three times more likely to be abstinent than men who don't.

Source: [www.foundationsrecoverynetwork.com/do-men-and-women-metabolize-drugs-differently/](http://www.foundationsrecoverynetwork.com/do-men-and-women-metabolize-drugs-differently/)

## ARE YOU A MEMBER?

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



## Brain injury? But you look fine!

How do you respond when people refuse to believe you have a brain injury?

Acquired Brain Injury (ABI) is often called the invisible disability because a person may outwardly appear to be unaffected, particularly if the cause was a brain tumor, near drowning, mild stroke or drugs. Even when the injury is caused by trauma such as a motor vehicle accident, the scars may heal so well that the person appears to be fully recovered.

Unfortunately even a so-called 'mild' brain injury can leave a person facing cognitive deficits in memory, concentration, motivation, fatigue, stress, depression and reduced self awareness. Survivors of a brain injury often find that family, employers and friends have trouble accepting there can still be problems when there is no easily observed physical evidence.

Family members often have the most trouble

understanding the invisible nature of acquired brain injury. With effort, the survivor of a mild to moderate brain injury can often hide or compensate for their cognitive deficits so that most people will not detect any problems for a while. But families get to see beyond the 'public face' due to the amount of time they spend together.

After the brain injury the family is frequently confronted with a 'new' personality — a family member who may be negative, unmotivated, unable to carry tasks through to completion, constantly forgetting things, unable to take others' needs into account, and prone to depression or angry outbursts.

Before the brain injury, the person usually had some degree of control over these areas and how they chose to act and speak. Now they may have

lost these abilities and may only regain some control through compensatory strategies, if at all.

### *How to convince others*

How does a survivor convince skeptical family or friends that they do have a brain injury? Trying to discuss the issue is often difficult. Family members are often resentful if they have been coping with some of the more unpleasant sides of a brain injury, such as anger or self-centeredness. Discussions can break down into recriminations, and the brain injury can be seen as a poor excuse for inappropriate behavior.

Families often come to an understanding of ABI through simply reading about it. Previously their ideas may have been based on what they had seen in movies — a person is knocked briefly

*(But you look fine Continued on page 15)*



(But you look fine Continued from page 14)

unconscious, forgets who they are, their memory is restored by another bump to the head, then they are fine again.

There is a wealth of medical research and information showing that even in cases where people were not unconscious, they may face lifelong difficulties with short-term memory, emotional instability and a wide range of other effects, a far cry from the instant recovery portrayed by Hollywood.

#### *Ongoing physical issues*

Unfortunately, survivors of a brain injury are often left with much more than life-long cognitive effects, such as susceptibility to stress, inability to work, memory problems and extreme fatigue. Traumatic brain injury often leaves lasting effects in terms of musculoskeletal problems, migraines, auditory and visual disabilities, and neuroendocrine disorders. Insurance companies and generic rehabilitation services are often unaware of the frequently ongoing nature of deficits from traumatic brain injury and that a 'return to normal health' does not occur in the majority of cases. In some cases survivors need to take legal action to obtain the rehabilitation and support that their insurance guarantees.

There is a public perception that legal compensation payouts are often very large; but such multi-million dollar awards take into account that the person will need cognitive and physical therapy or support for the rest of their lives.

#### *What about the ultimate skeptics?*

Some people may refuse to believe a brain injury exists unless there is firm medical proof. Usually a moderate to severe brain injury leaves scarring that will clearly show on MRI or CAT scans. The brain does have a limited ability to heal itself; and in milder cases, a scan conducted years or even months after the injury may no longer show evidence, although the cognitive deficits remain. There is also diffuse brain injury, where the damage occurs at a microscopic level throughout the brain, and will not show on scans despite the huge impact it can have.

In these latter cases a neuropsychological assessment is used to identify a brain injury, its effects and the strategies needed for rehabilitation. Testing includes a variety of different methods for evaluating areas such as attention span, memory, language, new learning, spatial perception, problem-solving, social judgment, motor abilities and sensory awareness.

These tests can be quite expensive. Universities offering programs in neuropsychology often provide evaluations at low cost or on a sliding scale as part of their student training.

#### *Hearing issues*

A brain injury can damage both mechanical and neurological processes and result in a variety of hearing difficulties. Our hearing process has two stages: the mechanical and a neurological process. The mechanical process is carried out by the ear which has three sections, the outer, middle, and inner ears. The outer ear, consisting of the lobe and ear canal, protects the more fragile parts inside.

The middle ear begins with the eardrum, a thin membrane which vibrates in sympathy with any entering sound. The motion of the eardrum is transferred across the middle ear via three small bones to the inner ear where a tube called the cochlea is wound tightly like a snail shell. From here the neurological process begins and the brain translates vibration into electrical impulses.

Trauma most commonly affects the mechanical process. An eardrum may rupture, any of the small bones could break or there could be bleeding or bruising of the middle ear. Sometimes damage to the parietal or temporal lobes can disrupt the neurological process. Thankfully many hearing difficulties are not permanent and can be reduced or eliminated with treatment.

It is no wonder that brain injury survivors get discouraged when others won't accept that they have this disability, and the survivors have to face criticism instead of support.

Source: The Bridge: Vol 14

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# Supporting A Loved One After A Brain Injury

## **Stress: It's a part of all of our lives.**

Many of us struggle to cope with the daily stressors of traffic jams, minor arguments, or misplacing the car keys. Sometimes a big life event, such as marriage, the birth of a child, or a change of job can add significant stress on top of the everyday hassles that we all experience. So how do we begin to cope when something truly catastrophic occurs?

Many individuals, particularly those who have become caregivers for a family member recovering from a Brain Injury, routinely grapple with this question. Dr. Peter Stebbins is a clinical psychologist who has devoted much of his career to the adjustment and coping of caregivers for people with a Brain Injury.

"In my early research, I was always very interested in how people respond to the most challenging life events, and one of the most challenging life events known in the area of disability and rehabilitation is becoming a caregiver of someone who has a Brain Injury," says Dr. Pete. "Research has shown that this particular caregiving role is the most stressful when compared to caregivers of people with physical disabilities, dementia and other intellectual disabilities."

"Over the years, I've become passionate about trying to communicate simply and clearly the practical strategies from a behavioral medicine perspective for coping with stressful life events that these caregivers need to know."

## **The waves of life**

His practice and research led to the development of the "Waves of Life" model. "In this model," says Dr. Pete, "we talk about stressful life events in terms of different-sized waves. There are the regular waves of life or daily hassles; big waves of life or disruptive events; and then the tsunamis, which are exactly like the real thing - devastating waves that absolutely wipe us out!"

Taking on a caregiving role for a person with a Brain Injury is one of these tsunamis in life. There are many things that are not dissimilar to caregiver challenges, such as the death of a family member - both of which involve grief and loss. Dr. Pete believes that seven of the predicted ten tsunamis in a lifetime will occur during midlife, with an average age of occurrence between ages 43 and 53.

"What began many years ago in clinical research



with caregivers has evolved into a more simplified education program to help people manage those tsunamis in life and learn how to prevent wipeouts, or major episodes of stress, depression or anxiety" he says.

## **Adjustment & coping**

Why is caregiver adjustment and coping such an important topic? Dr. Pete explains that one of the most powerful predictors of how a person adjusts to a Brain Injury is how the person's caregivers cope.

"It's quite logical when you consider that, for any one of us who has been a parent, when we're fresh and on top of things, we can manage our children better," says Dr. Pete. "In my research I have looked at caregiver coping across a range of disabilities and found that when the caregiver wasn't coping, the person with the injury or disability was significantly compromised."

Furthermore, Dr. Pete suggests that caring for someone with a Brain Injury is a particularly challenging role, and specific difficulties can be traced to cognitive and personality changes before the Brain Injury. The person with the Brain Injury often looks the same but these other changes are the core issues that cause major difficulties for caregivers.

In addition to these challenges, Dr. Pete describes caring for someone with a Brain Injury as a "socially devalued role," as opposed to the caregiving role of a parent, a role typically celebrated within our society. Caring for someone with a Brain Injury also often monopolizes the caregiver's time so self-care is pushed aside.

Changes in cognition, personality, mood and behavior form the uniquely challenging aspects of

caring for a person with a Brain Injury. Dr. Pete realized in his early years working in respite care that it often wasn't the severity of the disability but the behavioral challenges that were causing the most distress for caregivers.

He tells the story of two parents with whom he worked, each with a child with a Brain Injury. "In some cases, cognition and physical ability can be relatively intact but mood and behavior are very volatile, which can be extremely distressing for caregivers. Contrast this with someone who has severe cognitive and physical limitations but stable mood and behavior, and often these are not the caregivers who are

most distressed."

## **Four keys to inner wellbeing**

Dr. Pete's approach emphasizes four keys to inner wellbeing:

- Mindset
- Emotions
- Lifestyle
- Purpose.

It is these four elements that form the strategies that caregivers can use to cope with the many challenges they face. While the children in these two families differed in terms of the effects of their Brain Injuries, Dr. Pete says it was the marked contrast in mindset that made a difference in outcomes between the families for both caregiver and child. One caregiver had a mindset of Worry and Demand, while the other was Encouraging and Accepting.

**The second element is emotions.** Self-awareness, the development of coping strategies, and the use of relaxation techniques all play a role in the management of emotions. "The only thing we can change as caregivers is ourselves," he says. "Focusing on the things we can change and problem-solving is an important part of handling emotions so that they do not become overwhelming."

**The third key is lifestyle.** This element includes keeping a balanced diet, exercising regularly, and getting sufficient sleep. Lifestyle is the often first thing to be compromised when people become

overwhelmed with the responsibilities and demands of a caregiver role. However, it is during these times that it is all the more important to

*(Supporting Continued on page 17)*

ensure that we maintain our health routines. Other important components of lifestyle are social activities, hobbies and interests, through which caregivers can replenish their wellbeing and increase the ability to effectively cope with future demands.

**The final element of inner wellbeing is purpose.** Dr. Pete suggests that having a sense of direction or mission in life is imperative. Often, taking on a caregiving role occurs in the context of previous life directions becoming derailed. It is important to take time to revisit one's purpose and life goals in order to develop new directions that allow you to continue to live according to your values.

#### A support team

Dr. Pete suggests that having a stable support team is essential, and believes a clinical neuropsychologist can play a vital role in caregiver adjustment. "On the psychological side, a clinical neuropsychologist is familiar with the four elements of wellbeing and strategies to assist with coping," says Dr. Pete.

"On the neurological side, he or she will have the ability to understand how the neurological changes in the person with a Brain Injury will affect cognition, behavior and personality."

Dr. Pete says that it is critical to be proactive. "Set up the relationship and lay out the expectations," he says. "Teach them about where you are and about your relative with the Brain Injury."

A majority of people, however, wait until there is a crisis to seek such help. "Unfortunately, most people are reactive in how they use specialist help and so they suffer the effects of serious decline in their own psychological wellbeing," says Dr. Pete. "It is ultimately more cost effective because you're not necessarily having to go through all of the expensive assessment and complicated, intensive appointment times if you already have contingency plans for a crisis."

Clinical neuropsychologists can often be accessed through a referral from your GP.

Source: <http://synapse.org.au/get-the-facts/supporting-a-loved-one-after-a-brain-injury.aspx>



## MY BRAIN:

5% - names,  
3% - phone numbers,  
2% - stuff I should know for school,  
90% - song lyrics

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# Tracy Morgan's Brain Injury: Recovery Can Take Years



Almost a year after the horrific traffic accident that wounded his body and injured his brain, Tracy Morgan says he is on the mend, although he still walks with a cane and has headaches and memory problems.

"I have my good days and my bad days when I forget things," he told Today's Matt Lauer. "There are times when I have the headaches and the nose bleeds."

In the end, Morgan's ability to come back from his brain injury will most likely determine whether he can return to his old life and take up comedy again.

Morgan is one of 275,000 Americans who suffer a brain injury each year that is severe enough to require hospitalization, according to the Centers for Disease Control and Prevention.

How well any of those people recover is something experts currently cannot predict, said Dr. Douglas Smith, a professor of neurosurgery

and director of the Center for Brain Injury and Repair at the University of Pennsylvania.

"We're really missing information on how to provide a prognosis for these patients," Smith said. "Some become vibrant members of society again and if you met them you would never know they had had a brain injury. Others face a lifetime of disability."

For Morgan, things looked pretty grim right after the accident on June 7, 2014. His lawyer, Benedict Morelli told the Associated Press, "when you have a traumatic brain injury, it takes a very long time to find out how you're going to do and how much you're going to recover. You just don't know. He's

still fighting and trying to live his life at the same time and trying to get better, and he's just not better. We're hoping and praying to get him back to where he was. But the jury's out."

After a brain injury patients are tested so that rehab specialists can zero in on the abilities that have been most damaged, Smith said.

"Two very common issues are memory and what we call processing speed," Smith added. "Beyond that people with brain injury can be disinhibited which can lead them to say things that are inappropriate."

The good news for patients with brain injuries is recovery can continue throughout a lifetime and isn't limited to the first one or two years after the initial damage has been done, Smith said.

Still, getting quality rehab right away is essential. "You want to mobilize neuroplasticity," said Wayne Gordon, the Jack Nash Professor and vice chair of the department of rehabilitation medicine at the Icahn School of Medicine at Mount Sinai and director of the Mount Sinai Brain Injury Research Center.

*(Tracy Morgan Continued on page 19)*



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(Tracy Morgan Continued from page 18)

That means, the sooner you can get the brain to start to rewire around damage, the better the prognosis, Gordon explained.

Rehab starts with getting patients back on their feet and walking.

"In physical rehab, patients get heavy doses of physical, occupational, and speech therapy," Gordon said. "Then there is individualized and in-group learning to compensate for and manage what your cognitive challenges are. You're learning how to minimize those cognitive challenges on a day to day basis."

Though people remember clearly who they were and what they did before the brain injury they need to realize there will need to be "a new you," Gordon says.

That doesn't mean the patient's essential personality changes, he explained, adding, "you might be viewing the world a little differently now. You might understand things need to take more time, so you don't rush through things. You realize that everything takes a lot more thought and planning, a lot more organization. You think ahead more. You make sure you get enough sleep."

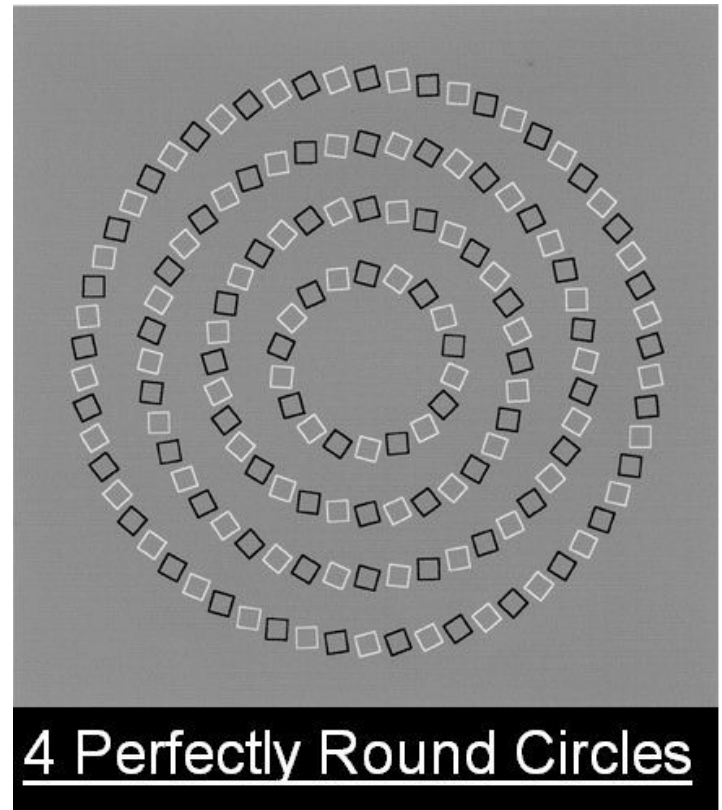
Some will learn to lean on memory aids, such as phones programmed to keep track of their schedules. Gordon is an optimist, though he allows rehab can last a lifetime.

"I think rehab is basically about hope," he said. "It's like a marathon, but you really don't know how long the road is."


Tracy Morgan believes he'll make it to the finish line, that he'll one day get back to doing the thing he loves best, comedy.

"I can't wait to get back," he told Lauer. "But right now my goal is just to heal and get better 'cause I'm not 100 percent yet. And when I'm there you'll know it. I'll get back to making you laugh."

Source: <http://www.nbcnews.com/health/health-news/tracy-morgans-brain-injury-recovery-can-last-years-experts-say-n367856>



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## Nancy Holmes, PsyD CBIS: Working with Brain Injury Clients

When someone comes to my office with a brain injury, I go through several steps to determine how I can help them in the moment as I want to use our time well. I find out how the brain injury happened and listen to their story. Then we discuss how to adapt a variety of approaches and skills to their needs. Finally, we follow up with the plan. I have three cases created from different stories with identifying features changed as examples of this process.

Lets begin with George who fell and hit his head on a rock. He was diagnosed with a Mild Brain Injury, by his doctor and following the injury he began to struggle in his work and marriage. His symptoms included memory problems, difficulty with managing his feelings and he was not able act as a father, husband or employee. His wife (Jane) requested he have an assessment. She was very angry at him. He looked OK from the outside, making it difficult to believe he had a real problem. She was sure he could do better if he tried harder. She considered getting a divorce. Jane needed to observe George perform in a range of skills (memory, insight, thinking ability, etc) before she could understand the severity of his injury and that he was doing his best. The approach used was to invite Jane to sit in the assessment with George as an observer (and with George's consent). The outcome was that despite good effort, George performed poorly (as expected due to the injury). June realized: 1) that he was doing his best, 2) he was seriously injured, 3) the injury included thinking, emotions, behaviors and an inability to be aware of his deficits. Jane also was able to see the fear in his face as he was being assessed. She appeared to be very surprised and deeply shook.

In other settings, families may be more aware and able to support the Brain Injury survivor and it is the survivor who is in need. For example Pete, 22 years old was recently struck by a hit and run driver while riding his bike. His brain was injured. Symptoms included headaches, difficulty reading, balance difficulties, fatigue and memory problems. Five family members accompanied Pete to the office (to support,

observe and take notes). Pete looked sad and worried. Pete needed help in finding himself again with all of the loss. In the visit Pete was: 1) listened to, 2) we discussed his fear that he was not the same person inside as he was before the injury. He understood that he was the same in his heart and his brain was less efficient, not less smart. 3) he could learn to work with his brain to help the cells rewire and learn how to work with his brain allow it to bring up information and work with new approaches, and 4) that he would be taught skills to reduce his headaches, fatigue and dizziness, and finally, 5) we discussed his gathering a treatment team and how teams work together. (Also noted that a support group would assist with other needs that the providers could not meet.) Pete was given a variety of referrals for providers and support groups from his community. Pete's eyes started 'beaming' and he talked more as the visit continued. I often see a survivor's eyes get clearer and brighter as they begin to feel hope.

Our last case is with Penny, a 24 old graduate student who was involved in a Kayaking accident. She was under water for an unknown period of time when the rescue team

brought her back. She suffered from anoxia. Penny was referred to my practice two years following the injury. She was unable to control her anger and the speed at which it arose. Penny needed skills to teach her brain to begin being aware of early indications of anger. In the office she was taught belly breathing (using biofeedback to let her know when she was practicing it correctly or not). She also practiced checking inside several times a day to be aware of her feelings. This was like nudging her brain nerves to wake up and notice what if any feelings were there. Penny was very motivated and her excellent attitude enhanced her success. Shortly after she began to master these skills she joined a support group which quickly became very important to her as she had contact with others with shared experiences.

We discussed what occurs when someone with a brain injury comes into my office. The cases considered are typical concerns. I was not however able to present Posttraumatic Stress Disorder

**Nancy Holmes, PsyD, CBIS, is in private practice and is a board member of BIAOR. Dr. Holmes can be reached at 503-235-2466.**



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# NBA Taking Concussion Seriously

When NBA union chief Michele Roberts watched Stephen Curry return to a game after his head slammed against the floor and he walked woozily to the locker room, she immediately took a closer look at the league's concussion protocols.

Two nights later, when Curry's Golden State teammate Klay Thompson was cleared to return to play after being kneed on the head only to later be diagnosed with a concussion, her reaction was much stronger. "It mortified me," she said.

Now Roberts wants to take an even closer look. The union has hired neurologists to examine the policy and determine whether any changes are needed to prevent players from playing with an undiagnosed concussion.

With the two high-profile head injuries in less than a week, the NBA is taking its turn in the concussion cross hairs that are more often focused on the NFL and NHL.

The director of the NBA's concussion program, Dr. Jeffrey Kutcher, said the Warriors handled both instances properly even though Thompson later was diagnosed with a concussion. Roberts is not convinced that players should not be held out longer out of caution after being hit in the head. While stressing that she is a lawyer, not a doctor, and that she will wait to hear what the medical experts tell her, she also said one player being

allowed back in a game with a concussion is too many.

"That number is sufficient to make us all look at whether we want to risk a player's health for a game," she said. "To say it happens so rarely or doesn't happen frequently enough to change the rules is not enough. We're talking potentially about someone's life. I don't think we should play an odds game when it comes to a player's life."

When a player is suspected of having a possible concussion, team doctors or athletic trainers test the player's short-term memory and recall with cognitive tests, test balance and coordination, and make other observations based on the injury and the mannerisms of a player. Still, brain injuries are not as easily detected as a knee or ankle injury. Kutcher said that about 25 percent of concussions do not show symptoms until hours — or even a day — after the injury.

"That's just the nature of the injury," he said. "One of the fallacies that we deal with is the idea that every concussion can be diagnosed if only they would have looked hard enough. That is an absolute fallacy."

The combination of the delayed reaction and the added risk to a player who receives another blow to the head after already being concussed has some experts questioning why players are

allowed back into games before doctors have definitively ruled out a concussion.

Roberts knows talk of holding players out could be unpopular among her constituents, who are often more concerned about staying on the court than their long-term health. And she is OK with that. "It's not for them to decide," Roberts said. "They're not doctors."

The NBA has averaged 13 concussions per season over the past four years since the protocols were first put in place. That is far fewer than the NFL, which reported 111 concussions in the 2014 regular season and 202 concussions overall with the preseason and practices included.

A player must complete the NBA protocol before being allowed back to play. The protocol involves several steps of increasing exertion from riding a stationary bike, to jogging, to agility work, to non-contact team drills. Players must be free of symptoms before advancing to the next step, and if symptoms appear the player must return to the previous step. Thompson said he understands the difficulty of diagnosing concussions and felt fortunate that he ended up not playing after the injury.

"It's tough because my adrenaline was high," he said. "I felt alert, I felt focused. They ultimately made a great call not putting me back in."

Extracted from article by Josh Dubow, The Associated Press, Jun 3, 2015



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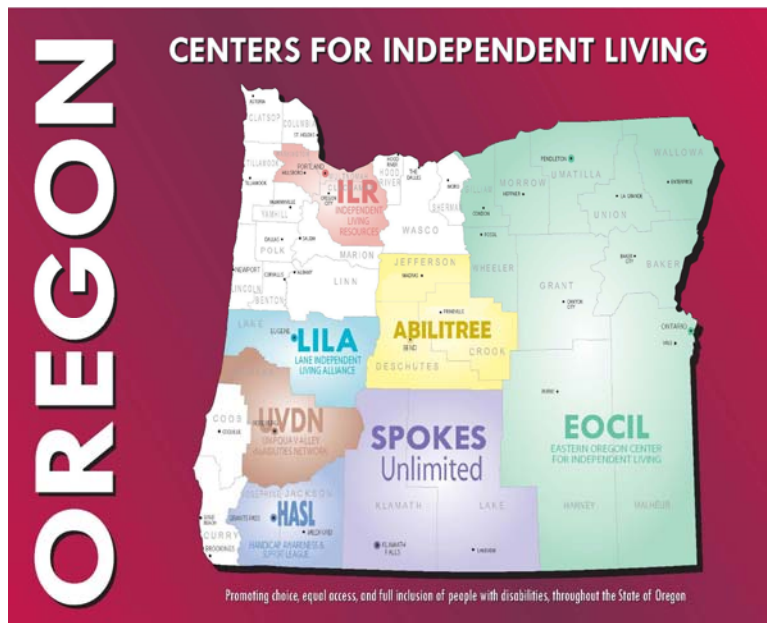
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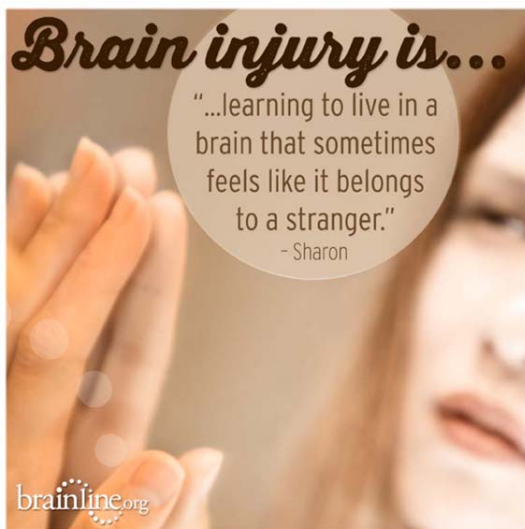


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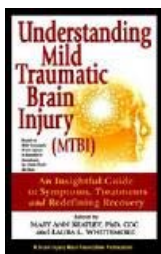


## Spring Sudoku (Answer from page 5)

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

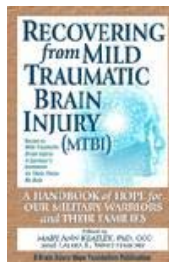






### Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

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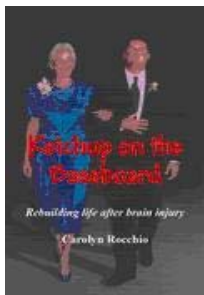
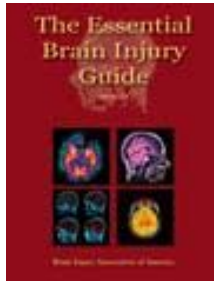


### Recovering from Mild Traumatic Brain Injury A handbook of hope for military and their families.

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

### The Essential Brain injury Guide

The Essential Brain Injury Guide provides a wealth of vital information about brain injury, its treatment and rehabilitation. Written and edited by leading brain injury experts in non-medical language, it's easy to understand. This thorough guide to brain injury covers topics including: Understanding the Brain and Brain Injury; Brain Injury Rehabilitation; Health, Medications and Medical Management; Treatment of Functional Impacts of Brain Injury; Children and Adolescents; Legal and Ethical Issues; and MORE! Used as the primary brain injury reference by thousands of professionals and para-professionals providing direct services to persons with brain injury over the past 15 years. \$60.00

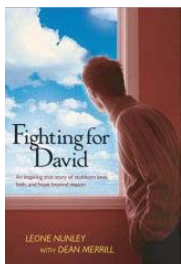
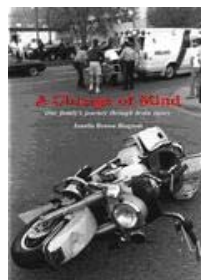


### Ketchup on the Baseboard

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

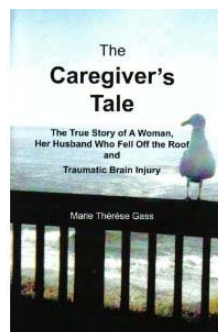


### Fighting for David

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

☐ New Member ☐ Renewing Member

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

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

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

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

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

### Type of Membership

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

### Sponsorship

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

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

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

(Please print name)

### Member is:

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

☐ Professional. Field: \_\_\_\_\_

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

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

### Type of Payment

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

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

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

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

Print Name on Card: \_\_\_\_\_

Signature Approval: \_\_\_\_\_

Date: \_\_\_\_\_

### Please mail to:

BIAOR PO Box 549

Molalla, OR 97038

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

www.biaoregon.org • biaor@biaoregon.org

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# Resources

For Parents,  
Individuals, Educators  
and Professionals

## The Oregon TBI Team

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

## LEARNet

Provides educators and families with invaluable information designed to improve the educational outcomes for Individuals with brain injury.  
[www.projectlearnnet.org/index.html](http://www.projectlearnnet.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](mailto:info@factoregon.org)

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

## Websites

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

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

## FREE Brain Games to Sharpen Your Memory and Mind

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

<http://brainist.com/>

**Home-Based Cognitive Stimulation Program**

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

**Sam's Brainy Adventure**

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

**Neurobic Exercise**

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

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

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

## Returning Veterans Project

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

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

## Center for Polytrauma Care-Oregon VA

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

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



## Washington TBI Resource Center

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

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

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

## Legal Help

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

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

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

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

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

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

## Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

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

If so call:

Julia Greenfield, JD Staff Attorney  
Disability Rights Oregon

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

## Financial Assistance

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

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

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

### Housing

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

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

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

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

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

## Need Help with Health Care?

**Oregon Health Connect:** 855-999-3210

[Oregonhealthconnect.org](http://Oregonhealthconnect.org)

Information about health care programs for people who need help.

**Project Access Now** 503-413-5746 [Projectaccessnow.org](http://Projectaccessnow.org)  
Connects low-income, uninsured people to care donated by providers in the metro area.

**Health Advocacy Solutions** - 888-755-5215 [Hasolutions.org](http://Hasolutions.org)  
Researches treatment options, charity care and billing issues for a fee.

**Coalition of Community Health Clinics** 503-546-4991  
[Coalitionclinics.org](http://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](http://Oregon.gov/OHA/pharmacy/OPDP/Pages/index.aspx)  
Helps the uninsured and underinsured obtain drug discounts.

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

## Tammy Greenspan Head Injury Collection

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

## Valuable Websites

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### Astoria

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

### Beaverton

#### Because My Dani Loved Me

Brain Injury Survivors, Stroke Victims and their Care Givers  
Sundays 10:00 am - 12:00 pm  
Beaverton Community Center  
12350 SW 5th St #100  
Beaverton, OR 97005  
Please call Dani and Carrie di Palma RN ( Ret.) for info. 503.352.4702 [MyDaniLovedMe@aol.com](mailto:MyDaniLovedMe@aol.com)

### 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](mailto: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](mailto: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](mailto: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](mailto: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](mailto:jfunk@samhealth.org)

# Brain Injury Support Groups

### Coos Bay (1)

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

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

#### Growing Through It- Healing Art Workshop

Contact: Bittin Duggan, B.F.A., M.A.,  
541-217-4095 [bittin@growingthroughit.org](mailto:bittin@growingthroughit.org)

### Eugene (3)

#### Head Bangers

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

#### Community Rehabilitation Services of Oregon

3rd Tuesday, Jan., Mar., May, Sept. and Nov.  
7:00 pm - 8:30 pm Support Group  
St. Thomas Episcopal Church  
1465 Coburg Rd.; Eugene, OR 97401  
Jan Johnson, (541) 342-1980  
[admin@communityrehab.org](mailto:admin@communityrehab.org)  
  
**BIG (BRAIN INJURY GROUP)**  
Tuesdays 11:00am-1pm  
Hilyard Community Center  
2580 Hilyard Avenue, Eugene, OR. 97401  
Curtis Brown, (541) 998-3951 [BCCBrown@gmail.com](mailto:BCCBrown@gmail.com)

### Hillsboro

#### Westside SUPPORT GROUP

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

### Klamath Falls

#### 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](mailto:jackie.reed@spokesunlimited.org)

### Lake Oswego

#### Family Caregiver Discussion Group

1st and 3rd Saturday, 9:30 - 10:30 AM.  
(there will be no group in August)  
Lake Oswego Adult Community Center  
505 G Avenue, Lake Oswego, OR 97034  
Ruth C. Cohen, MSW, LCSW, 503-701-2184  
[www.ruthcohenconsulting.com](http://www.ruthcohenconsulting.com)

### Lebanon

#### BRAIN INJURY SUPPORT GROUP OF LEBANON

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](mailto: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](mailto:sonjabolon@yahoo.com)

### Portland (20)

#### Brain Injury Help Center

*Call and meet with Brain Injury Advocate*  
Tuesdays & Thursdays: 10:00-12:00  
*Young BI Adult Technology & Game time*  
Wednesdays: 10:00-12:00  
*Family and Parent Coffee in café*  
Wednesdays: 10:00-12:00  
*"Living the Creative Life" Women's Coffee*  
Fridays: 10:00 – 12:00  
1411 SW Morrison #220 Portland, Oregon 97205  
[braininjuryhelporg@yahoo.com](mailto:braininjuryhelporg@yahoo.com) Call Pat Murray 888-302-2229

### 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  
Brian Liebenstein 503-608-2378  
[peersupportcoordinator@birrdsong.org](mailto: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  
Jane Starbird, Ph.D., (503) 493-1221  
[drstarbird@aol.com](mailto:drstarbird@aol.com)

### BRAINSTORMERS II

3rd Saturday 10:00am-12:00noon  
Survivor self-help group  
Emanuel Hospital Medical Office Building West Conf Rm  
2801 N Gantenbein, Portland, 97227  
Steve Wright [stephenmwright@comcast.net](mailto: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](mailto:grupodeapoyo@BIRRDsong.org)  
**Please Pre-Register**

### FAMILY SUPPORT GROUP

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



### **FARADAY CLUB**

1st Saturday 1:00-2:30pm  
Peer self-help group for professionals with BI  
Emanuel Hospital, Rm. 1035  
2801 N Gantenbein, Portland, 97227  
Pat Murray 888-302-2229 [murraypamurray@aol.com](mailto:murraypamurray@aol.com)

### **OHSU Sports Concussion Support Group**

For Youth and Their Families who have been affected by a head injury  
2nd Tuesday, 7:00-8:30 pm  
OHSU Center for Health and Healing  
3303 SW Bond Ave, 3rd floor conference room  
Portland, OR 97239  
For more information or to RSVP contact Jennifer Wilhelm (503) 494-3151 or email: [wilhelmj@ohsu.edu](mailto: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 888-302-2229 [murraypamurray@aol.com](mailto: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](mailto:afripath@gmail.com)

### **MUST BE PRE-REGISTERED**

### **THRIVE SUPPORT GROUP**

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

### **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](mailto:udvn@udvn.org)

### **Salem (3)**

### **SALEM BRAIN INJURY SUPPORT GROUP**

4th Thursday 4pm-6pm  
Salem Rehabilitation Center, Conf Rm 2 A/B  
2561 Center Street, Salem OR 97301  
Megan Snider (503) 561-1974  
[megan.snider@salemhealth.org](mailto:megan.snider@salemhealth.org)

### **SALEM COFFEE & CONVERSATION**

Fridays 11-12:30 pm  
Ike Box Café  
299 Cottage St, Salem OR 97301

### **SALEM STROKE SURVIVORS & CAREGIVERS SUPPORT GROUP**

2nd Friday 1 pm -3pm  
Salem Rehabilitation Center  
2561 Center Street, Salem OR 97301  
Bill Elliott 503-390-8196 [welliott21xyz@mac.com](mailto: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](mailto:biaqcedby@earthlink.net))

#### **Stevens County TBI Support Group**

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

#### **Moses Lake TBI Support Group**

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

#### **Pullman TBI Support Group**

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

#### **Pullman BI/Disability Advocacy Group**

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

### **SPOKANE, WA**

#### **Spokane TBI Survivor Support Group**

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

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

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

### **Spokane County BI Support Group**

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

### **Spokane County Disability/BI Advocacy Group**

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

### **VANCOUVER, WA**

#### **TBI Support Group**

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

### **IDAHO TBI SUPPORT GROUPS**

#### **STARS/Treasure Valley BI Support Group**

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

#### **Southeastern Idaho TBI support group**

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

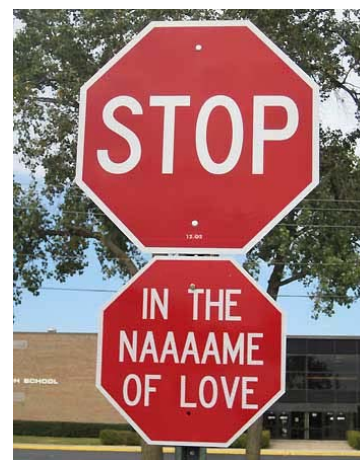
#### **Twin Falls TBI Support Group**

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

#### **\*Northern Idaho TBI Support Group**

##### **\*For Veterans**

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





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

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## Nancy Irey Holmes, Psy.D, CBIS

Psychologist, Certified Brain Injury Specialist

2775 SW 17th Pl

Health Point Bldg, Suite 4

Redmond OR 97756

541-330-4428

4511 SE Cesar E. Chavez Blvd.

Portland OR 97202

503-235-2466

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

FAX: 503-200-5550

Traumatic Brain Injury  
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rehabilitation for Traumatic Brain Injury



**PAMELA MORGAN GRIFFITH**

3734 S.E. Gladstone

Portland, Oregon 97202

**503-788-3266**

[kmspam@hotmail.com](mailto:kmspam@hotmail.com)

## How To Contact Us

### Brain Injury Alliance of Oregon (BIAOR)

#### Mailing Address:

PO Box 549

Molalla, OR 97038

Toll free: 800-544-5243

Fax: 503-961-8730

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

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

#### Branch Offices: Appointments only

Brain Injury Help Center- Pat Murray

1411 SW Morrison #220 Portland, Oregon 97205

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

Salem Regional Rehab Center

2561 Center St NE, Salem OR 97401

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

**BIAOR Advocacy Network** [BIAORAdvocacy-](mailto:BIAORAdvocacy-subscribe@yahoogroups.com)

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Medical Malpractice  
Wrongful Death

Dangerous Premises  
Defective Products  
Bicycle Accidents  
Motorcycle Accidents  
Sexual Harassment/Abuse  
Aviation Accidents  
Legal Malpractice