The Newsletter of the Brain Injury Alliance of Oregon

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How injuries change our brain and how we can help it recover

Injury to the adult brain is all too common. A brain injury will often show up on brain scans as a well-defined area of damage. But often the changes to the brain extend far beyond the visible injury.

Changes in the brain also continue to evolve for many months after injury. Part of this is simply the clearing away of debris by a normal healing process (for example, the clearance of bruising in the brain after a concussion). And there are things we can do to aid our brain's recovery.

The two most common causes of brain injury are TBI and stroke. Stroke can be caused both by bleeding into the brain and by a lack of blood supply when an artery becomes blocked. A significant proportion of all strokes occur in young adults and, unlike other types of stroke, the incidence of stroke in young adults is not falling. A traumatic brain injury occurs when an external force damages the brain.

Concussions, a form of mild traumatic brain injury, are receiving increased scrutiny from sporting codes, doctors, and researchers as their possible long-term impacts come to light. Concussions result from force or impact to the skull or body, causing damage as the brain is compressed or stretched within the skull

Other injuries to the brain may also be caused by toxins, such as drugs and alcohol, tumors, infections by viruses or bacteria that lead to inflammation and injury, and degenerative brain disorders including Alzheimer's, Parkinson's and Huntington's diseases.

Restoring the brain

One very important research question is whether

longer term changes that occur after brain injury are helping to restore function after damage, or are harming prospects for recovery. Can we influence the wideranging changes that occur in the months after injury to improve recovery?

There are many possible changes that could occur in the brain that might help to improve recovery. These adaptations can apply to a range of problems that occur after injury, such as difficulty with speech or language after stroke, or poor memory, poor concentration or poor balance after concussion.

Restoration can include the creation of replacement nerve fibers or nerve cells (regeneration) but also other types of adaptation that restore function after injury.

One example of changes in the brain that might help restore function is change in the structure of the white matter, or wiring of the brain. Previous research has found that in people with a memory system that had deteriorated (people with a disorder called mild cognitive impairment), alternative connections can pick up the load and help to compensate for damage.

We don't yet know whether the white matter fibers actually change after the injury, or whether they always had this reserve capacity. But we do know white matter pathways change in response to learning new skills, such as juggling or memory training.

So it seems possible that as people re-learn a skill after injury, such as walking, talking or even mental arithmetic, the relevant white matter connections

(Continued on page 7)

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Sherry Stock, MS CBIST Executive Director Pat Murray, Associate Director, MED Counseling ADM, MCC, Peer Support Rachel Moore, CBIS Eastern OR 541-429-2411 Peer Support Rachelbiaoregon@gmail.com Becki Sparre, Information and Referral, Peer Support, Trainer 503-961-5675

Beckibiaoregon@gmail.cpm

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

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

Editor: Sherry Stock

Advertising in Headliner

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

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Policy

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

Executive Director's Corner

I would like to take this opportunity to thank everyone who attended The 2018 Pacific Northwest Medical Legal Brain Injury Conference. Each year, we learn more about working with individuals with brain injury at the conference and how to help them after their BI.

What are the changes to some after a brain injury? Things like kindness, warmth, hostility and selfishness. Deeper than this, however, is how we react to the world around us, respond socially, our moral reasoning, and ability to manage emotions and behaviors. Many people after a brain injury find that they have changed .

This is nothing new. Some examples of that in history, where the individual has prefrontal cortex damage are:

The curious case of Phineas Gage, 25, in 1848. was working as a construction foreman for a railroad company. While trying to blast rock away, Gage detonated the powder and the charge went off, sending the rod through his left cheek, and he was thrown to the floor, stunned. but conscious. Previously a well-mannered. respectable, smart business man, Gage reportedly became irresponsible, rude and aggressive. He was careless and unable to make good decisions, and his family and friends barely recognized him.

A similar case was that of photographer and forerunner of motion pictures Eadweard Muybridge. In 1860, Muybridge was involved in a stagecoach accident and sustained a brain injury. He had no recollection of the crash, and developed traits that were guite unlike his former self. He became aggressive, emotionally

unstable, impulsive and possessive. In 1874, upon discovering his wife's infidelity, he shot and killed the man

involved. His attorney pled insanity, due to the

extent of the personality changes following the accident; "he seemed like a different man".

Difficulties with emotion management like this are not only distressing, but are predictive of lower psychological adjustment, negative social changes and greater caregiver distress. Many brain injury survivors also suffer with depression, anxiety and social isolation, while struggling to adjust to post-injury life. Damage to the prefrontal cortex can change who we are, and though people have become unrecognizable from it in the past, new strategies will make a big difference to their lives. It may be too late for Gage, Muybridge and others, but brain injury survivors of the future will have the help they need to go back to living their lives as they did before because BIAOR, their families and researchers are not giving up. This is why we have the conference and other trainings. Plan to attend the 2019 conference March 7, 8, 9 to learn more ways to help those living with a brain injury and their families.

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

> Sherry Stock, ABD/PhD, MS, CBIST **BIAOR Executive Director**

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 23)

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

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

Names in Bold are BIAOR Board members

Attorneys

Oregon

- **‡** Paulson Coletti, John Coletti, Jane Paulson Portland, 503,226,6361 www.paulsoncoletti.com
- **±** Tom D'Amore, D'Amore & Associates, Portland 503 -222-6333 www.damorelaw.com
- ‡ Dr. Aaron DeShaw, Portland 503-227-1233 www.deshawlaw.com
- # Bill Gaylord, Gaylord Eyerman Bradley,PC, Portland 503-222-3526 www.gaylordeyerman.com

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

Beaverton

- † Melissa Bobadilla, Bobadilla Law, Beaverton 503-496-7500 PI Immigration
- John Uffelman, Beaverton, OR (503) 644-2146 PI, MediMal, Catastrophic Injury, Auto Accidents, Criminal Defense, Civil and Commercial Litigation, Insurance Disputes

Bend

- † Dwyer Williams Potter Attorney's LLC, Bend, 541-617-0555 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 Area

- Patrick Angel, Angel Law, P.C, Portland (503) 953-8224 PI
- William Berkshire, Portland 503-233-6507 PI Jeffrey Bowersox, Lake Oswego, 503-452-5858 PI Lori Deveny, Portland 503-225-0440
- Jerry Doblie, Doblie & Associates, Portland, 503-226-
- 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
- Peggy Foraker, Portland 503-232-3753
- Sam Friedenberg, Nay & Friedenberg, Portland 503-245-0894 Guardianship/Conservatorship
- Timothy Grabe, Portland, 503-223-0022
- Sharon Maynard, Constance S Snyder Law Firm Wilsonville 503 682-8669, Trusts
- € Craig Allen Nichols, Nichols & Associates, 4504 S.W. Corbett Avenue, Suite 200, Portland, OR 97239 503-224-3018
- Richard Rizk, Rizk Law, Inc., Portland 503-245-5677 Trucking Injuries, WC, Empymt & LT Disability J. William Savage, Portland 503-222-0200 Richard 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-
- Jud Wesnousky, JD, Berkshire Ginsberg, LLC, Portland, 503-542-3000

Salem

Adams, Hill & Hess, Salem, 503-399-2667

€ Richard Walsh, Walsh & Associates, PC Keizer, 503 -304-4886 www.walshlawfirm.net

Roseburg

Samuel Hornreich, Roseburg, 541-677-7102

Washington Bremerton Seattle **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

Care Facilities/TBI Housing/Day

Programs (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

Advocate Care, LLC, Leah Lichens, Medford, 541-857-0700 RCF 18-65

Carol Altman, Homeward Bound, Hillsboro 503-640-

- Eric Asa, The Positive Difference ACH, LLC, Gresham, 503-674-5149
- Hazel Barnhart, Psalm 91 Care Home, Beaverton, 971-227-4773 or 503-747-0146 TBI 35 and over
- Fataumata (Tata) Blakely, Heart of Living Home Care, Salem OR 503-454-8173 (c) 971-701-6979
- Pamela Cartwright, Cedars Adult Foster Care, Astoria, 503-325-4431
- £ Casa Colina Centers for Rehabilitation, Pomona, CA, 800-926-5462
- Damaris Daboub, Clackamas Assisted Living, Clackamas 503-698-6711
- Donna Walsh, Delta Foundation/Snohomish Chalet. Snohomish, WA 360-568-2168
- 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

Salem, 503-586-2300

- **†** Gateway/McKenzie Living, Springfield Mark Kinkade, 541-744-9817, 866-825-9079 RCF
- Greenwood AFC, Inc, Greg & Felipa Rillera, Portland 503-267-6282

John Grimm, AFH Philomath 541-929-7681 Herminia D Hunter, Trinity Blessed Homecare, Milwaukie, 503-653-5814, Dem/Alz 70 and over IS Living Integrated Supports for Living, Chrislyn Prantl,

- Kampfe Management Services, Pam Griffith, Portland, 503-788-3266 Apt
- Terri Korbe, LPN, High Rocks Specialty Care, Clackamas 503-723-5043
- Learning Services, Northern CA & CO, 888-419-9955
- + Mentor Network, Yvette Doan, Portland 503-290-
- Joana Olaru, Alpine House, Beaverton, 503-646-9068 Premila Prasad, Portland 503-245-1605
- Quality Living Inc (QLI), Kristin Custer, Nebraska, 402
- **†** Sapphire at Ridgeview Assisted Living Facility, 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
- Windsor Place, Inc., Susan Hunter, Salem, 503-581 -0393 Supported Apt

Chiropractic

Judith Boothby, DC, Third Way Chiropractic, Portland 503-233-0943

Gretchen Blyss, DC, Portland, 503-222-0551 Eric Hubbs, DC, 180 Chiropractic, Beaverton 503-646-2278

- Thomas Kelly, DC, Kelly Chiropractic, Vancouver WA 360-882-0767
- Russell Kort, DC, Kort Chiropractic & Concussion Care, 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
- James Martin, DC, DACS, CCN Martin Chiropractic, Yakima WA 509-248-6484
- Bradlev Pfeiffer. Bend 541-383-4585

George Siegfried, McMinnville 503-472-6550

Cognitive Rehabilitation Centers/ Rehab Therapists/Specialists

- Brainstorm Rehabilitation, LLC, Bethany Davis, Ellensburg, WA 509-833-1983
- Cognitive Enhancement Center, Inc. Brad Lofitis Portland 503-760-0425 (OHP)(Day Program)
- Community Rehab Services of Oregon, Inc., Eugene, 541-342-1980 Jan Johnson
- The Hello Foundation and Clinic, Sharon Soliday, SLP/OT, Portland, 503-517-8555 www.thehellofoundation.com
- 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)

To become a professional member of BIAOR see page 22 or contact BIAOR, biaor@biaoregon.org.

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Looking for an Expert? See our Professional Members here

- Marie Eckert, RN/CRRN, Legacy HealthCare, Rehabilitation Institute of Oregon (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
- Kate Robinson, MA, LPC, CADC1, Clear Path Counseling, LLC, 971-334-9899

Educators

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

Expert Testimony

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

Financial Planning

† Coldstream Wealth Management, Roger Reynolds roger@coldstream.com 425-283-1600

Functional Neurologist

- Jacob Plasker, DC, FACFN Plasker Chiropractic and Functional Neurology 458-206-3461
- Stefan Herold, DC, DACNB, Tiferet Chiropractic Neurology, Portland 503-445-7767
- Glen Zielinski, DC, DACNB, FACFN, Northwest Functional Neurology, Lake Oswego, 503-850-4526

Holistic Practitioners/Therapy Programs

- Kendra Bratherton, COTA,/L, PBP, Reiki Master, Merkaba Center for Healing, Tensegrity Medicine/Bowenwork Energy Medicine, Astoria, 209-791-3092 merkabacenter@gmail.com
- Claire Darling, LMT Therapeutic Massage-Bowenwork claire@clairedarlingImt.com 503-747-4696

Life Care Planners/Case Manager/Social Workers

- Rebecca Bellerive, Rebecca Bellerive, RN, Inc, Gig Harbor WA 253-649-0314
- 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@comcst.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

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

- Carol Altman, Bridges to Independence Day Program, Portland/Hillsboro, 503-640-0818
- Marydee Sklar, Executive Functioning Success, Portland, 503-473-7762

Medical Professionals

- David Hackett, OD, MS, FCOVD, Lifetime Eye Care, Eugene, 541-342-3100
- Alaina Randerson, Neurological Rehabilitation Coordinator, Northwest Functional Neurology, Lake Oswego, 503-850-4526
- Douglas S. Wingate, MAcOM, L.Ac. Acupuncture, Chinese medicine, 4410 NE Glisan, Portland, OR 410 NE 3rd St., McMinnville 503-250-0660
- Bruce Wojciechowski, OD, Clackamas, Neurooptometrist, Northwest EyeCare Professionals, 15259 SE 82nd DR #101, Clackamas, OR 97015, 503-657-0321; 1401 SE 164th Ave #100, Vancouver, WA 98683, 360-546-2046; 10970 SW Barnes Rd, Beaverton, Or 97225, 503-214-1396

Neurologic Music Therapy

Matthew Senn, MT-BC, NMT, CEO, NeuroNotes, msenn@neuronotestherapy.com 971-253-9113

Physicians

- Bryan Andresen, MD, 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, Lake Oswego 503-635 -1604
- ± 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 Associates, Portland Legacy 503-413-6294
- Oregon Rehabilitation Medicine, P.C., Portland, Providence 503-215-8699
- Kevin Smith, MD, Psychiatrist, OHSU, 503-494-8617 Francisco Soldevilla, MD, Neurosurgeon, Northwest Neurosurgical Associates, Tualatin, 503-885-8845
- David Witkin, MD, Internal Medicine, Sacred Heart Hospital, Eugene, 541-222-6389

Psychologists/ Neuropsychologists

James E. Bryan, PhD, Portland 503.284.8558

Patricia Camplair, PhD, Portland 503-827-5135 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

- † The Hello Clinic, Sharon Soliday, SLP/OT, Portland, 503-517-8555 www.thehellofoundation.com
- 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

State of Oregon

State of Oregon, OVRS, Salem (503) 945-6201 www.oregon.gov/DHS/vr

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Trauma Nurses Talk Tough

Angela Aponte-Reid, Prevention RN, Trauma Nurses Talk Tough, Legacy Health System, Emanuel Medical Center, Portland 503-413-2340

Veterans Support

Mary Kelly, Transition Assistance Advisor/Idaho
National Guard, 208-272-4408

£ Returning Veterans Project,Portland,503-954-2259

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

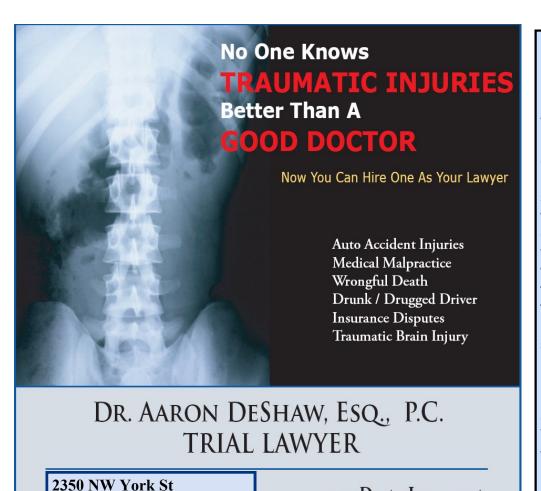
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Kadie Ross, OVRS, Salem, 503-378-3607

Scott T. Stipe MA, CRC, CDMS, LPC, IPEC, ABVE-D, Certified Rehabilitation Counselor, Board Certified Vocational Expert, Licensed Professional Counselor Career Directions Northwest, Scott Stipe & Associates, Inc, Portland, (503) 234-4484

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ARE YOU A MEMBER?

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

Imagine What Your Gift Can Do.

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

Portland, OR 97210

503-277-1233

Please mail to: BIAOR PO Box 549 Molalla OR 97038 800-544-5243

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Phone	Signature Approval:
Email	Zip Code that CC Bill goes to:

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The Lawyer's Desk: A Look at TBI Legal

Representation .

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

As you have undoubtedly read in other parts of this Newsletter, a modification has been made to Max's and Jenna's laws. This is a big deal and the changes represent the culmination of a significant amount of work by a core group of chiropractors and naturopaths who have been pushing for this change for approximately five years.

For those readers who are not familiar with Max's law and Jenna's law, they are the laws that govern "return to play" protocols for concussed youth athletes in Oregon. In relevant part, the laws provide that in order for a player who was previously concussed to return to play, either on the practice field or in a game, the player must receive a return to play release signed by a qualified "health care professional." Up to this point, a qualified "health care professional" has been defined as a "physician (MD), Physician's Assistant (PA), Doctor of Osteopathic (DO) licensed by the Oregon State Board of Medicine; or a nurse practitioner licensed by the Oregon State Board of Nursing." (See Oregon Administrative Rules 581-022-0421).

Under the new language applicable to Max's law and Jenna's law, a qualified "health care professional" now includes (in addition to the MDs, PAs, DOs and Nurse Practitioners) "a chiropractic physician, a naturopathic physician, a psychologist, a physical therapist, (and) an occupational therapist."

In order for the newly designated health care professionals to be able to perform the return to paly evaluations, that health care professional must have a certificate that is earned by "successfully" completing "an online program that is established by Oregon Health and Sciences University." This new OHSU certification program (which is currently being developed by Dr. Jim Chesnutt, MD and his team at OHSU) will be designed to establish that the health care professional has a "foundation of knowledge related to the assessment, diagnosis and management of sports related concussions."

In addition, the OHSU program must inform

the health care professionals of the requirements imposed by Max's law and Jenna's law and "any other related legal requirements." The new program also must inform the health care professionals of "limitations of the training provided through the online program."

OHSU has until October 2018 to "submit to the interim committee of the Legislative Assembly related to health care a report on the progress of the university in establishing the online program." It is hoped that this timeline will allow the online certification program to be operational in time to allow those newly designated health care providers to become officially certified by July 1, 2020, which date is also enumerated in the new law.

While the OHSU program is nowhere near complete at the time of this writing, the good doctors at OHSU have their work cut out for them. While chiropractors, naturopaths, psychologists, physical therapists and occupational therapists have some training in the diagnosis and treatment of concussions, their concussion training is not comprehensive at the time they are awarded their various licenses to practice. The representatives of these respective professions who have been active in the lobbying and passage of this new law are incredibly qualified practitioners, some holding advanced certificates within their disciplines relating specifically to

concussion management. But, to be clear, these highly qualified individuals are not the target of the new training being developed by OHSU. Instead, the challenge of the OHSU training is to take a newly designated health care professional who may only have a minimal understanding of concussion management and within the span of an online training (anticipated to be approximately seven hours in duration, although at this point that is merely speculation), provide that health care provider with the necessary expertise to evaluate



whether the previously concussed player has recovered to a sufficient degree to return to play without the risk of second impact syndrome. As anyone who has been reading this column for the past thirteen years knows, I consider this knowledge base to be absolutely critical to ensure that no player returns to play before they are ready.

There will undoubtedly be an element of "self-selection" associated with which of the newly designated healthcare providers will even want to accept the awesome responsibility of evaluating whether a player has recovered sufficiently to be allowed to return to play, and that is a good thing. As I have said before a thousand times, we're talking about the cognitive health of our young athletes, and there is very little in this world more important than protecting those kids from the risk of second impact syndrome and future cognitive injury.

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, .4504 S.W. Corbett Avenue, Suite 200, Portland, OR 97239

The bad news is,
I accidentally took the
wrong medication today.

The good news is,
I'm now protected from
heartworms and fleas
for the next three
months

(Continued from page 1) become stronger to support recovery.

Creating new brain cells

Another way function may be restored is through the creation of entirely new nerve cells. These new cells could help by replacing the function of nerve cells lost or damaged after stroke. Or they might bolster the function of surviving brain regions that can compensate for loss of nerve cells elsewhere.

In our younger years, the production of new nerve cells is common, but as we get older this ability is reduced. Finding ways to reactivate this process could lead to new treatments following a brain injury.

Another form of adaptation to restore function after injury is the strengthening of pre-existing circuits that were in use prior to the injury, thereby restoring them to their former level of performance.

This strengthening can happen as a natural result of learning, explaining why training lost skills or functions is an effective way of recovering them. For example, elite rugby union players who suffer concussion often find they have to go through a period of resharpening their ball and positional skills as they return to play after injury. This is an example of changing our brains in a positive way to promote recovery.

The brain is flexible and adaptable and remains so throughout adult life. Now we just have to figure out how best to harness its plasticity when things go wrong.

Source: https://medicalxpress.com/news/2018-04-injuries-brain-recover.html

Whoops, Did I Just Say That? Cognitive Problems After Brain Injury. My Beautifully Broken Brain

One BI survivor said that, "I always start my story with: I went sleep as myself and woke up a total stranger."

She said that she suffered a bleeding stroke and brain anyurism after some routine dental surgery. The doctors told hery family that if she survived she would never be the same. After learning how to walk, talk, chew, swallow, read and write, 3 months of therapy and rehabilitation, kidney failure due to antibiotics she said that the doctors were right about on thing. She would never be the same. "You can't see my broken brain, you only see that I am acting out," she says.

What is cognition?

Cognition is the act of knowing or thinking. It includes the ability to choose, understand remember and use information.

Cognition includes:

- Attention and concentration
- · Processing information and understanding
- Memory
- Communication
- Planning, organizing and assembling
- Reasoning, problem solving, judgement
- controlling impulses and desires to be patient.

"Through my eyes I see a kaleidoscope of bright lights and colors, in a crowd the kaleidoscope spins a word of madness, but you can only see that I am being difficult. I have always been a bit of a smart mouth, my mom used to call me "mouth" always have to have the last word, I pretty much grew up with a bar of soap in my mouth! As I grew up I learned when it was and wasn't appropriate to just blurt things out, how to respectful and how to think things through before I speak or act." she says.

After a TBI it is common for people to have problems with:

- attention, concentration, memory, speech, language, learning, reasoning, planning and problem solving.
- Misunderstanding jokes or sarcasm.
- Having troubles reading others emotions and not responding appropriately to another person's feelings or social situations.
- Inappropriate, embarrassing or impulsive behavior.

A few months after her stroke her sister-in-law and brother came from Spokane to visit. She didn't hear something her sister in law said, and she took her response completely wrong. She felt that she was accusing her of faking her brain injury. Not really being able to think things through she sent her sister-inlaw a horrible letter.

"As you can imagine that caused quite an explosion. And not knowing why I misunderstood, none of us knew anything about cognition being affected by my TBI, I felt like a monster."

Individuals with brain injury may lack self control and self awareness, and as a result they may not behave properly or impulsive (without thinking it through in social situations).

"If only I could open my brain for you to see the brokenness inside of me"

If family and friends understand that a person with a TBI is unable to reason "If I say this or if I do this something bad is going to happen, "then strategies can be put in place.

Self awareness requires complex thinking skills that are other damaged and weakened from brain injury.

"I have to admit when I researched this information and read this I dropped my notebook. It describes me perfectly. I recently on a bad day of over thinking and feeling sorry for myself I decided to write another letter. I rationalized that they didn't understand me and didn't want to. Writing the letter made perfect sense to me. The things I said in that letter can't be taken back. "she says. "When I open my mouth words like vomit spill out, if only you could see the twisted wires in my brain they make me sound insane. I misunderstood so much. And instead of thinking it all through I blasted them, hurt them and pushed them away."

There are things family members can do, like thinking ahead about situations that might bring about poor judgment.

- Think ahead about situations that might bring about poor judgment.
- (A family had a code word, in situations like even texting each other and the BI surivior misunderstand, it was "rubber duck" and that was the cue that they were just joking And everything was ok. It really helps in social gatherings where it is bright and loud, like dinner out with family or friends.
- Provide clear expectations for desirable behavior before events.
- Plan and rehearse social interactions so they will be predictable and consistent.
- Establish verbal cues to signal the person to stop and think. A code word would be a great way to send a signal without embarrassing anyone or drawing attention to the problem.

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Sensory and Perceptual Problems After Brain Injury

Sensory and perceptual problems can arise from damage to the right side of the brain or the parietal and occipital lobes of the brain. These areas of the brain process the input from our senses. For example, when eating an our apple our brain will report on the following:

- touch (it's round and smooth)
- sight (it is red)
- sound (it's crunchy)
- smell (the apple is fresh)
- taste (it's sweet and ripe).

Brain disorders such as traumatic brain injury (TBI) can disrupt our senses, and also how our perception of what our senses tell us. Our sensory and perceptual systems include:

- auditory (sound)
- visual (color, shape, size, depth and distance)
- tactile (touch relating to pain, pressure and temperature)
- olfactory (smells)
- gustatory (taste).

Visuo-spatial skills

While problems can occur with our sensory systems, visuo-spatial problem are often more noticeable. Possible issues include:

- · drawing objects
- recognizing objects (agnosia)
- telling left from right
- mathematics (discalculia)
- analyzing and remembering visual information
- manipulating or constructing objects
- awareness of the body in space (e.g. climbing stairs)

• perception of the environment (e.g. following directions).

Neglect

A well known problem is neglect where ignores one side of all it perceives - usually the left hand side. For example, a person may ignore food on the left side of a plate or fail to copy aspects on the left side of a picture.

Case study - Elsie: Elsie was a 52 year old woman who had a stroke three years ago and since then had problems with sideswiping parked cars and posts on the left side of her car. Elsie visited her doctor to have here eyesight checked. She was referred to a neuropsychologist who diagnosed the problem as left-sided neglect. When asked how she managed to drive, Elsie said she stayed in the left lane and would know to steer right when she heard her tires going off the road.

Face blindness (prosopagnosia)

Prosopagnosia is a less common example of neglect - the ability to recognize faces is affected, or even lost completely. In extreme cases, there is an inability to distinguish one face from another or read facial expressions (aperceptive prosopagnosia). These people must rely on things like the voice, hairstyle or clothing to identify others.

Case Study - Lincoln: After a car accident Lincoln could not even recognize a photo of himself. If separated from his family in a large crowd he cannot find them again. One of the biggest problems he faces is that others cannot understand his ability to see and recognize objects, but not other faces.

and then educate the person to increase their awareness of the impact of the problem in everyday living.

Retraining skills is one way to manage visuo-spatial problems until the person regains the required skill as far as possible. Retraining usually involves repetitive and intensive exercises for a specific skill or task e.g. practice at drawing an object while receiving feedback. It tends to be more effective with specific skills.

Changing the environment or expectations involves modifying the environment to provide more support, or reduce the demands of a particular skill. For example, support could be fitting a handrail to make climbing stairs at home easier. Reducing the demands of a skill can be as simple as just shifting furniture at home so that walking around the house is easier. The person may also learn to adjust their expectations and educate other people about their difficulties.

Compensatory strategies are very important in rehabilitation - they compensate for what a person has trouble doing after a traumatic brain injury or similar brain disorder. For example, Elise may be taught to turn her head or body to scan the environment properly due to her neglect of things on her left side.

A range of specialized equipment is available to fit into a person's home or assist with community access.

External prompts are things like colour stickers for object recognition, bright lights on the floor, musical or sound prompts, stencils or transparent paper for copying, hand rails and other safety devices.

A compensatory strategy for failing to recognize objects could involve the person relying more on other senses such as touch, hearing and smell by shutting their eyes.

The rehabilitation strategies described may be developed by a neuropsychologist, occupational therapist or physiotherapist. The eventual goal of any rehabilitation program greater independence and use of self-management strategies. However, family members, friends and support workers can still provide valuable support.

Vehicle Donations



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

Managing visuospatial problems

As shown with Elsie, neglect may be undiagnosed despite safety issues. A person with neglect may be unaware of their problems, or blame the problem on something else. It is important to identify problems like neglect during rehabilitation

What Can Happen After A Brain Injury?

Brain Injury can result in a wide range of changes to a person's behavior, their sensitivity to surroundings and their thinking capabilities.

- Some changes are permanent.
- Some changes are temporary.

Which Changes Are Permanent?

Sometimes, a person who has had an acquired brain injury can appear to overcome all of the effects of their injury.

For example, one person had over 40% of their brain removed after a serious accident. After intensive rehabilitation, it was hard to tell if they had an injury at all. Another person had a relatively mild brain injury and now has to live with chronic pain, a short attention span and many other difficulties.

When a person sustains a brain injury it is impossible to predict how much they will recover and how long it will take. There is no formula to tell you which results are permanent and which are temporary. The incredible ability of the human brain to compensate for a loss of some functions continues to amaze medical professionals.

Neuropsychologists and neurologists test the functions of a person's brain after a person sustains a brain injury. This allows the medical team to establish a rehabilitation program aimed at helping the person overcome their specific difficulties.

What are the changes?

There are too many possible changes to list them all here. Changes may, but not always, involve the person's personality, thinking and learning and physical abilities.

The person may be quick to anger - a loud noise, or someone disagreeing with them may trigger an outburst of aggression. This is particularly common when the person is still in Post Traumatic Amnesia (PTA).

Many people who have had a brain injury also become more aggressive as the years pass by. This may be due to a range of factors such as frustration at living with the effects of their injury or receiving inappropriate care, and boredom due to limited opportunities for recreation and personal development.

The person may not think of others - for example, the person may become annoyed if they can't watch their favorite television program, even if someone else was watching their favorite program first. Or, they may become agitated if they aren't served immediately when they walk into a shop or bank.

The person may be very talkative - they may also jump from one topic to another during a short conversation, or find it very hard to stay focused on the point they were trying to make.

The person may rush into things – they may rush into a job, make lots of errors and then rush onto another job without checking the first one.

The person may not believe they have changed - they may remember a lot about what they used to be able to do and think they can still do it. Even when tests confirm the person has lost the skills they might not believe its true.

The person may have less control over emotions - they may laugh or cry at the slightest suggestion of joy or sadness.

The person may make inappropriate sexual advances —as a direct result of their injury. This may lead to varying degrees of harassment of others or increased levels of sexual activity. Others may have decreased interest.

Physical Changes

Loss of sight or hearing - the person may have complete or partial loss of their sight or hearing. This loss may be temporary or permanent.

Reduced control over movements - the person may have slow movements or loss of control of some muscles.

Slow or slurred speech - the person may speak slower or be difficult to understand.

Fatigue - the person may need to have a rest several times during the day as they get very tired very quickly.

Paralysis - the person may have permanent paralysis in some parts of their body.

Thinking-Learning Changes

Memory – loss of short-term memory may result in "forgetting". For example the person may forget to attend meetings, forget why they went to the shop or forget what they have just been taught.

Sometimes the person's long term memory may be affected as well, so that they don't remember past events.

Problem solving and decision making
The person may have difficulty seeing
how an action causes an effect. This
may mean that the same mistakes are
made over and over again, as the
person can't understand what is causing
the problem.

Concentration - the person may switch from one task to another, or may have difficulty staying focused on one thing. They may also be easily distracted by sights, sounds, feelings or temperature.

Getting started - the person may have difficulty starting something, or may not feel like doing anything.

Inflexible or sticky thinking - the person may need to stick to a rigid routine, or they may get stuck on one idea.

Understanding things - the person may have trouble taking phone messages, understanding a good joke, following meetings or reading.

Saying what they mean - the person may have trouble finding the right words, using the right body language or getting to the point.

Sequencing - the person may have trouble getting things in the right order. For example, remembering to wash the dishes before you dry them.

Slow to respond - it may take the person longer than usual to understand and respond to what is going on.

Perception - the person may confuse similar sounding words and numbers, and have trouble finding new places.

PTS and TBI

Post-traumatic stress disorder can occur in countless ways, especially with a traumatic brain injury. The events, setting and feelings at the time of the injury can lead to ongoing stress. Post Traumatic Stress (PTS) is an anxiety disorder characterized by a collection of specific symptoms such as hypervigilance, being easily startled, and sensitivity to loud noise. PTS can occur after a traumatic event that leads to a traumatic brain injury (e.g. an assault, near drowning or a motor vehicle accident). This is generally in the case of mild to moderate traumatic brain injury (TBI), in which some of the traumatic event may be remembered. Symptoms can develop if the event is enough to cause significant shock or fear, or be seen as life-threatening.

Symptoms of PTS

Signs of Post-Traumatic Stress include:

- Re-experiencing the trauma through nightmares and vivid memories of the event
- · Difficulty sleeping
- A person frequently thinking that they might die or that something bad will happen
- A pounding heart, shortness of breath, dizziness, chest pain, sweating, or flushes
- Feeling detached from the world or a sense of unreality
- Avoiding situations or thoughts related to the event
- Having a desire to escape
- · A sense of losing control
- · Being easily startled
- Experiencing episodes of panic.

A person experiencing both Post-Traumatic Stress and effects of a TBI requires a high level of understanding and support. Due to the unpleasant feelings a person may avoid various situations which act as reminders of the trauma or avoid thoughts and feelings associated the event. As the person continues to avoid these feelings and situations, it is easy to maintain the idea that it is unsafe to think about or be in such situations. As a result a person may become restricted from

various activities and maintain high levels of anxiety.

PTS and Traumatic Brain Injury

In the past it was believed that Post -Traumatic Stress (PTS) could not occur following a traumatic brain injury. In fact it has been considered a protective factor against PTS as the loss of consciousness was thought to prevent encoding of information related to the event and therefore the ability to remember. However, more recent studies have provided evidence of PTS following mild to moderate TBI in soldiers returning from war. One study found that 11.3% of patients met the criteria for PTS during the first six months of recovery after mild to severe Traumatic Brain Injury. These patients also showed greater impairments in psychosocial well-being compared to those without PTS.

Both Post-Traumatic Stress and mild brain injury are prone to misdiagnosis. This is largely due to the similarity of symptoms in brain injury and PTS. The sleeping disorders, irritability, depression and emotional problems that can be due to a mild brain injury can be misdiagnosed as an effect of PTS. This may also occur in reverse, leading to inappropriate treatments.

After horrific accidents, a person with TBI may have no signs of PTS because they have no memories of the actual accident-often their earliest memories are of being in rehabilitation weeks later. However, it is important that any suspicions of PTS be checked thoroughly by professionals with an understanding of TBI.

Treatment for PTS

Treating and recovering from PTS is often a gradual process. It is a process of healing and gradually coming to terms with the traumatic event and this can take time. It's about learning to cope with the thoughts and feelings associated with the event and continue with life without these thoughts or feelings of the event interfering with daily life.

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Due to the effects of TBI it is preferable that therapy be sought by a psychologist or psychiatrist with an understanding of TBI. This way a program may be tailored to your specific needs.

Relaxation Exercises

Relaxation exercises include breathing exercises, medication, yoga, swimming, listening to music and going for long walks. Each of us will have the ones that best suit us, so work on finding the one that is most helpful for you. Some exercises will take regular practice. Also, many libraries will have relaxation CD's or tapes with exercises that you can use to guide you in relaxation. Be aware that is it possible for some relaxation exercise to increase distress by focusing your attention on physical sensations that you may find disturbing, so only continue with such exercises when well tolerated.

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The Medicaid Long Term Care Quality & Reimbursement Advisory Council

The Medicaid Long Term Care Quality & Reimbursement Advisory Council (MLTCQRAC) was established by the 1995 Legislative Assembly to advise the Department of Human Services Aging and People with Disabilities programs on changes or modifications to the Medicaid reimbursement system for long-term care and community-based care services.



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Roger Reynolds roger@coldstream.com 425-283-1600



Alan Edwards
Social Security Administration
17925 SE Division St
Portland OR 97220
Alan.edwardds@ssa.gov
206-605-9621

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Conference Recordings Order Form

The 16th Medical Legal Brain Injury Conference 2018

Living with Brain Injury, Stroke & Neurological Changes

Portland, OR March 1st – 3rd, 2018

I would like the Full Set of DVDs CEUs up to 23 Included \$240	
--	--

PLEASE READ You can order either individual sessions or the Full Sets with CEUs. If you would like to purchase individual recordings, please circle the **number** of the presentation. Thank you for your business!

CEUs included in each order -

Thursday Sessions - 5 Total 8 CEUs

#	Presenter	Event	DVD
1	Matthew Kampfe	Inspiring Change: Tips and Techniques for Modifying Behavior	\$15
2	Karen Campbell & Jill Selman	What you need to know about working with Challenging	\$15
3	Matthew Kampfe, Karen Campbell & Jill Selman	Strategies for Working with Challenging Behaviors	\$15
4	Karen Campbell & Jill Selman	Strategies for Working with Challenging	\$15
5	Lillieth Grand and Karen Campbell	Using Music to Calm Challenging Behaviors	\$15

Friday Sessions - 7.5 CEUs

#	Presenter	Event	DVD
6	Dr. Debra Braunling-McMorrow	A Continuum of Care Pilot for Persons with Catastrophic Brain and Spinal Cord Injury	\$15
7	Dr. James Chesnutt	The Medical Perspective of TBI	\$15
8	Dr. Susan Stuntzner PhD	The Therapeutic Triad: Forgiveness, Self-compassion and Resilience as Gateways for Healing	\$15
9	Glen Zielinski, DC, DACNB, FACFN	Functional Neurology Treatment of Traumatic Brain Injury	\$15

Saturday Sessions – 7 Total 7.5 CEUs

#	Presenter	Event	DVD
10	Dr. Danielle Erb	The Latest Treatments in TBI	\$15
11	Dan Overton, MC	Forging New Pathways-What you may not know and why you should-	\$15
12	Russell C. Spearman M.Ed.	Needs Assessment of Individuals with TBI in Idaho	\$15
13	Fred Steele, JD	Where is help when you need it?	\$15
14	Dr. Adam Grove, ND	Resiliency - Putting the R back in Brain Injury Recovery	\$15
15	Jeff McNally, DC DACNB	Rehabilitation of Balance Disorders and Dizziness	\$15
16	Lillieth Grand, MS, MT-BC	Music and Brain Injury Recovery	\$15



2018 Conference Sessions Available For Purchase on DVD With CEUs

Please tally your charges (Circle One) I would like to purchase the Full Set of Thursday, 8 CEUs \$75 I would like to purchase the Full Set of Friday, 7.5 CEUs \$60 I would like to purchase the Full Set of Saturday, 7.5 CEUs \$105 **Number of Video DVDs** X \$15 =Shipping & Handling - \$4 for the first Subtotal **Individual** DVD, \$0.50 for each additional **DVD S&H Cost Orders** Total

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Mail Checks out to BIAOR Mail To: BIAOR PO Box 549 Molalla OR 97038-0549



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

- CBIS Training (Certified Brain Injury Specialist)-International Certification
- What Medical Professionals Should Know About Brain Injuries— But Most Don't
- · Challenging Behaviors
- TBI & PTSD in the Returning Military
- Vocational Rehabilitation-working with clients
- Methamphetamine and Brain Injury
- · ADA Awareness—Cross Disability Training
- Judicial and Police: Working with People with Brain Injury
- · Traumatic Brain Injury: A Guide for Educators
- · Native People and Brain Injury

- Brain Injury 101
- · What the Family Needs to Know After a Brain Injury
- · Anger Management and TBI
- Aging and TBI
- · How Brain Injury Affects Families
- · Brain Injury for Medical and Legal Professionals-
- What you need to know
- Caregiver Training
- Domestic Violence and TBI
- · Dealing with Behavioral Issues
- Returning to Work After Brain Injury And more!

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

Emotional Lability Acquired Brain Injury can change parts of the brain that regulate or control emotional behavior and feelings

Emotional lability refers to rapid, often exaggerated changes in mood, where strong emotions or feelings (uncontrollable laughing or crying, or heightened irritability or temper) occur. These very strong emotions are sometimes expressed in a way that is not related to the person's emotional state.

What Causes Emotional Lability?

Emotional lability occurs because of damage to parts of the brain that control:

- awareness of emotions (ours and others)
- ability to control how emotions are expressed – so ability to inhibit or stop emotions coming out.

When a person is emotionally labile emotions can be out of proportion to the situation or environment the person is in. For example, a person may cry, even when they are not unhappy – they may cry just in response to strong emotions or feelings, or it may happen "out of the blue" without warning.

A person may have little control over the

expression of these strong emotions, and they may not be connected to any specific event or person.

Following a brain injury, an individual may also lose emotional awareness and sensitivity to their own and other's emotions. and therefore their capacity to control their emotional behavior may also be reduced. They may overreact to people or events around them – conversations about particular topics, sad or funny movies or stories. Weaker emotional control and lower frustration tolerance - particularly with fatigue and stress - can also result in more extreme changes in emotional responses. The person may express their emotions in situations where previously they would have been restrained or in control (in quiet situations, in church, listening to a concert).

These behaviors can be confusing, embarrassing, and difficult to understand for the person with brain injury, and for others.

Emotional Responses

Emotional reactions may be appropriate in the situation, but the behavior or expression may be stronger, louder or last longer than would be usual for that person. For example, a person may be genuinely happy, but once the laughter has started they may be unable to stop or regulate the behavior, laughing too loud, too much, or for too long.

After brain injury an individual may also show extreme but genuine emotional responses, including sadness and grief, despair, frustration and irritability, anger, anxiety and depression, and even joy, happiness, and pleasure. These may be appropriate and normal emotional responses.

Coping with Emotional Lability

Become aware of triggers
Be aware of triggers for emotional lability and
try to avoid these when you can. Triggers can

- excessive fatigue or tiredness
- stress, worry or anxiety

(Continued on page 20)



Collaboration, Cooperation, Compassion...

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

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



Gilroy Campus, California



Learning Services Neurobehavioral Institute - West

Building Futures

(Continued from page 19)

high stimulation (too demanding, too noisy, too many people) – too much pressure strong emotions or demands from others very sad or funny situation (such as jokes, movies, certain stories or books) discussing certain topics e.g. driving, loss of job, relationships, death of a family member speaking on the telephone or in front of a group or where a person feels under pressure.

Have a Break

Have a short break away from the situation so the person can regain control of emotions, and to give the opportunity for emotions to settle.

Sometimes a break of a few minutes or a longer period is enough to regain control of emotions, or diversions such as taking a short walk, doing a different activity – all these may assist in dealing with strong emotions.

Ignore the Behavior

Try to ignore the emotional lability as much as is possible. Try to get others to ignore it too, and continue on with the conversation or task. Focusing on the lability, or giving the person too much attention when it is happening, can reinforce and increase the problem. It is important that other people don't laugh too, as this will also reinforce and increase the behavior.

Change the topic or task

Changing the topic or activity (redirection and distraction) can reduce stimulation or stress (particularly if the topic was a trigger). Try to distract or divert the person's attention by engaging them in a different activity or task.

Provide information and education

Uncontrolled crying or laughing can be upsetting, frightening or confusing for other people if they don't understand. Provide simple explanations or information to other people about the lability, for example, "I cry a lot since I had my stroke ...don't worry about it" or "Sometimes when I am nervous I get the giggles". Tell people what they should do, for example "Just ignore me and it will stop".

Plan ahead

When there is severe emotional lability, oneto-one, brief and fun activities in a quiet environment will be better. Try to avoid putting the person in stressful situations or environments e.g. noisy, busy, high levels of activity or that are too demanding.

Plan activities that are within the person's ability. Plan more demanding activities or appointments after rests, or when the person has the most energy.

Use Cognitive Techniques

Some simple cognitive strategies can also assist in managing emotional lability:

- Relaxation and breathing exercises to reduce tension and stress
- Use distractions think of something else, imagining a peaceful image, counting numbers
- Doing an activity (e.g. go for a walk)
- Cognitive and behavioral strategies such as thought-stopping could be discussed with a psychologist.

Counselling and support

Sometimes a person has had many losses and changes to cope with after the brain injury - loss of work, ability to drive, independence, changes in relationships or finances, changes in the quality of their life. All these changes happen quite suddenly with little chance to prepare or get ready. These feelings of sadness, grief, anger, frustration, disappointment, jealousy, or depression after an injury are common and may be very difficult to cope with. If there are other emotional adjustment and coping issues, referral to a counsellor such as a Psychologist, Social Worker or Psychiatrist may be helpful. Families (parents, siblings, children), friends or caregivers may also benefit from support and care to help them understand and to cope with these changes.

Source: Bridge Magazine 2012

Proud members of the
Brain Injury Association of Oregon,
we have over 50 years experience
providing legal services to
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MY BRAIN IS LIKE AN INTERNET BROWSER.

12 TABS ARE OPEN.

5 OF THEM ARE NOT RESPONDING.

THERE'S A GIF PLAYING IN AN ENDLESS LOOP.

AND WHERE IS THAT ANNOYING MUSIC COMING FROM?



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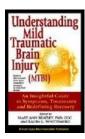


Protecting the Rights of the Injured



Personal Injury Practice Areas:

Brain Injury Accidents Automobile Accidents Maritime Accidents Construction Accidents Trucking Accidents Medical Malpractice Wrongful Death Dangerous Premises
Defective Products
Bicycle Accidents
Motorcycle Accidents
Sexual Harassment/Abuse
Aviation Accidents
Legal Malpractice



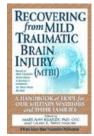
Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

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

BIAOR Membership Become a Member Now

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

This clear and concise handbook speaks to our Wounded Warriors and their families and helps them navigate through the unknown territory of this often misunderstood and unidentified injury. It provides an insightful guide to understanding the symptoms, treatment options and redefines "Recovery" as their new assignment. Most importantly, the intention of the authors is



to inspire hope that they will get better, they will learn to compensate and discover their own resiliency and resourcefulness. \$23.00

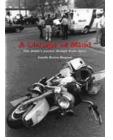
Rebuilding life after brain lajury

Ketchup on the Baseboard

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

A Change of Mind

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



home as they struggle to rebuild their relationship and life at home. \$20

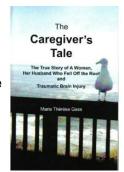


Fighting for David

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

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

From the Spousal Caregiver's, Marie Therese Gass, point of view, this is the story of the first seven years after severe Traumatic Brain Injury, as well as essays concerning the problems of fixing things, or at least letting life operate more smoothly. Humor and pathos, love and frustration, rages and not knowing what to do--all these make up a complete story of Traumatic Brain Injury. \$20



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Resources

Oregon Developmental Disabilities (DD)

For individuals whose disability manifested before age 22 and resulted in lifelong conditions that affect a person's ability to live independently, this state agency arranges and coordinates services to eligible state residents. http://www.oregon.gov/DHS/dd/Pages/index.aspx (800)-282-8096

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

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

ADRC - Aging and Disability Resource Connection

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

Northwest ADA Center - Oregon

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

Spring Sudoku

(Answer from page 2)

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

Oregon Centers for Independent Living Contact List

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



Resources

For Parents, Individuals, Educators and Professionals

The Oregon TBI Team

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

www.cbirt.org

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

LEARNet

The Hello Foundation

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

Parent Training and Information

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

1-888-988-FACT info@factoregon.org http://factoregon.org/?page_id=52

Websites

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

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

FREE Brain Games to Sharpen Your Memory and Mind

www.realage.com/HealthyYOUCenter/Games/

intro.aspx?gamenum=82 http://brainist.com/

Home-Based Cognitive Stimulation Program

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

Sam's Brainy Adventure

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

Neurobic Exercise

www.neurobics.com/exercise.html

Brain Training Games from the Brain Center of America

www.braincenteramerica.com/exercises_am.php



Washington TBI Resource Center

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

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

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

Returning Veterans Project

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

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

Want to Return to Work? - Pathways to Independence, Oregon Kathy Holmquist. 503-240-8794 Kathy@pathwaysto.net

Center for Polytrauma Care-Oregon VA

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

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

Addiction Inpatient help:

Hazelden Betty Ford Foundation, <u>1901 Esther St, Newberg, OR 97132</u> (503) 554-4300 www.hazeldenbettyford.org

Serenity Lane, <u>10920 SW Barbur Blvd Ste 201, Portland, OR 97219</u> (503) 244-4500 www.serenitylane.org

Legal Help

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

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

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

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

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

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

Resources

Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

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

Need Help with Health Care?

Oregon Health Connect: 855-999-3210

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

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

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

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

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

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

Assistance

Financial, Housing, Food, Advocacy

TBI Long Term Care—Melissa Taber, Long Term Care TBI Coordinator, DHS, State of Oregon 503-947-5169
Long Term Care Ombudsman - Fred Steele, JD, fred.steele@ltco.state.or.us, 1-800-522-2602 503-983-5985 Mult County: 503-318-2708

Oregon Public Guardian Ombudsman - 844-656-6774 Oregon Health Authority Ombudsman - Ellen Pinney Ellen.Pinney@state.or.us 503-947-2347 desk 503-884-2862 cell 877-642-0450 toll-free

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

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

Housing

Various <u>rental housing assistance programs</u> for low income households are administered by local community action agencies, known as CAAs. <u>Subsidized housing</u>, 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 <u>Assistance Programs.shtml</u>

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

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

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

Valuable Websites

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

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

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

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

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

www.oregon.gov/odva: Oregon Department of Veterans Affairs http://fort-oregon.org/: information for current and former service members

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

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

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

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

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

Brain Injury Support Groups

Astoria

Astoria Support Group www.pnwhigrroup.vpweb.com Kendra Bratheron 209-791-3092

pnwhigroup@gmail.com

Must Pre-Register

Beaverton Circle of Support

Brain Injury Survivors, Stroke Victims and their Care Givers

4th Saturday 10:00 am - 11:30 pm Elsie Stuhr, Cedar Room 5550 SW Hall, Beaverton, OR 97005

Bend

CENTRAL OREGON SUPPORT GROUP

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

Accornero@bendbroadband.com

Abilitree Thursday Support Group

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

Abilitree Moving A Head Support Group

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

Corvallis

STROKE SUPPORT GROUP

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

Brain Injury Support Group

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

Coos Bay (2)

Traumatic Brain Injury (TBI) Support Group

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

Growing Through It- Healing Art Workshop

Contact: Bittin Duggan, B.F.A., M.A., 541-217-4095 bittin@growingthroughit.org

Eugene (3) Head Bangers

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

Community Rehabilitation Services of Oregon

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

BIG (BRAIN INJURY GROUP)

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

Hillsboro

Concussion Support Group

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

Westside SUPPORT GROUP

3rd Monday 7-8 pm

For brain injury survivors, their families, caregivers and professionals

Tuality Community Hospital 335 South East 8th Street, Hillsboro, OR 97123 Carol Altman, (503) 640-0818

Klamath Falls

SPOKES UNLIMITED BRAIN INJURY SUPPORT GROUP

2nd Tuesday 1:00pm to 2:30pm 1006 Main Street, Klamath Falls, OR 97601 Jackie Reed 541-883-7547

jackie.reed@spokesunlimited.org

Lake Oswego (2)

Family Caregiver Discussion Group

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

Functional Neurology Support Group

On hiatus

Market of Choice, 5639 Hood St, West Linn

Medford

Southern Oregon Brainstormers Support & Social Club

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

Oregon City Brain Injury Support Group

3rd Friday 1-3 pm (Sept - May) - summer potlucks Pioneer Community Center - ask at the front desk for room 615 5th St, Oregon City 97045

Sonja Bolon, MA 503-816-1053 brain4you2@gmail.com> Sometimes we are not notified about changes to schedules. Please contact the support group to verify that it is meeting at the listed time and place

Portland

Brain Injury Help Center Without Walls "Living the Creative Life" Women's Coffee

1st and 3rd Fridays: 10:00 - 12:00 - currently full

Family and Parent Coffee in café

Wednesdays: 10:00-12:00 braininjuryhelporg@yahoo.com Call Pat Murray 503-752-6065

BIRRDsong

1st Saturday 9:30 - 11

- 1. Peer support group that is open to everyone, including family and the public
- 2. Family and Friends support group that is only for family and friends

Legacy Good Samaritan Hospital, Wistar Morris Room. 1015 NW 22nd Portland, 97210 Joan Miller 503-969-1660

peersupportcoordinator@birrdsong.org

BRAINSTORMERS I

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

BRAINSTORMERS II

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

CROSSROADS (Brain Injury Discussion Group)

2nd and 4th Friday, 1-3 pm Independent Living Resources 1839 NE Couch St, Portland, OR 97232 503-232-7411

Must Be Pre-Registered

Doors of Hope - Spanish Support Group

3rd Tuesday 5:30 -7:30pm Providence Hospital, 4805 NE Glisan St, Portland, Rm HCC 6 503--454--6619 grupodeapoyo@BIRRDsong.org

Please Pre-Register

OHSU Sports Concussion Support Group

For Youth and Their Families who have been affected by a head injury 2nd Tuesday, 7:00-8:30 pm OHSU Center for Health and Healing 3303 SW Bond Ave, 3rd floor conference room Portland, OR 97239

For more information or to RSVP contact Jennifer Wilhelm (503) 494-3151 or email: wilhelmj@ohsu.edu

Sponsored by OHSU Sports Medicine and Rehabilitation

PARENTS OF CHILDREN WITH BRAIN INJURY

Wednesdays: 10:00-12:00

Currently combined with THRIVE SUPPORT GROUP/ FAMILY SUPPORT GROUP

Contact for further information

braininjuryhelp@yahoo.com Pat Murray 503-752-

MUST BE PRE-REGISTERED

TBI Caregiver Support Meetings

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

MUST BE PRE-REGISTERED

THRIVE SUPPORT GROUP

Family and Parent Coffee in café

Wednesdays: 10:00-12:00

Brain Injury Survivor support group ages 15-25

Currently combined with FAMILY

SUPPORT GROUP/PARENTS OF CHILDREN WITH BRAIN INJURY SUPPORT GROUP

Contact for further information

braininjuryhelp@yahoo.com Pat Murray 503-752-

6065

MUST BE PRE-REGISTERED

TBI SOCIAL CLUB

2nd Tuesday 11:30 am - 3 pm Pietro's Pizza, 10300 SE Main St, Milwaukie OR 97222

Lunch meeting- Cost about \$6.50 Michael Flick, 503-775-1718 **MUST BE PRE-REGISTERED**

Redmond (1)

Stroke & TBI Support Group

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

Roseburg

UMPQUA VALLEY DISABILITIES NETWORK on hiatus

736 SE Jackson St, Roseburg, OR 97470 (541) 672-6336 <u>udvn@udvn.org</u>

Salem (3) SALEM BRAIN INJURY SUPPORT GROUP

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

SALEM COFFEE & CONVERSATION

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

SALEM STROKE SURVIVORS & CAREGIVERS SUPPORT GROUP

2nd Friday 1 pm -3pm

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

Tillamook (1)

Head Strong Support Group

2nd Tuesday, 6:30-8:30 p.m.

Herald Center - 2701 1st St - Tillamook, OR 97141 For information: Beverly St John (503) 815-2403 or

beverly.stjohn@ah.org

WASHINGTON TBI SUPPORT GROUPS Quad Cities TBI Support Group

Second Saturday of each month, 9 a.m. Tri State Memorial Hosp. 1221 Highland Ave, Clarkston, WA

Deby Smith (509-758-9661; biagcedby@earthlink.net)

Stevens County TBI Support Group

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

Moses Lake TBI Support Group

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

Pullman TBI Support Group

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

Pullman BI/Disability Advocacy Group

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

SPOKANE. WA

Spokane TBI Survivor Support Group

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

Spokane Family & Care Giver BI Support Group

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

*TBI Self-Development Workshop

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

Spokane County BI Support Group

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

Toby Brown (509-868-5388)

Spokane County Disability/BI Advocacy Group

511 N. Argonne, Spokane WA

Craig Sicilia (509-218-7982; craig@tbiwa.org)

VANCOUVER, WA

TBI Support Group

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

IDAHO TBI SUPPORT GROUPS

STARS/Treasure Valley BI Support Group

4th Thursday 7-9 pm

Idaho Elks Rehab Hosp, Sawtooth Room (4th FI), Boise Kathy Smith (208-367-8962; kathsmit@sarmc.org) Greg Meyer (208-489-4963; gmeyer@elksrehab.org)

Southeastern Idaho TBI support group

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

Twin Falls TBI Support Group

3rd Tuesday 6:30-8 p.m.

St. Lukes' Idaho Elks Rehab Hosp, Twin Falls, ID Keran Juker (keranj@mvrmc.org; 208-737-2126)

*Northern Idaho TBI Support Group *For Veterans

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

Survivor Support Line - CALL 855-473-3711

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

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



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

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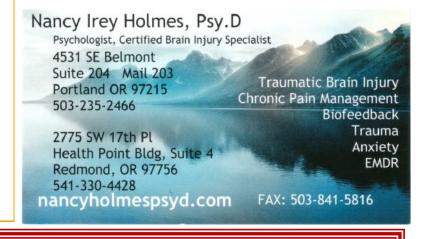
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2018 Conference Sessions Available For Purchase on DVD With CEUs

How To Contact Us

Brain Injury Alliance of Oregon (BIAOR)

Mailing Address: PO Box 549

Sherry Stock, MS CBIST

Executive Director 800-544-5243

Molalla, OR 97038

Resource Facilitator—Becki Sparre 503-

961-5675 Toll free: 800-544-5243

Fax: 503-961-8730 biaor@biaoregon.org Rachel Moore, CBIS Eastern Oregon

541-429-2411

www.biaoregon.org

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