



The Newsletter of the Brain Injury Alliance of Oregon

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HAPPIEHEADS: Life After a TBI

Hey All! My name is Michael Jensen.

In August of 2015, I crashed my bicycle while cycling with a friend in Rochester, MN. My accident left me with a shattered clavicle, two broken ribs, a twelve-inch fracture around my skull, and a hematoma on my brain. I received immediate surgery upon crashing in order to alleviate the pressure from my brain and to plate up the most comminuted parts of my skull.

Upon returning home to Hillsboro, OR I was greeted by a host of doctor's appointments, physical therapy sessions, occupational therapy assignments, and speech therapy evaluations. All of these were overwhelming, but with the love and support of my friends and family I made it back to college in January of 2016.

After finishing that year, I entered what would be my final year of college. I was coping well with my accident, but I felt in one way or another that I didn't have any friends. Sure, I had buddies from classes, my roommates, and people I knew from back home, but they felt distant. I eventually discovered this distance was present because none of my friends could understand what had happened to me.

The isolation kept building, so I reached out to a counselor from my college to see if we could start a brain injury support group. To my surprise, he was on board and within weeks I had a few students in the group. The group continued to grow, and by the end of the year we had professors, administrative staff, and even department heads all in one group sharing our stories. During this time I began to realize how many of my new friends were from rural communities with anemic or nonexistent support groups. I knew they needed some type of community but wasn't sure how to get it to them.

I wanted to fix this, so I bought a microphone and



started a podcast called Happie Heads in order to record the stories of survivors from our group so people outside our community could have stories to relate to. It has been almost two years since I started the podcast and now have over 30 episodes. The episodes contain stories from Navy Seals to filmmakers, all sharing the common bond of brain injury.

Survivors of brain injury don't get eye patches or crutches, but we do have our stories. My hope is for Happie Heads to grow into a global community for all brain injury survivors to connect with one another and help each other flourish.

(Continued on page 2)



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Headliner DEADLINES

<u>Issue</u>	<u>Deadline</u>	<u>Publication</u>
Spring	April 15	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	Issue	Annual/4 Issues
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A: Business Card	\$100(125)	\$ 350(450)
B: 1/4 Page	\$ 200(250)	\$ 700(900)
C: 1/2 Page	\$ 300(375)	\$ 1000(1300)
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Policy

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Executive Director's Corner



On May 22, 2018, in a ceremony at the Oregon Capital, Governor Brown signed Senate Bill 1547 into law. This bill expands list of health care professionals who can provide medical release to youth athlete who is suspected of having concussion. This had initially been a part of Max's Law but was removed in 2011. The law is now back to the way BIAOR and our supporters advocated for it. We could not have done this without the Oregon Chiropractors Association and Dr. Vern Saboe, OCA lobbyist, and Dr. Glen

Zielinski, who did an outstanding training the Legislative Health Committee.

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

Sherry Stock

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



Standing from left to right: Tim Ray, Brain Injury Alliance ED Sherry Stock, Representative Keny-Guyer, Dr. Ted Forcum, Dr. Laurie Lajoie, Senator Arnie Roblan, OCA Lobbyist Dr. Vern Saboe, Senator Laurie Monnes Anderson, OCA Pres. Dr. Will Schnieder, OCA's ED Jan Ferrante and sitting is Governor Kate Brown

(Continued from page 1)

Please help us on this mission by listening to the podcast, reading the posts, and spreading the word. We're found at www.happieheads.com. Episodes are also found on iTunes if you search "Happie Heads." If you want to support the podcast financially you can buy cool t-shirts and sweatshirts at <https://happieheads.threadless.com>. If you have a story and want to share it, please email us at happieheads@gmail.com. We also have an instagram @happieheads.

Summer Sudoku

The object is to insert the numbers in the boxes to satisfy only one condition: each row, column and 3 x 3 box must contain the digits 1 through 9 exactly once. (Answer on page 23)

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

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

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



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Imagine What Your Gift Can Do.

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

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Oregon Brain Injury Advocate Coordinator

By David Kracke, dkracke@cbirt.org



As I have discussed in this column before, the Governor's Task Force on Traumatic Brain Injury recommended certain action items that would enhance delivery of services to those Oregonians who are tbi survivors. These recommendations included the following: the creation of a "road map" to help survivors and their loved ones navigate the maze of services available to them; enhance educational outreach to service providers; establish a clinical registry so that the number of tbi survivors within the state is better understood; develop a better communication system across state agencies; establish better funding mechanisms; and, to establish the position of Oregon's Brain Injury Advocate Coordinator to provide oversight and direction for the implementation of these recommendations. It is an aspirational plan of action that, when implemented, will hopefully improve the lives of tbi survivors and their loved ones throughout the state.

Well, guess what, we have taken an extremely important and concrete step toward the goal of implementing these recommendations!

Recently, Oregon applied for and was awarded a federal grant that will provide funding for the establishment of a framework to achieve the goals of the Governor's task force. The Center on Brain Injury Research and Training (CBIRT) out of the U of O is the administrator of the grant and will provide important technical and practical leadership toward the goals established in the grant. Oregon was specifically recognized as a national leader in the areas of Return to Play policies for our young athletes, Return to Learn policies for our students who suffer brain injuries of any kind and in the area of providing services to traditionally underserved communities such as the homeless populations in our urban areas, and rural and frontier communities throughout the state where the lack of tbi treatment and support services is common.

Under the grant parameters, Oregon's team will also act as a "mentor" state with the goal of educating policy makers in other states as they develop their own policies in these important areas. It is a tremendous honor for Oregon to be recognized by the Federal government as a national leader in these areas.

I am also extremely honored to announce here that I have been asked to take the position of Oregon's Brain Injury Advocate Coordinator which position I have gladly accepted. I will begin my new position in September and, if all goes well, it will last for at least a period of three years. As a result, I am stepping away from my litigation practice at the Nichols Law Group, (although Craig Nichols will continue to provide excellent representation for any tbi survivors who wish to pursue their legal claims), and I will be taking up the new challenges regarding implementation of the grant's goals and objectives very soon.

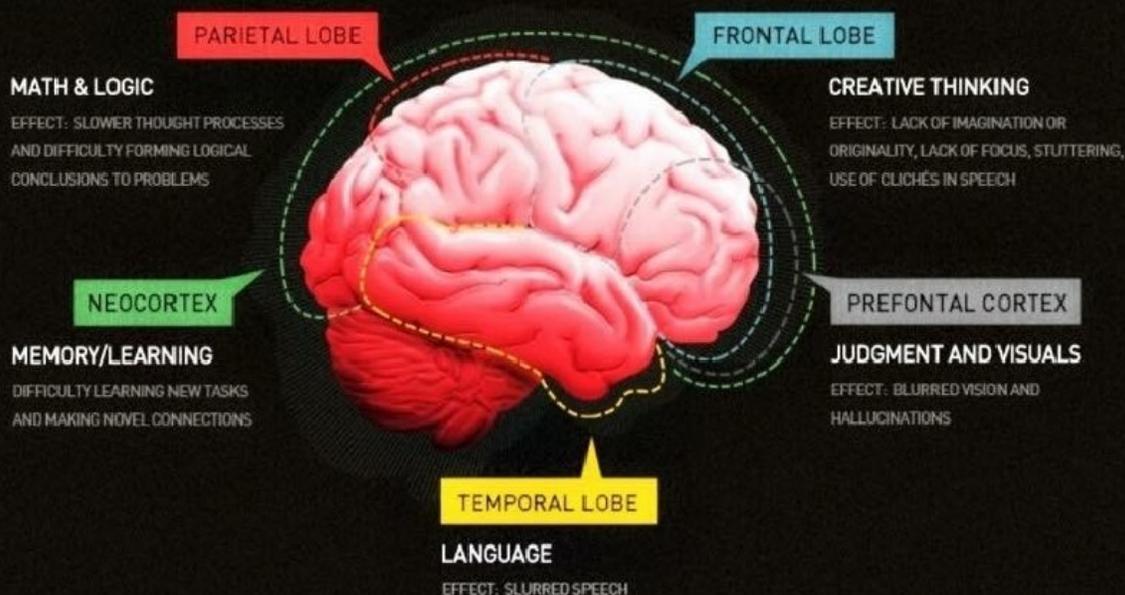
I want to emphasize that I would not have been offered this position were it not for the opportunity that Sherry Stock gave me thirteen years ago to sit on the board of the Brain Injury Alliance of Oregon. Who knew that shortly after my election to the board Ralph Conratt, Max's dad, would demand that the BIAOR take up the cause of creating Return to Play laws to protect our young concussed athletes. Sherry has

provided unwavering leadership with this organization ever since those critical years and I want to publically thank her here for that leadership.

Sherry... Thank you for all that you have done for me, BIAOR and for the TBI survivor community in Oregon and beyond! BIAOR will continue to be a huge part of the progress that we expect to make in Oregon as well as what we expect to be an opportunity to influence tbi policy in other states. In the future I will be using this column to advise you on the progress we are making toward those goals and it goes without saying that I am extremely excited to enter this new phase in my career.

Finally, I want to thank those survivors who have invited me into their lives over the years and who have had the courage to speak out and let me know what needs to be improved in their lives. I know this is not an easy thing to do, as it is always easier to stay quiet instead of speaking out. Your voices resonate with me and will provide me with motivation as I assume the role of Oregon's Brain Injury Advocate Coordinator. You are what this is all about, and hopefully, your lives will be improved as we embark on this new chapter of TBI advocacy.

LACK OF SLEEP CAUSES PARTS OF YOUR BRAIN TO SLOW OR SHUT DOWN COMPLETELY.



Heading in soccer more dangerous for women, brain study finds

Soccer injuries are sending soaring numbers of U.S. kids to emergency rooms, a trend driven in part by young players with concussions seeking urgent medical care, a study found.

Female soccer players are more susceptible to heading-induced brain damage compared to their male counterparts, according to a new study published in August.

Headers are common soccer techniques that involve using the head to control the ball, typically for passing or shooting.

For the recent findings, researchers from New York's Albert Einstein College of Medicine used MRI techniques to assess changes in brain white matter in 98 amateur soccer players, 49 men and 49 women. The average age of the players was 25.8 years.

According to the study, all of the 98 participants had several years of soccer experience and exposure to heading, including 12 months of frequent heading before the study. On average, men were exposed to 487 headers per year compared to 469 per year for women.

The MRI technique used by the researchers — diffusion tensor imaging — tracks the movement of water molecules in the brain, a measurement known as fractional anisotropy (FA).

When someone has healthy white matter in the brain, water molecule movement is "fairly uniform," Science Daily reported. Healthy white matter measures high in FA.

"A decline in FA is an indicator of changes in the white matter microstructure that may be indicative of inflammation or loss of neurons, for example," lead researcher Michael L. Lipton said in a news release.

According to Lipton, greater amounts of heading were associated with declining FA for both men and women, "but women exhibit about five times as much microstructural abnormality as men when they have similar amounts of heading exposure."

Additionally, compared to men, who experienced lower FA in three brain regions, the researchers identified eight brain regions with lower FA due to heading.

While further research is necessary to understand gender differences in this realm and to establish protection guidelines, the "study provides preliminary support that women are more sensitive to these types of head impacts at the level of brain tissue microstructure," Lipton said.

Last year, Lipton and his colleagues found that soccer players who frequently head the ball are three times as likely to experience concussion symptoms than players who don't.

But the new research is not about concussions. It's about subconcussive injuries.

Subconcussive or repeat blows (common in contact sports like soccer) are believed to lead to the neurodegenerative disease chronic traumatic encephalopathy, or CTE. While immediate problems may not be easily identifiable, over time, damage may lead to personality changes, mood disorders and other behavioral issues.

Currently, headers are not permitted for athletes 10 and younger. But Richard Blackwell of Tucker hopes headers will be eliminated for teens as well, he told The Atlanta Journal-Constitution.

Blackwell's 16-year-old daughter died of suicide last year after battling months of depression and anxiety, personality shifts he believes were intensified by subconcussive soccer injuries.

"What the data tells us is that there's something unique about being hit in the head more than once," said Dr. Russell Gore, a neurologist at Shepherd Complex Concussion Clinic in Atlanta, told The AJC earlier this year. "The risk for secondary symptoms automatically goes up and gets exacerbated after the injury."



Source: https://www.ajc.com/news/health-med-fit-science/heading-soccer-more-dangerous-for-women-brain-study-finds/XjVv7RXN8qLoUVCjEKRYhP/?icmp=np_inform_variation-test

BIAOR by the Numbers

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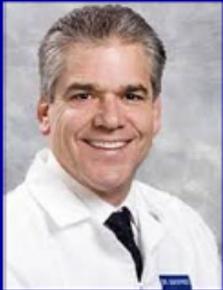
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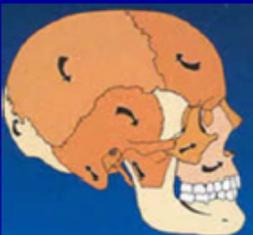


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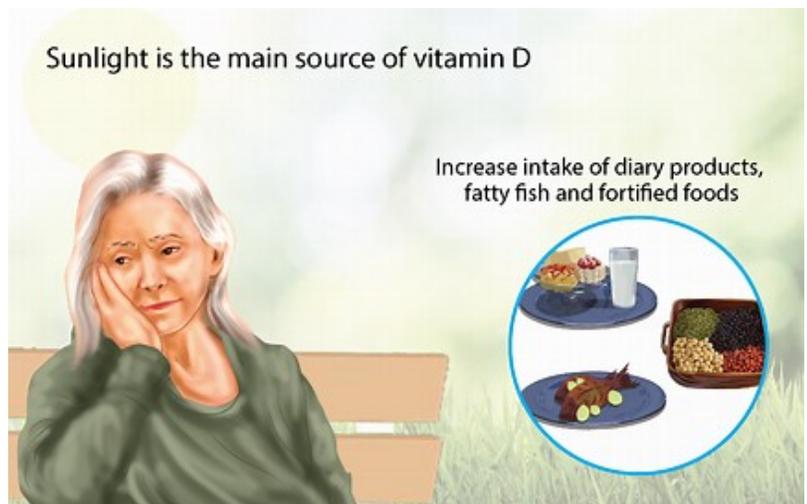
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“Vitamin D Deficiency in Traumatic Brain Injury and Its Relationship with Severity of Injury and Quality of Life”

- They studied 124 patients who ranging from mild to severe TBI.
- 34% had a Vitamin D deficiency (levels less than 25 nmol/L)
- 23% had a Vitamin D insufficiency (levels between 25-50 nmol/L)
- Vitamin D deficiency was present in 48.3% of severe TBIs, 29.4% of moderate TBIs and 26.5% of mild TBIs.
- Overall, they found that patients with suffering from severe TBI have significantly lower levels of Vitamin D than patients with mild TBIs.



Source: Journal of Neurotrauma, April 1, 2017.

TBI and Suicide Risks

Traumatic brain injury can trigger a daily struggle with headaches, neck pain, dizziness and thinking problems that may drive some to suicide, researchers report.

That risk more than triples in the first six months after a traumatic brain injury (TBI), and it stays significantly higher over the long term, a new Danish study suggests.

The finding is based on an exhaustive review of Danish health and death records. The data included all residents of Denmark who were at least 10 years old between 1980 and 2014 -- more than 7 million people in all, including almost 35,000 who died by suicide.

While the study shows that suicide among traumatic brain injury patients "is still a very rare event," according to lead author Trine Madsen, it also underscores that the impact of both mild and severe TBI on overall quality of life does appear to increase the risk.

Madsen is a post-doctoral fellow with the Danish Research Institute for Suicide Prevention Psychiatric Center in Copenhagen.

Traumatic brain injury is a change in brain function resulting from a blow, jolt, bump or other head injury. Besides causing physical problems, it can also lead to difficulties with memory and concentration.

While suicide risk was greatest in the first six months after a traumatic brain injury, beyond that, it was found to be double or more -- depending on severity of the injury, the researchers said.

Even seven years after their initial injury, TBI patients still faced a 75 percent higher risk of suicide than people who had never had a brain injury, the findings showed.

Madsen and her colleagues found that just over 10 percent of the 34,529 people who died by suicide



during the study period had sought treatment for at least one of three types of brain injuries.

Those included mild TBI, meaning a concussion; a skull fracture, without a TBI diagnosis; and severe TBI, meaning head injuries with evidence of structural injury to the brain. (No information was collected on people who might have had a brain injury but did not seek medical attention.)

While all types of head injuries were tied to an increased risk of suicide, severe traumatic brain injury appeared to have the biggest impact, according to the report.

Over time, a skull fracture without traumatic brain injury was linked to a nearly doubled suicide risk, and a mild TBI was tied to twice the suicide risk, the study found. A severe TBI injury, however, was associated with a 2.5 times increased suicide risk.

The risk was also higher for patients who sought more frequent care for their injury and for those

who spent more time in the hospital after their initial accident.

"We think that our findings are overall generalizable to other populations," Madsen said.

So what can be done to reduce suicide risk among head injury patients?

"First and foremost, we would recommend a focus on preventing TBI, such as promoting the use of protective helmets in traffic, at workplaces where risk of falls or head injury are higher -- like at construction sites -- and in contact sports like boxing and American football," Madsen said.

Dr. Ramon Diaz-Arrastia, who co-wrote an editorial accompanying the report, described the study as "the most definitive so far."

Still, the study only showed an association between traumatic brain injury and suicide risk, and didn't prove a cause-and-effect relationship.

But, Diaz-Arrastia said, "At this point, we must consider this association as solidly established." He is director of the Traumatic Brain Injury Clinical Research Center at the University of Pennsylvania Perelman School of Medicine, in Philadelphia.

It's important to provide the post-injury mental health monitoring and treatment that TBI patients need, because many have trouble accessing appropriate services, he said.

"Awareness of the risk and availability of mental health services is critical -- and also an unmet medical need," Diaz-Arrastia said.

Source: Aug. 14 issue of the Journal of the American Medical Association.

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>

New ACBIS Program Announcement: Brain Injury Fundamentals

Practical Training Workbook



BRAIN INJURY ASSOCIATION OF AMERICA

When someone sustains a brain injury, it's not just the life of the individual that is affected, but the lives of family, friends, and people in the community. As part of its mission to provide education that improves the lives of individuals with brain injury, the Academy of Certified Brain Injury Specialists (ACBIS) has targeted the widest possible audience with information that can be used in everyday life.

The course is grounded in adult learning principles, maximizing participant engagement and application through an interactive workbook. Using the stories of two individuals to anchor the course concepts, participants learn about the challenges people face following brain injury and how they are supported. Course content covers: Overview of brain injury and cognition; developing effective interaction skills and addressing behavioral concerns; common physical and medical issues following brain injury; best practices for medication management; and impact of brain injury on the family. An online post-test is provided in open-book format, earning participants a certificate of completion that can be printed.

Developed by experienced clinicians and rehabilitation professionals, Brain Injury Fundamentals is an all-new training and certificate program designed to address the unique needs and challenges of those who care for or encounter individuals with brain injury. This includes non-licensed direct care staff persons, facility staff, family members and friends, first responders, and others in the community. The mandatory training course covers essential topics such as:

- Cognition
- Guidelines for interacting and building rapport
- Brain injury and behavior
- Medical complications
- Safe medication management
- Families coping with brain injury

The course is grounded in adult learning principles, maximizing participant engagement and application through an interactive workbook. Using real-life scenarios and interactive simulations to anchor the course concepts, participants learn about the challenges people face following brain injury and the types of support they need. This essential program will help candidates understand different types of behavior, manage medication safely, and provide support to families and friends.

The Brain Injury Fundamentals course is comprehensive and flexible enough to be incorporated as an organization's on-boarding program for direct care staff, or used as a stand-alone training in healthcare and community facilities. The course can be taught by an ACBIS trainer, Sherry Stock, CBIST, more than 10 years' experience in the field.

After completing intensive training, candidates will receive a certificate that is valid for three years. To learn more about the application process contact Sherry Stock at BIAOR sherry@biaoregon.org. 800-544-5243

Training: Training is required in order to receive the Brain Injury Fundamentals certificate. Trainings will take approximately 8 hours. Instructor is Sherry Stock, CBIST sherry@biaoregon.org 800-544-5243

Costs & Fees: Fundamentals Application (including Practical Training Workbook): \$225*

*Fundamentals Application fees are non-refundable.



Why do people act differently towards a person after their TBI? They can't always handle the truth!

After a traumatic brain injury, acceptance is one of the first steps toward recovery...even if recovery is a long way off. When you evaluate your own personal situation and work to be content within your life's new parameters - that is basically acceptance. Although TBI can make a huge change in a survivor's behavior, patience, temper, attitudes, etc. - it also can cause a huge change in the people around us - and in how they act toward us. The fact is that people may not be able to handle the truth because the truth they're facing is that you've changed. You're still the same person that they know and love, but it's the adapting part that is awkward for them (which, in turn, makes it awkward for you, too). Brain injury not only affects the TBI survivor, but it affects everyone in their life. This is one of the parts of TBI that can bring misunderstandings, judgment, and often, isolation...the truth is hard to handle for family and friends. Why? Because they don't want to upset you, or possibly just don't know what to say. Often, it's no more complicated than that.

Workarounds, ideas, and other solutions

The following excerpts are from Lash & Associates tip card titled "Coping with Survival After Brain Injury."

Brain injury has an odd way of attacking your self-esteem and self-confidence. Maybe you used to consider yourself brilliant, attractive, handsome, beautiful and just wonderful. Brain injury has a way of landing right on your self-confidence center. Your worth as a person - both before and after your brain injury - is about more than how well you can do this or that. Don't think of yourself as less of a person since your brain injury because of all the things you can't do. Look at the love and warmth that you can share. Others may value you for the contents of your soul.*

With that said, how you think about your situation and approach to life could improve - despite how others may act toward you? Here are a few more great bits of advice from the tip card titled "Coping with Survival After Brain Injury." You'll find that acceptance takes the focus off complaining, of fault-finding of others, and will make you see things in a more meaningful and positive light.*

For example, You can moan, groan, complain, be angry, and spend your time asking WHY did this happen to me? You can be angry at whoever and however, it happened. Be angry on a daily basis. Drink and do drugs to escape...OR you can acknowledge and accept that it happened. You certainly don't have to like it or be happy about it, but acknowledge that it happened and move forward. Do the best you can with whatever you can. Work on getting to your "New Normal" which

isn't going to be the same as your "Old Normal."**

If you ask yourself, whether you are religious or not, "Why did God do this to me?" - maybe instead, take the approach of asking yourself, "I was saved for some reason, what is it?"* You may figure that you have enough of your own problems to deal with and avoid helping others - OR you could work to prevent brain injuries. Tell people your story in the hopes that they won't have to walk down this road.* If you let your anger and sadness spill throughout your life, and you take it out on those around you-you could (instead) be sad, but acknowledge that you aren't the same as you used to be. Meet new people who may understand some of your challenges.*

Do you see the sharp contrast in thinking and the approach here? One approach is wallowing in self-pity, and the other changes the focus to living life to the utmost, loving people despite how they may act, and hopefully inspiring others that are also survivors. When you feel angry or sad that your "terrible family or friends" are not loyal, or may not come to visit you enough - look at the other side of the coin - maybe your partner / husband / wife / parents / kids / siblings / other friends stand by you, thank them sincerely and deeply for their loyalty, love and commitment. They didn't ask for this any more than you did!*

*(Reference: From the Lash & Associates tip card titled "Coping with Survival After Brain Injury," by John W. Richards, MBA, MSW, Survivor.)

Coping becomes Hoping

When it comes to family and friends' emotional reactions to your TBI, there are some things to keep in mind. When an individual has a brain injury, most families go through the entire range of emotions. There is fear, anger, hope, despair, and even joy at times. These emotions are often seen as negative (fear, despair, anger) or positive (joy and hope). Each emotion affects how a family member acts and responds to others. Try to use your emotions effectively rather than allowing them to control or overwhelm you.**

You may have felt like you were on a roller coaster of emotions soon after the brain injury occurred. Every day there were unfamiliar terms, complicated medical information and difficult questions that often could not be answered. Your emotions may change over time but they continue to be powerful feelings. Every member of your family may feel a wide range of emotions. Some may be similar to yours; others



may be different. All emotions need to be respected. It's important to let everyone in your family know that it's okay to feel angry, afraid, sad, helpless, and overwhelmed. It's what you do with these emotions that matter.**

One of the hardest things to realize when you've been through huge life changes after TBI is that negative emotions, anger, sadness, and fear can be negative and destructive. But without them, you would lose valuable energy and perspective. They can help you not only survive, but thrive in the aftermath of a brain injury to you, or a member of your family. Imagine that! The takeaway from negative fear, sadness, anger, etc., is that it motivates you to improve your attitudes - and the result will be an overall improvement of your outlook on life, despite any setbacks.**

Handling Emotions When People Act Differently After a TBI

In closing, here is a small, but important checklist that could offer some "life hacks" to get on the right track, and away from feeling bad about your situation...this is only a small list, and there could certainly be more added - but in the interest of time, these are good to start off with.

Tips for handling your emotions...

- ✓ Stay in the moment. Rather than wishing for the moment to pass, ask yourself what exactly this moment is about.**
- ✓ Allow emotions to subside or quiet. Instead of trying to hold onto an emotion, be aware when it lessens. Notice the emotion that replaces it. Why this emotion now? What triggered it? How can it help you?***

✓ Review and reflect. Keep a journal of your different emotions and experiences. It is often easier to understand your feelings after some time has passed. Reading

(Continued on page 12)

(Continued from page 11)

your journal days, weeks, months or even years later gives you a different outlook. This can help you understand what you were feeling and why. Review and reflection can help you use your emotions effectively or change them.**

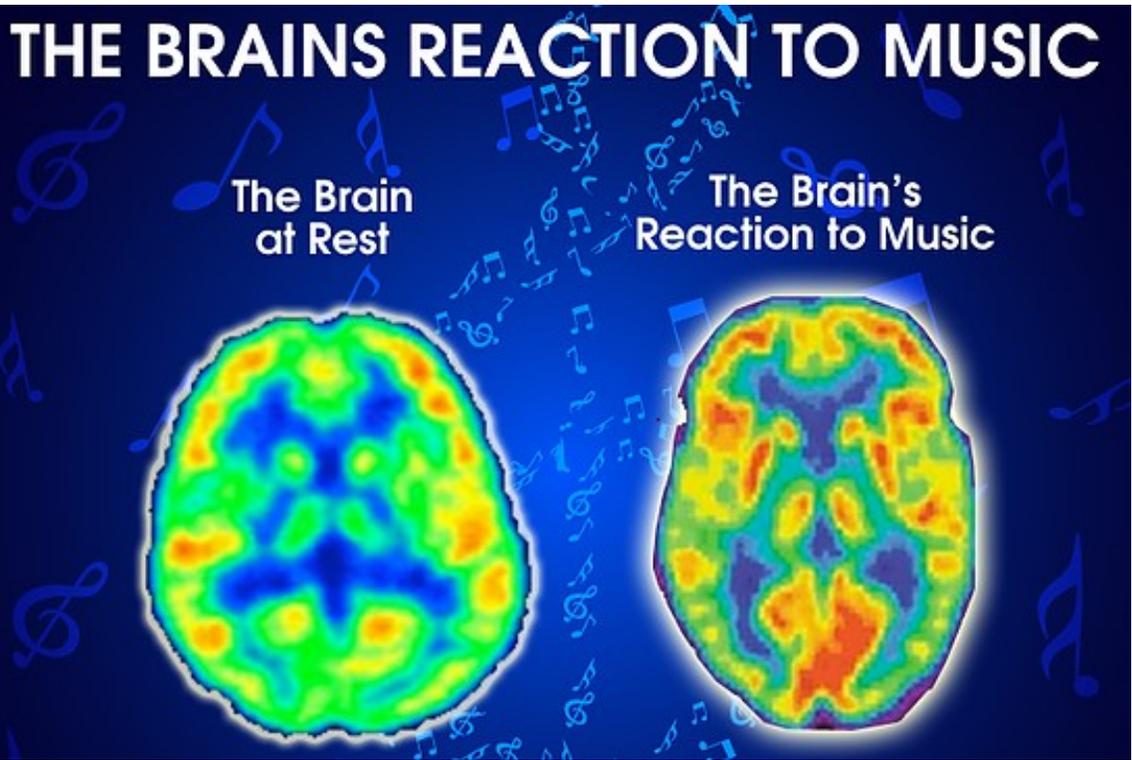
✓ Find someone you trust.

If you are feeling overwhelmed by an emotion, share it with someone you trust. Ask for the person's views and ideas. By sharing the emotion, you will find it more manageable and less overwhelming.**

✓ Consider the opposite emotion.

Sometimes an emotion can block you from taking action or it may prevent you from getting action from someone else. When this happens, try choosing the opposite emotion and ask yourself what you'd do if you felt that way instead. For example, if you are feeling angry but need to make a request, ask yourself, "How would I say this if I were feeling warmly towards this person?"***

***Excerpted from "Emotions - Hope after brain injury", by Ann V. Deaton, Ph.D.



Final Thoughts

The takeaway (hopefully) is that working on acceptance of your new life, and then working through your feelings (about yourself and others' actions toward you) will bring positive change to everyone involved. Life is precious, and sometimes people just need time to sort things out - either as a TBI survivor or as the friend or loved one of a TBI survivor. Make the most of each day. Progress comes in different forms, different levels, and sometimes it's elusive - but hope springs eternal. Choose hope!

References: Brain Injury Bulletin July 2018



LISTENING TO MUSIC AND BRAIN HEALTH

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Glasgow Coma Scale expanded to assist in classifying severity and prognosis of brain injury

Anyone familiar with head injuries (or indeed watching TV medical dramas!) will know about the Glasgow Coma Scale (GCS), which is used to assess levels of consciousness after injury or oxygen deprivation. The system has been around since the 1970s and measures the patient in three main respects – eye, motor (movement) and verbal responses to stimuli. The quality of each response is assessed and scored by the attending clinician. The maximum total score is 15/15 – a patient who is fully alert and responsive. The lower the score, the less responsive the patient. GCS scores are frequently used in an initial assessment and then repeated and are a key indicator of the patient's condition and progression. The system is simple and universally used, meaning all clinicians can carry it out and interpret the findings quickly.

However, one of the original creators of the GCS has been working with colleagues to produce an updated system, recently published and known as the 'GCS-Pupils'

Classification of Brain Injury According to Glasgow Coma Scale (GCS)



system (GCS-P). Its aim is to enhance the ability to assess the severity of and prognosis for a brain injury. Decisions about management are influenced by perceptions of the relationship between a patient's early condition and their likely outcome and so the aim was to improve the accuracy of the assessment carried out in the initial stages in order to predict a likely outcome.

While the original GCS system is a good measure of severity of injury and prognosis, the reactivity of a patient's pupils is also a key prognostic indicator, so the aim of the new system therefore was to combine the two to get the most accurate assessment possible of level of injury and prognosis. The team felt that this would enhance the ability to manage patients with brain injury, but recognized the importance of keeping any new system simple to use. The other factors considered as relevant

to the classification of an injury were age (increasing age at time of injury tending towards worse prognosis) and CT findings. In essence, the GCS assessment is carried out as previously, but the patient's pupil reactivity is also assessed and graded 0, 1 or 2. This score is then subtracted from the GCS score as poor pupil responsiveness (given a higher score) is an adverse prognostic indicator.

When asked about these important studies, the authors responded:

"Decisions about patient care in the immediate aftermath of a head injury are influenced by physician perceptions of the patient's likely outcome, so it's important that assumptions that underlie these decisions are correct. Working together between Glasgow and Edinburgh, we have developed the GCS-P and associated prognostic charts. These simple and easy to use tools provide reliable estimates of outcomes at 6 months and will support clinician decision making in neurotrauma."

Philippa Luscombe, partner in the personal injury team at Penningtons Manches who specializes in cases involving brain injury, comments: "It is well known that the early management of a patient with a head injury can have a significant impact on outcome. Anything that helps attending medics evaluate a patient with a head injury and identify if quick and active management is likely to make a difference can only be a good thing. This assessment may assist in justifying ongoing rehabilitation for patients with serious injuries after acute care (which is an issue we often encounter when acting for clients with head injuries), whose GCS-P is a good prognostic indicator. It should also support the communication and management of expectations for families. The GCS scoring system has been a big success and it will be interesting to see how quickly GCS-P comes into widespread use."

Source: <https://www.lexology.com/library/detail.aspx?g=41ac7228-48a3-42c7-ae3f-fe801e92f623>

TABLE 38-2

Glasgow Coma Scale

BEHAVIOR	RESPONSE	SCORE
Eye opening response	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
Best verbal response	Oriented to time, place, and person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
	No response	1
Best motor response	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
	Abnormal flexion (decorticate)	3
	Abnormal extension (decerebrate)	2
	No response	1
Total score:	Best response	15
	Comatose client	8 or less
	Totally unresponsive	3

New Research Finds Link Between Brain Trauma, Dementia

A single concussion is tied to an increased risk of dementia, including Alzheimer's disease, according to a recent study.

In one of the largest studies of its kind, researchers scoured Danish health databases to examine 2.8 million patient records. They discovered those who had sustained any type of brain injury had a 24 percent greater risk of dementia than those who had not. The report, which was published in *The Lancet Psychiatry*, said those who suffered multiple traumatic brain injuries (TBIs) had the highest risk of developing dementia.

"The possible association of traumatic brain injury, which many veterans have endured, with dementia means better treatment must be a top priority to ensure the safety and health of our brave men and women who have served our country," said Jim Fausone, a veterans attorney at Legal Help for Veterans in Michigan.

Since 2000, nearly 400,000 service members have been diagnosed with a traumatic brain injury, according to the Defense and Veterans Brain Injury Center, which is part of the U.S. Military Health System. Most of the injuries are classified as a concussion, the center said.

"What surprised us [in the study] was that even a single mild TBI was associated with a significantly higher risk of dementia," said lead author Dr. Jesse Fann, a professor of psychiatry at the University of Washington School of Medicine.

Fann pointed out another significant finding that if an individual suffers a brain injury in their 20s, the risk of developing dementia at age 50 grows by 60 percent.

In 1995, at the age of 61, American artist William Utermohlen was diagnosed with Alzheimer's disease. In response to the illness, the London-based artist immediately began to paint an ambitious series of self-portraits. From the time of his diagnosis to 2000, when he was admitted to a nursing home, Utermohlen created a powerful documentation of his painful descent into dementia as a way to better understand his condition.

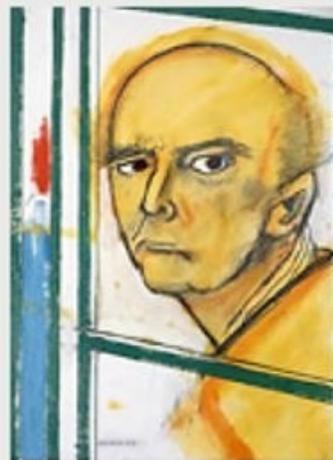
Utermohlen's self-portraits provide a stark look at the devastating effects of Alzheimer's. As the artist struggled to keep in touch with the world around him, his works became flatter, more abstract, with a new loss of details and spatial sense. By 2000, Utermohlen's memory and

technical skills had deteriorated to the point where his heartbreaking portrayal of himself was simply a scribbled skull and the barest shadows of facial features.

"In these pictures we see with heart-breaking intensity William's efforts to explain his altered self, his fears and his sadness," Utermohlen's widow, Patricia, wrote in a 2006 essay on her husband's work. After his death in 2007, Patricia recalled, "Even the time he was beginning to be ill, he was always always drawing, every minute of the day. I say he died in 2000, because he died when he couldn't draw any more. He actually died in 2007, but it wasn't him by then."



1967



1996



1997



1998



1999



2000

Sources:

<http://www.lawfirmnewswire.com/2018/07/new-research-finds-link-between-brain-trauma-dementia/>

<https://mymodernmet.com/william-utermohlen-alzheimers-self-portraits/>

10 Years Later - From Bill Powers/Dad; Joe Powers-I Won't Back Down

Introduction.

I write 10 years after Joe's accident and TBI.

I write from my perspective as a witness to the daily lives of Joe and many seriously injured people. And observing the healthcare world for an extended period of time. As I have written several times previously, I will not detail Joe's injuries. Neither patient nor family nor friends ask for a serious illness or injury. Life interrupts.

Though I did not ask for this experience I have grown immensely from it. It is a privilege to observe Joe and others fight hard every day with grit and humor and empathy. It is a privilege to observe caregivers.

I am uncertain as to whether I have adequately conveyed in past communication the trauma suffered by supporters of an injured or ill loved one. Maybe unless one experiences serious injury or illness, there is no understanding.

First, there is shock and terror when receiving news of serious injury or illness. Quickly, there is anxiety whether there can be treatment and how to pay for treatment. The financial costs are enormous, so either there will be no treatment or payment through private insurance or Medicaid or Medicare.

In our family, more than one person has fought serious illness or injury. We have all been blessed to have insurance to cover most treatment. Everyone should be so fortunate.

So, here we go :

Thanks for reading. I know many would not expect me to be silent 10 years after Joe's accident.

I think of when Joe was a Senior in High School and spoke at a Mother/Son breakfast. I was not there but Joe's mom, my wife related to me that Joe gave a fantastic speech...funny and poignant.

A guest speaker had been invited. He followed Joe but the first thing he said was something to the effect of : "How do I follow him !"

Maybe that breakfast ignited the flame of Joe's future Stand Up Comedy .

Well, I find myself in the same spot as that guest speaker...no way can I come even close to matching Joe's 10

Year Update he wrote a few days ago. It is below for you who have not read it.

Many years ago, there was a popular TV Series : "The Twilight Zone". A phrase which is now commonly understood. After 10 years, I believe that every family and person will some day receive a call similar to the one we received from dear, brave friend Krystal. Enter the Twilight Zone.

I have spent thousands of days experiencing the health care system. I have seen hundreds of patients, families, friends and caregivers. I have received countless phone calls, texts and e-mails. And sent them.

I try here to explain my understanding how this fine man is able each day to fight on and improve with courage, empathy , patience and humor ; how he became Joe and uses his past experiences every day in a challenging situation.

I am grateful to countless people. Some may surprise you.

The support and love shown to Joe by his **family** helped Joe to become the person he is. I am grateful beyond words.

I am grateful to the **teachers** that taught Joe to read and write. To listen and think.. To appreciate music. To Joe's **athletic coaches**, not all of whom I appreciated at the time. I am absolutely convinced that Joe's recovery from the very beginning was aided by his athleticism and competitiveness. To facing daily challenges with relentless determination.

His **music composition teachers** inspired him. Dr. Kyr from the U of O visited Joe twice in New York and I observed amazing communication and understanding. Many **friends** from the School of Music visit Joe and write even now.

On this TBI Journey Joe met a wonderful composer, Joan Tower whose brother George was a roommate of Joe's for awhile at Northeast Center. When at Park Terrace Care Center, one of the signs that Joe's awaking from his coma was his playing right-handed a Christmas song and the U of O "Fight Song". Thrilling to witness.

Due to Joe's education he can read and his writing is clear and inspiring. Thank you to **all teachers**. Never doubt your profession.

I am grateful to **all of Joe's friends**, who are amazing. Many visit and contact Joe even now.

I am grateful to the **Boy Scouts** where Joe attended meetings and camps in the Summer.

He joined an elite group of only 2% that become

an Eagle Scout. I know this helped form Joe in a positive way.

I am grateful to the **Catholic Church** and its Nuns and Priests and Brothers in the schools Joe attended. I have no knowledge of Joe's adult regular attendance at Catholic Church services, and I do not know how often Joe prayed prior to his horrific accident. I do know Joe prays every day now. Serious injury can inspire many actions.

One need not join or be a member of a Religion to be Spiritual.

I met several friends of Joe. Joe has the wonderful ability to choose friends with great character. I met a few young women that are Joe's friends. Some he dated. Amazing all.

Joe performed Stand Up Comedy, both in New York and subsequently after his injury. Joe's **Stand Up Comedy** friends stormed Bellevue Hospital for days to visit Joe and each other. The nurses and doctors there said they had never seen anything like it. Many visited Joe in care facilities and still write.

Several organized a Stand Up benefit show in Manhattan to help Joe with medical expenses. It has been a long time but as I remember it was Mara, Chelsea and Becky.

I am hesitant to name people for fear of omitting so many.

Thanks to all. You contributed to formation of this wonderful man.

I think we are all a composite of our prior life experiences. I have seen the strength of so many TBI patients.

I am sure they derive strength, like Joe, from friends, families, teachers, coaches, and ministers.

After the fall:

When Joe visits three times a week to the **day programs at Helen Hayes Hospital and CPI (Capabilities Partnership ,Inc.)** in New York, they offer counseling classes. A subject often discussed is the problems caused by smoking. Joe tells me he comments that as a fell while smoking, he has learned very well that very difficult lesson.

Using his humor, he so advises his counselors.

I mention very briefly the first time Joe's family saw Joe following his accident. Joe was in a coma at

(Continued on page 16)

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Bellevue Hospital in Manhattan. They did not even know his name. Dearest friend Krystal had called us from New York.

I am sure many loved ones in a similar situation experience, as we did the terror of the unknown:

- Is there health insurance to cover treatment ?
- How long will this last?
- Will Joe live?
- When will he wake up?
- When will he breathe on his own?
- Will he be able to talk, to eat, to walk, to use his arms and fingers?
- Use the bathroom?
- Recognize us?
- Whom can I talk to about treatment?
- How is everyone else in our family?
- What happened?

Whether a fall, Cancer, car accident, stroke, heart attack , whatever, it is all very confusing.

As you have followed Joe and his fight to recover, I will not detail these here. I mention that I have seen hundreds of patients suffering serious injury. I have never met or observed one that does not fight with every ounce of strength to improve. I have met countless caregivers, such as doctors, nurses, aides, counsellors , psychologists, social workers, dieticians, cooks, dieticians, janitors, secretaries, receptionists, Service Coordinators, therapists, personal trainers. Many are members of ethnic minorities. Not all are perfect but I can think of only a couple instances of incompetency in ten years.

Joe's lawyers were essential in assisting Joe. If you need an attorney, get one that specializes. Insurance company attorneys are extremely competent. I witnessed Joe being examined and questioned at least 10 times.

A Mystery

I have traveled to many countries. In Europe, Canada and have relatives in Japan. All have national health insurance.

I am certain I am not alone in being overcome and exhausted in dealing with the trauma of a serious injury. Heart-broken for the injured loved one. Comforting family and friends. Admiring courageous disabled patients. I can vividly remember standing on the 10th floor of Bellevue Hospital in Manhattan, New York, loudly arguing with a large national insurance company which was refusing to cover expenses to treat Joe.

Talk about trauma. I remember being told by a large New York hospital that it would not deal with me regarding treatment of Joe if I used this particular national insurance company. Only

using Medicare and Medicaid. I remember being told by this large national insurance company that a certain drug would be shipped to Joe. I was led to repeatedly. I firmly believe this delay seriously hampered future use of Joe's left arm and hand.

The mystery to me is I am certain members of Congress and the Executive Branch of our USA government must have relatives, acquaintances, friends and constituents they know that are seriously injured. As must their voters.

The constant and continuing efforts to deprive residents of health care confuses me. My only conclusion is that these politicians have large financial resources to pay for care and also their own health care insurance, which of course is paid for by taxpayers. They assume it is this way for everyone, or do not care if it isn't. The possibility that care might be unavailable is not part of their world. Further, these same politicians continue to cut budgets for Medicaid and Medicare. I have witnessed many times the care of patients harmed by these restrictions. Including for Joe many times. Heartbreaking.

I sometimes think of former Arizona US Congresswoman Gabbie Giffords, who suffered serious injury after being shot. I am very pleased she is receiving extensive treatment, including physical therapy, speech therapy and much more. I then think of the TBI patients I have seen who require similar treatment. If they receive any therapies covered by private health insurance (doubtful) or Medicaid or Medicare, the extent of such therapies is of very limited duration. I have seen this with Joe and many. Therapies are necessary for recovery and even to maintain a

present medical condition. I have seen the budgets of Medicaid repeatedly cut.

I was recently advised by a mom of a TBI patient in Buffalo, New York: Not one available day program for her son.

I am able to pay for Kaiser Permanente health insurance. I have the calm reassurance that even early in a medical issue I can get on my computer and communicate with my doctor and he with me. I can set appointments.

I have a nephew that recently lived in Japan. I asked him what he paid for health insurance. He told me he did not know as each year he just got a card in the mail and he was totally covered.

In our travels to Europe and Canada, we have talked to numerous people. They all love their health insurance. Sure, there are problems but they know medical issues will be resolved. When I hear politicians argue each Presidential Election Cycle: " Do you want insurance like Europe and Canada ?"

My answer is : "Hell yes !"

Before we traveled I remember hearing these statements and how "poor" people were in these countries due to "high taxes" to pay for health care (and education). Well, I call BS. They value health care and education and yet we have seen their prosperity.

For another day: " What would Jesus do ?" "The Good Samaritan" ???

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Conclusion

THANKS to Joe and all. You inspire me every day.

I admire beyond words all of the care providers.

No loved one should ever have to suffer the terror of trying to provide emotional support AND medical care for a person and be told no health insurance coverage or be financially unable to afford health insurance.

Bill/Dad

10 Year Update Composed by Joe Powers

People!! So it's been exactly ten years today since I had my brain injury. Um, happy anniversary? Okay. Seriously, though. Truth be told, there is very little about this injury that makes me happy. However, immediately after my injury I was in a coma for several months, and one thing that does make me happy is that I've emerged from my coma—although it would be incredibly impressive if I were sending y'all an update while I was in a coma. That would be a seriously mild coma. OKAY!! No more coma jokes! Know your audience, Joe!

So I had my injury on August 23rd, 2008. I'd just performed at a comedy club in New York City. (If y'all would like to see some of my pre-injury stand-up, the following link should work: https://m.youtube.com/watch?v=Ru37LX_sTRw) After performing that night I went to a friend's apartment, & I was smoking a cigarette from two stories above the ground. I lost my balance & fell to the ground. Now, it's common knowledge that smoking cigarettes is bad for your health, but I have never in my life heard someone say, "If you don't stop smoking soon you're gonna suffer a traumatic brain injury!" Regardless, that was as good a reason as any to quit smoking cigarettes, but truth be told, you're not bothered as much by the lack of nicotine when you're in a coma. (How positive am I?!) Also, stand-up comedy teaches you a lot of things, but many of those things have to do with unruly audiences. One thing stand-up comedy does not teach you is how to deal with a traumatic brain injury—or for that matter how to deal with being in a coma—although when you're in a coma you don't really think about dealing with being in a coma, seeing as you're in a coma. Wait, wasn't I the one who just said enough coma jokes? Sorry. The truth is I'm happy to survive my original fall at all. I could very easily have died, and probably should have. The truth is cigarettes could have given me a much harsher end than it did.

However, I honestly don't consider this an end. It's more of a beginning. ANYWAY! That's about

enough death talk. Moving on...

One of the worst parts of my injury was I broke my fall from two stories above the ground with my left hand and arm. The good news is I broke my fall. The bad news is I was born left-handed. I didn't lose my left hand or left arm, but I did lose their dominance. They're both slowly improving, though—emphasis on slowly (although y'all would not believe how legible my right-handed writing is now.) Of course I want to be back to being left-handed like yesterday, but unfortunately that's not how it works. Regardless of the pace of my improvement, though, as long as I keep improving I'm happy. Mark my words, people: I'll be a southpaw again.

So after my original fall I was taken to The Brady Institute in order to help me emerge from my coma. I gradually came out of my coma, & eventually ended up at a rehab facility called Park Terrace in New York City. I needed rehabilitation in several areas, not the least of which was my speech. For a while I had regular speech therapy. I've since improved in that area, among others. I no longer have—or have need for—a speech therapist. From Park Terrace I moved on to the Northeast Center for Special Care in Lake Katrine, New York. I continued my improvement at the Northeast Center, & I received wonderful physical therapy from such physical therapists as Arlene Birnbaum & Sangeeta Buragohain (namaste, Sangeeta! And shukriya!). I now own my own apartment in White Plains, NY (I know, I know, this is quite a roundabout way to get my own place), & I receive physical training from Charlie Malota three days a week. We work with a resistance band with my left hand, both pulling & pushing (the ability to push my left arm away from my body is still relatively new), I walk (both regular walking with a walker & walking on a stationary walker), & I work on getting my violence out by punching a punching pad with a boxing glove with my right hand at least 100 times. Perhaps not surprisingly it isn't difficult for me to get my energy up to throw punches. (Don't cross me, people.) Also, I never thought I'd appreciate walking so much, although I've gotta say, there must be better ways to appreciate walking, or at least ways that aren't so hard on your body. Charlie & I are also working toward walking on my own—that is, without the help of a walker. It'll take a while, but most things that have a lasting impact on your life do take a while, especially after an injury like this one.

As my health improved I got back into performing comedy. The first time I performed I was unable to get out of my wheelchair, so one of my jokes was that it wasn't stand-up comedy. It was sit-down comedy. This may have been a funny joke, but my speech was so difficult to understand at the time, the audience must have had trouble

understanding me. (This was relatively soon after my injury.) If I did get any laughs most likely they were due to sympathy, which is not the ideal reason to get laughs from an audience. However, take it from a comic: laughs are laughs, however you get them. If an audience wants to show their sympathy to a comic through laughter then I am all about sympathy. Later on I was able to stand, so I was able to actually perform stand-up comedy. Even better, I was more understandable, so any sympathetic laughs from the audience did not come from the audience's inability to understand my speech. They just came from bad jokes. ANYWAY. I continue to write comedy, & I plan on performing again. I've got no date set yet, but it is happening.

I hesitate to stray from the general lighthearted tone of this update, but I will say that I pray daily for healing, & I seem to be heading in the right direction. Of course I could be happier with the speed of my healing, but despite my healing's speed (or maybe I should say lack of speed?) I do seem to be heading in the right direction, & I'm extremely grateful for the improvements I've made thus far. Healing is a process, people. Admittedly it's a slow process—at times agonizingly slow. I'll be the first to tell you that, but it is a process.

I am so grateful for the support of my family since I had my injury: my mom & my dad, my brother Jim, & my sisters Margie & Molly. They've been here from the beginning of my injury, & they've always been here to support me. This is a situation where family support is so important. Their support has never wavered, & I love that.

One thing I'm now working on is increased independence. I go to the TRC day program at Helen Hayes Hospital on Wednesdays & Fridays, & I now make my lunches for those days the night before I go to the programs. I am all about increased independence, but it just so happens I am also all about food, so when that increased independence results in food I couldn't be happier. I really had no idea increased independence could be so delicious. Lesson learned.

In other news, I used to take medication before every meal & at bedtime. I took a baclofen pill four times a day. HOWEVER—I now only take the baclofen pill three times a day, meaning I no longer take any medicine at all at dinnertime. This is a first since my injury, and the way I see it, the less drugs the better—although I suppose there are easier ways to just say no. ☐

So this is not an update full of all good news. I was told by a doctor who looked at an X-ray that I have arthritis in my hip. It hasn't caused me any hip pain thus yet, but I'm thinking news of arthritis is never good. Then again lack of pain on my end is always good. We'll see how it goes. I'm still

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walking every day, usually three times a day on the weekends, & even three times a day on weekdays when my weekdays aren't too busy. Sometimes I walk four times a day. Thus far hip pain has not yet entered into the equation, so in the end I suppose the news could be worse. In addition to going on walks there is also a grab bar in my bathroom, & I do fifty squats a night. If y'all don't know what squats are, well, maybe y'all should consider yourself fortunate—OR maybe y'all should start working a little more exercise into your life. (Sorry, folks. I was mostly just looking for a chance to work another emoji into my update.)

Truth be told there are some advantages to this injury, not the least of which is I get my laundry done on a daily basis. Like others, I'm no fan of doing laundry, but don't misunderstand. Before having my injury I never thought to myself, "Man, doing this laundry sucks. I do believe I'm gonna get outta this by having myself a traumatic brain injury." Believe it or not, I don't think this way. If y'all are having such thoughts, well, trust me on this, people: laundry may suck, but it's not worth the trouble of having a brain injury. Actually far from it.

Another advantage of this injury is that I don't currently have to make my bed when I get up in the morning. This was also the case when I lived at the Northeast Center for Special Care in Lake Katrine, NY. When I lived at the Northeast Center one of my overnight aides was Alex Rhine. One of Alex's best qualities was she could make a mean bed. (I realize it may not sound like it, but making a mean bed is a serious compliment.) In fact she made beds so well I came to call her my VFBBF, which stood for very favorite bed fairy. (Just in

case you're wondering, the answer is yes—that name is exactly as clever as it sounds.) Right before I left the Northeast Center Alex moved on to another job, & I have no doubt that since she has moved on, the beds at Northeast Center miss her horribly.

I normally attend day programs every Monday, Wednesday & Friday: CPI on Mondays & TRC on Wednesdays & Fridays. This is good times for more than one reason. For one thing it's nice to be out & about, & for another thing I look around & see it's entirely possible I could be in a lot worse shape than I am. I mean don't get me wrong. I'm absolutely aware that things could be better—much better—but I look around these day programs & I see that my situation could be a lot worse than it is. There are people who attend my day programs who have trouble putting together an understandable sentence—and I'm talking about smart people. There are also people in wheelchairs who are unable to propel themselves independently. Of course there are also people at my day programs who are in better shape than I am, but these people give me goals to shoot for—reachable goals.

Wow. Today is the tenth anniversary of my injury, & I'm realizing now that some of y'all may be feeling like about ten years have passed since you started reading this update. However, rest easy folks. I'm all done. Oh, & happy anniversary!!

-Joe joewpowers@yahoo.com

Joe loves Tom Petty's Music. Joe and I would often listen when I visited him in New York.

The following song seems to fit Joe's situation and how Joe's brother Jim describes Joe as having "relentless determination."

Many others suffering disability and their families and friends as well:

Well I won't back down
No I won't back down
You could stand me up at the gates of Hell
But I won't back down
No I'll stand my ground
Won't be turned around
And I'll keep this world from draggin' me down
Gonna stand my ground
And I won't back down.
Hey, baby. There ain't no easy way out.
Hey, I will stand my ground.
And I won't back down.
Well I know what's right
I got just one life
In a world that keeps on pushin' me around
But I'll stand my ground
And I won't back down.
Hey, baby. There ain't no easy way out.
Hey, I will stand my ground.
And I won't back down.
Hey, baby. There ain't no easy way out.
Hey, I won't back down
Hey, baby. There ain't no easy way out.
Hey, I will stand my ground
And I won't back down.



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

There's always hope... Encouragement after TBI



My dad would often tell me not to get discouraged, and as a young man, I didn't understand why... sometimes it made me frustrated. What he knew (that I didn't at the time) was that he was preparing me for discouraging times in my life. This was a part of his legacy as a dad, and he was laying the groundwork for doing his best to impart positivity and hope into my character... whatever may come! Not everyone has this kind of person in their lives, but many of us can be our own encouragers through positive self-talk, thoughts, prayers, and by being encouraging to others.

There's no magical solution for encouragement – you start by taking a situation that you're going through, and start dissecting it. By asking yourself “how bad is this, really?”, you start to see things for what they are. If your emotions cloud your outlook, you may give up the fight, or just become tired of working to keep things positive. Let's face it – brain injuries of any kind are no “walk in the park.” For many, progress is slow, or even elusive. Finding some redeeming things in your life is the first step to realizing that there are also things to be thankful for, despite any other negative issues that have placed you in this “new normal”.

Let's take a look at some ways that can be encouraging for you, a person that you may take care of (as a caregiver), or maybe just to encourage a loved one or spouse.



Remember that every TBI is different, as well as every personality...there are no two situations that are exactly the same. The goal is to paint with a broad brush, and point to ways of encouragement that most likely will apply to most TBI survivors, and the challenge to you is to apply them appropriately to your situation! It's never a “cut and dried” kind of thing when you're dealing with TBI, and unfortunately, there will be suggestions here that will absolutely not apply to some survivors at all. With that said, let's plod ahead, and plot our path toward being more encouraged...or being more encouraging to someone else. Let's find some inspiration!

- Negativity can easily creep in, when there's not enough progress after a TBI. Negative attitudes can be the norm, as people wear down when they're dealing with pain, loss, stress, impulsive behavior, lack of motivation, poor self-awareness, and their overall recovery. For a

caregiver, spouse, or family member, you can reinforce positive behavior on their part by maintaining your patience with them... stopping negative behavior by modeling patience and good behavior can be tough to maintain, but it can pay off by easing the overall household stress level. If you're on working toward increasing positivity on your own (as a survivor), one of the main things to keep in mind is that change will be incremental. Implementing total change in one fell swoop is a daunting task, and will most likely lead to failure...and more negativity. Small steps toward your goal will not only give you confidence that positive change is occurring, but others will see it as well...you'll know that you're making progress, and others will reinforce that by seeing it as well. Change begins with you. That's encouraging!

- Finding joy in small things can be a stepping stone to other “wins” in your journey toward a more positive outlook after TBI. Let's say, for example, that you're having a hard time using a TV remote – the channel select button is hard to press when you're holding the remote. Finding a workaround sounds simple enough, and if it can reduce your stress...then try doing something differently. In this case, maybe holding the remote with both hands. The point is that trying different ways to approach everyday (small) issues can build confidence and positivity. It will give you insight into building up to working on larger items on your list that you'd like to conquer... it's always going to be one step at a time!

- When feeling irritable or stressed out (which can be a huge problem after a TBI), strive to remember that lashing out at others creates more of the same. Keep in mind that your challenges don't have to define you as a person...sure there are issues to deal with every day, and some are huge. Pain, mental clarity, uncontrollable emotions – they all come into play, but awareness of negative thoughts that are brought on by these things can be the first step toward minimizing how you react to them – which brings more self-control. When you feel that you're managing your actions, despite how you're feeling (not an easy thing) – you're going to become a more positive person, and you'll start working your way in the “the zone” of actually being more encouraged by taking positive actions on your own. When you own your behavior, you'll learn to control it, albeit incrementally.

That's finding a more positive you through self-change, and impacting your surroundings with behaviors that breed more positivity (from family, friends, etc.). It's a synergy that breeds encouragement for all involved.

- When it comes to caregivers, spouses, family or friends – consequences of bad behavior from a TBI survivor will sometimes be met with more bad behavior. Negativity breeds more of the same. Outbursts from a TBI survivor, for instance, that are met with an outburst in reply, can be the rocket fuel that makes everything spin out of control very fast. As a person in the life of a survivor, you have to remember everything that the survivor is experiencing is very difficult, and weigh your responses accordingly. Sure, you can reply firmly when a behavior is totally inappropriate, offensive or even dangerous to themselves (or others), but the goal of bringing them to a point of having a more positive outlook is going to require patience from you, as well as them.

Here is a short, but excellent checklist of tips for caregivers (excerpted from *Caregiving After Brain Injury, A Survivor Guide* (By Carolyn Rocchio)

Tips on managing caregiving...

- ✓ Model behaviors you want to see.
- ✓ Reinforce behaviors you want to see increase.
- ✓ Structure the environment and use cues for positive behaviors.
- ✓ Plan rest periods.
- ✓ Ignore behaviors you want to decrease when safety is not an issue.
- ✓ Avoid situations that provoke behaviors you are trying to reduce.
- ✓ Redirect rather than challenge the person.
- ✓ Seek professional help sooner rather than later.

Caregiving requires lots of patience and understanding. It is normal to have many feelings of resentment, sadness, and grief over the loss of the person you knew and loved before the injury. It is not always easy to learn to love this new and different person. With time, strength and endurance, most caregivers find comfort in knowing their job is improving the life of their family member with a brain injury.

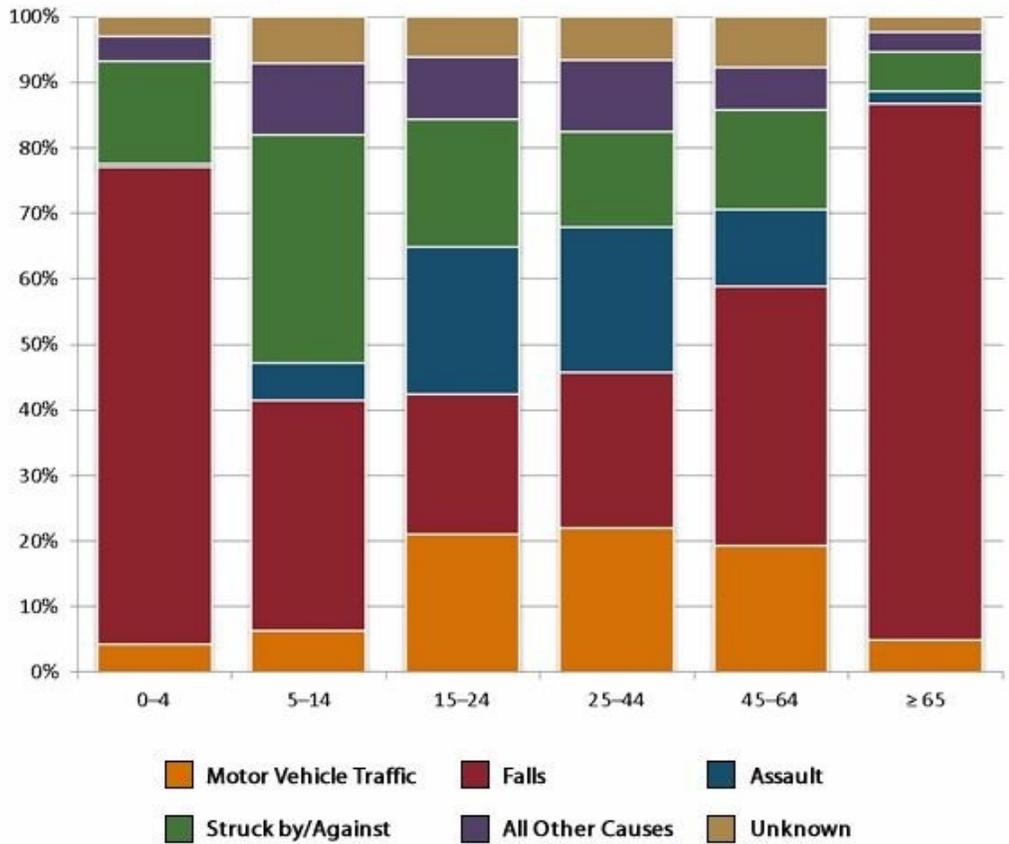
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In closing, survivors of TBI have negative and positive options to approaching their recovery, and rebuilding a life is a "do it yourself project" for the most part – all other players in their lives can give care, encouragement, and as much help as possible, but in the end the survivor will determine their path to recovery (and it will depend on their outlook and overall cognition). By not focusing on the past, and living in the present (in their "new normal"), TBI survivors have a shot at making a new and satisfying life. Not necessarily the life they had before, but through encouragement and work, they can at least find as much contentment as possible. As my dad always said: don't get discouraged. A simple, but clear statement of encouragement that can carry you through the rest of your life. Own it!

By Bill Herrin
August Brain Injury Bulletin from Lash & Associates!

Percent Distributions of TBI-related Emergency Department Visits by Age Group and Injury Mechanism — United States, 2006–2010



Traumatic Brain Injury and loss of self.
They're life changers - and brain changers.
Survival is the first step. After that, everyday persistence and unflinching tenacity are what get you through. Set a reachable goal for today, and work toward it. Do this today, and every day. It's the only way!

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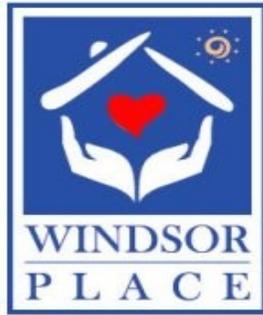
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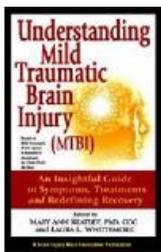
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Kampfe Management Services - Brain Injury Rehab was the first "Specialized Living Facility" in the state of Oregon to focus on brain injury rehabilitation services, KMS has a history of developing programs that benefit our clients (and payers). We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

Matthew@kampfemanagement.com 503-788-3266

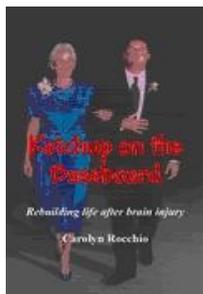
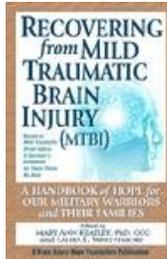


Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

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

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

This clear and concise handbook speaks to our Wounded Warriors and their families and helps them navigate through the unknown territory of this often misunderstood and unidentified injury. It provides an insightful guide to understanding the symptoms, treatment options and redefines "Recovery" as their new assignment. Most importantly, the intention of the authors is to inspire hope that they will get better, they will learn to compensate and discover their own resiliency and resourcefulness. \$23.00

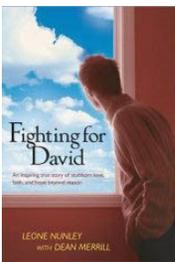
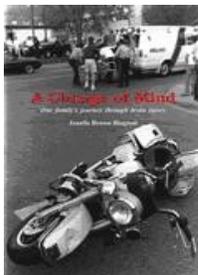


Ketchup on the Baseboard

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

A Change of Mind

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

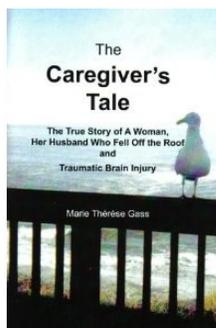


Fighting for David

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

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

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



**BIAOR Membership
Become a Member Now**

Brain Injury Alliance of Oregon

- New Member Renewing Member

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Type of Membership

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

Sponsorship

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

Additional Donation/Memorial: \$ _____

In memory of: _____

(Please print name)

Member is:

- Individual with brain injury Family Member Other: _____

- Professional. Field: _____

Book Purchase (includes S&H):

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

Type of Payment

Check payable to BIAOR for \$ _____

- Charge my VISA/MC/Discover Card \$ _____

- Card number: _____

Expiration date: _____ Security Code from back

Print Name on Card: _____

Signature Approval: _____

Date: _____

Please mail to:

BIAOR PO Box 549

Molalla, OR 97038

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

www.biaoregon.org • biaor@biaoregon.org

501 (c)(3) Tax Exempt Fed. ID 93-0900797

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

Summer Sudoku

(Answer from page 2)

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

Oregon Centers for Independent Living

Contact List

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

The Hello Foundation

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

LEARNet

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

Parent Training and Information

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

Websites

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

FREE Brain Games to Sharpen Your Memory and Mind

www.realage.com/HealthyYOUCenter/Games/intro.aspx?gamenum=82
<http://brainist.com/>

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

Sam's Brainsy Adventure

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

Neurobic Exercise

www.neurobics.com/exercise.html

Brain Training Games from the Brain Center of America

www.braincenteramerica.com/exercises_am.php



**Brain Injury
Alliance**
WASHINGTON

Washington TBI Resource Center

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

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

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

Returning Veterans Project

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

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, [1901 Esther St. Newberg, OR 97132](http://1901EstherSt.Newberg.OR.97132) (503) 554-4300
www.hazeldenbettyford.org
Serenity Lane, [10920 SW Barbur Blvd Ste 201, Portland, OR 97219](http://10920SWBarburBlvdSte201.Portland.OR.97219) (503) 244-4500
www.serenitylane.org

Legal Help

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

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

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

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

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

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

Resources

Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

Assistance

Financial, Housing, Food, Advocacy

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

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

Oregon Public Guardian Ombudsman - 844-656-6774

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

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

Food, Cash, Housing Help from Oregon Department of Human Services 503-945-5600

<http://www.oregon.gov/DHS/assistance/index.shtml>

Housing

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

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

Central City Concern, Portland 503 294-1681

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

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

Tammy Greenspan Head

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

Need Help with Health Care?

Oregon Health Connect: 855-999-3210

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

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

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

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

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

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

Valuable Websites

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

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

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

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

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

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

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

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

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

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

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

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

Brain Injury Support Groups

Astoria

Astoria Support Group
www.pnwhigroup.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 Accomero, 541 382 9451
Accomero@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@birrdson.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 stephenwright@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 503-752-6065

MUST BE PRE-REGISTERED

TBI Caregiver Support Meetings

4th Thursday 7-8:30 PM

8818 NE Everett St, Portland OR 97220

Call Karin Keita 503-208-1787

email: afripath@gmail.com

MUST BE PRE-REGISTERED

THRIVE SUPPORT GROUP

Family and Parent Coffee in café

Wednesdays: 10:00-12:00

Brain Injury Survivor support group ages 15-25

Currently combined with FAMILY

SUPPORT GROUP/PARENTS OF CHILDREN WITH

BRAIN INJURY SUPPORT GROUP

Contact for further information

braininjuryhelp@yahoo.com Pat Murray 503-752-6065

MUST BE PRE-REGISTERED

TBI SOCIAL CLUB

2nd Tuesday 11:30 am - 3 pm

Pietro's Pizza, 10300 SE Main St, Milwaukie OR 97222

Lunch meeting- Cost about \$6.50

Michael Flick, 503-775-1718

MUST BE PRE-REGISTERED

Redmond (1)

Stroke & TBI Support Group

Coffee Social including free lunch

2nd & 4th Thursday 10:30-1 pm

Lavender Thrift Store/Hope Center

724 SW 14th St, Redmond OR 97756

Call Darlene 541-390-1594

Roseburg

UMPQUA VALLEY DISABILITIES NETWORK on hiatus

736 SE Jackson St, Roseburg, OR 97470

(541) 672-6336 udvn@udvn.org

Salem (3)

SALEM BRAIN INJURY SUPPORT GROUP

4th Thursday 4pm-6pm

Community Health Education Center (CHEC)

939 Oat St, Bldg D 1st floor, Salem OR 97301

Megan Snider (503) 814-7974

megan.snider@salemhealth.org

SALEM COFFEE & CONVERSATION

Fridays 11-12:30 pm

Ike Box Café

299 Cottage St, Salem OR 97301

Megan Snider (503) 814-7974

SALEM STROKE SURVIVORS & CAREGIVERS SUPPORT GROUP

2nd Friday 1 pm -3pm

Must arrive early between 12:30-12:45

Salem First Church of the Nazarene

1550 Market St NE, Rm 202 Salem OR 97301

Scott W swerdses@yahoo.com

Tillamook (1)

Head Strong Support Group

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

Herald Center - 2701 1st St - Tillamook, OR 97141

For information: Beverly St John (503) 815-2403 or

beverly.stjohn@ah.org

WASHINGTON TBI SUPPORT GROUPS

Quad Cities TBI Support Group

Second Saturday of each month, 9 a.m.

Tri State Memorial Hosp.

1221 Highland Ave, Clarkston, WA

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

Stevens County TBI Support Group

1st Tuesday of each Month 6-8 pm

Mt Carmel Hospital, 982 E. Columbia, Colville, WA

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

Danny Holmes (509-680-4634)

Moses Lake TBI Support Group

2nd Wednesday of each month, 7 p.m.

Samaritan Hospital

801 E. Wheeler Rd # 404, Moses Lake, WA

Jenny McCarthy (509-766-1907)

Pullman TBI Support Group

3rd Tuesday of each month, 7-9p.m.

Pullman Regional Hospital, 835 SE Bishop Blvd, Conf Rm

B, Pullman, WA Alice Brown (509-338-4507)

Pullman BI/Disability Advocacy Group

2nd Thursday of each month, 6:30-8:00p.m.

Gladish Cultural Center, 115 NW State St., #213

Pullman, WA Donna Lowry (509-725-8123)

SPOKANE, WA

Spokane TBI Survivor Support Group

2nd Wednesday of each month 7 p.m.

St.Luke's Rehab Institute

711 S. Cowley, #LL1,

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

Michelle White (509-534-9380; mwhite@mwhite.com)

Spokane Family & Care Giver BI Support Group

4th Wednesday of each month, 6 p.m.

St. Luke's Rehab Institute

711 S. Cowley, #LL1, Spokane, WA

Melissa Gray (melissagray.mhc@live.com)

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

Michelle White (509-534-9380; mmwhite@mwhite.com)

***TBI Self-Development Workshop**

"reaching my own greatness" *For Veterans

2nd & 4th Tues. 11 am- 1 pm

Spokane Downtown Library

900 W. Main Ave., Spokane, WA

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

Spokane County BI Support Group

4th Wednesday 6:30 p.m.-8:30 p.m.

12004 E. Main, Spokane Valley WA

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

Toby Brown (509-868-5388)

Spokane County Disability/BI Advocacy Group

511 N. Argonne, Spokane WA

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

VANCOUVER, WA

TBI Support Group

2nd and 4th Thursday 2pm to 3pm

Legacy Salmon Creek Hospital, 2211 NE 139th Street

conference room B 3rd floor Vancouver WA 98686

Carla-Jo Whitson, MSW, CBIS jartaco@yahoo.com

360-991-4928

IDAHO TBI SUPPORT GROUPS

STARS/Treasure Valley BI Support Group

4th Thursday 7-9 pm

Idaho Elks Rehab Hosp.Sawtooth Room (4th Fl), Boise

Kathy Smith (208-367-8962; kathsmi@sarmc.org)

Greg Meyer (208-489-4963; gmeyer@elksrehab.org)

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

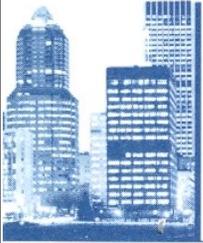
A survivor support line is now available to provide telephone support to those who suffer from all levels of brain impairment. 4peer11 is a survivor run, funded, operated and managed-emotional help line. We do not give medical advice, but we DO have two compassionate ears. We have survived some form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

Brain Injury Alliance of Oregon (BIAOR)

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PO Box 549 Executive Director 800-544-5243
Molalla, OR 97038
Toll free: 800-544-5243 Resource Facilitator—Peer Mentor
Becki Sparre 503-961-5675

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biaor@biaoregon.org
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