The Newsletter of the Brain Injury Alliance of Oregon

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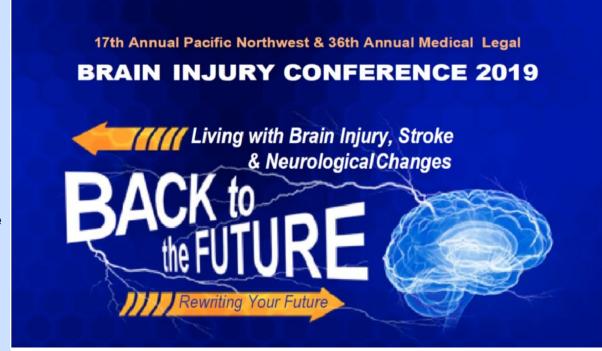
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BIAOR, and our co-sponsors: Brain Injury Alliance of Idaho, Brain Injury Alliance of is dedicated to providing members the opportunity for the finest continuing medical legal education available. Annual conferences are held each year in the spring. On behalf of the Conference organizing Committee we would like to cordially invite all for the 17th Pacific Northwest Brain Injury Conference 2019 - Living with Brain Injury, Stroke and Neurological Changes: Back to the Future: Rewriting Your Future to be held March 7-9, 2019 in Portland Oregon.

The Brain Injury 2019 Conference will serve as an extraordinary platform to engage in stimulating discussions, information exchange and perceiving new ideas in the field of Brain Injury and Neuroscience. These meetings provide a composite open atmosphere, allowing attendees and speakers to easily focus on academic exchange of ideas to bring about excellence in science.

The main aim of the 17th Pacific Northwest Brain Injury Conference 2019 - Living with Brain Injury, Stroke and Neurological Changes: Back to the Future: Rewriting Your Future is to provide an opportunity for establishing relationships with the professionals focused on the science of brain injury research, rehabilitation, legal perspectives as

well as the latest proven effect treatments.

Keynotes:

Friday Conference Opening Keynote: Glen Zielinski, DC, DACNB, FACFN Functional Neurology Treatment of Traumatic Brain Injuries

Friday Lunch Keynote: Older Adult Behavioral Health Project Nirmala Dhar, LCSW, Director-How Oregon's Behavioral Health Project can assist individuals with brain injury statewide; what behavioral health is and how it can help serve those in Oregon needing assistance.

Saturday Opening Keynote: Behavioral Health Problems and Solutions for People with Disabilities - Dr. James Davis

Saturday Lunch Keynote: River City Riders Presentation will illustrate how to use different methods of music and dancing to assist individuals with cognitive and neurological issues

Saturday Conference Closing Keynote: Matt Senn MT-BC/NMT Neurologic Music Therapy: Treatment and Clinical Applications for Traumatic Brain Injuries

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Headliner DEADLINES

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

Editor: Sherry Stock

Advertising in Headliner

Rate Schedule (Color Rate)	Issue	Annual/4	Issues
A: Business Card	\$100(125)	\$ 350(4	150)
B: 1/4 Page	\$ 200(250)	\$ 700(9	900)
C: 1/2 Page	\$ 300(375)	\$ 1000	(1300)
D: Full Page	\$ 600(700)	\$ 2000	(2400)
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\$10,000 for Banner on every page \$5000/year Home Page \$250 for active link Pro-Members page

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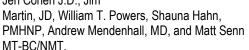
The material in this newsletter is provided for education and information purposes only. The Brain Injury Alliance of Oregon does not support, endorse or recommend any method, treatment, facility, product or firm mentioned in this newsletter. Always seek medical, legal or other professional advice as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

Executive Director's Corner

I want to invite everyone to join us for our 17th Annual Pacific Northwest Conference March 7-9, at the Sheraton Portland Airport Hotel. It will be an excellent conference with exceptional presenters including Dr. Glen Zielinski as the opening Keynote. Also presenting will be Dr. James Davis, Judge Lauren Holland, JD, Dr. Aaron DeShaw, Esq., Kimberly Baker, MPA, Shauna Hahn, PMHNP, Dan Overton, MC, LMHC, MHP, CBIS, Ben Richards and Jeff Hampsten, Dana Penilton RN, BSN, CLCP. CCM, Yeong-Keun "YK" Jeong, M.A., CBIS, Nirmala Dhar, LCSW, Director-Oregon Behavioral Health, Russell C. Spearman, M. Ed., Deborah Crawley, ED BIAWA, Timothy Titolo, JD, Melissa McCart, D.Ed J. Anglés, JD, Arthur D. Leritz, JD, Jacob Plasker, D.C.,

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Fred Steele, JD, Ombudsman Long Term Care Ombudsman, River City Riders Jeri Cohen J.D., Jim



Please join us for this outstanding lineup of presenters.

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

Conference Co-Hosts & Sponsors









Winter Sudoku

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

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

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

Names in Bold are BIAOR Board members

Need Help Finding and Attorney

Paul Braude, Find İnjury Law, 888-888-6470 p@findinjurylaw.com www.findinjurylaw.com

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Tim Titolo, Titolo Brain Injury Law, Las Vegas 702-869 -5100 tim@titololaw.com

Oregor

- ‡ Paulson Coletti, John Coletti, Jane Paulson Portland, 503.226.6361 www.paulsoncoletti.com
- ‡ Tom D'Amore, D'Amore & Associates, Portland 503-222-6333 www.damorelaw.com
- ‡ Dr. Aaron DeShaw, Portland 503-227-1233 www.deshawlaw.com
- ‡ Bill Gaylord, Gaylord Eyerman Bradley,PC, Portland 503-222-3526 www.gaylordeyerman.com

<u>Astoria</u>

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

Beaverton

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

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Samuel Hornreich, Roseburg, 541-677-7102

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Bremerton

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

Carol Altman, Homeward Bound, Hillsboro 503-640-

- Eric Asa, The Positive Difference ACH, LLC, Gresham, 503-674-5149
- Hazel Barnhart, Psalm 91 Care Home, Beaverton, 971-227-4773 or 503-747-0146 TBI 35 and over
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- Learning Services, Northern CA & CO, 888-419-9955

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- Joana Olaru, Alpine House, Beaverton, 503-646-9068 Premila Prasad, Portland 503-245-1605
- Quality Living Inc (QLI), Kristin Custer, Nebraska, 402-573-3777
- † Sapphire at Ridgeview Assisted Living Facility, Medford, 541-779-2208
- WestWind Enhanced Care, Leah Lichens, Medford, 541-857-0700
- Polly Smith, Polly's County AFH, Vancouver, 360-601-3439 Day Program and home
- Uhlhorn Program, Eugene, 541 345-4244 Supported Apt
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- Michael T. Logiudice, DC, Linn City Chiropractic, West Linn 503-908-0122
- Garreth MacDonald, DC, Eugene, 541-343-4343 D.Stephen Maglente, DMX Vancouver, Vancouver WA 360-798-4175
- James Martin, DC, DACS, CCN Martin Chiropractic, Yakima WA 509-248-6484
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- Brainstorm Rehabilitation, LLC, Bethany Davis, Ellensburg, WA 509-833-1983
- Community Rehab Services of Oregon, Inc., Eugene, 541-342-1980 Jan Johnson
- The Hello Foundation and Clinic, Sharon Soliday, SLP/OT, Portland, 503-517-8555 www.thehellofoundation.com
- Marydee Sklar, Executive Functioning Success, Portland, 503-473-7762
- † Progressive Rehabilitation Associates—BIRC, Portland, 503-292-0765
- Quality Living Inc (QLI), Kristin Custer, Nebraska, 402-573-3777 (BI & SCI)
- Neurologic Rehabilitation Institute at Brookhaven Hospital, Tulsa, Oklahoma 888.298.HOPE (4673)

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Winter 2019

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

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- Heidi Dirkse-Graw, Dirkse Counseling & Consulting Inc. Beaverton, OR 503-672-9858
- Sharon Evers, Face in the Mirror Counseling, Art Therapy, Lake Oswego 503-201-0337
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- Jerry Ryan, MS, CRC, Oregon City, 503-348-6177 Elizabeth VanWormer, LCSW, Portland, 503-297-3803 Kate Robinson, MA, LPC, CADC1, Clear Path Counseling, LLC, 971-334-9899

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- Andrea Batchelor, Linn Benton Lincoln Education Service District, Albany, 541-812-2715
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- ± McKay Moore-Sohlberg, University of Oregon, Eugene 541-346-2586

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Functional Neurologist

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- Cat Maddox,DC, DACNB, CSCS, Clarity Chiropractic Neurology, Portland, (503) 660-8874
- Mehul Parekh, DC, DACNB, Shakti Functional Neurology and Fitness Systems, 503-206-0300
- Jason Penaluna, DC, FACFN, NW Family Chiropractic, Shoreline, WA 98133 206-363-4478
- Jacob Plasker, DC, FACFN Plasker Chiropractic and Functional Neurology 458-206-3461
- Kelly Prill, ND, DACNB, Elemental Wellness, Portland 971-270-0220
- Glen Zielinski, DC, DACNB, FACFN, Northwest Functional Neurology, Lake Oswego, 503-850-

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- Kendra Bratherton, COTA,/L, PBP, Reiki Master, Merkaba Center for Healing, Tensegrity Medicine/ Bowenwork Energy Medicine, Astoria, 209-791-3092 merkabacenter@gmail.com
- Claire Darling, LMT Therapeutic Massage-Bowenwork claire@clairedarlinglmt.com 503-747-4696
- Aumkara Newhouse, Aumkara Structural Bodywork Beaverton 916) 524-7470
- Life Care Planners/Case Manager/Social Workers
- Rebecca Bellerive, Rebecca Bellerive, RN, Inc, Gig Harbor WA 253-649-0314
- Vince Morrison, MSW, PC, Astoria, 503-325-8438 Michelle Nielson, Medical Vocational Planning, LLC, West Linn, 503-650-9327
- Thomas Weiford, Weiford Case Management & Consultation, Voc Rehab Planning, Portland 503-245 -5494

Legal Assistance/Advocacy/Non-Profit

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

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

- Carol Altman, Bridges to Independence Day Program, Portland/Hillsboro, 503-640-0818
- Cognitive Enhancement Center, Inc. Brad Lofitis Portland 503-760-0425 (OHP)(Day Program)
- Marydee Sklar, Executive Functioning Success, Portland, 503-473-7762

Medical Professionals

- Dr. Alex de la Paz, DPT, Root & Branch Physical Therapy, Portland 503-577-0318
- David Hackett, OD, MS, FCOVD, Lifetime Eye Care, Eugene, 541-342-3100

Shauna Hahn, PMHNP, Central City Concern, Portland 503-228-7134

- Dr. Wendy Hodsdon , Portland (503) 227-8700 www.portlandalternativemedicine.com
- Douglas S. Wingate, MAcOM, L.Ac. Acupuncture, Chinese medicine, 4410 NE Glisan, Portland, OR 410 NE 3rd St., McMinnville 503-250-0660
- Bruce Wojciechowski, OD, Clackamas, Neuro-optometrist, Northwest EyeCare Professionals, Clackamas, OR 97015, 503-657-0321

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Physicians

- Bryan Andresen, MD, Rehabilitation Medicine Associates of Eugene-Springfield, 541-683-4242
- Diana Barron, MD. Barron-Giboney Family Medicine, Brownsville, OR (541) 451-6930
- Jerald Block, MD, Psychiatrist, 503-241-4882
- James Chesnutt, MD, OHSU, Portland 503-494-4000 Danielle L. Erb, M.D., Brain Rehabilitation Medicine, LLC, Portland 503 296-0918
- M. Sean Green, MD, Neurology, Lake Oswego 503- 635-
- Dr. Patrick Gregg, Ophthalmology, Candy 503-305-4876, Lake Oswego 503-636-9608
- ± Steve Janselewitz, MD, Pediatric Physiatrist, Pediatric Development & Rehabilitation-Emanuel Children's Hospital, Portland Nurse: 503-413-4418 Dept:503-413-4505
- Michael Koester, MD, Slocum Center, Eugene,541-359-5936
- Laurie Menk Otto, ND MPH, 503-232-3215
- Andrew Mendenhall, MD, Central City Concern, Portland 503-228-7134
- Oregon Rehabilitation Medicine Associates, Portland Legacy 503-413-6294
- Oregon Rehabilitation Medicine, P.C., Portland, Providence 503-215-8699
- Kevin Smith, MD, Psychiatrist, OHSU, 503-494-8617 Francisco Soldevilla, MD, Neurosurgeon, Northwest Neurosurgical Associates, Tualatin, 503-885-8845

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Elaine Greif, PhD, Portland 503-260-7275

413-4506

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Sharon M Labs PhD, Portland 503-224-3393 Ruth Leibowitz, PhD, Portland, 503-567-4327

Michael Leland, Psy.D, CRC, Director, NW
Occupational Medicine Center, Inc., Portland, 503-

684-7246 Kathy Thomas, PhD ABPdN, Providence/St Joseph

Health Child & Adolescent Psychiatry Clinic, 503-722-3705

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

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- † The Hello Clinic, Sharon Soliday, SLP/OT, Portland, 503-517-8555 www.thehellofoundation.com
- John E. Holing, Glide 541-440-8688
- ± Jan Johnson, Community Rehab Services of Oregon, Inc., Eugene, 541-342-1980
- Sandra Knapp, SLP, David Douglas School District , Sandy 503-256-6500
- Carol Mathews-Ayres, First Call Home Health, Salem Anne Parrott, Legacy Emanuel Hospital Warren 503-397-6431

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- RJ Mobility Services, Independence, 503-838-5520 Second Step, David Dubats, Eugene, 877-299-STEP Rockinoggins - Helmet Covers Elissa Skerbinc Heller
- www.rockinoggins.com
 Trauma Nurses Talk Tough

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

Veterans Support

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

<u>Vocational Rehabilitation/Rehabilitation/</u> <u>Employment / Workers Comp</u>

- D'Autremont, Bostwick & Krier, Portland, 503-224-3550 Roger Burt, OVRS, Portland
- Arturo De La Cruz, OVRS, Beaverton, 503-277-2500 † Marty Johnson, Community Rehab Services of Oregon, Inc., Eugene, 541-342-1980
- † SAIF, Salem, 503-373-8000
- State of Oregon, OVRS, Salem, (503) 945-6201 www.oregon.gov/DHS/vr/
- Kadie Ross, OVRS, Salem, 503-378-3607
- Scott T. Stipe MA, CRC, CDMS, LPC, IPEC, ABVE-D, Certified Rehabilitation Counselor, Board Certified Vocational Expert, Licensed Professional Counselor Career Directions Northwest, Scott Stipe & Associates, Inc, Portland, (503) 234-4484

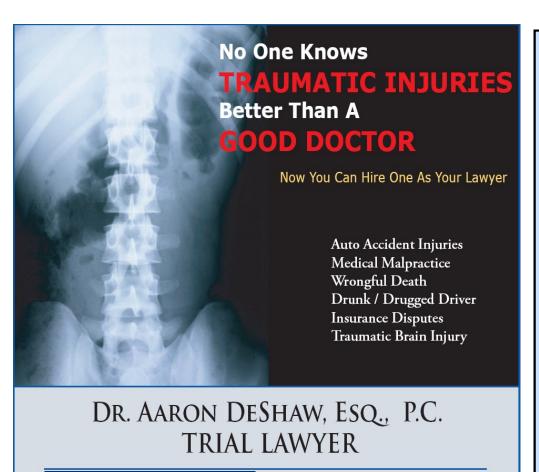
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ARE YOU A MEMBER?

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

Imagine What Your Gift Can Do.

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

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An Update from Joe Powers

So I was thinking about my injury & how it occurred, & weirdly it makes me feel lucky. Let me remind y'all what happened. I had just finished performing a set of stand-up comedy, & I went to a friend's apartment. When we got to his apartment I went outside to smoke a cigarette. I happened to be two stories up & close to the edge of the building. As (bad) luck would have it at some point I lost my balance & fell two stories to the ground. It's common knowledge that cigarettes are bad for your health, but not once in my life have I been told, "If you don't stop smoking soon you're gonna suffer a severe traumatic brain injury." All things considered though, it could have been a whole lot worse. First of all, I survived my fall, & two stories is a pretty big drop. Not once in my life have I heard someone say, "I just had a fall from two stories above the ground and boy did I sprain my ankle!" ANYWAY—after my fall I immediately fell into a coma, but I gradually emerged from that coma, and I've been gradually improving ever since—emphasis on gradually. However, I believe the most important word in gradual improvement is not gradual. It's improvement. I'm fully aware of what could have happened when I fell, so I am not only grateful that I now receive physical training from Charlie Malota. I also may soon be receiving physical THERAPY in addition to physical training. Needless to say I'd be receiving none of these if I hadn't survived my original fall, which was a definite possibility for a fall from that distance.

Wow, maybe I should stop talking about what could have been, huh? I believe it's important to focus less on what was than on what's going to be.

In other news, a few days ago I weighed in at 198.2 pounds. Too much. However, this morning I weighed in at 189.8 pounds. Could be lower, but the further I get from 200 pounds the better.

Happy Tuesday!

—Joe joewpowers@yahoo.com

River City Riders



Will perform: Saturday March 9, 2019

Where: Sheraton Portland Airport Hotel 8235 NE Airport Way Portland, Oregon 97220

Time: 12 noon to 1 PM





BIAOR by the Numbers

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

What does your membership dues pay for?

Each year we provide:

Information & Referral

7200 calls, 32,000 emails 1520 packets mailed, 2550 DVDs mailed 1.2 million website visitors

Legislative & Personal Advocacy

Support Services

85 Support Groups, Peer Mentoring and Support, Donations, Emergency Support

Awareness and Prevention

65 Awareness and Prevention Events

Education

3 day Annual Multi-State Conference 370 Trainings/Conferences/Education/Classes The Headliner, reaching 16,000 quarterly

Referrals to Research Projects

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

See page 22 for a membership form

The 17th Annual Pacific Northwest Brain Injury Conference 2019

36th Annual BIAOR Conference
Sponsored by The Brain Injury Alliance of Oregon, The Brain Injury Alliance of Washington, the Alaska Brain Injury Network, and
The Brain Injury Alliance of Idaho

Living with Brain Injury, Stroke & Neurological Changes: Back To The Future

	Thursday, March 7							
7:00-8								
8:00- 5	00-5 Brain Injury Fundamentals Certificate Training and Exam							
o.	Friday, March 8	Saturday, March 9						
7 -7:45	Registration and Check-in - Continental Breakfast	Registration and Check-in - Continental Breakfast						
7:45-8	Welcome to BIA Conference 2019	Welcome to BIA Conference 2019						
8:00- 9:15	Opening Keynote Speaker: Glen Zielinski, DC, DACNB, FACFN - Functional Neurology Treatment of Traumatic Brain Injuries	Opening Keynote: Behavioral Health Problems and Solutions for People with Disabilities - Dr. James Davis , EdD						
9:30- 10:30	Track 1 - Introducing Pooled Alliance Community Trusts PACT™, a new Pooled Trust Option from BIAWA - Deborah Crawley Understanding TBIs for Winning a TBI Case - Dr. Aaron DeShaw, Esq. Track 2 - Yoga and Meditation - Kimberly Baker, MPA Track 3 - Using Post Traumatic Growth to Forge a New Future - Dan Overton, MC, LMHC, MHP, CBIS Track 4 - CBIS Training -Sherry Stock ABD/PhD CBIST	Track 1 - Mt Adams - Medical Legal Issues Pediatric Issues After a Brain Injury - Dr. Elise Hewitt Track 2 - Rehabilitation of Balance Disorders and Dizziness - Jeffrey McNally, DC, DACNB Track 3 - How To Release Stuck Trauma in the Body- Kendra Bartherton, OTA, PBP, Reiki Master Track 4 - CBIS Training -Sherry Stock ABD/PhD CBIST						
10:45- 12	Track 1 - Hyperbaric Oxygen Therapy - Yesterday, Today and Tomorrow - Ben Richards and Jeff Hampsten, President, Idaho Hyperbrics, Inc Track 2 - Impact of Life Care Planning and Catastrophic Case Management after Brain Injury, Stroke or Neurological Changes - Dana Penilton RN, BSN, CLCP, CCM, Certified Life Care Planner, Certified Case Manager Track 3 - One Body, Two Brains, and Three Minds - Yeong-Keun "YK" Jeong, M.A., CBIS Track 4 - CBIS Training -Sherry Stock ABD/PhD CBIST	Track 1 - Guardianship cases in Oregon - What you need to know - Judge Lauren Holland, JD Track 2- The Silent Epidemic of TBI's: Listening for Depression & Suicide - Shauna Hahn, PMHNP Track 3 - What's what and what to do: The ins and outs of how TBI and Behavioral Health intersect and what to do about it Dan Overton, MC, LMHC, MHP, CBIS Track 4 - CBIS Training -Sherry Stock ABD/PhD CBIST						
12 - 1	Working Lunch - 12:15-12:45 – Older Adult Behavioral Health Project Nirmala Dhar, LCSW, Director - What is it and how it can help	Working Lunch - 12:15-12:45 - River City Riders Presentation - Music and Dance Demonstration						
1- 2:15	Track 1 Family Medicine: Substance Abuse and Brain Injury and Pain - Andrew Mendenhall, MD Track 2 - APD BI Advisory Council Meeting Track 3- Idaho's Traumatic Brain Injury Program: Five-Year Plan and Preliminary Results - Russell C. Spearman, M. Ed., Institute of Rural Health at Idaho State University Track 4 - CBIS Training -Sherry Stock ABD/PhD CBIST	Track 1 Headaches and Brain Injury - Glen Zielinski, DC, DACNB, FACFN Track 2 - Medical Marijuana (Cannabidiol-CBD) as a Potential Adjunct Treatment Modality - Dana Penilton RN, BSN, CLCP, CCM, Certified Life Care Planner, Certified Case Manager Track 3 - TBI - A Focus on Behavior & Strategies -Jacob Plasker, D.C., FACFN Track 4 - CBIS Training -Sherry Stock ABD/PhD CBIST						
2:30 - 3:45	Track 1 - Crucial Resources Every TBI Lawyer Should Have - Timothy Titolo, JD Track 2 - APD BI Advisory Council Meeting - Public Meeting Track 3 - TBI Team - What is it and how we can help you - Melissa McCart, D.Ed Track 4 - CBIS Training - Sherry Stock ABD/PhD CBIST	Track 1 - Float Tanks: The Benefits of Relaxation - Ashkahn Jahromi & Graham Talley. Track 2 - What Services Are There In Oregon for Individuals with Brain Injury - Program Directors from the State of Oregon Track 3 - Digestion, Inflammation and Food Intolerances and How They May Impact Brain Health After Brain Injury, Stroke and Neurologic Changes - Krysti Slonaker, Nutritional Therapy Practitioner, (NTP) Track 4 - CBIS Training -Sherry Stock ABD/PhD CBIST						
4 - 5 pm	Track 1 - Medical Legal Issues Strategies for Winning a TBI Case - Steven J. Anglés, JD and Arthur D. Leritz, JD: Attorneys at Adler Giersch PS, WSAJ Eagle Members, BIA-WA Members Track 2 - Vision and Brain Injury - Dr. Macson Lee OD, FCOVD, COVD Oregon State Coordinator. Track 3 - Life After a Brain Injury for Individuals and Family Members - Redefining Normal: Life After Brain Injury - I won't Back Down Track 4 - CBIS Training -Sherry Stock ABD/PhD CBIST	Closing Keynote - Neurologic Music Therapy: Treatment and Clinical Applications for Traumatic Brain Injuries - Matt Senn MT -BC/NMT Track 4 - CBIS Training -Sherry Stock ABD/PhD CBIST						

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Early Registration Form - Before February 15, 2019

17th Annual Pacific Northwest Brain Injury Conference 2019 36th Annual BIAOR Medical Legal Conference

Living with Brain Injury, Stroke and Other Neurological Changes: Back to the Future

Sheraton Portland Airport Hotel Register Now online at www.biaoregon.org

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

First Name		Last Name					
Badge Name		Affiliation/Company					
Address	City	State	Zip				
Phone	Fax	Email	,				
Please check all	that apply: I am interested in vo	lunteering at the conference. Please cal	l me Call me abo	out sponsorship	/exhibitor opportu	nities.	
	Add \$75 for each F	Registrant after Feb 1	5	Member	Non-Member	Amount	
	Pre-Conference Works	hop - 8 CEUs Includes Lunch					
Thursday Train	ning - Brain Injury Fundamentals	Certification Training-including boo	k & exam	\$250	\$275	\$	
Thursday class	s without book or exam			\$125	\$150	\$	
Friday/Saturda	y - Certified Brain Injury Specialis	st Certification: Training, Book, Exa	n & Lunch	\$750	\$750	\$	
	here are no refunds, but registrat	include: continental breakfast, lunch & ion is transferable. Contact BIAOR, &					
VIP Special	— 3 Days of Conference (Brain Inju	ry Fundamentals)		\$600	\$700	\$	
Professional (CEUs) 2 Day Friday & Saturday \$375 \$475 \$							
Professional (CEUs)1 Day Only: ☐ Friday ☐ Saturday \$225 \$325 \$						\$	
Students \$75 per dayThursdayFridaySaturday \$75 per day \$							
Saturday Survivor/Family (no CEUs) \$125 \$150 \$							
Saturday (Saturday Only Courtesy (Brain Injury Survivors with limited means-limited number) \$25 \$35						
Membersh	Membership Professional \$100 Family \$50 Basic \$35 Survivor \$5						
Scholarsh	ip Contribution (donation to assist	in covering the cost of survivors with li	mited funds)			\$	
Credit Card No	umber	Exp Date	_/ Sec co	de	20		
Signature			Pre-confer	ence, Registra	ation Total \$		
CC Address if different than above Zip Code Bill goes to							
(Please add totals from Pre-Conference & Conference Registration Fee, CBIS Training, Membership and Scholarship Contribution for final total costs) Make Checks out to BIAOR—Mail to: BIAOR, PO Box 549, Molalla OR 97038 or fax: 503.961.8730 Phone: 800-544-5243 www.biaoregon.org/annualconference.htm biaor@biaoregon.org No refunds will be issued for cancellations; however, registrations are transferable							
			, . egisti ati				

Hotel: Sheraton Portland Airport Hotel 8235 NE Airport Way, Portland, OR 97220 503.281.2500 Discount room rate Ask for BIAOR discount Code: BIA2019 Rooms are limited

CEUs applied for: AFH, CBIS, CRCC, CMC, CDMC, SW, OT, SLP, CLE, DC, DO, VA. Please contact us if you would like one that is not listed Total CEU Hours: up to 24

Agenda

Thursday

8 am - 5 pm Pre-Conference Workshop

Friday & Saturday

7 am - 7:45 am: Breakfast 7:45 am - Noon: Keynote and Break– Outs Noon - 1 pm: Working Lunch and Networking 1 pm - 5 pm: Keynote and Break-Outs

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

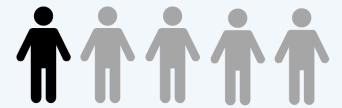
Brain Injury Survivors, Family Members and Friends are invited to attend everyday from 1-5 pm as our guest (CEUs and Meals not included)

Winter 2019 page 8 The Headliner

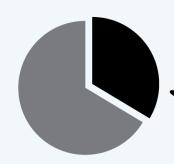
BEHAVIORAL HEALTH CHALLENGES FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES IN OREGON AND THE UNITED STATES

In Oregon, men are about three times more likely to die by suicide than women.

The highest suicide rate in the state occurred among men age 85 and older:
71.9 per 100,0001



At least one in five Americans 65+ have one or more mental health or substance use conditions²



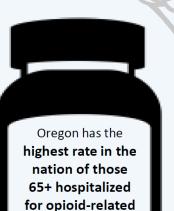
More than one-third

of Oregon adults 18+ have a self-reported disability³

An estimated

76,000

Oregonians have Alzheimer's disease or a related dementia⁴ **77%** of Americans 55+ who die by suicide had seen their primary care provider within one year of death, and **58%** had seen their provider within a month⁵



issues such as

overdose, abuse,

and dependence6

TTT

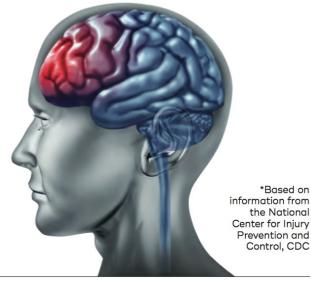
Two in three Americans 65+

have multiple chronic conditions, which are associated with a greater likelihood of increased functional limitations and disability⁷



Produced by the Institute on Aging at Portland State University through the support of funds from the Oregon Health Authority for the Evaluation of the Behavioral Health Initiative for Older Adults and People with Disabilities, Interagency Agreement #153347

MAJOR CAUSES OF TRAUMATIC BRAIN INJURIES*



SUICIDE

ASSAULT

STRUCK BY OBJECTS (INCL. SPORTS)

MOTOR VEHICLE ACCIDENTS

OTHER 21%

28% **FALLS**

Proud members of the Brain Injury Association of Oregon, we have over 50 years experience providing legal services to traumatic brain injury victims

Johnson Johnson & Schaller, P.C. 975 Oak St., Suite 1050 Eugene, OR 97401

541-484-2434 800-783-2434

*Based on

www.justicelawyers.com

* Free Consultation

You Have a Right to Justice



Specialists in Brain Injury Care

Collaboration, Cooperation, Compassion....

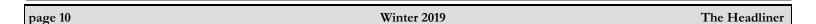
At Learning Services, these words mean something. For over twenty years, we have been providing specialized services for adults with acquired brain injuries. We have built our reputation by working closely with residents and families to support them with the challenges from brain injury. Our nationwide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

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



Learning Services Neurobehavioral Institute - West

Building Futures



Understanding Brain Injury and Managing Behavioral Challenges Following Brain Injury and and ACBIS International Certification Training

The Academy of Certified Brain Injury Specialists (ACBIS) offers a voluntary international certification program for both entry-level staff and experienced professionals working in brain injury services. ACBIS provides staff and professionals the opportunity to learn important information about brain injury, to demonstrate their learning in a written examination, and to earn a nationally recognized credential. Certification is not restricted to any one profession or discipline. Rather, it is intended for anyone who delivers services specific to brain injury.

Certification is based on a comprehensive training textbook that covers the following topics:

- · Health and medical management
- TBI and diagnostic imaging
- Medical, physical, cognitive, neurobehavioral, and psychosocial consequences of injury
- TBI in pediatrics and adolescents, as well as aging with a brain injury
- Concussions and mTBI, as well as disorders of consciousness
- Rehabilitation philosophy, outcome measurement, and care management
- Effect of injuries on families
- Cultural, gender, and sexuality issues
- Military populations
- Neuropsychology
- Participation and return to work

The Brain Injury Association of America, through its cooperative agreement with

Wolters Kluwer Health/Lippincott Williams and Wilkins (LWW), is pleased to provide, to each new ACBIS certificant who has applied under the fee structure established December 1, 2008, a one-year subscription to the Journal of Head Trauma Rehabilitation. This reflects a commitment to ensuring that Certified Brain Injury Specialists have access to the latest brain injury research, treatment and practice information.

The Brain Injury Alliance of Oregon is offering a training program geared toward preparing for the CBIS examination. This training will be delivered in a two day workshop. Students must attend the entire session. The workshop will include study materials and interactive workshop with Sherry Stock, ABD/PhD, Certified Brain Injury Specialist Trainer. The National Online Examination will be given at the end of the day, from 4:00-6:00 pm.

Cost of participation:

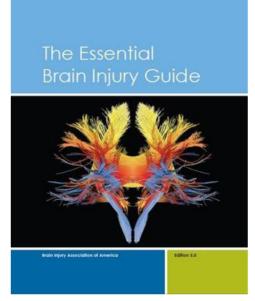
\$750 - includes training, book, exam fee and one year BIAOR professional-level member pay online now.

\$400 - for Participation CBIS training only (including book \$550 - no Exam) pay online now.

Travel costs outside the greater Portland area apply coving per diem and travel costs-no more than \$250 per person Contact Sherry Stock at 503-740-3155 or sherry@biaoregon.org for further information

Join us for this comprehensive training, and gain your international certification in Brain Injury, with support through BIAOR.

Applicants must complete and submit the required eligibility paperwork four weeks prior to the training class in order to secure enrollment to the class. Required paperwork includes the following: ACBIS Application Form, Employment Verification and your current Resume. To proceed with the required paperwork forms see the **Application Process** or contact Sherry Stock, 503-740-3155 sherry@biaoregon.org



All new paid applicants will receive a one-year subscription to the **Journal of Head Trauma Rehabilitation**. This reflects a commitment to ensuring that Certified Brain Injury Specialists have access to the latest brain injury research, treatment and practice information.

Eligibility Requirements (Please read carefully - once payment is received there are no refunds)

- 1. Applicants must have had 500 hours of currently verifiable direct contact experience with an individual or individuals with brain injury.
- 2. Experience can be paid employment and/or academic internship.
- 3. The qualifying experience must have included formal supervision or have been conducted while the applicant operated under a professional license. Volunteer work does not qualify.
- 4. Applicants must have a high school diploma or equivalent.
- 5. It is up to the individual to determine that they have met the above requirements when they register. Once payment has been made there are no refunds.

Training

Official ACBIS training is provided by Sherry Stock, a Certified Brain Injury Specialist Trainer (CBIST). *The Essential Brain Injury Guide* will be mailed to you upon receipt of your payment in full. Training materials will be handed out in the class.

Bring a laptop computer that has wireless capabilities with you for the online exam. If you do not have one please contact Sherry at BIAOR, 503-740-3155 sherry@biaoregon.org.

Certification Examination

Candidates must pass (80% or higher) on the certification examination. The exam can only be taken after all forms and fees have been submitted, processed and an approval email has been received. Applicants who have completed the training or self-study and are ready to take the examination must read the instructions further down this page. The exam can also be offered to individuals as long as a CBIST or other approved individual proctors the exam. Please note: The certification fee does not include any expenses associated with proctoring an individually administered exam. If hiring an outside proctor is necessary, the applicant will be responsible for these costs.

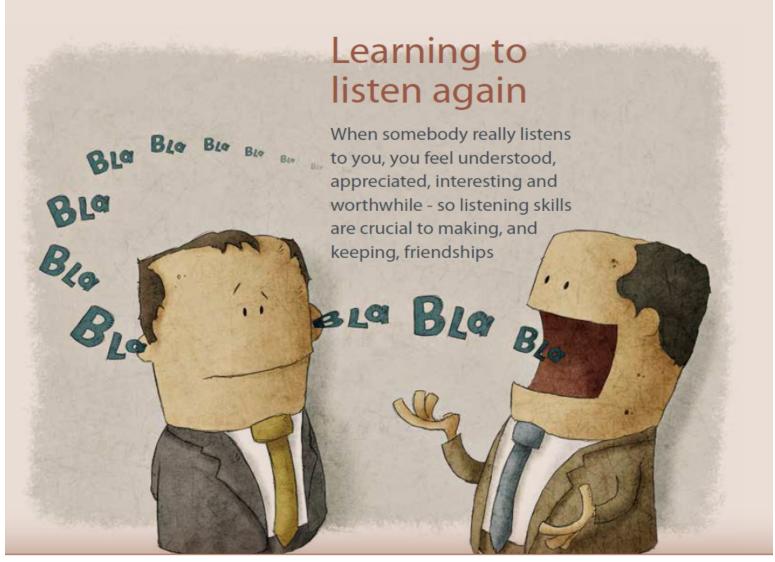
Notification of Exam Score: Candidates will receive immediate notification via email of their exam score upon completing the online examination. Information about individual candidates and examination results will not be released to any party other than candidates or group administrators. Candidates' scores are NOT released to anyone, including the candidate, by telephone.

Retakes: Candidates who do not pass the examination on the first administration may take one retest within one year of the initial application date at no additional charge. An applicant who does not pass after two attempts is welcome to reapply when ready.

Application Process

The process described on the BIAOR website and is intended for those who are pursuing CBIS Certification as a part of a group with BIAOR, please contact your Group Administrator, Sherry Stock, 503-740-3155 sherry@biaoregon.org, for further instructions. Once payment is received there are no refunds. Please read requirements above carefully.

Payment must be made to BIAOR at least 3 weeks in advance of the class. The process for submitting an individual CBIS Application can be confusing, please follow these directions provided at https://www.biaoregon.org/services/training-education/cbis-training/



While smiling babies are very cute, in reality they are completely self-absorbed and will face a long journey toward hopefully taking an interest in other people, and balancing their own needs with those of others around them.

A brain injury can disrupt much of this hard- won experience, and we can revert to our earlier basic patterns. The result? People will think we are selfcentered and desert us in droves! If you have lost some of your listening skills then a critical step to maintaining your relationships is learning to listen again.

Typical issues after a brain injury

You may now have trouble organizing your thoughts into compact, structured sentences so you may tend to rave on and on. You may have lost know the person is probably not enjoying the the ability to pick up non-verbal cues from other people, such as boredom if you are talking too much, or frustration if you keep interrupting them. When social skills have been disrupted, you will need to begin the slow process of relearning these skills.

Ask questions

People love to feel you are taking an interest in

them. Instead of trying to talk about yourself, focus on the other person. Get interested in what they are talking about. Ask plenty of questions but make sure they aren't too personal. If you have trouble with disinhibition, you may be inclined to ask offensive questions about their sex life or how much they are earning. Be appropriate!

Balance the conversation

Try to keep an idea of how much 'air space' you are hogging. You should be letting the other person talk at least half of the time. The more you let them speak, the more they will usually enjoy the conversation.

Look out for cues

Much of our communication is non-verbal. You conversation when they don't keep eye contact, turn away from you, look at their watch, or stop smiling. These may be an indication you have talked too long, or on a topic they don't find interesting. Of course, they might just be depressed themselves, or need to be somewhere else! Nonverbal cues are tricky to read at the best of times where possible, get feedback

later from a friend without a brain injury on how you

went in conversations with other people.

Look interested

Asking questions is only part of good listening. It helps if you smile, nod and laugh in the right places. This is hard if you are depressed or nervous, but practice makes perfect. Again, get plenty of feedback from family and friends you can trust.

Practice with someone you know

Exercising your listening skills can be hard in new social situations. Sit down with a good friend over coffee and deliberately practice these skills. Tell them you need to refine your listening, and ask them for feedback on how you are going. Ask them if the 'personal space' is right — sometimes, we unknowingly stand or sit too close to people after a brain injury.

Avoid alcohol and drugs

Plenty of our social interaction revolves around alcohol. While you might feel more relaxed, it will only amplify difficulties with poor listening or raving on too much. Stick with the orange juice and work on your social skills instead!

Source: Synapse Bridge Vol 19

Brain Injury Fundamentals

New ACBIS Program Announcement: Brain Injury Fundamentals



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

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.

BRAIN INIURY ASSOCIATION OF AMERICA

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 nonlicensed 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 will be taught by ACBIS trainer, Sherry Stock, CBIST, who has more than 15 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 or 503-740-3155

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 or 503-740-355

Costs & Fees: Fundamentals Application (including Practical Training Workbook), training and exam: \$250* *Fundamentals Application fees are non-refundable.



When Your Friend Has A Brain Injury

When you have a friend who has sustained a brain injury, learning about brain injury is the first step towards helping someone affected by this 'hidden' disability. Indeed, many brain injury survivors feel that their lives would improve if their friends had a better understanding about what brain injury is, and their feelings and experiences through this life-changing occurrence.

An acquired brain injury is any injury to the brain that has occurred since birth. There are many possible causes, including an accident (such as a road traffic accident, assault, fall) or illness (such as a tumor, stroke or meningitis).

In both the short and long-term, brain injury can cause changes in the way your friend thinks, feels and behaves, and can also affect their physical ability. Brain injury is often referred to as a 'hidden' disability, as you may or may not be able to visibly see how your friend is affected, but this does not mean they are not experiencing effects that can cause challenges on a regular basis.

It can be a frightening and upsetting experience for anyone to have a friend in hospital with a brain injury. Your friend may be in for tests or surgery, or they might even have been in an accident. They might be in a coma or a reduced state of consciousness in the early days of their injury, which can be a particularly distressing thing to witness.

When your friend is discharged from hospital and returns home, you might think this means that they have recovered from their injury and will soon be 'back to normal'. However, for many survivors the emotional, cognitive (thinking) and behavioral effects only become noticeable once they have returned home. Some survivors can, of course, continue to recover even weeks or months after the initial injury, although it is common for them to experience some effects in the early days.

This can be a frightening, confusing and frustrating time for your friend as they attempt to make sense of and adjust to their changed life. They might be unable to drive or return to work or education, and seemingly simple tasks such as grocery shopping or travelling can become major challenges. Rehabilitation might help your friend to regain some of the skills they struggle with over time, but even so, some effects can be ongoing.

Some of the common effects of brain injury are listed below.

Physical effects

Fatique Difficulties with speech Mobility issues **Epilepsy**

Sensory impairment

Spasticity

Hormonal imbalances

Ataxia (irregular or uncontrolled movement) Weakness or paralysis on one/both sides Visual problems

Cognitive effects

Memory problems Problems with motivation Reduced concentration Reduced information processing Reduced problem-solving Repetition or 'perseveration' Impaired reasoning Impaired insight and empathy Impaired visual-perceptual skills Language loss (aphasia)

Emotional and behavioral effects

Personality changes Loss of confidence Mood swings ('emotional lability') Depression and sense of loss Anxiety Frustration and anger Abusive or obscene language Disinhibition Impulsiveness Obsessive behavior

The combination of these effects, and the practical impact they can have, can cause many brain injury survivors to feel like a 'new person' after their injury. For many survivors this change can cause feelings of grief for their old self or the life they had before.

You may also be grieving if your friend has changed, and you may deeply miss the person they were. However, rather than walking away from them, try to realize that you are grieving together and that it is possible to move forward supporting one another and creating new memories.

Remember that while some effects continue for weeks, months or even years after the initial injury, some of them can get better over time. The first few weeks or months may therefore be difficult, but things might gradually improve. Continuing support and care can help your friend to feel more positive about themselves and their circumstances, which might have a positive impact on their overall recovery and general well-being. Do therefore try to stay in touch and support them, even if this is difficult at first.

Outings

Fatigue is a very common effect of brain injury. and can be a particular issue during or after outings. Try to keep outings short, and encourage your friend to rest beforehand and afterwards. Do consider that for many brain injury survivors, even a considerably short outing can cause them to experience fatique the next day.

If your friend struggles in busy, noisy environments, consider going somewhere quieter or visiting one another's house. If they struggle with cooking, offer to bring food over or consider getting a takeaway.

Alcohol can exacerbate some of the effects of brain injury, particularly behavioral effects. While you can't tell your friend whether or not they can drink, do remind them that alcohol can worsen the effects of their injury. You could even consider going alcohol-free for the outing to encourage your friend to do the same.

Ask your friend whether they would like you to explain that they have had a brain injury to others when you are out. This can make social situations easier, as others may be more willing to accommodate for your friend's behavior.

Try to set a particular day and time for activities you do together on a regular basis, as this can be helpful if your friend has memory problems or difficulties with organizing and planning. If your friend has memory problems, send reminders the day before, and an hour before the activity is due to start.

Try not to take offence if your friend cancels on a plan at the last minute or does not socialize as much as they did before their injury. They will have their own reasons for this, such as fatigue or anxiety.

Try to include your friend in activities that you do. If they are unable to do activities that you both enjoyed before their injury, or are no longer interested in those activities, try to find new or modified things that are safe and enjoyable for both of you. Remember that there are even organizations that offer disability friendly outdoor activities or holidays, so explore these options rather than excluding your friend from active group outings.

What not to say to your friend:

There are some things that people regularly say (When your friend has a BI Continued on page 16) (When your friend has a BI Continued from page 15)

to brain injury survivors, which, though said with good intention, can be perceived by the survivor as being unhelpful and sometimes frustrating. The following lines are some examples of this. Do, therefore, try to avoid saying the following to your friend.

"I know what you mean, I've got a terrible memory too."

An injury to the brain can prevent memories from being stored and/or retrieved. This is very different to the day-to-day forgetfulness that everyone experiences occasionally, and so should not be compared.

"But you don't look disabled."

The cognitive, emotional and behavioral effects of brain injury can still be present long after any physical injuries have healed. Therefore, just because the effects of the injury are not visible, does not mean that they are not there.

"Move on and stop dwelling on what happened."

The effects of a brain injury can be life-changing, and can last for months, years or a lifetime. A person can't simply decide to 'get better' and move on.

"You should be back to normal by now."

No two brain injuries are alike, and no two journeys to recovery should ever be compared.

"You're tired? At your age?"

Fatigue is a regular and pathological tiredness. It is very different to the tiredness you might feel after a busy day. Tasks that many of us take for granted can become much more difficult when a survivor experiences fatigue.

"It's all in your mind."

The effects of brain injury experienced by a brain injury survivor are not purely psychological and should not be treated as such, even if they are not visible.

"Chin up - there's always someone worse off."

When trying to adapt to an entirely new life after brain injury, it doesn't always help to know that others may be dealing with worse, as defined by someone who doesn't understand what they're going through.

"Are you sure you should be doing that?"

An essential part of the rehabilitation process is relearning lost skills by pushing oneself to do challenging tasks. Although often said by people wanting to help, having one's ability judged by someone else can be frustrating.

"I know someone who had a brain injury and they're fine now."

No two brain injuries are the same. While it can be a motivation to hear of other people making good progress, it certainly isn't helpful to be judged for not recovering as quickly as them.

"But you were able to do that yesterday..."

Remember that the effects of brain injury can fluctuate on a regular basis, so while they may be able to do certain tasks on one day, they might struggle the next day.



Brain Logistics, LLC

Education - Training -Individualized Assessment and Implementation

Karen Campbell, BA Extreme Behavioral Specialist 971-227-4350 Sherry Stock, ABD/PhD CBIST Neurogerontologist 503-740-3155

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Whenever you use your Rewards card when shopping at Freddy's, you'll be helping BIAOR to earn a donation from Fred Meyer.

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

8 Ways to Support a Traumatic Brain Injury Survivor

By Nicole Bingaman, The Mighty

One of the most profound effects of brain injury is changes in one's personality and understanding of how the world works around them. Brain injury survivors can have issues that range from total and complete memory loss, depression, complete lack of outward connection or misunderstanding social cues, to name a few. Many traumatic brain injury survivors struggle to find themselves in their new normal. It's even more difficult when these survivors have a significant shift in their social life. Due to the cognitive challenges some survivors face, struggles with understanding social clues or the risk of overstimulation, they are often left out unintentionally, or because it feels awkward for others who knew the person before their injury to reconnect. But connection coupled with compassion can play a purposeful role in someone's ongoing recovery.

If you are looking for practical ways to love a traumatic brain injury survivor, here are some of my thoughts.

1) If they are homebound, make sure you visit them often.

If they are non-verbal, it doesn't mean they can't hear or feel your presence. Bring your iPad and watch some fun YouTube videos. Talk about old times; share a special or funny memory. Be prepared for it to feel awkward, and know expressing those feelings with the survivor is OK. I would say what isn't OK is disappearing. Survivors need endless connection.

2) For survivors that are more mobile, offer to take them for an activity.

Think outside the box. What might get their brain and body moving and make them smile? Bowling. Mini-golf. Boating. Hiking. Yoga. Fishing. Recovery is a lifelong affair for people who have sustained a brain injury; activity is good.

3) If you are far away, send some snail mail. Tell them what is happening in your life. Send a

fell them what is happening in your life. Send a funny photo. Enclose a story to be read. Send a lottery ticket. Think about bringing joy and giving joy. Ask yourself, "How can I bring light into this person's day?" and go for it!

4) Include the survivor, but be understanding about limitations they may face.

If your birthday party or gathering is too much stimulation for a survivor and they are a friend, make time to get together later. Inclusion can occur in many forms, but being left out cannot be taken away.

5) Ask the survivor or their caregiver, "What can I do to help?"

Have some ideas in mind; show them you want to help and be present. If you have an area you see as a strength, offer to do that. Sometimes it can be as simple as listening, giving the survivor a safe place to be heard.

6) Accept and believe survivors are more than their injury, but they also have an injury.

Don't blame a survivor for behaviors that are truly out of their control. Instead, educate yourself on what happens when certain parts of the brain are injured. Survivors live under a lot of pressure and are often looking for a person who accepts them unconditionally. Be that person.

7) Recognize the value of touch.

Brain injury is not contagious. It has been proven that hugs provide a source of positive energy in our brain. If the relationship is ready and comfortable, rub the survivor's feet, give them a hand massage, or play with their hair. If those things aren't in your wheelhouse, or wouldn't normally be part of the relationship, offer a "high five" or a pat on the back. Connect. Connect.

8) Finally, get comfortable with being uncomfortable.

I get it. Seeing your friend who was once a bright, strong athlete living with physical and mental disabilities can be hard. If they are unable to communicate, it can be even more challenging. But remember it's even harder for them. Get close. Get uncomfortable, and then get in there and be a friend.

Taking part in someone's recovery through friendship is one of the most profound ways to impact the life of a brain injury survivor. I promise you will walk away with a new perspective on courage and resilience.

Source: https://www.yahoo.com/lifestyle/8-ways-support-traumatic-brain-234331041.html



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

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

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

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

survivor's perspective

Jeff Sebell on dealing with success and failure after brain injury

Those of us who have experienced a brain injury are always looking for some sort of advantage; some way we can get a jump start on the road to living a fulfilled life. One thing that is not obvious to us which does have a great impact on our lives, is the way we deal with both success and failure. This is a great example of how we can use our way of thinking to help us. After a brain injury, failure seems to become a common theme, as we go about trying to reclaim our lives by trial and error. On top of that, we seem to derive meaning from every failure sometimes greatly exaggerated meaning about our abilities and future, and we sometimes live in a world where our failures run our lives. This has an effect on the quality of our lives and on our efforts to live a fulfilled life.

Success, on the other hand, doesn't come as often or as easily as it used to, and means something quite different to us than it did before our brain injury. Many times, a major success for us is simply performing a task that used to come easily and while we think it's a big deal or great accomplishment, others don't see it that way.

For me, it was very important, when living my life after brain injury, that I learned how to "get something positive" from failing. Similarly,

I had to look beyond the euphoric feeling success gave me in order to see if there was anything I could take away that would benefit me beyond the success I experienced. What probably helps me learn is the peculiar

way that I react when I'm excited. Although I do get excited when I succeed at something, especially when it is something I am not sure I would be able to do, I tend to keep that excitement low key and to myself. I have always been this way, maybe more so since my brain injury, but I have managed to turn it into a tool I can use for my benefit. One way to look at the way I am is that I've always tried to keep my life on an even keel, so that the highs weren't so high, and the lows weren't so low. That's my way of helping to manage the ups and downs of my life, and it applies to failure as well as success. This is especially important after brain injury when we attempt things and seem to fail so much, and can make every failure into something bigger than it should be. What I have been able to see is that success and failure are really the same; they are both just outcomes.

Of course, that is very simplified, and, it goes without saying that we would rather succeed than fail, but it's a good starting point. I must acknowledge that success or failure are not to

be taken lightly; failure can have farreaching, ugly implications, while some successes can be life-changing. Those times aside, however, I look generally at success and failure as tools: when we try something we either succeed or we fail. By nature, success brings its own reward. Failures, though, don't bring rewards, and would be a complete waste if we didn't learn and grow from them.

Both success and failure provide lessons that

stay with us our entire lives, and I do my best to avoid judging them as good or bad. I don't want to have my ego inflated by success, and similarly, I don't want to be sunk in a "culture of failure" which can happen when we lament what society calls "failures", and allow them to drag us down and set the tone for our lives.

Those of us who have experienced a brain injury need to learn or re-learn a lot of things based on trial and error, and we are going to fail at some things. That's the way these things

work. By having a healthy relationship with failure, and looking at failure in a productive way, we don't have to get caught up in a "culture of failure". Being caught in a "culture of failure" makes it that much harder to have any successes and live a fulfilled life. This is work, thinking positively about our lives, and it's not easy work.

However, the power of our mind is strong, and by looking at failure constructively, it's possible to live in a "positive zone", where we are not always down on ourselves for what we see as a failure, but we are more accepting of ourselves and our circumstances; experiencing life and learning about it as we succeed and fail.

ABOUT THE AUTHOR: Jeff Sebell is the author of "Learning to Live with Yourself after Brain Injury." Read more about Jeff and his journey on his blog at www.TBISurvivor.com

HOW TRAUMATIC BRAIN INJURY (TBI) AFFECTS DAILY LIFE

HEALTHY TBI Concentration, Problem Solving, Speech Lack of Focus, Irritability, Language Difficulty Difficulty with Reading, Spatial Misperception Sense of Touch, Pain, Temperature Occipital: Occipital: **Healthy Vision** Blind Spots, Blurred Vision Temporal: Temporal: Memory, Organization Problems with Short- & Long-Term Memory Cerebellum: Cerebellum: **Balance & Coordination** Difficulty Walking, Slurred Speech Brainstem: Brainstem: Changes in Breath, Difficulty Swallowing Breathing, Steady Heart Rate Data @ Mayfield Clinic

page 18 Winter 2019 The Headliner

Anxiety & brain injury This normal survival reaction can spiral out of control into various serious disorders

It is normal to feel anxious or worried from time to time. In fact it can be helpful in some situations. For example, think about how you might react if a lion approached you. You would probably respond with fear - your brain would send messages to the body to get ready to physically fight (fight response), or to run away from the situation (flight response). This experience of fear is part of helping us survive.

Anxiety is common in less threatening situations too. For example, it can be normal to feel anxious before a job interview or speaking in front of a group of people. This type of anxiety can sometimes be a good thing as it pumps people up ready to perform. Normal worry is relatively shortlived and leads to positive problem-solving behavior.

Worry or anxiety is unhelpful when it relates to a number of things, occurs often, is extreme for the situation, and stops you from doing things that need to be done. Anxiety can be experienced in different ways. Feelings of worry, fear or apprehension may be accompanied by physical symptoms such as a racing heart. butterflies in the stomach, rapid breathing, sweating or shaking, muscle tension.

How common are anxiety disorders?

These are very common. One in four people will experience an anxiety disorder at some stage of their life. After a brain injury, it is estimated that between 18% and 60% of people will experience an anxiety disorder – the most common are posttraumatic stress disorder and generalized anxiety disorder. There are many types of anxiety disorders and each has different symptoms.

Generalized anxiety disorder (GAD)

This involves constant worry about many different things that are often out of one's control e.g. finances, health, work or personal relationships. The worry is uncontrollable and interferes with the ability to focus on activities - it can also be accompanied by feelings of tension, irritability, restlessness and difficulty sleeping.

Post-traumatic stress disorder

This is a psychological reaction to a traumatic event such as a life-threatening attack, accident or witnessing someone being killed or severely injured. These traumatic events are outside the range of usual human experiences. The response is usually one of intense fear, helplessness and horror.

Some of the reactions or symptoms people may experience following a trauma include:

- nightmares, flashbacks and sleeping problems
- feeling numb or detached from others
- racing heartbeat, shortness of breath, dizziness, sweating, or flushes

- · difficulty concentrating
- irritability
- loss of sense of control
- · being easily startled.

Social anxiety

Social anxiety is used to describe anxiety and fear arising from being in social situations, such as meeting new people, talking in front of people, being watched while doing something (eating, drinking, writing your name). This fear is accompanied by physical symptoms of anxiety and usually leads to avoidance of social situations.

Panic disorder

Panic attacks consist of a frightening set of physical symptoms that may include:

- · heart palpitations and sweating
- · shakiness or trembling
- shortness of breath, feelings of choking, chest pain, nausea, dizziness
- · feelings of detachment or unreality
- · fear of losing control
- fear of dying
- numbness or tingling, and hot or cold flashes.

Panic attacks have a sudden onset and usually peak within 10 minutes. A panic attack may include anxiety about being in a situation where escape is difficult (such as being in a crowd or on a bus). A person who has panic disorder often lives in fear of having another panic attack, and may be afraid to be away from home

(Anxiety & Brain Injury Continued on page 20)

Statistics: Analyzing Anxiety Disorders in Adults

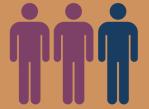


15,000,000 American adults have

the typical age of onset is 13 years old for social

is the percent of people affected by anxiety disorders in the US, the most common mental illness

Clocking in at over \$42 billion a year, anxiety disorders cost the United States almost one-third of the country's \$148 billion total mental health bill per year.



only about one-third of those suffering

The Headliner Winter 2019 page 19 (Anxiety & Brain Injury Continued from page 19) or far from medical help.

Obsessive-compulsive disorder (OCD)

This involves uncontrollable and unwanted thoughts (obsessions) and repetitive behavior or rituals (compulsions).

Typical obsessions include:

- fear of being contaminated by germs or of becoming ill
- fear of causing harm to oneself or others
- fear of doing something unacceptable.

Typical compulsions include:

- · excessive cleaning or washing
- putting things in a particular order
- · repeatedly checking
- hoarding
- mental acts such as silently repeating a prayer or counting.

People with OCD are unable to stop thinking the obsessive thoughts and feel driven to perform the compulsive behaviors in order to control their anxiety and distress. OCD can be a debilitating disorder. Some individuals feel compelled to perform rituals for hours at a time; this often interferes with their ability to fulfill social roles, such as work or parenting.

Anxiety after a brain injury

The causes of anxiety disorders are not fully understood. Some of the factors that contribute to anxiety include; genetics, chemical imbalances and structural changes in the brain. A brain injury may make someone more likely to experience an anxiety disorder due to the impact the injury has on the brain and the changes in thinking, behavior and emotions that can occur.

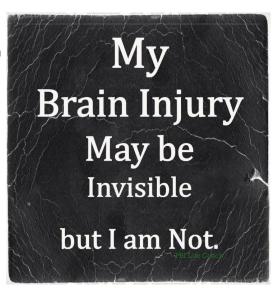
People who have low self-esteem and difficulty coping may also be more prone to anxiety disorders. There can be some overlap between anxiety symptoms and changes after a brain injury, so it is important to speak to your GP or a mental health professional who understands brain injury if you think that you may have an anxiety disorder. Anxiety can impact on everyday tasks, relationships, wellbeing, and your recovery after a brain injury, so it is important to seek treatment.

How are anxiety disorders treated?

Psychological therapy offers the most successful form of treatment for many anxiety disorders. Therapy typically includes techniques that help a person relax and manage the physical symptoms of anxiety, talking through and identify issues causing the anxiety, as well as strategies for facing fears and dealing with worrying thoughts. Because this approach targets the underlying

problem, they offer hope of a cure rather than temporary symptom relief. Treatment may also involve taking medication for a period of time. However, psychological therapy is more effective than drugs in managing anxiety disorders in the long term. Speak to your doctor if you would like to be referred to a psychologist.

Source: Synapse Bridge Vol 19





Susan Hunter Executive Director

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

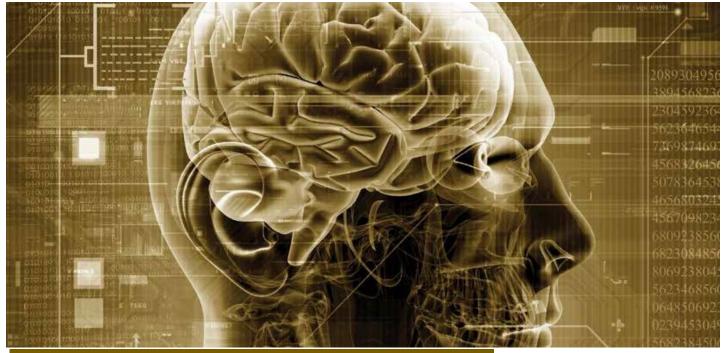


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Hormonal Imbalances After Brain Injury

A brain injury may cause damage to the hypothalamus and/or pituitary gland, which are small structures at the base of the brain responsible for regulating the body's hormones. Damage to these areas can lead to insufficient or increased release of one or more hormones, which causes disruption of the body's ability to maintain a stable internal environment (homeostasis). If damage to the pituitary gland leads to a reduction in hormone production the resulting condition is known as hypopituitarism.

Symptoms & assessment

In the early stages after brain injury most people's hormone levels are severely affected, making diagnosis of hypopituitarism difficult. Later in the recovery process, it may become clear that some symptoms are caused by hormonal changes. Some rehabilitation units test for this on assessment, however, there are currently no clear guidelines in place for the assessment and treatment of pituitary function after brain injury, and more research is needed to determine the scale of the problem.

The effects of pituitary and hypothalamus injury are many and varied because of the huge amount of hormones which can be affected. Some symptoms are similar to the more common effects of brain injury and that is another reason why the problem may be under-diagnosed.

Examples of overlapping symptoms are:

- Depression
- Sexual difficulties, such as impotence and altered sex drive
- Mood swings
- Fatigue
- Headaches
- Vision disturbance

her symptoms include:

- · Muscle weakness
- · Reduced body hair
- Irregular periods / loss of normal menstrual function
- · Reduced fertility
- Weight gain
- · Increased sensitivity to cold
- Constipation
- Dry skin
- · Pale appearance
- · Low blood pressure / dizziness
- · Diabetes insipidus.

Each symptom is caused by a change in the level of a particular hormone that is produced by the pituitary gland. There are many possible causes of the above symptoms, particularly after brain injury, so a thorough assessment is required before any diagnosis can be made.

If you suspect you or a relative may be experiencing the symptoms of hypopituitarism, or any other hormonal condition, you should speak to your doctor. If they feel it is appropriate, they will be able to refer you for further assessment with a specialist in the field, such as an endocrinologist. They will be able to run a variety of hormone level tests and may refer you for a scan to look for signs of damage to the hypothalamus or pituitary gland.

It is important to remember that symptoms may not become apparent immediately. In some cases, the problems don't manifest themselves until weeks, months or even years after an injury. Don't dismiss the possibility that the problems are a result of the head injury just because it happened a long time ago.

Treatment

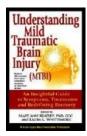
In the early stages, hormonal problems can cause a condition called neurogenic diabetes insipidus, which is characterized by increased thirst and excessive production of dilute urine. This is due to a reduction in secretion of a hormone called vasopressin (anti-diuretic hormone) and can be treated by administering desmopressin (manufactured anti-diuretic hormone) and replacing lost fluids. In most cases, diabetes insipidus disappears fairly quickly, but in some rare instances can persist, sometimes permanently, requiring lifelong hormone replacement therapy.

In the later stages, where hypopituitarism is confirmed, treatment may be given. Hormone replacement therapy may be used to restore hormones to normal levels, which should help to manage the symptoms. There are different treatments available, depending on the particular hormones involved and the nature and extent of the symptoms.

The assessment and treatment of hypopituitarism after brain injury is a complex process and more research is needed into the potential long-term benefits of hormone replacement therapy. As with any treatment, you should discuss the pros and cons with your doctor before making any decisions.

There are a number of studies into hypopituitarism after brain injury, but as yet the full extent of the problem is unknown. It seems to occur mainly after severe brain injury, however some studies have shown that the pituitary gland may also be vulnerable to seemingly minor head injuries. You should be particularly aware that many of the symptoms can be caused by damage elsewhere in the brain, and if this is the case treatment for pituitary dysfunction will not be effective.

Source: Bridge Vol 12



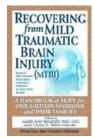
Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

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

BIAOR Membership Become a Member Now

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

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



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

Rebuilding life after brain lajory.

Ketchup on the Baseboard

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

A Change of Mind

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



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

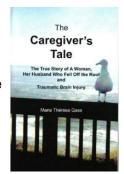


Fighting for David

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

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

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



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The Headliner

Resources

Oregon Developmental Disabilities (DD)

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

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

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

ADRC - Aging and Disability Resource Connection

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

Northwest ADA Center - Oregon

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

Winter Sudoku

(Answer from page 2)

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

Oregon Centers for Independent Living Contact List

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

www.cbirt.org

The Hello Foundation

Providing therapy in-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-ontbi pageall.html

FREE Brain Games to Sharpen Your Memory and Mind

www.realage.com/HealthyYOUCenter/Games/

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

Home-Based Cognitive Stimulation Program

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

Sam's Brainy Adventure

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

Neurobic Exercise

www.neurobics.com/exercise.html

Brain Training Games from the Brain Center of America

www.braincenteramerica.com/exercises_am.php



Washington TBI Resource Center

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

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

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

Returning Veterans Project

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

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

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

Center for Polytrauma Care-Oregon VA

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

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

Addiction Inpatient help:

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

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

Legal Help

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

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

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

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

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

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

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Resources

Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

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

Need Help with Health Care?

Oregon Health Connect: 855-999-3210

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

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

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

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

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

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

Assistance

Financial, Housing, Food, Advocacy

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

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

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

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

Housing

Various <u>rental housing assistance programs</u> for low income households are administered by local community action agencies, known as CAAs. <u>Subsidized housing</u>, such as Section 8 rental housing, is applied for through local housing authorities. 503-986-2000 http://oregon.gov/OHCS/CSS_Low_Income_Rental_Housing_
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.

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

<u>http://activecoach.orcasinc.com</u> 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

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

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

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

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

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

Brain Injury Support Groups

Astoria

Astoria Support Group www.pnwhigrroup.vpweb.com Kendra Bratherton 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

Rend

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
Training Rm. (West Entrance) Dinner is Provided
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@qmail.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 iackie.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 Shemaya Blauer at 503-816-6349.

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>

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

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

BIRRDsona

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, Rm 102, Wilcox Building . 1015 NW 22nd Portland, 97210 Brian Liebenstein at 503-598-1833

BrianL@bic-nw.org info@braininjuryconnectionsnw.org

BRAINSTORMERS I

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

BRAINSTORMERS II

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

CROSSROADS (Brain Injury Discussion Group)

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

Must Be Pre-Registered

Doors of Hope - Spanish Support Group

3rd Tuesday 5:30 -7:30pm Providence Hospital, 4805 NE Glisan St, Portland, Rm HCC 6

503--454--6619 grupodeapoyo@BIRRDsong.org

Please Pre-Register

OHSU Sports Concussion Support Group

For Youth and Their Families who have been affected by a head injury

2nd Tuesday, 7:00-8:30 pm OHSU Center for Health and Healing

3303 SW Bond Ave, 3rd floor conference room

Portland, OR 97239

For more information or to RSVP contact Jennifer Wilhelm (503) 494-3151 or email: wilhelmi@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 or Call Michael Jensen 503-804-4841

happieheads@gmail.com

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

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 Tuesday 1 pm –3pm *Networking* 12-1 & 3-3:30

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;

biagcedby@earthlink.net)

Stevens County TBI Support Group

1st Tuesday of each Month 6-8 pm

Mt Carmel Hospital, 982 E. Columbia, Colville, WA Craig Sicilia 509-218-7982; craig@tbiwa.org

Danny Holmes (509-680-4634)

Moses Lake TBI Support Group

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

801 E. Wheeler Rd # 404, Moses Lake, WA Jenny McCarthy (509-766-1907)

Pullman TBI Support Group

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

Pullman BI/Disability Advocacy Group

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

SPOKANE, WA

Spokane TBI Survivor Support Group

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

Spokane Family & Care Giver BI Support Group

4th Wednesday of each month, 6 p.m. St. Luke's Rehab Institute

St. Luke's Renab institute

711 S. Cowley, #LL1, Spokane, WA Melissa Gray (melissagray.mhc@live.com) Craig Sicilia (509-218-7982; craig@tbiwa.org) Michelle White (509-534-9380;

mmwhite@mwhite.com)

*TBI Self-Development Workshop

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

Spokane County BI Support Group

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

Spokane County Disability/BI Advocacy Group

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

VANCOUVER, WA

TBI Support Group

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

IDAHO TBI SUPPORT GROUPS

Boise Area

STARS/Treasure Valley Brain Injury Support Group

When: 4th Thursday of the month from 6-8 pm

Where: St. Luke's Rehabilitation-Elks Conference Room-4th

Floor

600 N Robbins Rd. in Boise

Greg Meyer (208-385-3013); meyergre@slhs.org

Kathy Smith (208-367-8962; kathy.l.smith@saintalphonsus.org CHECK US OUT ON FACEBOOK @Treasure Valley Brain

Injury Support Group

Stroke Support Group for Caregivers and Survivors

When: 1st Thursday of the month 2-3:30 pm

Where: Saint Alphonsus-Coughlin 1 Conference Room

1055 N. Curtis Rd Boise

Meridian Area

Stroke Support Group

When: 3rd Thursday of each month 2-3:30 pm

Where: St. Luke's Meridian

Contact: 208-381-9383, stroke@slhs.org

Nampa/Caldwell Area

Stroke and Brain Injury Support Group for Survivors and Caregivers

When: 1st Tuesday of the month 4-5 pm

Where: Saint Alphonsus Nampa Medical Center on Garrity-

Haglin Conference Room 4402 E. Flamingo Ave Nampa

Twin Falls

College of Southern Idaho Traumatic Brain Injury Group

When: 3rd Thursday of the month from 7-9 pm

Where: College of Southern Idaho-Taylor Building Room 247 in

Twin Falls

Amy Barker: (208-732-6800) Michael Howell, Facilitator

Survivor Support Line -CALL 855-473-3711

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

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



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

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Oregon Care Partners

Oregon Care Partners helps family and professional caregivers improve the lives of and care for Oregonians by providing access to no-cost high-quality trainings. In-person and online classes teach strategies that address many caregiving concerns including: challenging behaviors like anger and aggression, safe medication management, and Alzheimer's and dementia care.

Visit <u>www.OregonCarePartners.com</u> or call (800) 930-6851



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LAWYERS

1450 Standard Plaza 1100 SW Sixth Ave Portland, OR 97204 1-888-883-1576 www.tdinjurylaw.com



Protecting the Rights of the Injured



Personal Injury Practice Areas:

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

How To Contact Us

Brain Injury Alliance of Oregon (BIAOR)

Mailing Address: PO Box 549 Molalla, OR 97038 Sherry Stock, MS CBIST

Executive Director 800-544-5243

Resource Facilitator—Peer Mentor
Toll free: 800-544-5243 Becki Sparre 503-961-5675

Fax: 503-961-8730 biaor@biaoregon.org www.biaoregon.org

Meetings by Appointment only Call 800-544-5243

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Nancy Irey Holmes, Psy.D Psychologist, Certified Brain Injury Specialist 4531 SE Belmont Suite 204 Mail 203 Traumatic Brain Injury Portland OR 97215 Chronic Pain Management 503-235-2466 Biofeedback Trauma 2775 SW 17th Pl Anxiety Health Point Bldg, Suite 4 **EMDR** Redmond, OR 97756 541-330-4428 FAX: 503-841-5816 nancyholmespsyd.com