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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
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., DACNB, Ashkahn Jahromi & Graham Talley., Krysti Slonaker, NTP, Ashley Carson Cottingham - Director for DHS Aging and People with Disabilities, Cameron Smith - Director at Oregon Department of Consumer and Business Services.

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 x 3 box must contain the digits 1 through 9 exactly once.

(Answer on page 23)
Names in Bold are BIAOR Board members

Need Help Finding and Attorney
Paul Braude, Find Injury Law, 888-888-6470
p@findinjurylaw.com  www.findinjurylaw.com

Attorneys

Oregon

Paulson Coletti, John Coletti, Jane Paulson
Portland, 503.226.6361  www.paulsoncoletti.com
† Tom D’Amore, D’Amore & Associates, Portland 503-222-6333  www.damorelaw.com
† Dr. Aaron DeShaw, Portland 503-227-1233  www.deshawlaw.com

Asthoria

Joe Di Bartolomeo, DiBartolomeo Law Office, PC, Astoria, 503-325-8600

Beaverton

Melissa Bobadilla, Bobadilla Law, Beaverton 503-496-7500
John Uffelman, Beaverton, OR 503-644-2255

Eugene

Derek Johnson, Johnson, Clifton, Larson & Schaller, P.C., Eugene 503-484-2434
Don Corson, Corson & Johnson Law Firm, Eugene, 504-484-2525
Charles Duncan, Eugene, 800-347-4269
Tina Stupasky, Jensen, Elmore & Stupasky, PC, Eugene 504-342-1141

Portland Area

Patrick Angel, Angel Law, P.C, Portland 503.862.8666
William Berkshire, Portland 503-233-6507
Jeffrey Bowseros, Lake Oswego, 503-452-5858
Lori Deveny, Portland 503-225-0440
Jerry Dobie, Dobie & Associates, Portland, 503-226-2300
Wm. Keith Dozier, Portland 503-594-0333
Sean DuBois, DuBois Law Group, Portland, 503-222-4411
† Brenda Dummigan, Pickett Dummigan, Portland 503-223-7770  www.pickettdummigan.com
Peggy Foraker, Portland 503-232-3753
Sam Friedenberg, Nay & Friedenberg, Portland 503-245-0894
Guardianship/Conservatorship
Timothy Grabe, Portland, 503-223-0022
† Bart Herron, Herron Law, Lake Oswego 503-699-6496
Sharon Maynard, Constance S Snyder Law Firm
Wilsonville 503 682-8669 , Trusts

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

Bremerton

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

Richard Adler, Adler Giersch, Seattle, WA 06.682.0300
Kevin Coluccio, Coluccio Law, Seattle, 206-826-8200  www.coluccio-law.com

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

Carol Altman, Homeward Bound, Hillsboro 503-640-0775

Michael T. Logiudice, DC, Linn City Chiropractic, West Salem 503-969-5578
Russell Kort, DC, Kort Chiropractic & Concussion Care, Sherwood, 503-625-5678
Michael T. Logiudice, DC, Linn City Chiropractic, West Salem 503-969-5578
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Michael T. Logiudice, DC, Linn City Chiropractic, West Salem 503-969-5578
Michael T. Logiudice, DC, Linn City Chiropractic, West Salem 503-969-5578

Brainstorm Rehabilitation, LLC, Bethany Davis, Ellensburg, WA 503-833-1983
Community Rehab Services of Oregon, Inc., Eugene, 504-342-1980 Jan Johnson
The Hello Foundation and Clinic, Sharon Soliday, SLP/OT, Portland, 503-517-8555  www.thehelofoundation.com
Marydey Sklar, Executive Functioning Success, Portland, 503-473-7762
† Progressive Rehabilitation Associates—BIRC, Portland, 503-292-0765
Quality Living Inc (QLI), Kristin Custer, Nebraska, 402-573-3777 (BI & SCI)
Neurologic Rehabilitation Institute at Brookhaven Hospital, Tulsa, Oklahoma 888.298.HOPE (4673)

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

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

Name ____________________________________________________________
Address _____________________________________________________________________________
City/State/Zip _________________________________________________________________
Phone ________________________________________________________________
Email ________________________________

Type of Payment
Check payable to BIAOR for $________________________
Charge my VISA/MC/AMX/Discover Card $________
Card number: ________________________________________________
Exp. date: ________________________________
Print Name on Card: ________________________________
Signature Approval: ________________________________
Zip Code that CC Bill goes to: _________________________________

Please mail to:
BIAOR
PO Box 549
Molalla OR 97038
800-544-5243
Fax: 503-961-8730

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.
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
<table>
<thead>
<tr>
<th>Time</th>
<th>Wednesday, March 6</th>
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<tbody>
<tr>
<td>7:00-8</td>
<td>Mt Adams - Registration and Check-in</td>
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<tr>
<td>8:00-5</td>
<td>Brain Injury Fundamentals Certificate Training and Exam</td>
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<tr>
<th>Time</th>
<th>Thursday, March 7</th>
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<tr>
<td>7:00-8</td>
<td>Registration and Check-in - Continental Breakfast</td>
</tr>
<tr>
<td>7:45-8:30</td>
<td>Opening Keynote Speaker: Glen Zielinski, DC, DACNB, FACFN - Functional Neurology Treatment of Traumatic Brain Injuries</td>
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<tr>
<td>8:30-9:15</td>
<td>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</td>
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<tr>
<td>9:30-10:30</td>
<td>Track 1 - Hyperbaric Oxygen Therapy - Yesterday, Today and Tomorrow - Ben Richards and Jeff Hampsten, President, Idaho Hyperblics, Inc Track 2 - Impact of Life Care Planning and Catastrophic Case Management Before Brain Injury, Stroke or Neurological Changes - Dana Penenlon RN, BSN, CCLP, CCM, Certified Life Care Planner, Certified Case Manager Track 3 - One Body, Two Brains, and Three Minds - Yeong-Keun &quot;YK&quot; Jeong, M.A., CBIS Track 4 - CBIS Training - Sherry Stock ABD/PhD CBIST</td>
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<tr>
<td>10:45-12</td>
<td>Track 1 - Working Lunch - 12:15-12:45 - Older Adult Behavioral Health Project Nirmala Dhari, LCSW, Director - What is it and how it can help Track 2 - HSI 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</td>
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7:30-9:30</td>
<td>Registration and Check-in - Continental Breakfast</td>
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<tr>
<td>8:00-9:15</td>
<td>Opening Keynote Speaker: Behavioral Health Problems and Solutions for People with Disabilities - Dr. James Davis, EdD</td>
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<tr>
<td>9:30-10:30</td>
<td>Track 1 - Mt Adams - Medical Legal Issues Track 2 - Pediatric Issues After a Brain Injury - Dr. Elise Hewitt Track 3 - Rehabilitation of Balance Disorders and Dizziness - Jeffrey McNally, DC, DACNB Track 4 - How To Release Stuck Trauma in the Body - Kendra Bartherton, OTA, PNP, Reiki Master Track 4 - CBIS Training - Sherry Stock ABD/PhD CBIST</td>
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<tr>
<td>10:45-12</td>
<td>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 &amp; Suicide - Shana 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</td>
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<tr>
<td>12:15-12:45</td>
<td>Working Lunch - 12:15-12:45 - River City Riders Presentation - Music and Dance Demonstration</td>
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<tr>
<th>Time</th>
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<tr>
<td>1-2:15</td>
<td>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</td>
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<tr>
<td>2:30-3:45</td>
<td>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 McCarty, D. Ed Track 4 - CBIS Training - Sherry Stock ABD/PhD CBIST</td>
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<tr>
<td>4-5 pm</td>
<td>Track 1 - Medical Legal Issues Strategies for Winning a TBI Case - Steven J. Angles, JD and Arthur D. Lenitz, JD; Attorneys at Adler Giersch PS, WSAJ Eagle Members, BIAWA Members Track 2 - Vision and Brain Injury - Dr. Mackie Lee OD, FCCOVD, 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</td>
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<td>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</td>
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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 OIRS receive member rates)

<table>
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<th>First Name</th>
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<tr>
<td>Badge Name</td>
<td>Affiliation/Company</td>
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<td>Address</td>
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<td>Phone</td>
<td>Fax</td>
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Please check all that apply: ___ I am interested in volunteering at the conference. Please call me. ___ Call me about sponsorship/exhibitor opportunities.

**Add $75 for each Registrant after Feb 15**

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<tr>
<th>Pre-Conference Workshop - 8 CEUs Includes Lunch</th>
<th>Member</th>
<th>Non-Member</th>
<th>Amount</th>
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<tr>
<td>Thursday Training - Brain Injury Fundamentals Certification Training-including book &amp; exam</td>
<td>$250</td>
<td>$275</td>
<td>$</td>
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<tr>
<td>Thursday class without book or exam</td>
<td>$125</td>
<td>$150</td>
<td>$</td>
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<tr>
<td>Friday/Saturday - Certified Brain Injury Specialist Certification: Training, Book, Exam &amp; Lunch</td>
<td>$750</td>
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**Conference Registration Fees:** Registration fees include: continental breakfast, lunch & conference related materials. Meals not guaranteed for on-site registrations. There are no refunds, but registration is transferable. Contact BIAOR, 800-544-5243 for more information or questions. The following fees are per person:

- **VIP Special—3 Days of Conference (Brain Injury Fundamentals)**
  - $600
- **Professional (CEUs) 2 Day Friday & Saturday**
  - $375
- **Professional (CEUs) 1 Day Only: [ ] Friday [ ] Saturday**
  - $225
- **Students $75 per day [ ] Thursday [ ] Friday [ ] Saturday**
  - $75 per day
- **Saturday Survivor/Family (no CEUs)**
  - $125
- **Saturday Only Courtesy (Brain Injury Survivors with limited means-limited number)**
  - $25
- **Membership [ ] Professional $100 [ ] Family $50 [ ] Basic $35 [ ] Survivor $5**
- **Scholarship Contribution (donation to assist in covering the cost of survivors with limited funds)**
  - $100

Credit Card Number________________________ Exp Date ______/______ Sec code_____
Signature________________________________________ Pre-conference, Registration 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

**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, CDSC, 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)**
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 100,000.

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

More than one-third of Oregon adults 18+ have a self-reported disability.

An estimated 76,000 Oregonians have Alzheimer’s disease or a related dementia.

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 month.

Two in three Americans 65+ have multiple chronic conditions, which are associated with a greater likelihood of increased functional limitations and disability.

Oregon has the highest rate in the nation of those 65+ hospitalized for opioid-related issues such as overdose, abuse, and dependence.

Loneliness and social isolation may be as harmful to health as smoking 15 cigarettes a day.

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
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.

Building Futures
Understanding Brain Injury and Managing Behavioral Challenges Following Brain Injury 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/](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 self-centered 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 ramble on and on. You may have lost 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 know the person is probably not enjoying the 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! Non-verbal 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
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 life.

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

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

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

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

The Brain Injury Fundamentals course is comprehensive and flexible enough to be incorporated as an organization’s on-boarding program for direct care staff, or used as a stand-alone training in healthcare and community facilities. The course 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 have even 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**
- Fatigue
- 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
- 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 fatigue 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)*
Simply go to smile.amazon.com, search for and select Brain Injury Association of Oregon as your charity of choice, and continue with your order as usual. The Amazon Foundation will donate .5% of the purchase price to BIAOR! There is no additional cost to you! Use Smile.Amazon.com every time you shop!

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

Fred Meyer Community Rewards - Donate to BIAOR

Fred Meyer’s program. Here’s how it works:

Link your Rewards Card to the Brain Injury Association of Oregon
at www.fredmeyer.com/communityrewards.
Whenever you use your Rewards card when shopping at Freddy’s, you’ll be helping BIAOR to earn a donation from Fred Meyer.
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 cues 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.

3) If you are far away, send some snail mail.
Tell 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 taken away.

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. 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.

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

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 be normal and help to prepare people for a situation. Normal worry is relatively short-lived 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 post-traumatic 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, or 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.

Statistics: Analyzing Anxiety Disorders in Adults

Clocking in at over $42 billion a year, anxiety disorders cost the United States almost one-third of the country’s $1.48 billion total mental health bill per year.

15,000,000
American adults have social anxiety disorders

13
the typical age of onset is 13 years old for social anxiety disorders

36%
is the percent of people with social anxiety disorder report symptoms for 10+ years before seeking help

18%
is the percent of people affected by anxiety disorders in the US, the most common mental illness

1/3
Anxiety disorders are highly treatable, yet only about one-third of those suffering receive treatment.
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.
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
Recovering from Mild Traumatic Brain Injury: A handbook of hope for military and their families. Edited by Mary Ann Keatley, PhD and Laura L. Whitemore
This clear and concise handbook speaks to our Wounded Warriors and their families and helps them navigate through the unknown territory of this often misunderstood and unidentified injury. It provides an insightful guide to understanding the symptoms, treatment options and redefines “Recovery” as their new assignment. Most importantly, the intention of the authors is to inspire hope that they will get better, they will learn to compensate and discover their own resiliency and resourcefulness. $23.00

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

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

Brain Injury Alliance of Oregon
☐ New Member  ☐ Renewing Member
Name: ____________________________
Street Address: ____________________________
City/State/Zip: ____________________________
Phone: ____________________________
Email: ____________________________

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

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

Additional Donation/Memorial: $ __________
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(Please print name)
Member is:
☐ Individual with brain injury  ☐ Family Member  ☐ Other: __________
☐ Professional. Field: ____________________________

Book Purchase (includes S&H):
☐ The Caregiver’s Tale $20  ☐ A Change of Mind $25
☐ Fighting for David $20  ☐ Ketchup on the Baseboard $25
☐ Recovering from MTBI $23  ☐ Understanding MTBI $23

Type of Payment
☐ Check payable to BIAOR for $ ____________________________
☐ Charge my VISA/MC/Discover Card $ ____________________________
☐ Card number: ____________________________ Security Code from back
Expiration date: ____________________________
Print Name on Card: ____________________________
Signature Approval: ____________________________
Date: ____________________________

Please mail to:
BIAOR PO Box 549
Molalla, OR 97038
800-544-5243 Fax: 503–961-8730
www.biaoregon.org • biaor@biaoregon.org

501 (c)(3) Tax Exempt Fed. ID 93-0900797
Oregon Centers for Independent Living

**Contact List**

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

**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](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](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

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**Winter Sudoku**
(Answer from page 2)

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For Parents, 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
htibeam@wou.edu or mccart@uoregon.edu
www.cbirt.org

The Headline Foundation

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

LEARNet

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

Parent Training and Information

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

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

Websites

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

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

FREE Brain Games to Sharpen Your Memory and Mind


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

Resources

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 Holmqquist, 503-240-8794 Kathy@pathwaysto.net

Center for Polytrauma Care-Oregon VA

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

Contact: Ellen Kessi, LCSW, Polytrauma Case Manager Ellen.Kessi@va.gov

1-800-949-1004 x 34029 or 503-220-8262 x 34029

Addiction Inpatient help:
Hazelden Betty Ford Foundation, 1901 Esther St, Newberg, OR 97132 (503) 554-4300

www.hazeldenbettyford.org

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

Legal Help

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

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

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

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

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

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

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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

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 Projectaccessnow.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 medications.

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


Housing Various rental housing assistance programs for low income households are administered by local community action agencies, known as CAA's. Subsidized housing, such as Section 8 rental housing, is applied for through local housing authorities. 503-986-2000 http://oregon.gov/OHCS/SSS_Low_Income_Rental_Housing_Assistance_Programs.shtml

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

Central City Concern, Portland 503 294-1681

Central City Concern meets its mission through innovative outcome based strategies which support personal and community transformation providing:
• Direct access to housing which supports lifestyle change.
• Integrated healthcare services that are highly effective in engaging people who are often alienated from mainstream systems.
• The development of peer relationships
• Attainment of income through employment or accessing benefits.

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

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

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

Valuable Websites

www.idahotbi.org/: Idaho Traumatic Brain Injury Virtual Program Center-The program includes a telehealth component that trains providers on TBI issues through video-conferencing and an online virtual program center.
www.headinjury.com: Information for brain injury survivors and family members
http://activecoach.orcasinc.com Free concussion training for coaches ACTive: Athletic Concussion Training™ using Interactive Video Education
www.oregonpva.org: If you are a disabled veteran who needs help, peer mentors and resources are available
www.oregon.gov/odva: Oregon Department of Veterans Affairs
http://fort-oregon.org/: information for current and former service members
http://oregommilitarysupportnetwork.org - resource for current and former members of the uniformed military of the United States of America and their families.
http://apps.usa.gov/national-resource-directory/National Resource Directory The National Resource Directory is a mobile optimized website that connects wounded warriors, service members, veterans, and their families with support. It provides access to services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration.
(mobile website)
http://apps.usa.gov/ptsd-coach/ PTSD Coach is for veterans and military service members who have, or may have, post-traumatic stress disorder (PTSD). It provides information about PTSD and care, a self-assessment for PTSD, opportunities to find support, and tools—from relaxation skills and positive self-talk to anger management and other common self-help strategies—to help manage the stresses of daily life with PTSD. (iPhone)
www.BrainLine.org: a national multimedia project offering information and resources about preventing, treating, and living with TBI; includes a series of webcasts, an electronic newsletter, and an extensive outreach campaign in partnership with national organizations concerned about traumatic brain injury.

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

The Headliner Winter 2019
**Brain Injury Support Groups**

Astoria
Astoria Support Group
www.pnwhigroup.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
Elise Stuhr, Cedar Room
5550 SW Hall, Beaverton, OR 97005

Bend
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 3:00 pm - 5:00 pm
Kaffe 101, 171 South Broadway
Coos Bay, OR 97420 tbicsupport@gmail.com

Growing Through It- Healing Art Workshop
Contact: Bitten Duggan, B.F.A., M.A.,
541-217-4055 bitten@growingthroughit.org

Eugene (3)
Head Bangers
6:30 pm - 8:30 pm Potluck Social
Monte Loma Mobile Home Rec Center
2150 Laura St., Springfield, OR 97477
Susie Chavez, (541) 342-1980
admin@communityrehab.org

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

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

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

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

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

Lake Oswego (2)
Family Caregiver Discussion Group
4th Wednesday, 7-8:30 PM
(there will be no group in August)
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
Lynne Chase MS CRC Lynne.Chase@gmail.com
3rd Saturday 10:00am
BRAINSTORMER I
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 503-596-1833
BrianL@bic-nw.org info@braininjuryconnectionsnw.org

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)
3rd Saturday 10:00am-12:00noon
Survivor self-help group
Independent Living Resources
1839 NE Couch St, Portland, OR 97232
503-232-7411
MUST BE PRE-REGISTERED

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

Please Pre-Register
OHSU Sports Concussion Support Group
For Youth and Their Families who have been affected by a head injury
2nd Tuesday, 7:00-8:30 pm
OHSU Center for Health and Healing
3303 SW Bond Ave, 3rd floor conference room
Portland, OR 97239
For more information or to RSVP contact Jennifer Wilhelm
(503) 494-3151 or email: wilhelmj@ohsu.edu
Sponsored by OHSU Sports Medicine and Rehabilitation

**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**
PARENTS OF CHILDREN WITH BRAIN INJURY

Salem (3)

SALEM BRAIN INJURY SUPPORT GROUP
4th Thursday 4pm-6pm
Community Health Education Center (CHEC)
939 Oat St, Bidg D 1st floor, Salem OR 97301
Megan Snider (503) 814-7974
megan.snider@salh.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 Thursday 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 swerdse@yahoo.com

Tillamook (1)

Head Strong Support Group
2nd Tuesday, 8:30-8:30 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 Hospital
1221 Highland Ave, Clarkston, WA
Deby Smith (509-758-9661; bcdedge@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)

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, 7-9 p.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, 6:30-8:00 p.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, Spokane, WA
Craig Sicilia (509-218-7982; craig@tbiwa.org)
Michelle White (509-534-9380; mwhite@mwhite.com)

Spokane Family & Care Giver BI Support Group
4th Wednesday of each month, 6 p.m.
St. Luke’s Rehab Institute
711 S. Cowley, #LL1, Spokane, WA
Melissa Gray (melissagray.mhc@live.com)
Craig Sicilia (509-218-7982; craig@tbiwa.org)
Michelle White (509-534-9380; mwhite@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 juracato@yahoo.com
360-991-4928

IDAHO TBI SUPPORT GROUPS

Boise Area

STARS/Treasure Valley Brain Injury Support Group
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: 1st Thursday of the month 2-3:30 pm
Where: Saint Alphonsus Meridian
Contact: 208-898-9823; stroke@slhs.org

Nampa/Caldwell Area

Stroke and Brain Injury Support Group for Survivors and Caregivers
When: 1st Tuesday of the month 6-7 pm
Where: St. Luke’s Meridian
Contact: 208-898-9823; stroke@slhs.org

Twins Falls

College of Southern Idaho Traumatic Brain Injury Group
When: 3rd Thursday of the month 7-8 pm
Where: College of Southern Idaho-Taylor Building Room 247
Twins Falls
Amy Barker: (208-732-6800)
Michael Howell, Facilitator

Support Groups provide face-to-face interaction among people whose lives have been affected by brain injury, including Peer Support and Peer Mentoring.
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