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2019 Annual Camping Rafting Hiking Trip

By Lorita Cushman, Southern Oregon SG and Camp Director

This year a week and a half before camp I was \$1,800 short of needed funds. I was both panicky and calm, praying for guidance. I was going from place to place to place trying to get the needed funds. I then remembered someone over a year before had mentioned I should try Allcare Health. I gave them a call, then emailed the letter and a quick note. They had a meeting set for the next day and would let me know. The next day and the day after came and went. No word. In the meantime I had Eric from Vape Guys Vapers write me a \$400 check on the spot.

Now I was \$1,400 short. I then received an email from Marina from Allcare Health saying they would do a sponsorship for the full \$1,800. Which meant I now had \$400 to offer 10 \$40 gas scholarships. In the end everyone individually turned down the gas scholarships requesting I put the money back towards the camp. Even with the above money the camp would not have been possible without the ongoing support of our major sponsors: Southern Oregon Subaru and Lowes, along with the donations from everyone else who helps support the camp.

I now could concentrate on another crisis. The delivery truck we use every year to get everything up to camp was out of commission and may or may not be ready to go by Friday. It has to be loaded prior to Friday so we needed a truck. I called Penske who ended up allowing us to rent the 16 ft truck at their employee discount price. This was an unexpected expense which we wouldn't have been able to fund without the extra money.

It seems like every year the camp ends up with just the right



amount and mix of people. We have had as few as 20 and as many as 65. I now cap it at 48. This year we had 37 registered. With more wanting to register the day before which unfortunately we were unable to accommodate. Due to last minute cancelations we ended up with only 26. It was a great group. 20 were returning with 6 new. Most of the returning have been with us at least 3 times. Ages ranged from 10 - 76. Besides my husband Mick Cushman and myself, Bruce and Brandon Scarth win the award for attending the most times. We are thinking it has been around 6 or 7 times. MacNipe (my nephew) drove the longest distance to attend. All the way from Camano Island, Washington which is located in Puget Sound.

Upon arriving at camp everyone went through the swag line. Starting off with a bag from Subaru, a water bottle, a towel from Orange Therapy, a tape measure, stapler, tape and a number of odds and ends I have been able to gather. At the end they were able to pick a unique item of their choice. Most chose hand beaded jewelry.

Everyone worked together to set up camp. Wild River Brewing and Pizza Company supplied an awesome dinner the first night of pizza, salad and breadsticks. After clean up a huge assortment of pies from Shari's Cafe and Pies came out. A number of people had small slivers of different pies. Have you ever tried Marion Berry, Triple Berry or Sour Lemon Blueberry?

Besides food, the evening was filled with Bowen Therapy by Claire Darling, a group playing a card game, deer walking through our camp eating apples off the tree and

(Camping Trip Continued on page 7)



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\$10,000 for Banner on every page
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Executive Director's Corner

The Story Behind Max's Law

Much has been written in local newspaper and online articles about the genesis of Max's Law. Max Conradt sustained a severe concussion while playing high school football in 2001. He rejoined his teammates at the urging of his coach after a one-week recovery period only to be hit two more times. As a result of these subsequent injuries, Max fell into a seven-month coma.

As a result of Max's injuries, Ralph Conradt, Max's father, aspired to change how students participating in youth sports are evaluated and treated after they are injured. He contacted BIAOR for assistance in accomplishing his goal. BIAOR Executive Director Sherry Stock authored legislation which was fine-tuned by Legislative Council and sponsored by then-Senator Bill Morrisette. Through the tireless advocacy of many doctors, including Drs. James Chesnutt and Michael Koester, state athletic administrators and the staff of the Brain Injury Association of Oregon, including former Oregon Representative Tootie Smith, as president of the BIAOR Board of Directors, and Ms. Stock, who were motivated by Max's tragedy to support legislation requiring that all high school athletic coaches in Oregon receive annual concussion recognition training and stringent guidelines governing the care of injured youth athletes.

This joint effort resulted in the unanimous passage of Max's Law in 2009.

BIAOR continues to actively propose and support legislation intended to assist brain injury survivors and their families. Such efforts are covered on page 16.

Thank you all for your continued support. We can't do this alone--we need you to help us make a difference.

Sherry Stock

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



Left to right: Max Conradt, Governor Ted Kulongoski, Tootie Smith, Sherry Stock

Summer Sudoku

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

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

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

Names in Bold are BIAOR Board members

Attorneys

Need Help Finding and Attorney

Paul Braude, Find Injury Law, 888-888-6470

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www.deshawlaw.com

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Insurance Disputes

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541-617-0555 www.RoyDwyer.com

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± Scott Supperstein, The Law Offices of Scott M
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Ralph E Wiser, Attorney at Law, wiserlaw.com
Portland, 503-620-5577 PI Long Term Disability

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

Gatti Law Firm, Jennifer Hunking, Salem 503-363-3443

Roseburg

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Washington Bremerton Seattle

Bremerton

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

Seattle

Richard Adler, Adler Giersch, Seattle, WA 06.682.0300

Kevin Coluccio, Coluccio Law, Seattle, WA 206-826-8200 www.coluccio-law.com

Care Facilities/TBI Housing/Day

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

APD - TBI general issue APD.TBI@dhsosha.state.or.us
Sherry Acea, Fourth Dimension Corp, Bend 541-647-7016

Advocate Care, LLC, Leah Pedigo, Medford, 541-857-0700 RCF 18-65 Portland 971-271-8457 18-65

www.advocatecarellc.com

Carol Altman, Homeward Bound, Hillsboro 503-640-0818 - Day Program

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

Temesgen Betiso, Forest Grove and Tigard 503-747-2135 or 503-992-8769

Fataumata (Tata) Blakely, Heart of Living Home Care,
Salem OR 503-454-8173 (c) 971-701-6979

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503-325-4431

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

Damaris Daboub, Clackamas Assisted Living,

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Danville Services of Oregon, LLC, , Portland 503-228-4411

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571-502-3367 503-908-0138

Maria Emy Dulva, Portland 503-781-1170

† Gateway/McKenzie Living, Springfield Mark
Kinkade, 541-744-9817, 866-825-9079 RCF

Greenwood AFC, Inc, Greg & Felipa Rillera,
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John Grimm, Skyline Country Living, AFH Philomath
541-929-7681

Herminia D Hunter, Trinity Blessed Homecare,
Milwaukie, 503-653-5814, Dem/Alz 70 and over
IS Living Integrated Supports for Living, Chrislyn
Prantl, Salem, 503-586-2300 www.isliving.org/
Kampfe Management Services, Portland, 503-788-3266 Apt

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Learning Services, Northern CA & CO, 888-419-9955

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Quality Living Inc (QLI), Kristin Custer, Nebraska,
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West Linn 503-908-0122

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Holistic Practitioners/Massage Therapy Programs

Benjamin Bell, Advanced CranioSacral Therapist, LMT,
Under One Roof Health Care, Eugene 541-799-6097
peds
Dr. Alex de la Paz, DPT, Root & Branch Physical
Therapy, Portland 503-577-0318
**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

Cognitive Rehabilitation Centers/ Rehab Therapists/Specialists

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)
Marie Eckert, RN/CRRN, Legacy HealthCare,
Rehabilitation Institute of Oregon (RIO) Admissions,
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Matthew Senn, MT-BC, NMT, CEO, NeuroNotes,
msenn@neuronotestherapy.com 971-253-9113
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† Rehab Without Walls, Mountlake Terrace, WA 425-
672-9219 Julie Allen 503-250-0685

Speech and Language/Occupational Therapist

Channa Beckman, Harbor Speech Pathology, WA 253-
549-7780
† The Hello Clinic, Sharon Soliday, SLP/OT, Portland,
503-517-8555 www.thehellofoundation.com
John E. Holing, Glide 541-440-8688
± Jan Johnson, Community Rehab Services of Oregon,
Inc., Eugene, 541-342-1980
Sandra Knapp, SLP, David Douglas School District,
Sandy 503-256-6500
Carol Mathews-Ayres, First Call Home Health, Salem

Look here for an Expert

Anne Parrott, Legacy Emanuel Hospital Warren 503
-397-6431

Neurologic Music Therapy

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

Vision Specialists

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Eugene, 541-342-3100
Bruce Wojciechowski, OD, Clackamas, Neuro-
optometrist, Northwest EyeCare Professionals,
Clackamas, OR 97015, 503-657-0321

Life Care Planners/Consultants/Case Manager/ Social Workers

Rebecca Bellerive, Rebecca Bellerive, RN, Inc, Gig
Harbor WA 253-649-0314
Vince Morrison, MSW, PC, Astoria, 503-325-8438
Michelle Nielson, Medical Vocational Planning, LLC,
West Linn, 503-650-9327
Dana Penilton RN, BSN, CCM, CLCP, Life Care
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Thomas Weiford, Weiford Case Management &
Consultation, Voc Rehab Planning, Portland 503-
245-5494
Robyn Weiss, Neuro Consult Group LLC, WA, 425-
890-1481 neuroconsultgroup@gmail.com

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)
Grace Center for Adult Day Services, Corvallis,
www.GraceCenter-Corvallis.org 541-754-8417
Marydee Sklar, Executive Functioning Success,
Portland, 503-473-7762

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District, Albany, 541-812-2746
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(Continued on page 5)

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Recreational/Social Activities

Best Taekwondo Academy, Master Yeong-keun Jeong, Gresham 503-492-5522

Technology/Assistive Devices/ Construction

† John Drentlaw, JLD Construction Consulting www.jldllc.com. Portland (503) 675.4383

RJ Mobility Services, Independence, 503-838-5520
Second Step, David Dubats, Holmes Beach, FL, 877-299-STEP 541-337-5790 secondstepinc.com

Rockinoggins - Helmet Covers Elissa Skerbinc Heller www.rockinoggins.com

Trauma Nurses Talk Tough

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Veterans Support

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

Vocational Rehabilitation/Rehabilitation/

Employment / Workers Comp

D'Autremont, Bostwick & Krier, Portland, 503-224-3550

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12 Things to Always Remember

1. The past cannot be changed.
2. Opinions don't define your reality.
3. Everyone's journey is different.
4. Things always get better with time.
5. Judgements are a confession of character.
6. Overthinking will lead to sadness.
7. Happiness is found within.
8. Positive thoughts create positive things.
9. Smiles are contagious.
10. Kindness is free.
11. You only fail if you quit.
12. What goes around, comes around.



TBI Tips



The Importance of Timely Evaluation After Traumatic Brain Injury (TBI)

Why is a proper and timely evaluation of Traumatic Brain Injury (TBI) important for a student's future?

- Accurate identification increases others' understanding of the root cause of a student's difficulties. An understanding of what is causing the problems can lead to better support services for the student.
- There are very few services available for adults with TBI who did not have a special education TBI eligibility.
- A SPED eligibility during the school years may help in establishing eligibility for Supplemental Security Income (SSI).

Why not just identify the student as Learning Disability, Other Health Impairment or a different eligibility?

- Other disabilities are less variable over time and setting. If a student with a brain injury is not identified as having TBI and issues arise later, the TBI may be forgotten.
- Additional needs may occur after the student is no longer eligible under another disability category.
- Difficulties resulting from the injury may not be recognized as associated with the brain injury.
- Identifying a student with a TBI as eligible under another category contributes to the under-identification of students with TBI. This contributes to TBI being considered a low-incidence disability.

504 Plan is a Great Place to Start

Because TBI is the only disability related to a specific event, accommodations on an IEP may not be immediately available. Often, it is appropriate to start with a 504 plan and then if the symptoms remain, move to an Individual Education Plan (IEP). Documentation is important, students with TBI can have late onset of problems, or the problems can be quickly forgotten, as they are often "invisible". Documenting a TBI can assure that a student's TBI will not be overlooked in the future and the student will be able to get help when they need it. Medical issues related to TBI are likely to be ignored in the school setting without a formal plan. Fatigue and sleep issues are commonly found in individuals with TBI and may not be recognized as a symptom of a bigger problem. Accommodations at the school level is an effective way to support students with TBI.

(Camping continued from page 1)

people sitting around catching up or getting to know each other. 10 year old Damien Huddleston was a little miffed the

black berries weren't ripe yet (I moved the camp up 2 weeks). Besides the berries he eats he usually goes home with enough to make a black berry pie.

Both mornings started off with Tim Norgren teaching yoga. Sunday morning Claire Darling also taught therapeutic trembling. Our chef Ed Vaughn fixed breakfast. Teens Katie and Rachel Newell took over pancake duty. They got creative using gummy worms, strawberry wafers, blueberries and my favorite, marshmallows. Yes you could have regular pancakes if you really wanted.

After breakfast, it was time for everyone to fix their lunch, get their drinks and gather to be assigned a cooler, leader and raft number. This year it was like herding cats! Some would be at the assigned place and I would turn around to answer a question only to find a few had disappeared. Finally getting everyone to put their lunches in their assigned coolers and then loaded in cars we were 1 hr, 18 mins late in leaving to head to the rafting company. When we got there they had already released our rafts as they thought we must not be coming. There is no cell phone reception so they were unable to get me and I couldn't call them. We were lucky they still had just enough rafts for us and the people in line right behind us.

Since only 23 of us rafted we were able to fit into 4 big rafts. The leaders of each were MacKnipe, Brandon Scarth, Doug Bennett and Bruce Scarth. The weather was sunny and beautiful, the water was cold though not too cold. We saw lots of wildlife: an eagle, sunning turtles, Great blue heron, mink, osprey, ducks and much more.

In the big rafts rarely does anyone fall in on this raft trip. I think Brandon's raft was having a contest to see who could fall in. They had 3 go in the river. Brandon himself, Sandy Scott, and Kristin DeLor. They were all quickly pulled back inside. Damien and Katie also spent a lot of time in the water. They however jumped in themselves and swam along with the rafts when there wasn't rapids. Next time I want a tow rope so Damien can pull us through the slow parts. It was a leisurely float interspersed with rapids. We stopped midway down on a sandy beach for lunch.

After getting back to camp some headed to hot showers, others to get bower therapy from Claire, naps or snacking while waiting for dinner. This was one of the many times Damien and Mac headed down to swim. Dinner was hot dogs, hamburgers, chips, Jessica Hanson's grandmother's potato salad which everyone raved about and baked beans. Desert was cupcakes from Sara Bellum's Bakery and more pies from Shari's.

With help from Lani Elvenia I set up the door

prizes. I set everything out, everyone's name goes into the proper bowl (survivor, supporter, kid) and when your name is called you get to pick out the item you want. This year we had 7 items worth \$100 or more. There were so many awesome items two of the over \$100 items were left. Though kids go first and get more items they don't get their pick of everything. Survivors go next followed by supporters. There is

something for everyone. Besides the door prize everyone received a pair of Bambos socks. After door prizes, catch phrase was played and smores were made.

Sunday morning after breakfast and making lunches it is time to break down camp before heading out for the hike. Remember I mentioned herding cats? I don't know how time got away from us. It somehow just did. We ran out of time for me to distribute leftover food (the next week as I drove up to Portland I dropped food off to a number of those who attended and some who had to cancel). Even though everyone was pitching in we weren't ready to leave for the hike until later than planned so some decided to pass. Then the car Doug, Sandy, Cary and Erin were in wouldn't start so they sent us on our way without them.

At the trailhead we had only 11. The hike is a beautiful 2 mile in and 2 mile out hike along the wild and scenic area of the Rogue River to Rainie Falls. In order to raft this area you have to have a permit. If you ask me before the hike how difficult it is I always revert back to remembering how it seemed to me when I used to take my grade school son and a couple of his friends. Flat, shaded, short, easy. The joys of having a brain injury. Even though I have been putting this camp on since 2007 it is still the way I remember it before each hike. If you ask me afterwards it depends on what shape I am personally in. Using my memory or lack of as a guide Rachel who recently had surgery and was using a walker was allowed to try it. After the start of an uneven rocky trail she along with her sister Katie and Larry and Loni Elzinga turned around. Right after they turned we had smooth, level ground. I thought oh yeah it is a little tougher at the beginning, until we hit a bit of a hill and some more uneven ground. I just looked it up and the trail is considered moderate even though there was a 4 year old on the trail and our grandson also did it at 3 much better than I did it this year. The hike is beautiful and even though the water was low and the falls weren't as high as usual it is a gorgeous site. We were able to get to see a few rafts



find their way down one of the side chutes.

I want to thank all of those who donated the funds, gift cards and products which made this event possible, along with those who donated door prizes or made food for the event. I also want to thank Chef Ed Vaughn, Bowen Therapist Claire Darling, Yoga leader Tim Norgren, Nurse Loni Elzinga, Assistant Lani Elvenia and especially my husband Mick Cushman for all of the hours of both mundane and hard labor he puts in. Thank you to Erin McCarty and Bruce Scarth who both got gift cards donated and picked up food, saving us money and me shopping time.



Challenging Behaviors and Relationship Issues After a Brain Injury

Families are usually ecstatic when a loved one returns from hospital but over time the effects of a brain injury can place a great strain on relationships.

A formerly easygoing wife now has a short fuse and a fiery temper. A husband who used to help around the house has to be constantly reminded to do the simplest tasks. A son who was always concerned about others now acts in a selfish manner.

Behavioral difficulties are common following acquired brain injury. These can include problems with irritability, aggression, low frustration tolerance, lack of social judgement, impulsivity, lack of motivation, inflexibility, or emotional lability. Many people with brain injury experience these changes in behavior, personality and mood. They can affect:

- Relationships with family and friends
- Cause difficulties living in the community
- Restrict ability to participate in activities (like study or work or leisure)
- Lead to social isolation or loneliness
- Result in anxiety or depression and caregiver stress

Common problems include:

- short temper and emotional ups and downs
- inability to start tasks and/or see them through
- low tolerance for stress and anxiety
- egocentric behavior
- apparent lack of gratitude
- saying and doing inappropriate things
- impulsive risk-taking behavior
- lack of awareness how behavior is affecting others
- difficulty understanding or accepting different points of view
- frustration if needs are met quickly.

It is easy to understand how a person may be labeled as lazy, self-centered, arrogant, rude, thoughtless, argumentative, irresponsible and aggressive after a traumatic brain injury (TBI) or other type of brain disorder. This can lead to a lot of conflict with relationships and families.

Lack of self-awareness

Many of these problems stem from injury to the frontal lobes of the brain. Unfortunately a common problem associated with this is lack of self-awareness - if a person has lost the ability to analyze and monitor their own behaviour then it becomes extremely difficult to encourage more appropriate behavior. In these cases it is important to discuss behavioral issues with the rehabilitation team and form coping strategies. If rehabilitation is



finished, contact your Brain Injury Association to find out about behavior specialists in your area.

Understanding is the first step

Learn as much as possible about the brain injury, regardless of whether it is a traumatic brain injury or other type of brain disorder. It will be easier to cope, and respond effectively, when you understand it is the brain injury affecting the person's behavior, emotions, personality and difficulty seeing the world through other people's eyes - it is not a willful decision to annoy you. There can be a natural grieving process when a family feels as though they have 'lost' the person they remember - it will be easier to understand and accept the 'new' person when you understand more about brain injuries.

Provide feedback

When the person still has some self-awareness, it is important to provide immediate, direct and clear feedback regarding behavior. It's common to not understand non-verbal communication after a brain injury, so you may look and sound very annoyed but this can be completely missed. An example of clear feedback is "I feel frustrated when you walk in and change the TV channel without asking me first."

Useful tips for feedback are:

- Provide the feedback in a calm non-judgmental manner
- Describe the behavior as clearly as possible
- Ask if the person has understood what you've said

- Repeat the feedback regularly if needed due to memory problems.

Look for the message behind a behavior

Before taking a challenging behavior personally, look for the message. This could be:

- "It's so frustrating trying to handle my volatile emotions nowadays"
- "This is an unfamiliar environment/activity and it's disturbing me"
- "I've got sensory overload from too much noise/light/overcrowding"

"I" statements

A powerful technique to remember in conflict situations is using "I" statements instead of "you" statements. Instead criticizing the other person, you are letting them know how you see and feel about the situation. Examples of both statements are:

- "I find it unpleasant when you yell at me loudly and stand so close"
- "You are a horrible person and treat me as if I'm nothing to you".

Setting limits

Setting limits is essential: it helps when the person knows exactly what is expected of them in any given situation, and prevents them from having unclear or unrealistic expectations. Set limits as early as possible with the person, and set them often. Limits can concern roles, tasks, activities, or about specific behaviors that are appropriate or inappropriate. Don't set limits you can't keep to

(Continued on page 9)

(Continued from page 8)

e.g. don't threaten to leave if the behavior continues and then stay in the situation.

Develop strategies to handle conflict

It can be very difficult for families to calmly respond in a consistent way to challenging behaviors but this is easier when a positive behavior plan is developed. See your Brain Injury Association about behavior specialists, and read our detailed fact sheets on challenging behaviors.

Be involved in rehabilitation

Even when the official rehabilitation is finished, in a sense it never finishes - people regularly report improvements for many years after a brain injury because they keep learning strategies to compensate for lost communication skills, emotional control, stress management, poor attention and low motivation. This process works much better when the family is involved too, and will reduce the amount of conflict over time.

Give positive feedback & encouragement

When there is a lot of conflict it can be hard to provide the person with positive feedback, but where possible you should aim to provide much more positive than negative feedback. People with a brain injury often say they feel as if trying to recover from a brain injury is the hardest thing they have ever done in their lives, and often feel their

partners or family don't understand just how difficult it is.

Examples of positive feedback include:

- "I like to see how you are helping others"
- "You are doing so well with. . ."
- "You put a lot of effort into that task."

Safety plans

If angry outbursts are common, have a safety plan in place. When anger has got to a certain point it's best to remove yourself from the situation if it safe to do so. Tell the person what you are doing e.g. "You're getting upset, we are leaving for a few minutes so you can calm down". Tell them you will return when their anger under control. Maintain a safe environment if needed e.g. remove potential weapons or dangerous objects that could be thrown or used to damage property. Violence is never acceptable.



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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:

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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

SOLUTIONS WITH DIGNITY - Bittin Duggan

Coos Commons Protection Councils' mission is to support and empower individuals and communities in order to protect fundamental rights, quality of life, the natural environment, public health, and safety. As part of our recognition that environmental justice and social justice are interlocked we are pleased to be working with well known local social justice advocate Bittin Duggan to provide direct outreach services to the area's homeless and disenfranchised in order to help them obtain the public services they need.

Bittin Foster Duggan, MA, originator and facilitator of the Growing Through It (GTI) art workshops, is a nationally exhibited artist who currently lives and works in Coos Bay, Oregon. Growing Through It (GTI) provides dignified services based on compassion, equity and respect to disenfranchised Coos County residents so that they may access individual and community services to meet their basic human needs so that they may live a healthier and more productive life to benefit our entire community.

In 1989, while in Egypt, on a trip to the Sinai Desert, she was injured in an auto accident. "I was in a coma for five days," says Bittin. "When I came out I didn't know who I was. I didn't know what was the matter with me, but I knew that something inside of me was different."

Bittin's personal story of healing and 'growing through it' make her uniquely qualified to work with the more than 1300 homeless adults and children currently living in Coos County.

Coos Commons Protection Council (CCPC) through its Growing Through It (GTI) program supports sustainable homeless solutions designed to improve the quality of life for marginalized citizens on short and long term practices. The program provides direct services, supplies, materials and

transportation to meet basic needs of poor people who live outdoors and those who have fallen through the cracks of our social welfare and family systems.

"Chronic homelessness refers to people who have chronic and complex health conditions, including mental illnesses, substance use disorders, and medical conditions who experience long-term homelessness— and can be found sleeping on the street or in shelters. Without stable housing, they cycle in and out of emergency departments, inpatient hospital stays, psychiatric centers, detoxification programs, and jails, resulting in high public costs and poor health outcomes for individuals including premature death...

"A chronically homeless person costs the tax-payer an average of \$35,578 per year. Costs on average are reduced by 49.5% when they are placed in supportive housing. Supportive housing costs on average \$12,800, making the net savings of more than \$22,000 per year." – US Department of Housing and Urban Development 2018



Shop at AmazonSmile and Amazon will make a donation to: **BIAOR**

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!**

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An Update from Joe Powers

Joe Powers, a stand-up comedian who fell off of a balcony in August 2018 and fell into a coma, while also suffering a broken leg, pelvis, ribs and a brain injury. Joe's latest update on his progress.

All things considered, I feel lucky. Um, please, let me explain. Y'all may recall that I got my injury from trying to smoke a cigarette after performing at a stand-up comedy club. I was two stories above the ground outside the apartment so as not to get second-hand smoke on anyone. I lost my balance & fell two stories to the ground. I was able to break my fall with my left hand & left arm & left leg, although hitting the ground from two stories up isn't exactly breaking my fall. To make matters worse (that's right folks, matters do get worse), I was born left-handed, and due to the fall, I lost the dominance of my left hand, at least temporarily—at least I'm HOPING temporarily. I consider myself lucky in all this because I easily could've died from a two-story fall. I don't mean to get all heavy on y'all too quickly, but you might consider it a miracle that I survived my fall at all. I mean don't get me wrong. I'm far from thrilled that I went through any of this. In fact it takes considerable restraint on my part to refrain from using profanity when telling y'all this story. HOWEVER—surviving my aforementioned fall is not the only reason I feel lucky.

I also have physical therapy at a rehabilitation center called Burke twice a week on Tuesdays and Thursdays, as well as physical training with Charlie Malota every Saturday & Sunday, and in today's session with Charlie I

did a good deal of walking in my apartment gym, so not only do I feel lucky for surviving my initial fall. I feel lucky that I've regained (& continue to regain) the ability to walk. Ultimately I want to regain my left-hand dominance, although y'all would not BELIEVE how skilled I've become with my right hand. Of course I'd have chosen a different reason for becoming ambidextrous—a reason having absolutely NOTHING to do with brain injury—but hey, I guess sometimes you have to play with the hand you're dealt. How deep am I?! (Um, please let that question remain unanswered.) Y'all can't yet rightfully call me left-handed again, although I have regained considerable ability with my left hand & arm, & I consider this only the beginning of my rehabilitation & healing.

Alright! Thank you so much for spending your valuable time on my update. Let the healing continue!



Note: Joe did Stand Up Comedy in New York City at the time of his injury. Interestingly, his comedy can be seen before and AFTER his TBI @ [www. YouTube. Com Joe Powers Stand Up](https://www.youtube.com/watch?v=JvawICG5Q7c)

To see how Joe Powers is doing now:

<https://www.youtube.com/watch?v=JvawICG5Q7c>

<https://www.youtube.com/watch?v=Zw6m1J21IS0>

<https://www.youtube.com/watch?v=rrOjJMgvR8Y>

<https://www.youtube.com/watch?v=n2YZIUeY09M>



Second Step spotlights Grace Center for Adult Day Services

State-of-the-art services, thriving participants

For 15 years Second Step, Inc. has enjoyed partnering with the BIAOR leaders and members. We always appreciate a chance to share valuable rehabilitation resources with the BI community.

Since 1989, Second Step has produced a specialized standing and walking frame called the Gait Harness System (GHSII), with manufacturing facilities located in Eugene, OR.

The Gait Harness System is used to help people to learn to stand and walk again after experiencing illness, injury, or accident. Over the decades, the GHSII has been used worldwide in a broad spectrum of outpatient, inpatient, educational, day program and home enriched environments.

When asked to contribute a fresh article relevant to BI community, we immediately thought of our dedicated friends and colleagues at Grace Center for Adult Day Services in Corvallis, OR. In 2018, Director of Operations Rene' Knight was named the 2018 Dementia Care Professional of the Year by the Alzheimer's Foundation of America.

Grace Center's specialized services provide seniors and adults with disabilities opportunities for exercise, socialization, and cognitive therapy while their family caregivers receive the benefit of respite.

Since 2006, Grace Center has had two GHSII available for day program participant use as part



of their physical and occupational therapy program.

We are honored to spotlight Grace Center's story and program, shared with us by Tera Stegner, Grace Center's Director of Community Relations.

Corvallis, OR – Tara Stegner, Grace Day Center Director of Community Relations

36 years ago in Corvallis, Oregon, a group assembled to ask a very important question – “What can we do for our community?” Their church, Grace Lutheran, had a large building that was unused during the week. They formed a task force and started brainstorming on how they might use the space to benefit their community. The task force surveyed Corvallis residents and asked, “What is this city missing?” Much to their surprise, “adult day care” was the response.

By 1983, the task force had created Grace Center for Adult Day Services, an independent, not-for-profit 501(c)(3) corporation governed by a community based Board of Directors. The task force was truly ahead of their time with adult day services only first appearing in the US as early as the 1970s and no other adult day centers existing anywhere near Corvallis at the time.

Despite a lack of precedent, the task force members put their minds together and envisioned what adult day services could be. They courageously pioneered a program that is now state-of-the-art and a leading example of adult day services for the entire state of Oregon.

At first Grace Center was only open a couple of days per week, a few hours at a time, and served a handful of people. The program was in the single room donated by the church.

Since that time, Grace Center has had impressive growth. The program now utilizes an 11,000

square foot facility, is open Monday through Friday, 7:30am to 5:30pm, and serves at least 100 participants (clients) per year.

In 2019, Grace Center continues to provide a unique and needed service. The only certified adult day center in Linn, Benton, and Polk counties and the east side of Lincoln County, Grace Center provides specialized day services to seniors and adults with disabilities of all ages across this four-county region in our centrally located facility in North Corvallis.

Grace Center's mission is to provide day services that optimize the cognitive and physical abilities of seniors and adults with disabilities so they can remain as independent as possible and in their homes. The vision of Grace Center is to be leaders in a unique approach to long term care that will change the way our culture views aging through innovative practices which keep families together and our communities intergenerational.

The Grace Center program focuses on both health and social services. The health services include a varied and specialized exercise program, health monitoring overseen by our nurse, and individualized care plans which help all of our participants as well as their caregivers monitor the various aspects of their health and well-being. Our social services involve various therapeutic activities and outings into the community. Examples of the type of activities offered involve art, music, interaction with animals, gardening, sewing/textiles, cooking, woodworking and intergenerational focused activities.

To extend services to as many individuals as possible, Grace Center specializes in two areas: memory care and post-rehabilitation. Through the memory care specialty, Grace Center can serve participants with any type of dementia including Alzheimer's disease. The staff is specifically trained to work with individuals living with memory loss and our program and building are set up to provide a safe and stimulating environment for people at every stage of memory loss.

Grace Center's second specialty, post-rehab, makes the center unique in Oregon's adult day services. This specialty is less common in adult day services but is important and needed. By providing the space, equipment, and help needed



for people to continue rehabilitation therapy and exercise, Grace Center can serve those recovering from strokes, traumatic brain injuries, or surgeries and those who have neurological disorders.

Grace Center's exercise program includes an individual exercise program option where participants have one-on-one coaching and support with staff. This helps participants by offering motivation and the right space/equipment to achieve higher success rates in completing physical, occupational, and/or speech therapy exercises prescribed to them by a professional. Grace Center's gym has several recumbent workout machines that provide a safe way for participants to work out. These machines have attachments to help participants with left or right-side paralysis due to a stroke or brain injury use the equipment.

The crowning equipment in Grace Center's post-rehab program, though, is our two Second Step Gait Harness System (GHSII) ambulators. These devices enable our wheelchair bound participants to get up and walk, many for the first time in many years or at all as an adult!

Use of these ambulators at Grace Center help participants combat muscle atrophy, avoid pressure sores, build strength and boost self-esteem. It also provides participants newfound freedoms such as strolling in our garden, working in our raised garden beds, and doing things that bring them joy like independently feeding our chickens. The GHSII helps Grace Center remain one of the most specialized adult day centers in the state and a place that people are given the chance to thrive.

Every year, the number of people using Grace Center's services grows and the leadership plans to continue to further the center's programming and reach to match that growth.

One of those leaders, Betty McCauley, currently serves on the Board of Directors and brings great ideas to the table, passionately telling everyone she meets about the wonderful services Grace Center offers. She would know too, after serving on the Grace Center board for 36 years and being the type of person who asks the question, "What can we do for our community?"

Steffani Dubats JD, Vice President & Director of Sales
steffani@secondstepinc.com



For more information on Grace Center's day program contact:



Grace Center for Adult Day Services
www.GraceCenter-Corvallis.org
980 NW Spruce Avenue
Corvallis, Oregon 97330



T: 541-754-8417
Tera Stegner,
Director of
Community
Relations

Tera@GraceCenter-Corvallis.org

For more information on the **Second Step Gait Harness System** contact:

Second Step, Inc.
www.secondstepinc.com
101b S. Bay Blvd. #565
Anna Maria FL 34216
T: 877.299.STEP (7837)



Vehicle Donations



Vehicle Donation Program

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>

Some of the main difficulties that can affect people after Brain Injury

All Brain Injuries are different and people may be affected to a varying degree by any number of these problems depending on the severity of their injury and the area of the brain which is affected.

The main effects of Brain Injury s:

- Physical - affecting how the body works
- Cognitive - affecting how the person thinks, learns and remembers
- Emotional and behavioral - affecting how the person feels and acts

Physical Effects

Fatigue

Excessive tiredness is common to all severities of Brain Injury, including mild injuries. Tasks that we take for granted, such as getting dressed or walking around can require much more effort after Brain Injury. It is important to allow for rest periods at regular intervals during the day, and not to feel that everything has to be done at once.

Mobility

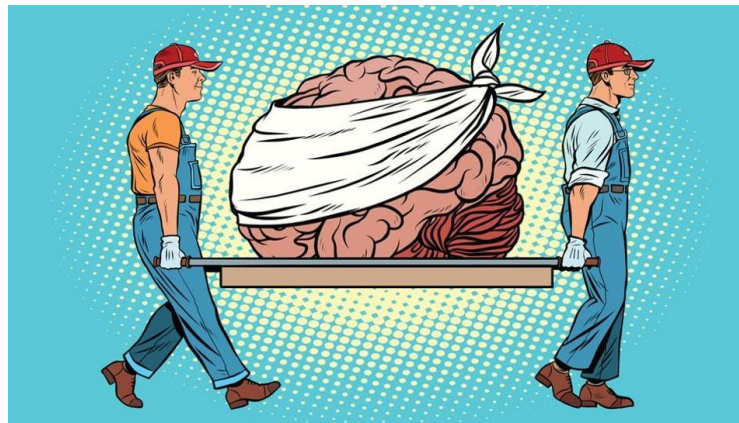
Movement can become very slow and balance can be affected. Indeed, having a Brain Injury can sometimes feel like 'living life in the slow lane'. Some people may need a wheelchair or other mobility aids, because their poor balance and co-ordination means they cannot walk without support. The fact that they use a wheelchair does not necessarily mean that the person cannot stand or walk for short distances.

Sensory impairment

Sensation of touch on the skin may be reduced, lost or exaggerated. It may also be difficult for the person to know where their limbs are positioned without looking at them. Eyesight may be affected and this may not be correctable with glasses. Odd postures or walking patterns may also be explained by sensory impairments. Taste or sense of smell may be impaired or lost, either in the short or long term.

Difficulties with speech

Slow, indistinct or rapid speech is



common after a Brain Injury. It may be hard to understand the person's speech at first, but the listener may learn to 'tune in'. Some people may repeat what they have said many times over: this is known as perseveration. Some people may lose the ability to speak altogether. Remember, their inability to express themselves does not mean that they have lost their intelligence.

Epilepsy

Brain injury can make a person prone to epileptic seizures or 'fits'. Many people who have had a seizure after a Brain Injury are given a drug for a number of years to reduce the chance of it recurring. The drug may have an overall 'dampening' effect on the person's level of arousal, and therefore on the performance of everyday tasks. Remember the added effect that this could have if the person already has excessive fatigue. It is important to remember that a person who suffers from seizures may not be allowed to drive and should contact the relevant authorities for advice.

Spasticity

Limbs may be stiff or weak, and the range of movement limited. Often one side of the body is affected more than the other, depending on the area of brain that is damaged. This is known as hemiplegia. Spasticity may cause pain or discomfort. If this occurs it is advisable to seek help from a GP, who may be able to prescribe drugs to reduce muscle spasms. Weakness or paralysis often affects one side of the body more than the other. This could mean that help is needed during personal care and when getting

dressed or undressed. Muscle weakness may affect continence, and continence aids may be needed.

Ataxia

This is irregular, uncontrolled movement or tremor affecting the co-ordination of movements. The person's hands may be shaky or clumsy, and handwriting may be difficult or impossible.

Hormonal imbalances

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. Another hormonal condition which can be caused by Brain Injury is neurogenic diabetes insipidus, which is usually a short-term problem in the acute stage after injury but can occasionally persist in the long-term.

Cognitive Effects

Memory

Problems with memory, particularly short-term memory, are common after Brain Injury. Some people may be unable to remember faces or names, or what they have read or what has been said to them. New learning may be affected, whilst previously learned skills may still be intact.

Motivation

Reduced initiation and problems with motivation. Problems with getting started on tasks are common, and can often be mistaken for laziness. These problems may also be a symptom of depression.

Reduced concentration span

This is very common and can also impact

(Difficulties Continued on page 15)

(Difficulties Continued from page 14)

on memory problems. Completing tasks can be a problem and the task may be abandoned before reaching the end. The person may initially appear eager to start a task, but then lose interest very quickly.

Slower information processing

People can take longer to think things through or work out what has been said to them. 'Information overload' can be quickly reached, and can cause frustration and anger.

Reduced problem-solving ability

It may be difficult for the person to work out what to do if they encounter an unexpected problem.

Repetition or 'perseveration'

The person may be unable to move on to another topic in the same conversation, and they may return to the same topic over and over again. They may also repeat the same action, appearing unable to break the cycle.

Reasoning, judgement & insight

Impaired reasoning may affect a person's ability to think logically, to understand rules, or follow discussions. The person may easily become argumentative due to lack of understanding. Impaired judgement can cause difficulties in accurately perceiving and interpreting one's own and other people's behavior and feelings. Putting oneself 'in someone else's shoes' can be almost impossible. Lack of insight means the person may have an unrealistic view of themselves and others, and may not appreciate that they have certain problems. This may lead to unattainable goals being set, which then leads to failure and frustration.

Language loss (aphasia)

This may be 'receptive' (difficulty making sense of what is said or read) or 'expressive' (difficulty finding the right words to say or write), or both. This can be very frustrating for the person and for others, and patience is needed on both sides. Remember - just because a person cannot express themselves, does not mean they do not need or want to be heard.

Impaired visual-perceptual skills

The person may have difficulty making sense out of ordinary pictures and shapes, finding the way around a building, or drawing or constructing objects. These problems can be

particularly frustrating for a person who is quite competent in their language and social skills. Occasionally, people may fail to respond to stimuli coming from one side of their visual field, or may ignore a particular side of their body, for example when shaving or dressing. This condition is known as visual neglect.

Emotional & Behavioral Effects

Loss of confidence

This is very common after Brain Injury and a person can need a lot of encouragement and reassurance.

Mood swings or 'emotional lability'

The person may have a tendency to laugh or cry very easily, and to move from one emotional state to another quite suddenly. Depression and sense of loss are common. Depression may be caused by injury to the areas of the brain that control emotion, but can also be associated with the person gaining an insight into the other effects of their injury. After Brain Injury, many things that are precious to the individual may be lost forever and there may be much sadness, anger, guilt and confusion, surrounding this.

Anxiety & frustration

Anxiety can be another consequence of Brain Injury. Life has been changed forever in

a matter of seconds, and the future can look frightening. Anxiety can quickly lead to frustration and anger and needs to be identified and alleviated as early as possible. Frustration can build up quickly, especially when things that were once so easy are now difficult or impossible. The resulting anger may be very difficult for the person to control. Abusive or obscene language may be used. This may be spontaneous and uncontrollable, and may be an outlet for the person's anger and frustration. This behavior can obviously be embarrassing and upsetting for those nearby.

Disinhibition

There may be a loss of control over social behavior, so that the person may behave in an over-familiar manner or may make sexual advances with the wrong people at the wrong time. They may also be unable to inhibit what they are thinking and may make inappropriate and offensive outbursts.

Impulsivity

A person with a Brain Injury may tend to speak or act without thinking things through properly first. Obsessive behavior can occur. For example, a person may be afraid that their possessions will be stolen, and may check their belongings repeatedly.

Who can you contact if you need help with your AFH: Adult Foster Home (AFH) Consulting Services



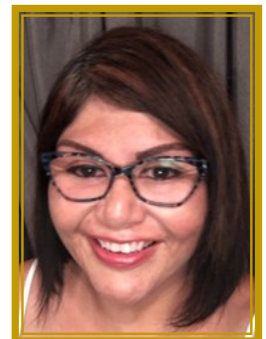
E.B. Oregon AFH Compliance Consulting, LLC we solve complex problems, improve your business or keep your business healthy and compliant.

We are experienced professionals. Our focus is identifying areas where you could be in non-compliance with Administrative Rules. Our services, expert mentorship, strategic planning, problem solving and guidance are designed to contribute to the success of your Adult Foster Home business goals.

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Eloisa Barroso CEO/Business Consultant

E-Mail: .b.afhconsulting@gmail.com www.ebafhconsulting.com





From the Advocate's Desk

By David Kracke, JD dkracke@cbirt.org

Preventing youth concussions has become a major priority in Oregon and the United States, but it wasn't always that way. Before Oregon blazed the trail with the passage of Max's Law, the nation's first youth concussion law, there were no statutory requirements for coaches to remove players from games or practices when a concussion was suspected. Phrases like "You just got your bell rung" were the norm, and players were often expected to rush right back into the fray despite their brain injury.

That's not the case anymore, as July 7, 2019 marked the tenth anniversary of the Effective date of Max's Law.

Max's story could have been any of a hundred stories, all of them bad: A player is allowed to re-enter a game after sustaining a concussion and when the player is concussed again, the consequences are devastating. Permanent brain injuries, prolonged recoveries from multiple concussions and emotional challenges plagued those players whose fate was tied to our ignorance about concussions.

But then Max changed everything. Now if a player receives a blow to the head or body that results in signs, symptoms or behaviors consistent with a concussion, the coach must remove that player from the game or practice. There's no middle ground here. The concussed player comes out of the game. Further, the player may return to practice and games only when cleared to do so by a qualified health care professional.

All other states now have an analogous law to Max's Law, and today concussions are taken extremely seriously in youth sports. Those of us who worked on the drafting and passage of Max's Law should take a well-deserved moment to reflect on the benefits the law has provided in

making youth sports safer.

But once that well-deserved moment has passed, we all have to face the sober reality that equally great challenges rise before us when it comes to Oregonians and brain injuries. Where Max's Law shone a light on youth sports, there are other brain injury survivors who deserve to have an equally bright light illuminating their daily struggles to cope with the effects of brain injuries.

We now know that brain injuries occur throughout all walks of life. Elderly Oregonians are at a higher risk of falling which is a leading cause of brain injuries among that demographic. Many of our proud veterans struggle with the aftermath of explosions that have caused brain injuries. Our under-served populations, whether they be homeless individuals in Portland, or our neighbors in rural and frontier Oregon, need additional resources and guidance when recovering from brain injuries. Where Max's Law focused on what we call Return to Play, we now need a greater emphasis on Return to Learn protocols to make sure that our concussed students don't fall behind. And, finally, when do we have an honest conversation about full-contact football for boys age six to thirteen?

Oregon needs to continue its proud tradition of developing laws and policies that focus on brain injury prevention, while also developing laws and policies that help our state's brain injury survivors better navigate the murky maze of supports and services available to them throughout the state. While one great law is absolutely commendable, it is not the entire ballgame.

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
Fred's, you'll be helping BIAOR to earn a donation from
Fred Meyer.

Laws Passed in Oregon Relating to Brain Injury

**Every year BIAOR works on many pieces of
legislation - highlights of passed legislation:**

2018 - SB 1547: Oregon Chiropractors, Naturopathic Physicians, Physical Therapists and Occupational Therapists May Assess 'Return to Play' in Concussed Student Athletes - BIAOR Active Support In Salem

2013-SB 721 Jenna's Law Sports Concussion Legislation - BIAOR Active Support In Salem
Relating to youth athletic team safety. Imposes on non-school athletic teams requirements for recognizing and responding to possible concussions. Annual concussion training for all coaches and referees; remove from play if showing signs and/or symptoms of concussion and must have a medical release to return to play; distribution of information concussion to parents and students 12 and over, both required to sign form confirming receipt of information.

2009 Max's Law - Sports Concussion SB 348 - BIAOR sponsored and actively supported
Requires each school district to ensure that coaches receive annual training to learn how to recognize the symptoms of a concussion and how to seek proper medical treatment for a person suspected of having a concussion.

2009- SB 381- TBI Health Care Mandate - BIAOR sponsored and actively supported
All health care plans serving members in the state of Oregon must provide coverage of medically necessary therapy and services for the treatment of traumatic brain injury.

1994/2004/2015 - [SB 381](#) - BIAOR Active Support In Salem

Bicycle Helmet Laws: It's been a law in Oregon since enacted in 1994 - if you are under 16 you must wear a helmet when riding a bike. The law was expanded in 2004 to include skateboards, scooters and in-line skates.

2007 - [SJR 21](#) - BIAOR sponsored and actively supported

March as Brain Injury Awareness Month in Oregon: The month of March in each year is designated as Brain Injury Awareness Month.

Sponsored - BIAOR introduced this legislation
Actively Supported - BIAOR worked with community and state partners to pass this legislation by giving testimony, meeting with legislators, outreach information provided to our members and the public

Advanced Imaging to Guide Brain Injury Care

Contributed by EPIC Imaging, affiliated with Center for Diagnostic Imaging, a national provider network for medical imaging & related services.

Brain injuries are complex and can impair a person's physical and emotional functioning. They can be traumatic, resulting from accidents, falls or contact sports; or non-traumatic, resulting from strokes or aneurysms. Severe brain injuries can be difficult to treat. For all types of brain injuries, advanced imaging tools and expertise aids in accurate diagnosis and guiding a care plan.

Diagnosis and Treatment Planning

The treatment of head injuries depends on the type of injury and the severity. To assess the severity of a head injury, a physician may perform a physical and neurologic exam and imaging tests such as:

COMPUTED TOMOGRAPHY (CT)

A CT of the head and brain is often used as a first imaging test when a concussion is suspected. It is useful for detecting bleeding, swelling, brain injury and skull fractures.

MAGNETIC RESONANCE IMAGING (MRI)

An MRI is helpful in detecting small hemorrhages or bruises, and monitoring changes in brain structure and function. It is especially useful in treatment planning.

- Can provide a benchmark brain scan for athletes or other patients who may be at higher risk for brain injuries
- Should be considered to evaluate a patient with concussion symptoms lasting more than seven days
- Should be considered to evaluate changing neurological symptoms



VOLUMETRIC BRAIN IMAGING

This is performed with MRI post-processing software that provides objective, quantitative volume measurements of two conditions that can result from a brain injury: hydrocephalus and atrophy of the hippocampus.

SUSCEPTIBILITY-WEIGHTED IMAGING (SWI)

SWI is an MRI protocol run at a high resolution, increasing the ability to detect subtler injuries in patients with concussions/traumatic brain injuries, hemorrhages, neurodegenerative diseases and a variety of lesions.

See next page for more information.

Protocol for Concussions: SWI

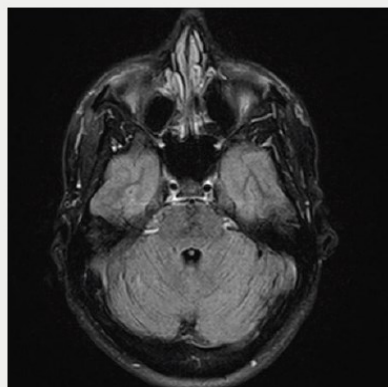
The susceptibility-weighted imaging (SWI) protocol for patients with concussions and traumatic brain injuries detects smaller injuries not found in Flair MRI images. SWI uses contrast for tissue measurement. It visualizes and clearly delineates small vessels and microbleeds, as well as large vascular structures, and iron or calcium deposits in the brain. SWI is run at high resolution and is extremely sensitive to bleeding in the gray matter/white matter boundaries, making it possible to see very small lesions and detect subtler injuries.

CLINICAL APPLICATIONS

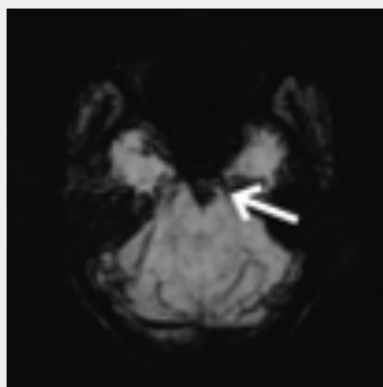
- Improved detection of hemorrhage, microbleeding (diffuse axonal injury), and hemorrhagic transformation (stroke)
- Detection of occult vascular disease (cavernomas, angiomas, telangiectasias)
- Diagnosis of cerebral venous thrombosis
- Intra-arterial clot detection
- Identification of iron and other mineral deposits
- Helpful in MR diagnosis of neurodegenerative diseases (Alzheimer's, multiple sclerosis)
- Tumor characterization



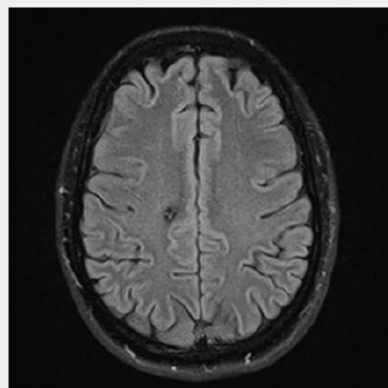
COMPARING BRAIN IMAGING SEQUENCES



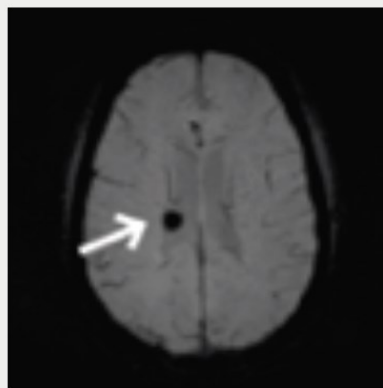
On the Flair image the pons show minimal abnormality.



SWI image shows a substantial blooming artifact.



Flair image shows small area complex signal representing a venous angioma/DVA and contiguous small cavernoma.



SWI image shows a prominent blooming artifact showing old blood products centered on and obscuring the DVA and cavernoma



DIAGNOSTIC IMAGING®

EPIC Imaging and Center for Diagnostic Imaging are sponsors of the Brain Injury Alliance. Its outpatient centers in Puget Sound and Greater Portland offer a full range of medical imaging services. Learn more at myCDI.com and epicimaging.com.

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



Gilroy Campus, California



Learning Services Neurobehavioral Institute - West

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.

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

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You Have a Right to Justice



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

If I had a nickel for every time I didn't know what was going on, I would be like, "why am I always getting all these nickels?"



At Windsor Place, we believe in promoting the self-confidence and self-reliance of all of our residents



Susan Hunter
Executive Director

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



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www.windsorplacesalem.org

Brain Injury Fundamentals

Practical Training Workbook



BRAIN INJURY ASSOCIATION OF AMERICA

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.

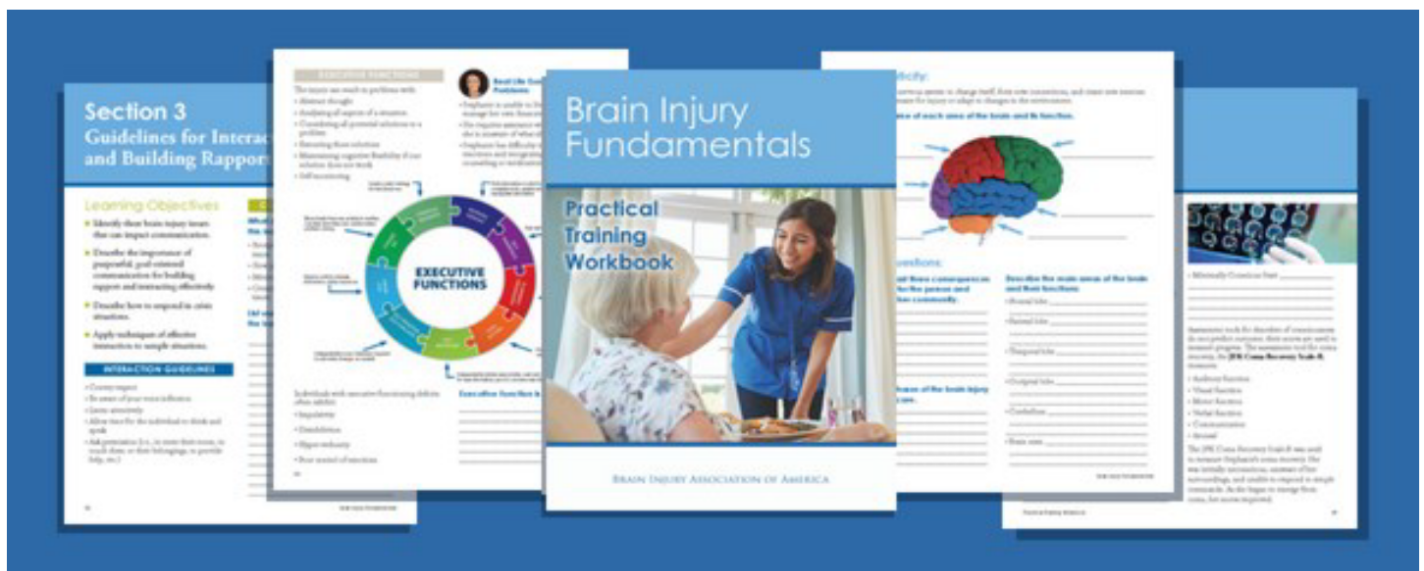
The Brain Injury Fundamentals course is comprehensive and flexible enough to be incorporated as an organization's on-boarding program for direct care staff, or used as a stand-alone training in healthcare and community facilities. The course will be taught by ACBIS trainer, Sherry Stock, ABD/PhD, CBIST, who has more than 20 years' experience in the field.

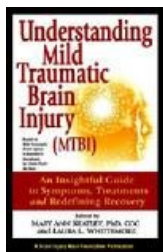
After completing intensive training, candidates will receive a certificate that is valid for three years. To learn more about the application process contact Sherry Stock at BIAOR sherry@biaoregon.org. 800-544-5243 or 503-740-3155

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. **Additional Costs of Trainings may apply** for trainer outside the greater Portland area may apply covering per diem and travel costs.



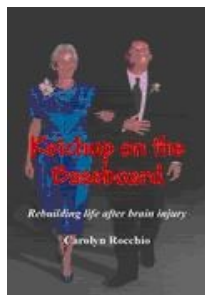
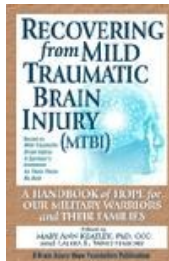


Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

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

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

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

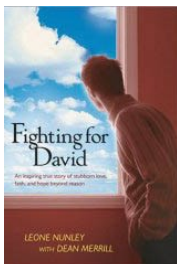
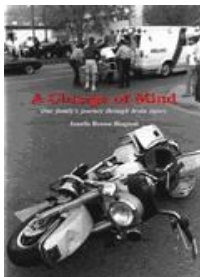


Ketchup on the Baseboard

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

A Change of Mind

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

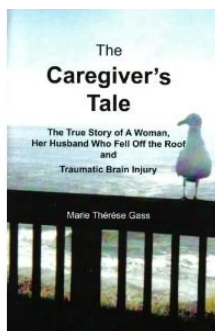


Fighting for David

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

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

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



BIAOR Membership Become a Member Now

Brain Injury Alliance of Oregon

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Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Type of Membership

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

Sponsorship

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

Additional Donation/Memorial: \$ _____

In memory of: _____

(Please print name)

Member is:

- ☐ Individual with brain injury ☐ Family Member ☐ Other: _____
☐ Professional. Field: _____

Book Purchase (includes S&H):

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

Type of Payment

Check payable to BIAOR for \$ _____

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

www.biaoregon.org • biaor@biaoregon.org

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Resources

Oregon Developmental Disabilities (DD)

For individuals whose disability manifested before age 22 and resulted in lifelong conditions that affect a person's ability to live independently, this state agency arranges and coordinates services to eligible state residents.

<http://www.oregon.gov/DHS/dd/Pages/index.aspx> (800)-282-8096

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

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

ADRC - Aging and Disability Resource Connection

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

Northwest ADA Center - Oregon

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

Summer Sudoku

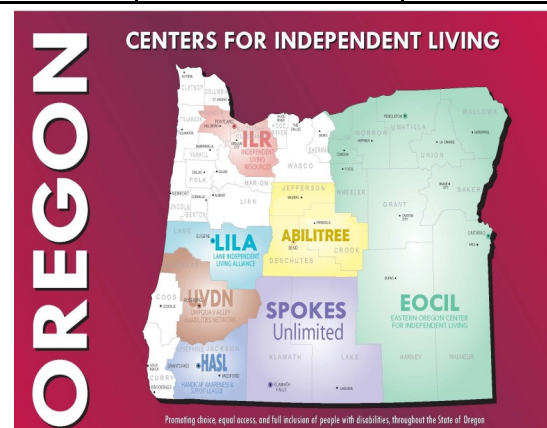
(Answer from page 2)

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

Oregon Centers for Independent Living

Contact List

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



Resources

For Parents, Individuals, Educators and Professionals

The Oregon TBI Team

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

The Hello Foundation

Providing therapy 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.projectlearn.net.org/index.html

Parent Training and Information

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

Websites

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

FREE Brain Games to Sharpen Your Memory and Mind

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

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

Sam's 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



Brain Injury Alliance
WASHINGTON

Washington TBI Resource Center

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

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

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

Returning Veterans Project

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

Want to Return to Work? - Pathways to Independence, Oregon

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

Center for Polytrauma Care-Oregon VA

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

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

Addiction Inpatient help:

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

Legal Help

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

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

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

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

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

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

Resources

Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

Assistance

Financial, Housing, Food, Advocacy

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

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

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

Central City Concern, Portland 503 294-1681

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

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

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.

Tammy Greenspan Head

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

Valuable Websites

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

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

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

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

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

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

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

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

Brain Injury Support Groups

Astoria

Astoria Support Group
www.pnwhigroup.vpweb.com
Kendra Bratherton 209-791-3092
pnwhigroup@gmail.com **Must Pre-Register**

Beaverton

Circle of Support
Brain Injury Survivors, Stroke Victims & their Caregivers
4th Saturday 10:00 am - 11:30 pm
Elsie 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 3:00pm - 5:00pm
Kaffe 101, 171 South Broadway
Coos Bay, OR 97420 tbiobsupport@gmail.com

Growing Through It- Healing Art Workshop

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

Eugene (3)

Head Bangers
3rd Tuesday, Feb., Apr., June, July, Aug., Oct. Nov.
6:30 pm - 8:30 pm
Potluck Social - Bring your favorite food and a friend! Rolls, punch, tableware are provided.
Monte Loma Mobile Home Rec Center
2150 Laura St., Springfield, OR 97477
541-741-0675 headbangerspotluck@gmail.com

Community Rehabilitation Services of Oregon

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

BIG (BRAIN INJURY GROUP)

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

Hillsboro

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

Westside SUPPORT GROUP

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

Klamath Falls

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

Lake Oswego (2)

Family Caregiver Discussion Group
4th Wednesday, 7-8:30 PM
(there will be no group in August)
Lake Oswego Adult Community Center
550 G Avenue, Lake Oswego, OR 97034
Shemaya Blauer, 503-816-6349
hemaya_toyou@yahoo.com

Functional Neurology Support Group

On hiatus
Market of Choice, 5639 Hood St, West Linn

Medford

Southern Oregon Brainstormers Support & Social Club
1st Tuesday 3:30 pm to 5:30 pm
Lion's Sight & Hearing Center
228 N. Holly St (use rear entrance)
Lorita Cushman 541-621-9974
loritabiaoaregon@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 cafe
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

BIRRDsong

1st Saturday 9:30 - 11
1. Peer support group that is open to everyone, including family and the public
2. Family and Friends support group that is only for family and friends
Legacy Good Samaritan Hospital, Rm 102, Wilcox Building .
1015 NW 22nd Portland, 97210
Brian Liebenstein at 503-598-1833
BrianL@bic-nw.org info@braininjuryconnections.org

BRAINSTORMERS I

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

BRAINSTORMERS II

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

CROSSROADS (Brain Injury Discussion Group)

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

Must Be Pre-Registered

Doors of Hope - Spanish Support Group

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

OHSU Sports Concussion Support Group

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

PARENTS OF CHILDREN WITH BRAIN INJURY

Wednesdays: 10:00-12:00
Currently combined with THRIVE SUPPORT GROUP/ FAMILY SUPPORT GROUP
Contact for further information
braininjuryhelp@yahoo.com Pat Murray 503-752-6065

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;

biaqcedby@earthlink.net)

Stevens County TBI Support Group

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

Moses Lake TBI Support Group

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

Pullman TBI Support Group

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

Pullman BI/Disability Advocacy Group

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

SPOKANE, WA

Spokane TBI Survivor Support Group

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

Spokane Family & Care Giver BI Support Group

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

*TBI Self-Development Workshop

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

Spokane County BI Support Group

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

Spokane County Disability/BI Advocacy Group

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

VANCOUVER, WA

TBI Support Group

2nd and 4th Thursday 2pm to 3pm
Legacy Salmon Creek Hospital, 2211 NE 139th Street
conference room B 3rd floor Vancouver WA 98686
Carla-Jo Whitson, MSW, CBIS 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); meyeragre@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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Extreme Behavioral Specialist
971-227-4350
BrainLogisticsLLC@gmail.com

Sherry Stock, ABD/PhD CBIST
Neurogerontologist
503-740-3155
Fax: 503-961-8730



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Visit www.OregonCarePartners.com or call
(800) 930-6851

How To Contact Us

Brain Injury Alliance of Oregon (BIAOR)

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