



The Newsletter of the Brain Injury Alliance of Oregon

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18th Annual Pacific Northwest & 37th Annual Medical Legal
Brain Injury CONFERENCE 2020

Join Us MARCH 12 - 14, 2020 !
Save \$75 (Early Registration by Feb 14)
Sheraton Portland Airport Hotel, Portland, Oregon

Modern medicine is advancing at break-neck speed and conferences are a fantastic way to stay on top of new practices that can aid in patient care and professional growth.

Presentation Highlights:

- The latest treatment using stem cell therapy
- "Fight like Ana." Ana Wakefield will share her journey
- The latest in Brain Imaging—Epic Imaging
- How to build a successful practice - Glen Zielinski and Aaron DeShaw – 4 hour workshop Medical Legal Track
- How to Win Your Case - Aaron DeShaw discussing Trial Guides
- Legal Track – looking at probate – how BI affects different parts of the law
- What are other states doing? Gavin Attwood
- Staff TBI Skill Builder: An On-Line, Interactive Training Program for Paraprofessionals Serving Adults with Moderate-Severe TBI - Laurie Ehlhardt Powell
- How to diagnosis and approach working with individuals— Dr. Nick Bomalaski, physiatrist
- Massage Therapy Panel - Kendra Bratherton and Claire Darling
- Family life after Brain Injury - Panel family members
- Music and the Brain— Matt Senn
- Vision—helping individuals with vision issues – Dr. Macson Lee
- Dance and Movement

- How a brain injury can affect your endocrine system
- Neuropeptide therapy
- Veterans issues
- NeuroStar Transcranial Magnetic Stimulation - Shauna Hahn, MS, PMHNP, CBIS – Neuromodulation is the new frontier in psychiatry and offers exciting and proven results for people with post-concussion syndrome, vertigo, migraines, depression, anxiety, post-traumatic stress disorder, chronic pain, OCD and other disorders.
- Brain Injury Fundamentals Workshop Certificate class

Join us in bringing together speakers and attendees from all over the nation to Oregon. By providing this professional development opportunity, BIAOR strives to increase awareness and understanding of the latest research and innovation in the brain injury field.

Who should attend: Professionals in the field of brain injury such as medical and legal professionals, therapists (PT, PT, SLP), case managers, social workers, mental health professionals, caregivers who work with individuals with brain injury, family members and individuals with brain injury.

For more information please check the website at www.biaoregon.org Registration is on page 7

**Brain Injury Alliance of Oregon
Board of Directors**

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

Headliner DEADLINES

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

Editor: Sherry Stock

Advertising in Headliner

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

Advertising on BIAOR Website:

\$10,000 for Banner on every page
 \$5000/year Home Page
 \$250 for active link Pro-Members page

Policy

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

Executive Director's Corner



As we come into the winter months and holiday time—I want to wish everyone a wonderful holiday season. However, the holidays can be overwhelming for those without the added challenge of the effects of brain injury. With an injured brain, the holiday season can burden us with more fatigue, more stress and perhaps some sad emotions. Many remember how their lives used to be before the injuries but we have to move on and appreciate our lives today. We can look back with fond memories but we can also build new ones that don't require us to overdo during the holidays.

We will be able to enjoy ourselves much more if you prepare yourselves for the holiday season.

Pace yourself – don't commit to more than you can successfully handle. Don't overdo the shopping, the cleaning, and the cooking or other activities. Give yourself a quiet day before going to that party or dinner. Take a nap or just lay down and rest. Do everything in moderation.

Get organized in advance – Write things down to help you remember what you need to do. Why burden your brain by trying to keep it all in your head?

Prioritize – only do what is important. There are probably things to do that you can put aside until after the holidays.

Ask for help – with the shopping, the cooking, the cleaning or whatever else it is.

Keep things simple

– simplify the decorations, the gift giving, the meals and everything else that is part of the holiday season.

Eat properly throughout the day to nourish your brain so it can do a better job for you. Drink recommended amounts of water, our brains need it.

Determine how to get where you have to go before you leave – try Waze Google map which can help you **Determine how much time you need to get there**

Determine what you need to take with you and what you are going to wear – Doing this well ahead of time saves that last-minute pressure that makes it difficult to function if you have a brain injury.

If you are in a restaurant, get a table in a quiet, less busy part of the restaurant. Maybe facing the wall so I don't have to see the movement in the restaurant.

The idea is to save brain energy so you can have a good time. Enjoy! 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

Fall 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)

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

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
p.findinjurylaw.com www.findinjurylaw.com

Nevada

Tim Titolo, Titolo Brain Injury Law, Las Vegas 702-869-5100 tim@titololaw.com <http://titololaw.com/>

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Portland, 503.226.6361 www.paulsoncoletti.com

‡ Tom D'Amore, D'Amore & Associates, Portland
503-222-6333 www.damorelaw.com

‡ Dr. Aaron DeShaw, Portland 503-227-1233
www.deshawlaw.com

‡ Bill Gaylord, Gaylord Eyerman Bradley, PC,
Portland 503-222-3526 www.gaylordeyerman.com

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MediMal, Catastrophic Injury, Auto Accidents,
Criminal Defense, Civil and Commercial Litigation,
Insurance Disputes

Bend

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541-617-0555 www.RoyDwyer.com

Eugene

† Derek Johnson, Johnson, Clifton, Larson &
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541-484-2525

Charles Duncan, Eugene, 800-347-4269

Tina Stupasky, Jensen, Elmore & Stupasky, PC,
Eugene, 541-342-1141

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Jeffrey Bowersox, Lake Oswego, 503-452-5858 PI

Jerry Doblle, Doblle & Associates, Portland, 503-226-2300

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Bart Herron, Herron Law, Lake Oswego 503-699-

6496

€ **Craig Allen Nichols, Nichols & Associates, 4504 S.W. Corbett Avenue, Suite 200, Portland, OR 97239 503-224-3018**

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Richard Sly, Portland 503-224-0436, SSI/SSD/PI

Steve Smucker, Portland 503-224-5077

± Scott Supperstein, The Law Offices of Scott M
Supperstein, PC, Portland 503-227-6464

¥ Tichenor& Dziuba Law Offices, Portland 503-224-3333

Jud Wesnousky, JD, Berkshire Ginsberg, LLC,
Portland, 503-542-3000

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

Samuel Hornreich, Roseburg, 541-677-7102

Washington Bremerton Seattle

Bremerton

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

Seattle

Richard Adler, Adler Giersch, Seattle, WA 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

Pamela Cartwright, Cedars Adult Foster Care, Astoria, 503-325-4431

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

Damaris Daboub, Clackamas Assisted Living, Clackamas 503-698-6711

Donna Walsh, Delta Foundation/Snohomish Chalet, Snohomish, WA 360-568-2168

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

Temesqen Helsabo, Temesgen AFH, Clackamas, 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, Portland 503-267-6282

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

Terri Korbe, LPN, High Rocks Specialty Care, Clackamas 503-723-5043

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

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Quality Living Inc (QLI), Kristin Custer, Nebraska, 402-573-3777

† Sapphire at Ridgeview Assisted Living Facility, Medford, 541-779-2208

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Program and home

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Michael T. Logiudice, DC, Linn City Chiropractic, West Linn 503-908-0122

Garreth MacDonald, DC, Eugene, 541-343-4343

D.Stephen Maglente, DMX Vancouver, Vancouver WA 360-798-4175

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

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

Holistic Practitioners/Massage Therapy Programs/ Neurofeedback

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
Olga Ward, Beaverton Neurofeedback, 503-806-0112 call or text, BeavertonNeuro@gmail.com, www.BeavertonNeurofeedback.com

Cognitive Rehabilitation Centers/ Rehab Therapists/Specialists

Brainstorm Rehabilitation, LLC, Bethany Davis, Ellensburg, WA 509-833-1983
† Collidedscopes, Heath Snyder & Renee Love, Eugene, www.collidedscopes.com, info@collidedscopes.com
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, Portland, 503-413-7301
Matthew Senn, MT-BC, NMT, CEO, NeuroNotes, msenn@neuronotestherapy.com 971-253-9113 www.neuronotestherapy.com
† 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

Look here for an Expert

† 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
Carol Mathews-Ayres, First Call Home Health, Salem
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

David Hackett, OD, MS, FCOVD, Lifetime Eye Care, 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

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Vince Morrison, MSW, PC, Astoria, 503-325-8438
Michelle Nielson, Medical Vocational Planning, LLC, West Linn, 503-650-9327
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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 Loftis 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

Educators

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

(Continued on page 5)

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Jerry Ryan, MS, CRC, Oregon City, 503-348-6177
Elizabeth VanWormer, LCSW, Portland, 503-297-3803
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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

No One Knows TRAUMATIC INJURIES Better Than A GOOD DOCTOR

Now You Can Hire One As Your Lawyer

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Wrongful Death
Drunk / Drugged Driver
Insurance Disputes
Traumatic Brain Injury

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Trauma Nurses Talk Tough

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

Veterans Support

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

Vocational Rehabilitation/Rehabilitation/ Employment / Workers Comp

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

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FAMILY START GROUP

SUPPORT TRAINING AROUND RECOVERY AFTER TBI

Contact Info

Center on Brain Injury Research and Training
1244 Walnut St, Suite 220
Eugene, Or 97403
541-346-0573
mccartm@cbirt.org



What is the Family START program?

The Family START program is aimed at supporting and educating parents of children with TBI. Meetings will be held through an online platform and topics will cover navigating and communicating with schools, parental self-care, and support strategies. Sign-up through the link provided [HERE](#).

What is Traumatic Brain Injury?

Traumatic Brain Injury (TBI) is caused by an external force and may result from events such as concussions, falls, or motor vehicle accidents. The Oregon TBI Team helps guide schools and school districts by providing training for people who support students with traumatic brain injury, from birth through the age of 21.



UNIVERSITY OF OREGON

Schedule

Meetings will be held on the third Friday of every month at 10:00AM PST

When	Topic
September 20 th	Return to Play Guest Speaker: Ricky Rodriguez
October 18 th	Understanding Academic Accommodations
November 15 th	Communicating with your School Guest Speaker: Ann Glang
December 20 th	Traumatic Brain Injury and Stressors
January 17 th	When Things are not Getting Better
February 21 st	Parent Self-Care Guest Speaker: Christina Karns
March 20 th	Managing "Big and Organizing Book" Traumatic Brain Injury Information Guest Speaker: Ann Glang
April 17 th	Picking your Battles
May 15 th	Preparing for the Next School Year
June 19 th	Managing Unstructured Time

Schedule is a working document and may be subject to change.

Early Registration Form - Before February 15, 2020

18th Annual Pacific Northwest Brain Injury Conference 2020 37th Annual BIAOR Medical Legal Conference

Living with Brain Injury, Stroke and Other Neurological Changes: The Tip of the Iceberg

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

(Note: A separate registration form is needed for each person attending. Please make extra copies of the form as needed for other attendees. Members of

First Name		Last Name	
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Please check all that apply: I am interested in volunteering at the conference. Please call me. Call me about sponsorship/exhibitor opportunities.

Add \$75 for each Registrant after Feb 15

	Member	Non-Member	Amount
Tuesday– Wednesday - CBIST Certification Training & Exam & Book — March 10-11	\$750		\$
Pre-Conference Workshops & BIF Trainings - 8 CEUs Includes Lunch March 12			
Thursday Training - Brain Injury Fundamentals Certificate Training-including book & exam March 12	\$250	\$275	\$
Thursday Workshop - What to expect when working with Individuals with Challenging Behaviors March 12	\$125	\$200	\$
Conference Registration Fees: Registration fees include: continental breakfast, lunch & conference related materials. Meals not guaranteed for on-site registrations. There are no refunds, but registration is transferable. Contact BIAOR, 800-544-5243 for more information or questions. The following fees are per person:			
<input type="checkbox"/> VIP Special — 3 Days of Conference (Brain Injury Fundamentals) March 12-14	\$600	\$700	\$
<input type="checkbox"/> Professional (CEUs) 2 Day Friday & Saturday March 13-14	\$375	\$475	\$
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(Please add totals from Pre-Conference & Conference Registration Fee, CBIS Training, Membership and Scholarship Contribution for final total costs)

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or fax: 503.961.8730 Phone: 800-544-5243 www.biaoregon.org/annualconference.htm biaor@biaoregon.org

No refunds will be issued for cancellations; however, registrations are transferable

Agenda

Tuesday Wednesday Thursday
8 am - 5 pm Pre-Conference Workshops & Trainings
Friday & Saturday
7 am - 7:45 am: Breakfast
7:45 am - Noon: Keynote and Break- Outs
Noon - 1 pm: Working Lunch and Networking
1 pm - 5 pm: Keynote and Break-Outs

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

Hotel: Sheraton Portland Airport Hotel
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Rooms are limited

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

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

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.

So it's no secret that I've been through a lot in the last several years. If you were to ask me to give you a word to describe my fortune, one word that would not immediately come to mind would be lucky. HOWEVER—I believe that it's worth giving my situation some thought before answering. Y'all probably know what happened to me. If not, here's a quick synopsis: late one night after performing stand-up comedy I went to a friend's apartment & attempted to smoke a cigarette from two stories above the ground. I failed to finish the cigarette, and when I say failed, I'm talking about an epic fail. When smoking the cigarette I lost my balance and fell two stories to the ground, falling into a coma, so hopefully y'all can understand why I don't immediately think of luck as a factor in this situation—good luck anyway. It is, though. There are plenty of ways that cigarettes could've had a much harsher effect on me. I was a regular smoker. Physical therapy is great & has a lot of positive effects, but no matter how much physical therapy you take, it does not cure cancer, which is absolutely where I was headed, especially considering the amount of cigarettes I was smoking. When you look at it from this perspective I really lucked out to fall two stories & fall into a coma. Boy, did I find a roundabout way to get lucky, right?! There are absolutely easier ways. Why couldn't I have just won the lottery?



So there it is. Now y'all know why I'm lucky. Enjoy your weekend!

—Joe
joepowers@yahoo.com

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/results?search_query=Joe+Powers+Stand+Up)

To see how Joe Powers is doing now:

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

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

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Imagine What Your Gift Can Do.

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

Please mail to:

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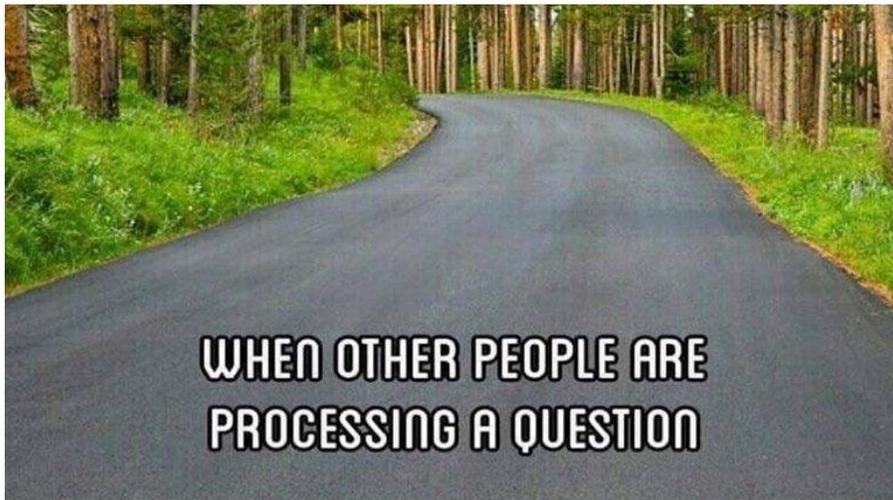
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BIAOR by the Numbers

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What does your membership dues pay for?

Each year we provide:

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1.2 million website visitors

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Support Services

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Donations, Emergency Support

Awareness and Prevention

65 Awareness and Prevention Events

Education

3 day Annual Multi-State Conference
370 + Trainings/Conferences/Education/Classes
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See page 22 for a membership form

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John's 10 Minute Memory After His ABI

For John Coleman, of Newport, suffering a cardiac arrest at the hospital while undergoing treatment for heart problems in May 2004 meant sustaining a hypoxic brain injury that left the dad-of-two with severe memory problems.

After remaining in a coma for two days, John, aged 47 at the time of his injury, spent the next two months in hospital undergoing physiotherapy and occupational therapy to help him relearn how to walk and talk after brain injury.

And yet, it was the more sinister hidden effects of brain injury that would go on to cause daily problems for John and his wife, Amy. It soon became apparent that John was suffering from anterograde amnesia, a condition that prevents him from forming new memories.

Although long-term memories remain intact, to this day John cannot remember the immediate past meaning that, while he often enjoys events at the time, he cannot recall events and conversations that occurred just minutes earlier.

Amy Coleman, who has now become John's full-time caregiver, said her husband continues to require round-the-clock supervision.

"John struggles to create new memories," said Amy. "The condition, brought on by his brain injury, means that my husband does not speak unless spoken to first and pays little attention to what is going on around him.

"We went to Portland to celebrate John's 60th birthday on 9 August last year. It was a lovely day but, for John, it is completely forgotten about now. The way we see things is that it's all about quality of life – he enjoyed it at the time and that's what matters.

"Our daily routine starts with me waking up John with coffee and his medications and putting out clean clothes for him. I need to make sure he has a shower and a shave before breakfast. John's always enjoyed walking, so one of his daily jobs is to take the dogs out for a walk.

"Depending on what I am doing, we may have an in-home support worker come round, and they often take him out on the bus to give me some respite. In the evening, I get his dinner ready before bed."

The couple's daughters, Wendy and Barbara, now 25 and 23, were just 13 and 11 when their dad



sustained his brain injury.

John retained his pre-injury general knowledge. Amy said: "Our children were forced to get used to having a different dad with a ten-minute memory. John isn't totally sure how old the kids are but he knows they've gone to college so he's got a rough idea. But he hasn't a clue who some of the wider family such as nieces and nephews are."

The couple attend a monthly support group which Amy says has been a lifesaver, since she is not alone and can talk with others who are experiencing similar things. Amy says that sudoku puzzles are among her husband's favorite pastimes, saying: "John would do puzzles all day, given the chance, or watch quiz shows as he still retains all the general knowledge he had before his heart attack. He can still play chess better than anyone – he just can't remember playing."



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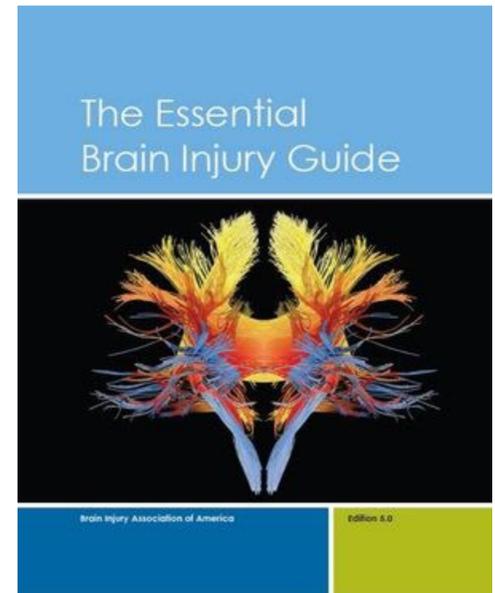
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Understanding Brain Injury and Managing Behavioral Challenges Following Brain Injury and ACBIS International Certification Training

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

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

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



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

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

**Next Training March 11-12
-Portland**

Cost of participation:

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

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

Additional Costs of Trainings may apply: Travel costs for trainer outside the greater Portland area may apply covering per diem and travel costs. Contact Sherry Stock at 503-740-3155 or sherry@biaoregon.org for further information

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

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

Next Training March 11-12-Portland

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

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

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

Next Training March 11-12- Portland

Training

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

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

Certification Examination

Candidates must pass (80% or higher) on the certification examination. The exam can only be taken after all forms and fees have been submitted, processed and an approval email has been received. Applicants who have completed the training or self-study and are ready to take the examination must read the instructions further down this page.

The exam can also be offered to individuals as long as a CBIST or other approved individual proctors the exam. Please note: The certification fee does not include any expenses associated with proctoring an individually administered exam. If hiring an outside proctor is necessary, the applicant will be responsible for these costs.

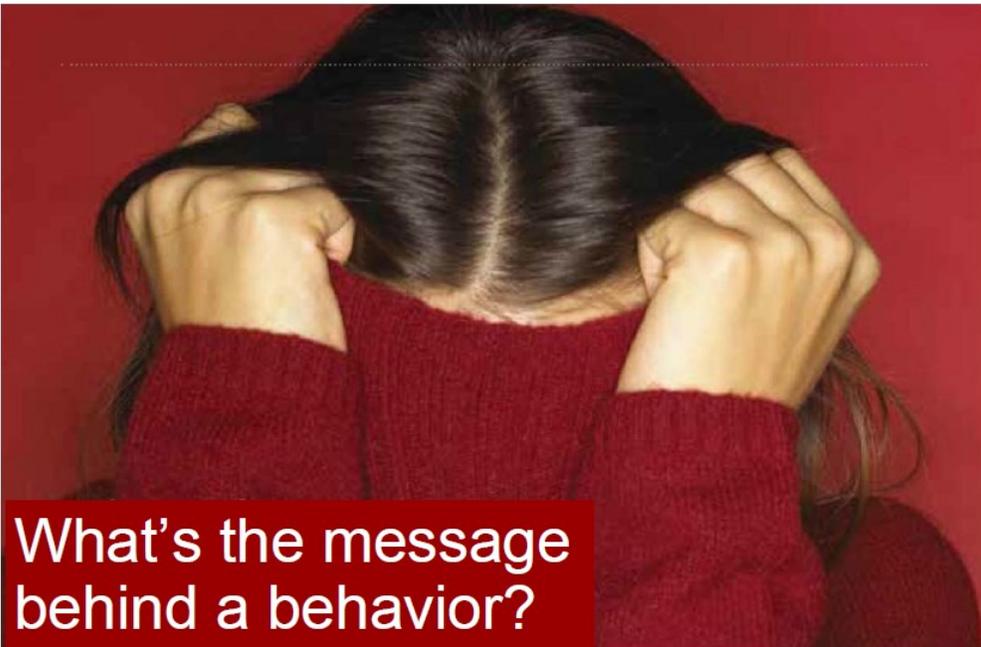
Notification of Exam Score: Candidates will receive immediate notification via email of their exam score upon completing the online examination. Information about individual candidates and examination results will not be released to any party other than candidates or group administrators. Candidates'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

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

Application Process

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

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



What's the message behind a behavior?

All behavior serves a purpose, and therefore communicates a message. This simple statement can work wonders in situations that may otherwise leave you feeling powerless, frustrated and angry.

Instead of seeing a particular behavior as an annoyance, looking for the underlying message is the first step to resolving the causes. A complex or challenging behavior communicates three things:

- an unmet need, such as social, attention, emotional discomfort or physical discomfort
- expression of mood, such as sadness, anger or frustration
- response to stimulation, either lack of stimulation (e.g. boredom) or too much stimulation (e.g. a noisy crowd).

An example of finding the message

Helen often screams loudly when her family members are talking with her. This was seen as bad moods or attention-seeking behavior by her family until they looked closer for the purpose of her behavior and realized she usually screamed when someone completes sentence's for her.

Expression of mood: Screaming is Helen's way of expressing her frustration at being interrupted.

Unmet need: Helen wants to be able to express herself and resents having control of her own communication taken away.

While this message appears to be very obvious, it is surprising how often we fail to see the message behind a certain behavior.

Helen needs time to gather her thoughts and express them because of her brain injury, but family members thought they were helping Helen by finishing sentences because it took her so long to do it herself.

I'm bored!

Behavior specialists working in the Acquired Brain Injury area report that the most common message behind challenging behaviors is "I'm bored". A brain injury can potentially leave one without work, with the loss of old friendships, and difficulty establishing new friendships. Some behaviors may simply be a way of breaking the boredom of another day in front of the television set, based on the principle of "any attention is better than no attention".

This does pose problems for family member, as often the caregiving role is already so demanding that little time and energy may be left for finding recreational activities for their loved one. The Brain Injury Alliance website lists support groups and day programs as well as recreational programs www.biaoregon.org.

Other common messages

- There are too many demands being put on me at once!
- This is an unfamiliar environment/activity and it's freaking me out.
- I've got sensory overload from too much noise/light/overcrowding.
- I'm tired.
- haven't got the social skills to cope with this situation.

Source: Bridge Magazine 12-12

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>

A REAL LIFE EXAMPLE

Sue is facing increasing difficulties with Rob in the shopping center. He looks forward to these outings since his brain injury, but quickly gets into a bad mood and appears to be deliberately picking a fight with Sue. Rob won't say what is bothering him, and Sue finally loses her temper. Last time, Rob started screaming at her, a security guard intervened, and it spiraled out of control!

So what happened? Rob has a frontal lobe injury and he finds it very hard to cope with all the sensory stimulation of a shopping center. He also finds it difficult to understand his reaction to this and explain it to Sue. Rob has a very low tolerance for stress, frustration and anxiety which make it even more difficult to try to understand or react appropriately. To make matters worse, Rob has been discouraged by feeling he is not making much progress after six months of solid rehabilitation and is also very tired from a sleeping disorder caused by the brain injury.

Sue and Rob discuss the situation with the rehabilitation team. They look at the possible triggers for Rob's behavior, ways to resolve the contributing issues like fatigue, and strategies for both Sue and Rob to use in the future situations.

A Brain Injury Can Happen To Anyone

Brain injuries and the surgery following it like the kind Former President Jimmy Carter sustained to relieve pressure on his brain from bleeding linked to recent falls—a subdural hematoma -- are on the rise

Former President Jimmy Carter underwent surgery on Tuesday, November 12, 2019, to relieve pressure on bleeding in his head and his office reported that he was recovering at Emory University Hospital in Atlanta.

"There are no complications from the surgery," his spokeswoman, Deanna Congileo, said in a statement. "President Carter will remain in the hospital as long as advisable for observation. We do not anticipate any further statements until he is released from the hospital."

Mr. Carter, 95, the longest-living president in American history, was taken to Emory University Hospital in Atlanta on Monday evening with a subdural hematoma brought on by a series of recent falls. His office provided no further details about what led him to seek help or about the surgery itself.

A subdural hematoma is an accumulation of blood outside the brain, usually a result of head injuries and is sometimes life threatening if not treated. Mr. Carter has fallen at least three times in the past six months, including once in May when he broke a hip and twice last month when he required 14 stitches and broke his pelvis. Each time he has bounced back, even showing up for a Habitat for Humanity homebuilding project shortly after one fall.

"Subdural hematomas are usually caused by any form of traumatic injury to the brain -- falling can be a common cause," said Dr. Jeroen Coppens, a SLU Care neurosurgeon at SSM Health Saint Louis University Hospital. "It can also be linked to the fact that more and more of the population is on blood thinners today and so the risk goes up as you age with a combination of blood thinners and some form of mechanical hit to the head."

Mr. Carter's bleeding was related to two recent falls he had in his home.

Related: Former U.S. President Jimmy Carter injured in fall

"It's very common," said Dr. Coppens. "We see patients every day coming into the hospital with subdural hematomas. It's actually increasing in frequency just because life expectancy is increasing and because

much of the population now due to either stroke prevention or underlying cardiac disease has to be on blood thinners. That exacerbates the problem because now it may not even take a very significant injury to your head and it be just something in day to day life where you just hit our head on a door or a cupboard. In the moment, it may not be that obvious to you -- but we end up seeing patients when these things escalate into eventually becoming a subdural hematoma that may need to be drained."

Treatment options depend on how bad the bleeding has become. There are a variety of techniques that can be used to treat subdural hematomas.

Burr hole trephination. That's where a hole is drilled into the skull where the subdural hematoma is located and the blood is suctioned out.

Craniotomy. This technique involves temporarily removing a larger sections of the skull to allow better access to the bleeding so pressure can be reduced.

Craniectomy. This is the most rare procedure where a section of the skull is taken out for a longer amount of time to allow the injured brain to recover.

"They vary from having to do a bigger operation to actually drain the blood," Dr. Coppens said. "Once the blood becomes a little more liquid, then there are options of doing things that are a little bit smaller -- like drilling a small hole in the skull and putting a catheter in the fluid space between the brain and the skull to drain the blood."

So what are the symptoms?

"Chronic subdural hematoma is something that will slowly kind of come up where you will have some headaches, you may be a little bit



confused over time," said Dr. Coppens. "If you start having things like nausea or vomiting, those are warning signs that the pressure in your head is increasing. Occasionally it can give you a seizure, but that's less common. If your symptoms continue to grow, you may start to have some weakness on one side of your body. And if you have that progression where just from one day to the next, or every couple of days, you realize you are getting worse -- with that underlying headache there -- then that's a reason to go to the hospital to get a CT scan.

Why Do Men Have More Brain Injuries- a man cutting his hedges



Brain Injury and Mental Health Issues

Brain injury and mental health are often seen and treated as two entirely separate diagnoses, or sometimes confused as being the same thing. However, both can be true; brain injury is sometimes an entirely separate issue to mental health, whereas other times brain injury can lead to mental health issues developing. It may also be that you had mental health issues prior to the injury, and that the brain injury exacerbates your pre-existing mental health symptoms. There are therefore different ways in which mental health and brain injury can overlap.

This overlap can occur because all cognitive, psychological, emotional and behavioral skills come from the brain, and both brain injury and mental health issues occur because of some dysfunction of the brain.

How are brain injury and mental health issues different

Brain injury can result in a vast array of psychological effects. Common issues include depression, anxiety, anger, cognitive (thinking) issues and problems with regulating behavior. These issues can either develop because of damage to the areas of the brain that are responsible for managing emotions, or as a result of struggling to do the things that you once did. Psychological changes are therefore a very common effect of brain injury, and they can sometimes improve over time.

Mental health is a broad term used to describe a wide range of psychological conditions, such as schizophrenia, clinical depression and anxiety disorder. Each condition has characteristic psychological, emotional and behavioral effects and is serious enough to have an impact on everyday functioning. In extreme cases, a person with a mental health condition may have psychosis, in which they experience things that do not actually exist, such as hallucinations and delusions.

For instance, schizophrenia is a condition that has distinct symptoms such as hallucinations, and these symptoms can have a major impact on day-to-day functioning. Another widely known mental health condition is bipolar disorder, in which people have rapid fluctuations of high and low moods that are not necessarily triggered by external events.

It may be that you experience the kind of symptoms that people with a mental health condition experience. However, to be diagnosed with a mental health condition, a person needs to demonstrate some degree of each of the characteristic traits of a specific condition, as defined by manuals such as the Diagnostic and Statistical Manual of Mental Health Disorders (the

DSM-5). For example, although you may show psychological traits of emotional lability (rapidly changing or exaggerated emotions), you will not be diagnosed as having bipolar disorder unless you display other traits required for the diagnosis.

Another example is that you may demonstrate behavior that seems to be obsessive, but this does not mean that you should be diagnosed with obsessive-compulsive disorder (OCD) unless you display the other required traits of OCD, such as engaging in the behavior on most days for at least two weeks.

An appropriate professional, such as a clinical psychologist, neuropsychologist or neuropsychiatrist will be able to decide whether or not the behavior that you display can be understood as being a direct consequence of the brain injury, or in fact warrants a diagnosis of a mental health condition. For more information on this, see section Professionals involved in mental health and brain injury.

Overlaps between brain injury and mental health

Sometimes brain injury can result in the development of a mental health condition. Research indicates that people who have experienced a head injury are more likely to develop a mental health condition than the general population, particularly the conditions of schizophrenia, bipolar disorder and clinical depression. The exact reason for this is unclear, although some suggested causes are damage to the brain itself, changes in neurotransmitters (chemicals) in the brain and the psychological trauma of brain injury.

If you are diagnosed as having a mental health condition after your brain injury, this is called a 'dual diagnosis'. A dual diagnosis can sometimes result in one condition having an impact on the other. For instance, someone diagnosed with clinical depression may not want to engage with rehabilitation following brain injury because they do not feel motivated to do so. Or someone with schizophrenia may not trust his or her team of rehabilitation therapists if they have delusions of persecution (a fixed belief that people are intending to harm and persecute someone in the absence of evidence). Similarly, a brain injury can exacerbate pre-existing mental health issues; for example, someone who may already have been diagnosed with bipolar disorder finds that after brain injury, the mood fluctuations take place more rapidly.

Diagnosing Mental Health Issues after a brain injury

A brain injury can sometimes be apparent if an external injury has occurred (such as an open head wound from a road traffic accident) or if a scan

shows an abnormality (such as a tumor). However, often there are no obvious signs of a brain injury and it remains a 'hidden' disability. Similarly, there are often no visible signs of mental health conditions, and they are often indeed also 'invisible'. They can be particularly difficult to distinguish from the already changed behavior that can be typical of brain injury.

Families, friends and caregivers can help by keeping a close eye on your behavior and monitoring whether it markedly differs over time or if moods become extreme. Again, remember that this can be normal after brain injury, so it can help to familiarize yourself and educate family and friends with information on the common effects of brain injury.

If you, or your family or friends suspect a mental health condition, speak with your doctor. It may help to take this factsheet with you to explain your concerns. Doctors can then provide referrals to appropriate professionals if further assessments or services are required. They may also prescribe medication to help with issues such as depression, or make referrals to talking therapies.

Treating brain injury and mental health separately

As mentioned above, changes in emotion, psychological states, behavior and cognition are all very common issues following brain injury and do not necessarily indicate a mental health condition, so it is important to ensure that you are receiving support from services that are appropriate for you. Therefore if you have not been diagnosed as having a mental health condition, you should not be referred to mental health services, but to services that are specifically for brain injury.

As the effects of brain injury are often not visible, especially the 'hidden' effects such as emotional changes, it may be difficult to explain to people, even medical professionals, that the effects are the result of a brain injury and not commonly known mental health issues. You can show this factsheet to anyone if you feel that it helps to clarify the difference between mental health and brain injury, and the importance of being treated appropriately.

Treating brain injury and mental health as dual diagnosis

It may be the case that there is a dual diagnosis and that you require support from both mental health and brain injury services. If this is the case then you will realistically likely need to find separate services for both, as they are rarely treated together. As well as this, you may find

that mental health services will not support you because of a diagnosis of brain injury, or vice versa.

If you are experiencing issues with getting appropriate support from both services, you may wish to seek help from an advocate. BIAOR maybe able to assist you to the appropriate providers.

Different types of treatment are offered for different mental health conditions, and different things will work for different people. Advice on, and referrals for treatment should always be given by appropriately trained medical professionals, and treatment should always be offered on a case-by-case basis.

Below are some of the common forms of treatment that are offered for mental health and brain injury dual diagnoses, although this list is not exhaustive and does not include every form of treatment available.

Medication - there are lots of medications available to manage the symptoms of various mental health conditions, and prescriptions will depend on what is most suitable for the individual. Sometimes only a short course of medication is needed to get through a short period of difficulty, whereas other times medication may be required on an ongoing basis.

Clinical psychologists - these are professionals trained in a broad range of mental health issues. They will likely have some understanding of brain injury.

Neuropsychologists - these are professionals trained as clinical psychologists and then go on to specialize in the psychological, cognitive, emotional and behavioral effects of brain injury.

Neuropsychiatrists - these are psychiatrists (medically qualified doctors who have gone on to train in mental health) who have specifically trained in how disease of the nervous system, such as brain injury, can result in mental health issues. They will have particularly expertise in dealing with dual diagnoses cases.

Mental Health Nurse Practitioner—offer holistic, long-term assistance to patients. They assess, diagnose, and medicate patients while taking into consideration the biological, psychological, and social contexts and development of these patients.

Mental health and brain injury are separate conditions, but this does not mean that a person cannot be affected by both. It is important to make sure that you are accessing the right kind of support depending on the diagnosis give.

Researchers are developing new therapy to counter the effects of traumatic brain injury

A blow to the head or powerful shock wave on the battlefield can cause immediate, significant damage to a person's skull and the tissue beneath it. But the trauma does not stop there. The impact sets off a chemical reaction in the brain that ravages neurons and the networks that supply them with nutrients and oxygen.

It is the secondary effects of traumatic brain injury (TBI), which can lead to long-term cognitive, psychological and motor system damage, that piqued the interest of a team of NJIT biomedical engineers.

To counter them, they are developing a therapy, to be injected at the site of the injury, which shows early indications it can protect neurons and stimulate the regrowth of blood vessels in the damaged tissue.

The challenge, researchers say, is that brain cells don't regenerate as well as other tissues, such as bone, which may be an evolutionary strategy for preserving the synaptic connections that retain memories. To date, there is no effective treatment for restoring damaged neurons.

The body's protective mechanisms also make it difficult to penetrate the blood-brain barrier, which hampers the delivery of medications.

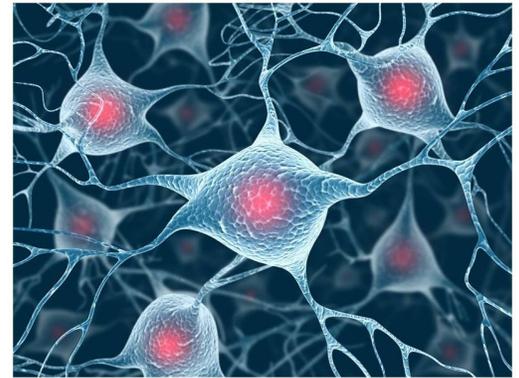
Nerve cells respond to trauma by producing excessive amounts of glutamate, a neurotransmitter that under normal conditions facilitates learning and memory, but at toxic levels overexcites cells, causing them to break down.

Traumatic brain injury can also result in the activation and recruitment of immune cells, which cause inflammation that can lead to short- and long-term neural deficits by damaging the structure around cells and creating a chronic inflammatory environment."

Biplab Sarkar, post-doctoral fellow in biomedical engineering

Sarkar is a member of the team that presented this work at a recent American Chemical Society conference.

The team's treatment consists of a lab-created mimic of ependymin, a protein shown to protect neurons after injury, attached to a delivery platform - a strand of short proteins called peptides, contained in a hydrogel - that was developed by Vivek Kumar, director of NJIT's Biomaterial Drug Development, Discovery and Delivery Laboratory.



After injection, the peptides in the hydrogel reassemble at the localized injury site into a nanofibrous scaffold that mimics extracellular matrix, the supporting structure for cells. These soft materials possess mechanical properties similar to brain tissue, which improves their biocompatibility.

They promote rapid infiltration by a variety of stem cells which act as precursors for regeneration and may also provide a biomimetic niche to protect them.

Now in preclinical animal trials, rats injected with the hydrogel retained twice as many functioning neurons at the injury site as compared to the control group. They also formed new blood cells in the region.

"The idea is to intervene at the right time and place to minimize or reverse damage. We do this by generating new blood vessels in the area to restore oxygen exchange, which is reduced in patients with a TBI, and by creating an environment in which neurons that have been damaged in the injury are supported and can thrive," Kumar says.

He continued, "While the exact mechanism of action for these materials is currently under study, their efficacy is becoming apparent. Our results need to be expanded, however, into a better understanding of these mechanisms at the cellular level, as well as their long-term efficacy and the resulting behavioral improvements."

Source: <https://www.news-medical.net/news/20191004/Researchers-are-developing-new-therapy-to-counter-the-effects-of-traumatic-brain-injury.aspx>



Move toward financial independence.

Oregon ABLE can help.

Save without losing your government benefits

There's finally a way for people with brain injuries to save money without losing their state and federal benefits. Critically, money saved in an ABLE account does not count against the asset limit for benefits like SSI, Oregon Health Plan, SNAP and Section 8 — limits that have forced people who experience disability to stay in poverty or risk losing the supports and services that they need to survive.

The power of ABLE goes beyond offering a simple savings vehicle to the disability community; accounts effectively function as empowerment tools, allowing participants the independence to take control of their financial future.

If your brain injury impacts you enough that you qualify for SSI or SSDI, AND the injury occurred before your 26th birthday, you qualify to open an ABLE account.

Money saved in an ABLE account can be used for anything that helps improve the health, independence, or quality of life of the person with a disability. That could be everything from housing to hobbies to medical costs to vacations... and so much more.

The Oregon State Treasury offers the Oregon ABLE Savings Plan for Oregonians and the ABLE for ALL Savings Plan for other US residents. Since the programs launched at the

end of 2016, more than 3,480 people with disabilities have saved around \$16 million.

You can manage your account independently or choose to have a parent (of a minor), guardian, conservator, or someone with power of attorney manage it for you. The person with the disability always legally owns what is in their ABLE account.

You can save up to \$15,000 a year within ABLE. You can have up to \$100,000 in an ABLE account before SSI is affected. The total you can have in an Oregon ABLE or ABLE for ALL account is \$400,000.

You can save funds in an FDIC-insured option or invest them. Either way, any growth or interest is tax free. There's also an Oregon state income tax benefit for anyone contributing to an account if the person with the disability is under the age of 21.

An online gifting page makes it easy for friends and family to contribute to your account. You simply set up the online page and send them the link. They can click on that link and directly put money into your account.

Did your injury occur after the age of 26? The ABLE Age Adjustment Act would raise the age of onset up to 46 if Congress passes it. The bill has bipartisan support, but they are always looking for more legislators to co-sponsor it. If this bill would affect you and you're interested in sharing your story, please reach out to Kaelen.hessel@ost.state.or.us.

Learn more at www.OregonABLEsavings.com or www.ABLEforALL.com.

**Imagine waking up and you
were no longer you....**

That is brain injury!



From the Advocate's Desk

By David Kracke, JD dkracke@cbirt.org



Brain injuries do not discriminate. Whether it's an acquired brain injury or a traumatic brain injury, the survivors of brain injuries come from all walks of life, and to a person, the changes from those injuries are immediate and often profound. What was normal yesterday is gone today, and what is normal today was the farthest thing from the survivor's experiences yesterday.

In many ways it is this sudden onset of trauma or illness that is the most disconcerting. This complete change of "normal" crashes into the survivor's life like a tidal wave, and with that crash comes the proverbial tumbling into an entirely new reality where coping mechanisms are life rafts and what was yesterday's solid ground is now covered with flood waters pushing the survivor in directions never before contemplated.

Yet, for all this tumbling in the flood waters, brain injury is still, largely, an "invisible" injury, and that realization points to the central mission of BIAOR and so many other organizations and institutions throughout the state: Remove brain injury's cloak of invisibility! Shine a light on brain injury and demand that more be done for brain injury survivors.

Here are some ways we can do just that:

Educate policy leaders. This effort has been ongoing since the BIAOR was first organized so many years ago, but there is momentum today that did not exist back then. Our persistence with regard to youth concussion laws, helmet laws, insurance issues and the like were the seeds that have now grown into trees. We should take full advantage of this evolution of thought and capitalize on our past successes with a demand for future beneficial policies. Educating policy leaders is an important step in that direction.

Create Connections: Communication between the disparate service and support providers is critical to maximize the benefit of those services and supports. Whether the communication is between BI survivors and service providers, medical providers and educators or state agencies and those affected by agency decisions, we know that robust communication between these entities only enhances the quality and quantity of appropriate services and supports. Where a child is concerned, the parents need to take a leadership role as well to ensure that all the various "players" are on the same page with regard to their child's cognitive recovery.

Develop Additional Prevention Strategies: The best way to avoid the problems associated with a brain injury is to prevent a brain injury from happening in the first place. Prevention strategies are the proverbial "stitch in time," and we know what many of those prevention strategies are: For seniors, let's actively support fall prevention strategies such as grab bars in the bathroom, beneficial exercise programs, proper lighting in homes, stair safety measures, and the like. We should also support all efforts to make driving safer. Youth and adult sport safety measures should continue to be developed, and education for school district personnel regarding Return to School policies should be legislatively mandated.

Enforcement of the ADA: Next year marks the thirtieth anniversary of the Americans with Disabilities Act, and it is now a powerful tool to be utilized any time a BI survivor is discriminated against in a public setting. Issues surrounding access to buildings, transportation and housing can all be seen through the lens of the ADA and the ADA provides a powerful avenue for redress whenever those issues arise.

Clinical Registry: The more we know regarding who, what, when, where, why and how of brain injuries, the better we can identify problems endemic to brain injury survivors and solutions to those problems. Oregon needs a BI clinical registry and needs to muster the political will to implement one.

Equity across Social and Economic Demographics: Coping with a brain injury in Oregon is hard enough for someone who speaks English, has access to medical resources and has disposable income. When a person's economic or social situation includes not having medical insurance or disposable income, and not speaking English, the problems associated with recovering from a brain injury are that much worse. In developing any supports and services for brain injury survivors, care must be taken to ensure those supports and services are accessible to everyone.

Domestic Violence: There is a significant amount of work happening in Oregon and nationally regarding traumatic brain injury as a result of intimate partner/domestic violence. Where brain injury is recognized as an "invisible injury," domestic violence could be said to be the "invisible cause" of that injury. We are recognizing more and more that TBI and DV are linked in a way that demands our attention and concern, and I predict that significantly more light will be cast on this subject in the near future.

As we continue to identify the problems associated with brain injury and implement solutions to those problems, we will continue to add color and dimension to the so-called "invisible" injury making it an injury that is impossible to ignore.



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.



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?"

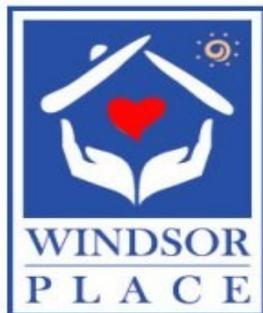


At Windsor Place, we believe in promoting the self-confidence and self-reliance of all of our residents



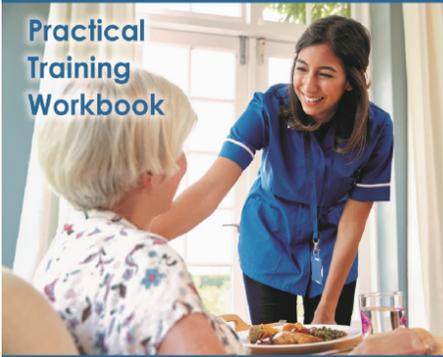
Susan Hunter
Executive Director

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



Windsor Place, Inc.
3009 Windsor Ave. NE Salem Oregon 97301
www.windsorplacesalem.org

Practical Training Workbook



BRAIN INJURY ASSOCIATION OF AMERICA

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

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

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

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

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

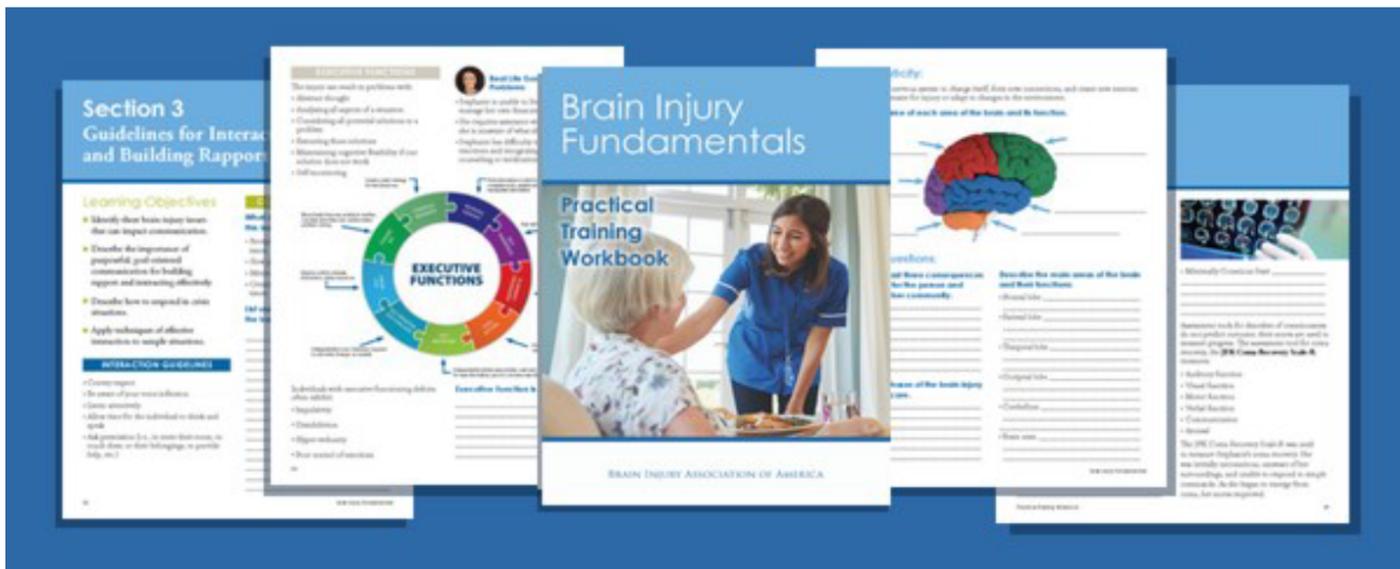
The Brain Injury Fundamentals course is comprehensive and flexible enough to be incorporated as an organization's on-boarding program for direct care staff, or used as a stand-alone training in healthcare and community facilities. The course will be taught by ACBIS trainer, Sherry Stock, ABD/PhD, CBIST,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

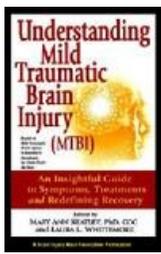
After completing intensive training, candidates will receive a certificate that is valid for three years. To learn more about the application process contact Sherry Stock at BIAOR sherry@biaoregon.org. 800-544-5243 or 503-740-3155

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.



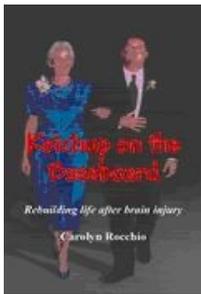
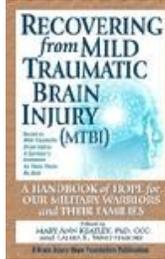


Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

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

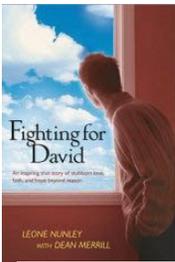
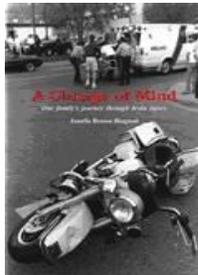


Ketchup on the Baseboard

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

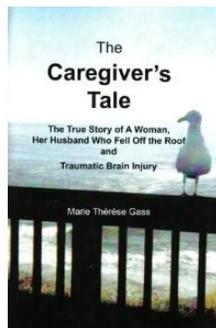


Fighting for David

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

- New Member Renewing Member

Name: _____

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City/State/Zip: _____

Phone: _____

Email: _____

Type of Membership

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

Sponsorship

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

Additional Donation/Memorial: \$ _____

In memory of: _____

(Please print name)

Member is:

- Individual with brain injury Family Member Other: _____

Professional. Field: _____

Book Purchase (includes S&H):

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

Type of Payment

Check payable to BIAOR for \$ _____

Charge my VISA/MC/Discover Card \$ _____

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Date: _____

Please mail to:

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Molalla, OR 97038

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

www.biaoregon.org • biaor@biaoregon.org

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

Resources

Oregon Developmental Disabilities (DD)

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

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

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

ADRC - Aging and Disability Resource Connection

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

Northwest ADA Center - Oregon

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

Fall Sudoku

(Answer from page 2)

8	4	5	3	6	7	9	1	2
9	1	2	4	8	5	3	7	6
6	3	7	9	1	2	4	5	8
3	6	8	1	4	9	5	2	7
7	9	1	2	5	3	8	6	4
2	5	4	6	7	8	1	9	3
4	7	3	5	9	6	2	8	1
1	8	9	7	6	4	6	3	5
5	2	6	8	23	1	7	4	9

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.projectlearnet.org/index.html

Parent Training and Information

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

Websites

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

FREE Brain Games to Sharpen Your Memory and Mind

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

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

Sam's 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

Need Help with Health Care?

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

Oregon Health Connect: 855-999-3210

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

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

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

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

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

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

Assistance

Financial, Housing, Food, Advocacy

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

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

Oregon Public Guardian Ombudsman - 844-656-6774

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

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

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

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

Housing

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

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

Central City Concern, Portland 503 294-1681

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

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

Tammy Greenspan Head

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

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 tbicbsupport@gmail.com

Growing Through It- Healing Art Workshop

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

Eugene (3)

Head Bangers
3rd Tuesday, Feb., Apr., June, July, Aug., Oct. Nov.
6:30 pm - 8:30 pm
Potluck Social - 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 stephenwright@comcast.net
503-816-2510

CROSSROADS (Brain Injury Discussion Group)

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

Must Be Pre-Registered

Doors of Hope - Spanish Support Group

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

Please Pre-Register

OHSU Sports Concussion Support Group

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

PARENTS OF CHILDREN WITH BRAIN INJURY

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

TBI Caregiver Support Meetings

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

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

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

Women's Chat

2nd Tuesday, 10:30-12 pm

Ike Box Café

299 Cottage St, Salem OR 97301

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); meyergre@slhs.org

Kathy Smith (208-367-8962; kathy.l.smith@saintalphonsus.org)

CHECK US OUT ON FACEBOOK @Treasure Valley Brain Injury Support Group

Stroke Support Group for Caregivers and Survivors

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

Where: Saint Alphonsus-Coughlin 1 Conference Room

1055 N. Curtis Rd Boise

Meridian Area

Stroke Support Group

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

Where: St. Luke's Meridian

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

Nampa/Caldwell Area

Stroke and Brain Injury Support Group for Survivors and Caregivers

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

Where: Saint Alphonsus Nampa Medical Center on Garrity-Haglin Conference Room

4402 E. Flamingo Ave Nampa

Twin Falls

College of Southern Idaho Traumatic Brain Injury Group

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

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

Amy Barker: (208-732-6800)

Michael Howell, Facilitator

Family START Group (SUPPORT TRAINING AROUND RECOVERY AFTER TBI)

3rd Friday each month, 10 am

Aimed at supporting and educating parents of children with TBI. Meetings will be online platform Topics will cover navigating and communicating with schools, parental self-care, and support strategies .
Melissa McCart 541-346-0573 mccartm@cbirt.org

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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and Implementation

Karen Campbell, BA
Extreme Behavioral Specialist
971-227-4350
BrainLogisticsLLC@gmail.com

Sherry Stock, ABD/PhD CBIST
Neurogerontologist
503-740-3155

Fax: 503-961-8730



Oregon Care Partners

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

Visit 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 Executive Director 800-544-5243
Molalla, OR 97038
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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Personal Injury Practice Areas:

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Medical Malpractice
Wrongful Death

Dangerous Premises
Defective Products
Bicycle Accidents
Motorcycle Accidents
Sexual Harassment/Abuse
Aviation Accidents
Legal Malpractice