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20th Annual Pacific Northwest & 38th Annual Medical Legal Brain Injury Conference 2021



Living with Brain Injury, Stroke, Spinal Cord Injury and Neurological Changes

By Zoom March 13-14 and 20-21, 2021

Join your colleagues for the 2021 Brain Injury Medical Conference presented virtually over four days. 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
- The latest in Brain Imaging—Epic Imaging
- 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
- Holistic Practitioner Panel - Kendra Bratherton and Claire Darling
- Family life after Brain Injury - Panel family members
- Music and the Brain— Matt Senn
- Dance, Tai Chi and Movement
- How a brain injury can affect your endocrine system
- Neuropeptide therapy
- Children and Concussion—Kayt Zundel, Think First Oregon

- 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.

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, OT, 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

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Fall	October 15	November 1
Winter	January 15	February 1

Editor: Sherry Stock

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(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)
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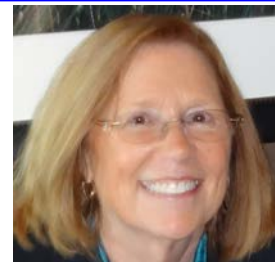
Advertising on BIAOR Website:

\$10,000 for Banner on every page
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Policy

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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 with 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 you 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

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

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

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

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

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

Eric Asa, The Positive Difference ACH, LLC, Gresham,
 503-674-5149

Hazel Barnhart, Psalm 91 Care Home, Beaverton, 971-227-4773 or 503-747-0146 TBI 35 and over
 Temesgen Betiso, Forest Grove and Tigard 503-747-2135 or 503-992-8769

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

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

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Donna Walsh, Delta Foundation/Snohomish Chalet,
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Danville Services of Oregon, LLC, , Portland 503-228-4411

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

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Under One Roof Health Care, Eugene 541-799-6097
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call or text, BeavertonNeuro@gmail.com,
www.BeavertonNeurofeedback.com

Cognitive Rehabilitation Centers/ Rehab Therapists/Specialists

Brainstorm Rehabilitation, LLC, Bethany Davis,
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† Collidedscopes, Heath Snyder & Renee Love,
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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,
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**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

Look here for an Expert

Speech and Language/Occupational Therapist

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253-549-7780
† The Hello Clinic, Sharon Soliday, SLP/OT,
Portland, 503-517-8555
www.thehellofoundation.com
John E. Holing, Glide 541-440-8688
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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

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Clackamas, OR 97015, 503-657-0321

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Legal Assistance/Advocacy/Non-Profit

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£ 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

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Carol Altman, Bridges to Independence Day
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Cognitive Enhancement Center, Inc. Brad Lofitis
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Grace Center for Adult Day Services, Corvallis,
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(Continued on page 5)

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Recreational/Social Activities

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

Technology/Assistive Devices/ Construction

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

RJ Mobility Services, Independence, 503-838-5520
Second Step, David Dubats, Holmes Beach, FL, 877

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Trauma Nurses Talk Tough

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Veterans Support

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

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Bedside EEG Test Aids Prognosis in Brain Injury Patients

A simple, noninvasive electroencephalogram (EEG) may help detect residual cognition in unresponsive patients who have experienced a traumatic brain injury (TBI), results of a new study suggest.

The study showed that the use of a paradigm that measures the strength of responses to speech improved the accuracy of prognosis for these patients compared to prognoses made solely on the basis of standard clinical characteristics.

"What we found is really compelling evidence" of the usefulness of the test, lead study author Rodika Sokoliuk, PhD, Center for Human Brain Health, School of Psychology, University of Birmingham, Birmingham, United Kingdom, told Medscape Medical News.

The passive measure of comprehension, which doesn't require any other response from the patient, can reduce uncertainty at a critical phase of decision making in the intensive care unit, said Sokoliuk.

The study was published online December 23 in *Annals of Neurology*. Accurate, early prognostication is vital for efficient stratification of patients after a TBI, the authors write. This can often be achieved from patient behavior and CT at admission, but

some patients continue to fail to obey commands after washout of sedation. These patients pose a significant challenge for neurologic prognostication, they note. In these cases, clinicians and families must decide whether to "wait and see" or consider treatment withdrawal.

The authors note that a lack of command-following early in the postsedation period is associated with poor outcome, including vegetative state/unresponsive wakefulness syndrome (VS/UWS). This, they say, represents a "window of opportunity" for cessation of life-sustaining therapy at a time of considerable prognostic uncertainty.

Recent research shows that a significant proportion of unresponsive patients retain a level of cognition, and even consciousness, that isn't evident from their external behavior — the so-called cognitive-motor dissociation. The new study included 28 adult patients who had experienced a TBI and were admitted to the intensive care unit of the Queen Elizabeth Hospital, Birmingham, United Kingdom. The patients had a Glasgow Coma Scale motor score <6 (ie, they were incapable of obeying commands). They had been sedation free for 2 to 7 days.

For the paradigm, researchers constructed 288

English words using the male voice of the Apple synthesizer. The words required the same amount of time to be generated (320 ms) and were monosyllabic, so the rhythms of the sounds were the same.

The words were presented in a specific order: an adjective, then a noun, then a verb, then a noun. Two words — for example, an adjective and noun — "would build a meaningful phrase," and four words would build a sentence, said Sokoliuk.

The researchers built 72 of these four-word sentences. A trial comprised 12 of these sentences, resulting in a total of 864 four-word sentences.

Sokoliuk likened the paradigm to a rap song with a specific beat that is continually repeated. "Basically, we play 12 of these four-word sentences in a row, without any gaps," she said.

Each sentence was played to patients, in random order, a minimum of eight and a maximum of nine times per patient throughout the experiment. The patients' brain activity was recorded on EEG.

Sokoliuk noted that brain activity in healthy

(Continued on page 17)

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Women's Head Injury Support Group, 1st Tuesday of the month from 1-2:30 PM

Time: Every month on the First Tuesday 1:00—2:30 PM

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Know someone who has a brain injury?

WHAT NOT TO SAY!

*"you're better off
than a lot of
others who have a
brain injury"*

*"you will feel
better if you
stop thinking
about it all the
time"*

*"where did our
smiling happy
person go?"*

*"you're just foggy
because of all the
medications you are
on"*

*"you were
always like
that"*

*"yeah I have
memory issues
toopart of
getting old"*

*"just snap
out of it!"*

*"....you're
lucky to be
alive"*

*"well you look
fine to me"*

*"just think
positively and you
will be just fine"*

*"you don't seem
like you have a
brain injury"*

*"maybe you're
not trying hard
enough"*

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Understanding traumatic brain injury in women

Analysis from a workshop convened by the National Institute of Neurological Disorders and Stroke (NINDS) in 2017 reveals gaps in and opportunities for research to improve understanding of the effects of traumatic brain injury (TBI) in women.

A new paper in the Journal of Head Trauma Rehabilitation summarizes and updates the findings presented during the "Understanding Traumatic Brain Injury in Women" workshop and provides strategies for advancing research efforts in this area. NINDS is part of the National Institutes of Health.

We are making advances in understanding the effects of head injury on the brain, but many of these studies have been done in males. There is evidence that traumatic brain injury affects women differently, but we need focused research efforts to get a full understanding of those differences to help improve prevention and treatment strategies."

Patrick Bellgowan, Ph.D, Program Director, National Institute of Neurological Disorders and Stroke

There are sex-based differences in TBI across the lifespan. For example, in children ages 0-4, boys are two times more likely to have a TBI

than girls, but during the adolescent years, female athletes are likelier to experience concussions than male athletes. Among older populations, women who are 65 and older are most likely to experience mild TBI, and the majority of those result from falls.

Studies suggest that women may have different outcomes, depending on when during their menstrual cycle they were injured. For example, there is evidence that head injuries occurring during the luteal phase of the menstrual cycle, when levels of progesterone are high, may be associated with worse outcomes and decreased quality of life. Additional research on reproductive hormones, such as progesterone or estrogen, may provide important clues to recovery from head injury.

The report, written by Eva Valera, Ph.D., professor of psychiatry at the Harvard Medical School Boston, and her colleagues, highlights several opportunities for research looking at the biological effects of TBI, including imaging studies and examination of brain tissue for evidence of neuroinflammation and damage to neurons. Many preclinical studies have relied on male animals but including female animals will help

inform researchers about sex differences in immediate response and recovery to TBI.

Not much is known about military-related TBI in female servicemembers, although studies have reported sex-based differences in symptoms as well as functional connectivity, which is the activity between brain regions. Increasing the number of female veterans in longitudinal research studies would increase knowledge about acute and long-term recovery of TBI in women.

"Discussions at the workshop identified a large gap in research efforts aimed at understanding the effects of violence-related TBI in women, in particular intimate partner violence," said Diana Cummings, Ph.D., NINDS scientific review officer. Studies looking at the prevalence of brain injuries resulting from intimate partner violence are needed to understand how often they occur and could lead to identifying prevention strategies. More information about outcomes may result in improved treatment options.

Source:

NIH/National Institute of Neurological Disorders and Stroke

[Understanding traumatic brain injury in women \(news-medical.net\)](#)

Journal reference:- Eve M, V., et al. (2020) Understanding Traumatic Brain Injury in Females: A State-of-the-Art Summary and Future Directions. Journal of Head Trauma Rehabilitation. doi.org/10.1097/HTR.0000000000000652.



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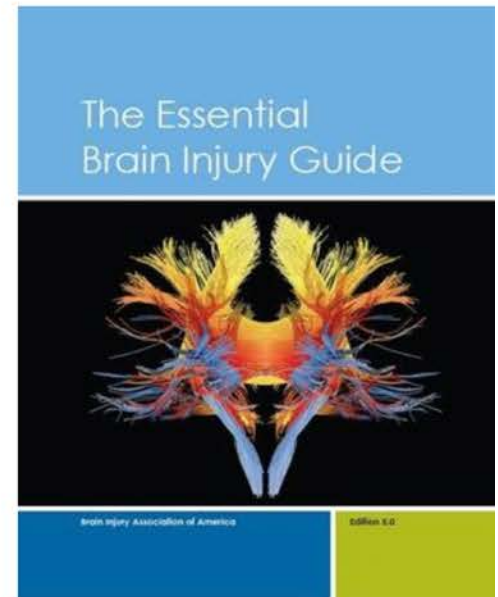
For more information contact Sherry Stock, Executive Director, Brain Injury Alliance of Oregon at sherry@biaoregon.org 800-544-5243

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.

Currently all trainings are by Zoom—call for dates

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 February by Zoom

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

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

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

Training

**Currently all trainings are
by Zoom—call for dates**

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/>

Traumatic Brain Injury Often Leads to Years of Painful Headaches

Ever fallen off a bike, collided on the playground, or crashed your car? Ever experienced a military injury, survived domestic violence, or got a sports concussion? All of these are instances in which a traumatic brain injury and post-traumatic headache can occur.

What is a Traumatic Brain Injury? Don't let the name fool you – not all causes of traumatic brain injuries (TBI) are dramatic.

According to the Centers for Disease Control (CDC), a traumatic brain injury (TBI) is caused by a bump, blow, or jolt to the head or a penetrating head injury that disrupts the normal function of the brain (1).

Causes of TBI include falls (especially in children and the elderly), sports-related injuries (in both amateur and professional athletes), assaults, blast and combat injuries in military personnel, and motor vehicle accidents (2).

The severity of the injury may range from mild to severe. Most TBIs that occur each year are mild. Mild TBI is also called a concussion.

You don't have to actually hit your head or have a blow to the head to have a concussion: "Any type of rapid acceleration or deceleration injury can result in a whiplash injury to the neck. That can result in the brain—which floats inside the spinal fluid—hitting the front and back of the hard skull, resulting in a traumatic injury," said Dr. Amaal Starling, a specialist in headache and concussion at the Mayo Clinic (3).

With a mild TBI, you may experience a change in mental status or consciousness, difficulty thinking, balance issues, head pain, mood issues, and difficulty sleeping. You do not have to lose consciousness to have a concussion. Less than 10% of people who have had a concussion actually lose

consciousness (4).

Severe TBI is a different story: someone with a severe TBI may experience an extended period of unconsciousness (coma), memory loss, and significant changes in thinking and behavior.

The vast majority of people with a mild TBI generally experience short-term symptoms and may feel better within a couple of months. Those with moderate or severe TBI may have long-term or life-long effects from the injury (5).

Whether mild or severe, treatment of a TBI requires immediate evaluation by a trained medical professional. The Brain Injury Association of America offers an excellent summary of the types of care advisable depending on the seriousness of the injury.

Even a Mild TBI Can Result in Post-Traumatic Headache

Post-traumatic headache (PTH) is a new or significantly worsening headache disorder that begins after someone has an injury to the head. It is the most common symptom following TBI.

The headache may be mild to severe and infrequent to continuous. It commonly has features of Migraine like sensitivity to light and sound, nausea, and vomiting, but it may not (6).

Post-traumatic headache may be the only symptom following trauma. However, often it is part of postconcussion syndrome (PCS) with symptoms including, nausea, sensory sensitivity, dizziness, psychomotor slowing, fatigue, anxiety, irritability, difficulty concentrating, mild memory problem, and sleep difficulties (7).

Post-Traumatic Headache Doesn't Always Appear Right Away

According to the International Classification of

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>

Headache Disorders (ICHD-3), PTH is a secondary headache disorder. A secondary headache disorder develops due to another disorder known to cause headaches, whereas primary headache disorders are disorders by themselves (8).

PTH has to occur within 7 days following trauma or injury, regaining consciousness, and/or recovering the ability to sense and report pain. It is considered acute for the first three months following injury and persistent (PPTH) if it continues beyond three months.

New research, however, suggests the 7-day interval may need to be revisited.

"Regarding soldiers, in particular, only 37% report posttraumatic headache onset within 7 days of their injury," said headache and concussion specialist Dr. Bert Vargas. "The rest of them presented up to several weeks later... This is compelling evidence that seven days is perhaps not the right timeframe (9)."

The Relationship Between PTH and Migraine

The symptoms and pathophysiology of PTH are similar to Migraine.

A pre-existing history of Migraine is a risk factor for developing PTH. Even if a person doesn't have a prior history of Migraine, but

they have a family history of Migraine, the individual is still at risk for developing PTH after an injury (10).

Evidence suggests that head trauma may trigger Migraine in someone with a genetic predisposition to Migraine. There is also evidence that pre-existing primary headache disorders like Migraine may significantly worsen or become chronic after TBI.

A June 2016 study followed 300 individuals admitted to inpatient rehabilitation for post-traumatic headache for five years. Results from the study showed a high prevalence of new or worse headaches compared to pre-injury headaches.

At least a third of those individuals with a traumatic brain injury had new or worse headaches at each time point assessed. Only 17% of the patients had experienced headaches prior to their injury. Over the course of five years, more than half of the headaches could be classified as migraine or probable migraine and over a third of patients had several headaches a week or daily headaches (11).

More recently, a study involving 40 deployed US military service members found that headaches were the most frequent acute symptoms following concussion. The headaches looked a lot like Migraine, with typical Migraine features and triggers. The authors concluded that post-traumatic headaches appeared related to pre-existing Migraine (12).

Treating Post-Traumatic Headache

There are currently no evidence-based guidelines for acute or preventive pharmacological treatment of PTH. It is treated according to the primary headache type it resembles like Migraine or tension-type headache.

Because there is a close association with Migraine, all, or most, of the acute and preventive medications are used to treat PTH. These are effective at least in some patients with PTH (13).

Nonpharmacological therapies like cognitive behavioral therapy (CBT), biofeedback, progressive muscle relaxation, acupuncture, and physical therapy can help some people

with PTH but more research is necessary to determine efficacy (14, 15, 16).

In addition to detection of visual-vestibular deficits in adults after concussion (mild TBI), an emerging technology, virtual reality (VR), has been tested in motor and cognitive rehabilitation of TBI with good results (17).

3 Things to Know about Treatment

The most important thing you can do for yourself is to seek the advice of a health care professional who can design an individualized treatment plan for you.

This includes a plan for both active rehabilitation and recovery for the concussion, as well as an active treatment for post-traumatic headache (18). PTH may be complicated by coexistent headache disorders and comorbidities like depression.

If you have persistent PTH with features of Migraine and/or a primary headache disorder like Migraine that is being made worse by your PTH, a board-certified headache specialist or headache clinic is advisable. You can find one here.

1 – Get Tested Promptly and Treated Immediately

The most effective way to manage concussion and PTH is to seek medical attention right after any kind of head trauma:

“Although a mild TBI is primarily a clinical diagnosis, meaning it is based on the healthcare provider’s history and physical examination, there are tools that can be used as supporting evidence including cognitive testing, vestibular or balance testing, and eye movement testing,” said Dr. Amaal Starling.

Prompt attention allows you to get the proper medical treatment that can control or eliminate your painful and bothersome symptoms while allowing your brain to heal.

2 – Share Your Personal and Family Headache History With Your Doctor

If you have a family history of Migraine, an injury can trigger Migraine Disease. If you have a personal history, along with worsening attacks after your injury, you may have developed a secondary headache disorder with Migraine features that may or may not

respond to the medications you take for your attacks, like triptans.

TBI and PTH are hot button issues within the Migraine and headache community. Paula K. Dumas, Editor in Chief of Migraine Again, has had a few concussions herself, including two really bad ones that played a role in her Migraine. Many people with Migraine have had more than their share of concussions and TBI’s.

The onset of frequent headaches and depression can also be traced to even a mild TBI, so it’s worth doing a good health history.

3 – Prevent, Prevent, Prevent

You’re actually at greater risk for a concussion after your first concussion. During the 2018 Migraine World Summit, Dr. Joel Saper from the Michigan Headache and Neurological Institute, warned, “Migraine itself leads to more concussions, meaning you’re more at risk for a concussion because you have a migraine vulnerability.”

The Take-Away

Bubble wrap might seem tempting, but it’s not necessary. Helmets, really smart move. You don’t have to wear them when you take a bath, but don’t even think of getting on a horse, a bike or a scooter without one. A change of sport or career may also be smart if you’ve had more than one concussion.

Concussions are often a triggering event in somebody who has a genetic predisposition to Migraine, and doctors regard Migraine as a genetic, neurological disease. It’s not the concussion that’s causing the Migraine or headache, but rather it triggers the onset of it. It’s important to get a thorough evaluation by a healthcare provider promptly after any suspected TBI or concussion, no matter how mild. You only get one brain.

Written by Sharron Murray, MS, RN | Mar 2, 2020 |
Medical Review by: Amaal Starling, MD
Source: [Traumatic Brain Injury Often Leads to Years of Painful Headaches \(migraineagain.com\)](https://migraineagain.com/traumatic-brain-injury-often-leads-to-years-of-painful-headaches/)

Footnotes

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Microvascular Injury of Brain, Olfactory Bulbs Seen in COVID-19

Deborah Brauser December 31, 2020

Multifocal microvascular injury in the brain and olfactory bulbs is another possible adverse outcome from COVID-19, new research suggests.

Postmortem MRI brain scans of 13 patients who died from COVID-19 showed abnormalities in 10 of the participants. Of these, 9 showed punctate hyperintensities, "which represented areas of microvascular injury and fibrinogen leakage," the investigators report. Immunostaining also showed a thinning of the basal lamina in 5 of these patients.

Further analyses showed punctate hypointensities linked to congested blood vessels in 10 patients. These areas were "interpreted as microhemorrhages," the researchers note.

Interestingly, there was no evidence of viral infection, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). "These findings may inform the interpretation of changes observed on [MRI] of punctate hyperintensities and linear hypointensities in patients with COVID-19," write Myoung-Hwa Lee, PhD, National Institute of Neurological Disorders and Stroke, Bethesda, Maryland, and colleagues.

The findings were published online December 30 in a "correspondence" piece in the New

England Journal of Medicine. Interpret With Caution

The investigators examined brains from a convenience sample of 19 patients (mean age, 50 years), all of whom died from COVID-19 between March and July 2020.

An 11.7-Tesla scanner was used to obtain magnetic resonance microscopy images for 13 of the patients. In order to scan the olfactory bulb, the scanner was set at a resolution of 25 µm; for the brain, it was set at 100 µm.

Chromogenic immunostaining was used to assess brain abnormalities found in 10 of the patients. Multiplex fluorescence imaging was also used for some of the patients.

For 18 study participants, a histopathological brain examination was performed. In the patients who also had medical histories available to the researchers:

- 5 had mild respiratory syndrome
- 4 had acute respiratory distress syndrome
- 2 had pulmonary embolism
- 1 had delirium and
- 3 had unknown symptoms

The punctate hyperintensities found on magnetic resonance microscopy were also found on histopathological exam. Collagen IV

immunostaining showed a thinning in the basal lamina of endothelial cells in these areas.

In addition to congested blood vessels, punctate hypointensities were linked to areas of fibrinogen leakage — but also to "relatively intact vasculature," the investigators report.

"There was minimal perivascular inflammation in the specimens examined, but there was no vascular occlusion," they add.

SARS-CoV-2 was also not found in any of the participants. "It is possible that the virus was cleared by the time of death or that viral copy numbers were below the level of detection by our assays," the researchers note.

In 13 of the patients, hypertrophic astrocytes, macrophage infiltrates, and perivascular-activated microglia were found. Eight patients showed CD3+ and CD8+ T cells in spaces and lumens next to endothelial cells.

Finally, five patients showed activated microglia next to neurons. This is "suggestive of neuronophagia in the olfactory bulb, substantia nigra, dorsal motor nucleus of the vagal nerve, and the

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DIFFERENT CHEMICALS HAVE BEEN ASSOCIATED WITH A VARIETY OF MENTAL DISORDERS AFTER TBI:

ACETYLCHOLINE

Too much: Depression
Too little in the hippocampus: Dementia

Dopamine

Too much: Schizophrenia
Too little: Some forms of depression, muscular rigidity and tremors found in Parkinson's disease

Serotonin

Too little: Depression and some anxiety disorders, especially obsessive-compulsive disorder. Some antidepressant medication increase the availability of serotonin at receptor sites.

GABA (GAMMA-AMINO BUTYRIC ACID)

Too little: Anxiety and anxiety disorders. Some anti-anxiety medication increases GABA at receptor sites

KEPPRA (levetiracetam)

include: neurosis, drowsiness, asthenia, headache, nervousness, abnormal behavior, aggressive behavior, agitation, anxiety, apathy, depersonalization, depression, fatigue, hostility, mental disorders, outbursts of anger, personality disorder, emotional lability, irritability, and mood changes.

NOREPINEPHRINE

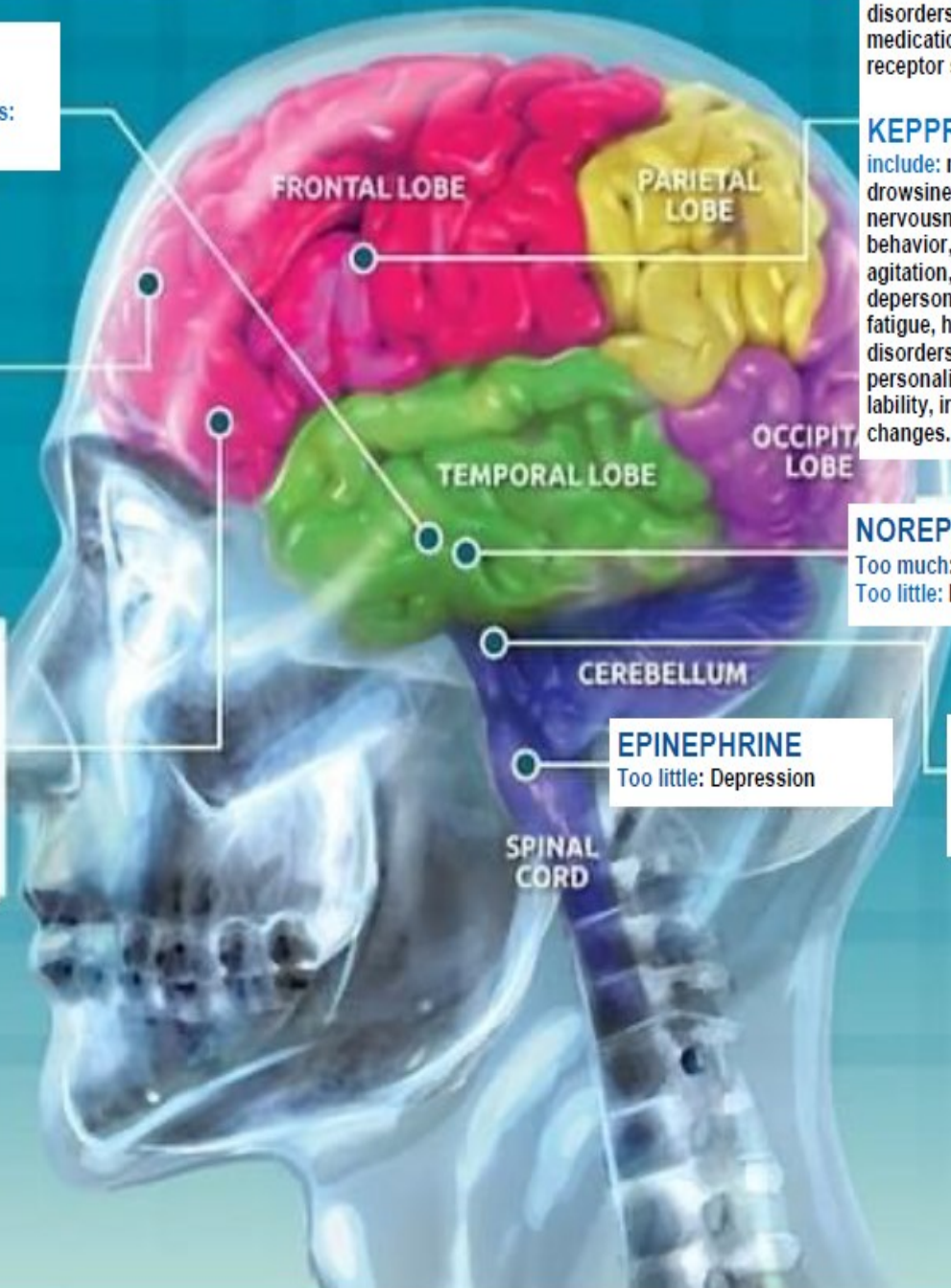
Too much: Schizophrenia
Too little: Depression

ADRENALINE

Too much: Anxiety and anxiety disorders

EPINEPHRINE

Too little: Depression



pre-Bötzinger complex in the medulla, which is involved in the generation of spontaneous rhythmic breathing," write the investigators.

In summary, vascular pathology was found in 10 cases, perivascular infiltrates were present in 13 cases, acute ischemic hypoxic neurons were present in 6 cases, and changes suggestive of neuronophagia were present in 5 cases.

The researchers note that although the study findings may be helpful when interpreting brain changes on MRI scan in this patient population, availability of clinical information for the participants was limited.

Therefore, "no conclusions can be drawn in relation to neurologic features of COVID-19," they write.

The study was funded by the National Institute of Neurological Disorders and Stroke (NINDS).

Lee and all but one of the other investigators report no relevant financial relationships. Marco Hefti, MD, University of Iowa, Iowa City, reports having received grants from NINDS during the conduct of this study.

N Engl J Med. Published online December 30, 2020.

Source: [Microvascular Injury of Brain, Olfactory Bulbs Seen in COVID-19 \(medscape.com\)](https://www.medscape.com)

(Continued from page 6)

people only synchronizes with the rhythm of phrases and sentences when listeners consciously comprehend the speech. The researchers assessed the level of comprehension in the unresponsive patients by measuring the strength of this synchronicity or brain pattern.

After exclusions, 17 patients were available for outcome assessment 3 months post EEG, and 16 patients were available 6 months post EEG.

The analysis showed that outcome significantly correlated with the strength of patients' acute cortical tracking of phrases and sentences ($r > .6$; $P < .007$), quantified by intertrial phase coherence.

Linear regressions revealed that the strength of this comprehension response ($\beta = .603$; $P = .006$) significantly improved the accuracy of prognoses relative to clinical characteristics alone, such as the Glasgow Coma Scale or CT grade.

Previous studies showed that if there is no understanding of the language used or if the subject is asleep, the brain doesn't have the "signature" of tracking phrases and sentences, so it doesn't have the synchronicity or the pattern of individuals with normal cognition, said Sokoliuk.

"You need a certain level of consciousness, and you need to understand the language, so your brain can actually track sentences or phrases," she said.

Sokoliuk explained that the paradigm shows that patients are understanding the sentences and are not just hearing them.

"It's not showing us that they only hear it, because there are no obvious gaps between the sentences; if there were gaps between sentences, it would probably only show that they hear it. It could be both, that they hear and understand it, but we wouldn't know." A receiver operating characteristics analysis indicated 100% sensitivity and 80% specificity for a distinction between bad outcome (death, VS/UWS) and good outcome at 6 months.

"We could actually define a threshold of the tracking," said Sokoliuk. "Patients who had phrases and sentences tracking below this threshold had worse outcome than those whose tracking value was above this threshold."

The study illustrates that some posttraumatic patients who remain in an unresponsive state despite being sedation free may nevertheless comprehend speech.

The EEG paradigm approach, say the authors, may significantly reduce prognostic uncertainty in a critical phase of medical decision making. It could also help clinicians make more appropriate decisions about whether or not to continue life-sustaining therapy and ensure more appropriate distribution of limited rehabilitation resources to patients most likely to benefit, the authors say.

Sokoliuk stressed that the paradigm could be used at the bedside soon after a brain injury. "The critical thing is, we can actually use it during the acute phase, which is very important for clinical decisions about life-sustaining methods, therapy, and long-term care."

The simple approach promises to be more accessible than, say, fMRI, said Sokoliuk. "Putting an unresponsive coma patient in a scanner is very difficult and also much more expensive," she said.

The next step, said Sokoliuk, is to repeat the study with a larger sample. "The number in the current study was quite small, and we can't say if the sensitivity of the paradigm is strong enough to use it as a standard prognostic tool," she said.

To use it in clinical setting, "we really have to have robust measures," she added. She aims to conduct a collaborative study involving several institutions and more patients.

The research team plans to eventually build "an open-access toolbox" that would include the auditory streams to be played during EEG recordings and a program to analyze the data, said Sokoliuk.

"Then, in the end, you would get a threshold or a value of tracking for phrases and sentences, and this could then classify a patient to be in a good-outcome or in bad-outcome group," she said.

But she stressed this is a prognostic tool, not a diagnostic tool, and it should not be used in isolation. "It's important to know that no clinician should only use this paradigm to prognosticate a patient; our paradigm should be part of a bigger battery of tests," she said. But it could go a long way toward helping families as well as physicians. "If they know that the patient would be better in 3 months' time, it's easier for them to decide what should come

next," she said.

And it's heartening to know that when families talk to their unresponsive loved one, the patient understands them, she added. Commenting on the study for Medscape Medical News, Christine Blume, PhD, Center for Chronobiology, University of Basel, Basel, Switzerland, whose research interests include cognitive processing of patients with disorders of consciousness, described it as "very elegant and appealing" and the paradigm it used as "really promising."

"However, we do of course not yet know about the prognostic value on a single-subject level, as the authors performed only group analyses," said Blume. "This will require more extensive and perhaps even multicenter studies."

It would also require developing a "solution" that "allows clinicians with limited time resources and perhaps lacking expert knowledge on the paradigm and the necessary analyses to apply the paradigm at bedside," said Blume.

She agreed that a passive paradigm that helps determine whether a patient consciously understands speech, without the need for further processing, "has the potential to really improve the diagnostic process and uncover covert consciousness."

One should bear in mind, though, that the paradigm "makes one essential assumption: that patients can understand speech," said Blume. "For example, an aphasic patient might not understand but still be conscious." In this context, she added, "it's essential to note that while the presence of a response suggests consciousness, the absence of a response does not suggest the absence of consciousness."

Blume cautioned that the approach used in the study "is still at the stage of basic research." Although the paradigm is promising, "I do not think it is 'around the corner,'" she said.

The study was funded by the Medical Research Council. It was further supported by the National Institute for Health Research Surgical Reconstruction and Microbiology Research Center. Sokoliuk and Blume have disclosed no relevant financial relationships. *Ann Neurol*. Published online December 23, 2020. Abstract

(Continued on page 18)

10 Cognitive Exercises to Help Recover from Traumatic Brain Injury

Every year, traumatic brain injuries (TBIs) account for about 2.8 million emergency situations. This serious injury is more common than you might think — and the consequences can be hard to recover from. If you or someone close to you has had a TBI, you know just how difficult the recovery can be. It may take months or even years for someone to heal. However, cognitive exercises can go a long way toward speeding up the healing process.

Wondering which exercises are best for this unique recovery situation? While your doctor should point you in the right direction, we've also put together some great ideas for post-TBI recovery. Keep reading to learn about the best brain rehabilitation exercises to try!

Try Something New

When your brain is healing, sometimes it's best to start slow. You might be a long way off from doing complex math problems — and that's okay! You can start with the simple ideas and build your way up.

One great way to get started on the path to recovery is simply to try something new. This doesn't have to be anything major, like exploring a new city or learning a new language. Instead, start even simpler.

Try a new food, or walk home using a different path than usual. Play a game you've never played before. Take a new exercise class. Doing new things gives you the motivation to keep moving forward on the recovery path, even when it's difficult. Not only that but when you have new experiences, your brain actually starts making new neurons.

Pay Attention to Your Food

As you try new foods or even things you've had before, try to name specific ingredients that you taste. Start with the obvious ones, and work your way into the subtle tastes. This will help you tap into your senses, which brings us to the next step.

Seek Out Sensory Experiences

The more of your senses you can activate at once, the more your brain gets engaged. You can

start with a single sense, like taste, as described above. But you should also start to add in experiences that invigorate multiple senses at once.

For example, try checking out the produce at your local farmer's market. Look, touch, smell and taste the foods available. Listen to the sounds of the market.

Or you could simply take a walk outside, where nature provides stimulation for all of your senses. Pay attention to what each sense is telling you. This will help your brain forge new connections, too.

Switch Hands

If you're right-handed, switch to your left one for a few activities each day. If you're left-handed, do the opposite. This helps spur activity on the other side of your brain. It also strengthens your neurons by getting them working in innovative ways.

You can also get similar effects by doing normal things backwards or upside-down. For example, try looking at your clock upside-down when you need to check the time.

Practice Memorization

As you work your way through these simple brain injury exercises, you'll eventually be ready for more challenging tasks.

Add a new level of difficulty by practicing memorization, a little at a time. Don't worry if you don't get it right away — you benefit from the practice, no matter what.

For example, the next time you're at the grocery store, try to remember a few things from your grocery list before you look at it. Work on remembering the words to a new song.

As time goes by, increase the challenge level. Try memorizing longer lists, or remembering things for longer periods of time.

Draw a Map

One great way to work on building memory to use is to draw a map using just your memory. You might start by drawing a map of a path that you're very familiar with, such as from your house to the grocery store. To make it more challenging, draw a map of a new route from memory after you've completed it.

Read Out Loud

Reading, speaking and listening all engage different parts of the brain, so this is a great way to get your brain feeling challenged. You can read

out loud to a child, a pet, or even yourself. If reading out loud poses too much of a challenge, start simply by listening to a book on tape first.

Challenge Your Motor Skills

Work on projects that require lots of fine motor skills. If you learn a new skill at the same time, you'll double up on the brain benefits! You can try drawing or painting, knitting, or even just putting together a puzzle. Board games with small pieces, like cribbage, can also work well.

Strengthening those hand-eye connections will help your brain heal faster — plus, you can have a lot of fun doing it.

Keep a Journal

Journaling is a great way to use your fine motor skills, memory, senses, and more all at once.

You don't have to write about your day, like a diary. You can simply jot down all of the things you're experiencing with your various senses. For example, try sitting outside and writing what you see, smell, hear, feel, or taste. This exercise might feel relaxing, but it will also help improve your cognitive abilities!

Do Mental Math

As you get better at these tasks, challenge yourself by doing some mental math.

Even simple addition or subtraction is valuable. Do easy problems first, then work your way toward harder ones.

Ready to Try These Cognitive Exercises?

When you hear "cognitive exercises," you might feel intimidated. But as this list shows, there are many ways to promote brain healing while having fun at the same time. If you try everything on this list, you won't only recover faster from a TBI — you might also pick up a new hobby or skill along the way.

Source: [Exercises to Help With Traumatic Brain Injury | Great Speech](#)

Not all scars show, not all wounds heal. Sometimes you can't always see the pain someone else feels.

~Anonymous



(Continued from page 17)

For more Medscape Neurology news, join us on Facebook and Twitter.

Source: [Bedside EEG Test Aids Prognosis in Brain Injury Patients \(medscape.com\)](#)



Collaboration, Cooperation, Compassion....

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ARE YOU A MEMBER?

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

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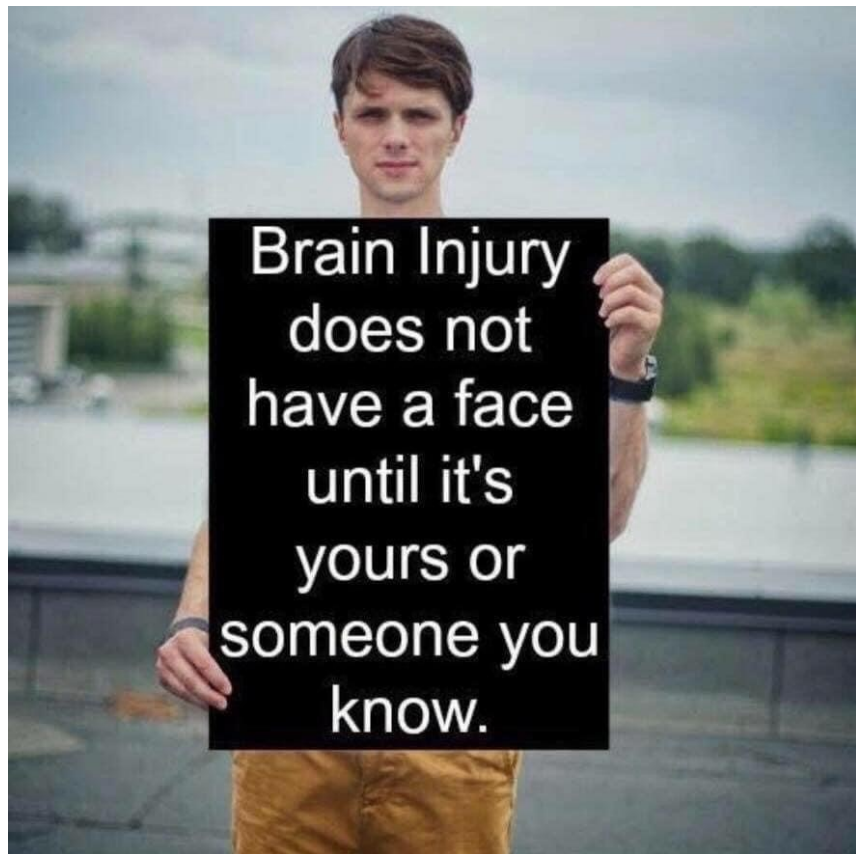
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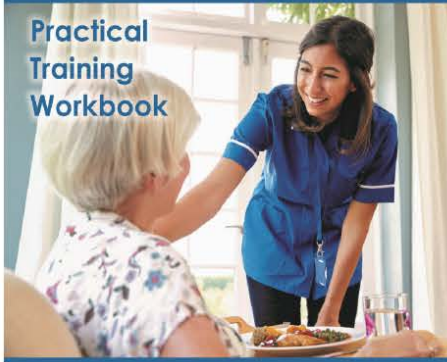
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Brain Injury Fundamentals

Practical Training Workbook



BRAIN INJURY ASSOCIATION OF AMERICA

New ACBIS Program Announcement: Brain Injury Fundamentals

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

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

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

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

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

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

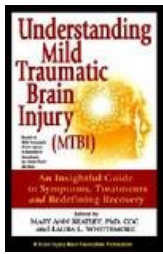
After completing intensive training, candidates will receive a certificate that is valid for three years. To learn more about the application process contact Sherry Stock at BIAOR sherry@biaoregon.org. 800-544-5243 or 503-740-3155

Training: Training is required in order to receive the Brain Injury Fundamentals certificate. Trainings will take approximately 8 hours. Instructor is Sherry Stock, CBIST sherry@biaoregon.org 800-544-5243 or 503-740-355

Costs & Fees: Fundamentals Application (including Practical Training Workbook), training and exam: \$250*

*Fundamentals Application fees are non-refundable. **Additional Costs of Trainings may apply** for trainer outside the greater Portland area may apply covering per diem and travel costs.



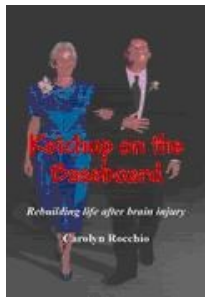
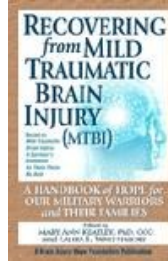


Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

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

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

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

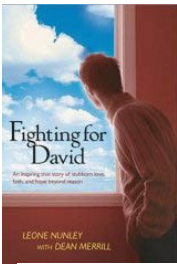
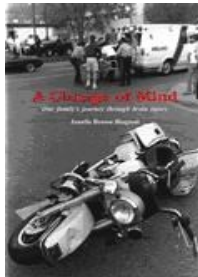


Ketchup on the Baseboard

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

A Change of Mind

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

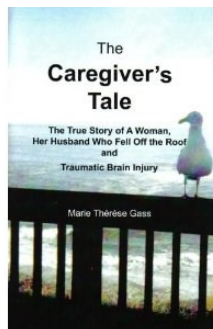


Fighting for David

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

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

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



BIAOR Membership Become a Member Now

Brain Injury Alliance of Oregon

☐ New Member ☐ Renewing Member

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Type of Membership

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

Sponsorship

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

Additional Donation/Memorial: \$ _____

In memory of: _____

(Please print name)

Member is:

☐ Individual with brain injury ☐ Family Member ☐ Other: _____

☐ Professional. Field: _____

Book Purchase (includes S&H):

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

Type of Payment

Check payable to BIAOR for \$ _____

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

☐ Card number: _____

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Print Name on Card: _____

Signature Approval: _____

Date: _____

Please mail to:

BIAOR PO Box 549

Molalla, OR 97038

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

www.biaoregon.org • biaor@biaoregon.org

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

Resources

Oregon Developmental Disabilities (DD)

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

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

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

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

ADRC - Aging and Disability Resource Connection

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

Northwest ADA Center - Oregon

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

Fall Sudoku

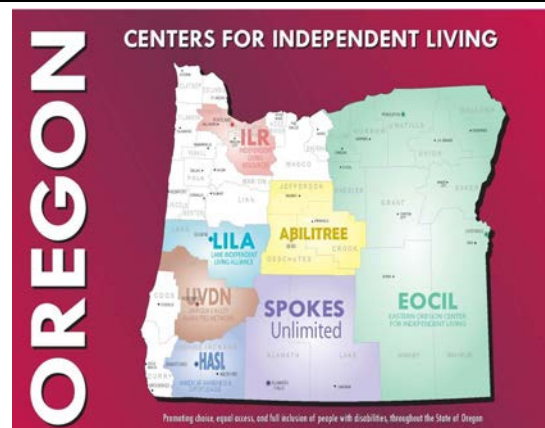
(Answer from page 2)

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



Resources

For Parents, Individuals, Educators and Professionals

The Oregon TBI Team

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

The Hello Foundation

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

LEARNet

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

Parent Training and Information

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

Websites

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

FREE Brain Games to Sharpen Your Memory and Mind

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

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

Sam's Brainy Adventure

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

Neurobic Exercise

www.neurobics.com/exercise.html

Brain Training Games from the Brain Center of America

www.braincenteramerica.com/exercises_am.php



Brain Injury Alliance
WASHINGTON

Washington TBI Resource Center

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

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

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

Returning Veterans Project

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

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

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

Center for Polytrauma Care-Oregon VA

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

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

Addiction Inpatient help:

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

Legal Help

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

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

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

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

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

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

Resources

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

Zoom Support Groups

Women's Head Injury Support Group 1st Tues of the month from 1-2:30

Women's Head Injury Support Group

Join Zoom Meeting

[https://us02web.zoom.us/j/81461335597?](https://us02web.zoom.us/j/81461335597?pwd=dWYrZXVjSnNnOWpwTHBpcWJtRGVjQT09)

[pwd=dWYrZXVjSnNnOWpwTHBpcWJtRGVjQT09](https://us02web.zoom.us/j/81461335597?pwd=dWYrZXVjSnNnOWpwTHBpcWJtRGVjQT09)

Meeting ID: 814 6133 5597

Passcode: PNWgroup

[More information on page 8](#)

Evening Group for Survivor/family and caregiver, 1st Tuesday of the month from 7-8:30

Topic: PNW Survivor/Caregiver Support Group

Time: Feb 2, 2021 07:00 PM Pacific Time (US and Canada)

Join Zoom Meeting

[https://us02web.zoom.us/j/86945968573?](https://us02web.zoom.us/j/86945968573?pwd=OW56RnBNWmZTbDIzZlZqUTczNk00Zz09)

[pwd=OW56RnBNWmZTbDIzZlZqUTczNk00Zz09](https://us02web.zoom.us/j/86945968573?pwd=OW56RnBNWmZTbDIzZlZqUTczNk00Zz09)

Meeting ID: 869 4596 8573

Passcode: pnwhigroup

Kendra Bratherton 209-791-3092

pnwhigroup@gmail.com

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 Cross-Disability Support Groups

We provide support groups and courses for individuals experiencing any kind of disability.

contact Abilitree for more information

Abilitree, 2680 NE Twin Knolls Dr., Bend OR 97701

Brooke Eldridge 541.388.8103 extension 209

brookee@abilitree.org

Abilitree Moving A Head Support Group

1st & 3rd Thursday 5:00 to 6:30 pm

Survivors of Traumatic Brain Injuries (Family Members & Caregivers Invited)

Abilitree | 2680 NE Twin Knolls Drive, Suite 150 Bend, OR 97701

Brooke Eldridge 541.388.8103 extension 209

brookee@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

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.

228 N. Holly St (use rear entrance

Lorita Cushman 541-621-9974

loritabiaooregon@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

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 II

3rd Saturday 10:00am-12:00noon

Survivor self-help group

Emanuel Hospital Medical Office Building West Conf Rm

2801 N Gantenbein, Portland, 97227

Steve Wright stephenmwright@comcast.net

503-816-2510

CROSSROADS (Brain Injury Discussion Group)

2nd and 4th Friday, 1-3 pm

Independent Living Resources

1839 NE Couch St, Portland, OR 97232

503-232-7411

Must Be Pre-Registered

Doors of Hope - Spanish Support Group

3rd Tuesday 5:30 - 7:30pm

Providence Hospital, 4805 NE Glisan St, Portland,

Rm HCC 6

503-454-6619 grupodeapoyo@BIRRDsong.org

Please Pre-Register

OHSU Sports Concussion Support Group

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

2nd Tuesday, 7:00-8:30 pm

OHSU Center for Health and Healing

3303 SW Bond Ave, 3rd floor conference room

Portland, OR 97239

For more information or to RSVP contact Jennifer Wilhelm

(503) 494-3151 or email: wilhelmj@ohsu.edu

Sponsored by OHSU Sports Medicine and Rehabilitation

PARENTS OF CHILDREN WITH BRAIN INJURY

Wednesdays: 10:00-12:00

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

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

THRIVE SUPPORT GROUP
Family and Parent Coffee in café
Wednesdays: 10:00-12:00

Brain Injury Survivor support group ages 15-25
Currently combined with FAMILY SUPPORT GROUP/
PARENTS OF CHILDREN WITH BRAIN INJURY
SUPPORT GROUP
Contact for further information
braininjuryhelp@yahoo.com Pat Murray 503-752-6065
or Call Michael Jensen 503-804-4841
happieheads@gmail.com
MUST BE PRE-REGISTERED

TBI SOCIAL CLUB
2nd Tuesday 11:30 am - 3 pm
Pietro's Pizza, 10300 SE Main St, Milwaukie OR 97222
Lunch meeting- Cost about \$6.50
Michael Flick, 503-775-1718
MUST BE PRE-REGISTERED

Redmond (1)
Stroke & TBI Support Group
Coffee Social including free lunch
2nd & 4th Thursday 10:30-1 pm
Lavender Thrift Store/Hope Center
724 SW 14th St, Redmond OR 97756
Call Darlene 541-390-1594

Roseburg
UMPQUA VALLEY DISABILITIES NETWORK
on hiatus

Salem (3)
SALEM BRAIN INJURY SUPPORT GROUP
4th Thursday 4pm-6pm
Community Health Education Center (CHEC)
939 Oat St, Bldg D 1st floor, Salem OR 97301
Megan Snider (503) 814-7974
megan.snider@salemhealth.org

SALEM COFFEE & CONVERSATION
Fridays 11-12:30 pm
Ike Box Café
299 Cottage St, Salem OR 97301
Megan Snider (503) 814-7974

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 swdres@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; biaccedby@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)

Stroke Support Group for Caregivers and Survivors
When: 1st Thursday of the month 2-3:30 pm
Where: Saint Alphonsus-Coughlin 1 Conference Room
1055 N. Curtis Rd Boise

Meridian Area

Stroke Support Group
When: 3rd Thursday of each month 2-3:30 pm
Where: St. Luke's Meridian
Contact: 208-381-9383, stroke@slhs.org

Nampa/Caldwell Area

Stroke and Brain Injury Support Group for Survivors and Caregivers
When: 1st Tuesday of the month 4-5 pm
Where: Saint Alphonsus Nampa Medical Center on Garrity-Haglin
Conference Room
4402 E. Flamingo Ave Nampa

Twin Falls

College of Southern Idaho Traumatic Brain Injury Group
When: 3rd Thursday of the month from 7-9 pm
Where: College of Southern Idaho-Taylor Building Room 247 in Twin
Falls
Amy Barker: (208-732-6800)
Michael Howell, Facilitator

Survivor Support Line - CALL 855-473-3711

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

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



The Brain Injury Alliance of Oregon (BIAOR)
AKA the Brain Injury Association of Oregon
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How To Contact Us

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Sherry Stock, MS CBIST
Executive Director 800-544-5243

Jeri Cohen, JD, Assistant Director, 503-732-8584

Resource Facilitator—Peer Mentor
Becki Sparre 503-961-5675

*Meetings by Appointment only
Call 800-544-5243*

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