



The Newsletter of the Brain Injury Alliance of Oregon

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## 19th 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

Time/Date	10-11:30	12-1:30	2-3:30	4-5:30
13-Mar	Fast-Tracking Your Road to Recovery: How Fasting Can Heal Your Brain and Body - Dr. Eric Reis	How to diagnosis and approach working with individuals with Brain Injury—Dr. Nick Bomalaski, physiatrist	Brain Injury: Post Accident Spasmodic Torticollis (Secondary to concussion) rehab A Case Study - Dr. Eric Hubbs, DC	NeuroStar Transcranial Magnetic Stimulation - Shauna Hahn, MS, PMHNP, CBIS
14-Mar	The latest treatment using stem cell therapy- Kendra Bratherton and Claire Darling	Idaho Suicide Rates - Summary of Needs and Assessment-Russ Spearman	What's what and what to do: The ins and outs of how TBI and Behavioral Health intersect and what to do about it. - Dan Overton, MC, LMHC, MHP, CBIS	Family Panel - How does brain injury affect you
20-Mar	Domestic Violence and Traumatic Brain Injury - Tiffany Kirwan, PhD	Staff TBI Skill Builder: An On-Line, Interactive Training Program for Para-professionals Serving Adults with Moderate-Severe TBI - Laurie Ehlhardt Powell	Long Term Care and Guardianship Supports - Fred Steele, JD	Holistic Practitioner Panel - Kendra Bratherton and Claire Darling
21-Mar	Marcella Box - T'ai Chi Chih	Alternatives to Guardianship - WINGS	Children and Concussion—Kayt Zundel, Think First Oregon	Neurologic Music Therapy: Treatment and Clinical Applications for Traumatic Brain Injuries - Matt Senn MT-BC/NMT

## Brain Injury Alliance of Oregon Board of Directors

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### Headliner DEADLINES

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

Editor: Sherry Stock

### Advertising in Headliner

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

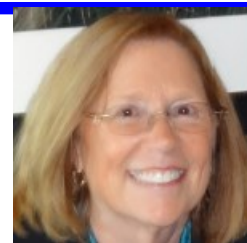
### Advertising on BIAOR Website:

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

### Policy

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

## Executive Director's Corner



Life in our current COVID science fiction world is challenging. From Psychology Today here are some suggestions.

### The Brain Does in Response to Pandemic

The brain reacts in predictable ways in unpredictable situations.

1. The brain tries to offset some of the frustration from big problems by creating additional solvable ones. When we cannot wrap our heads around a problem, this creates dissonance. A way to distract us from a colossal problem is to create other solvable ones—for example, the toilet tissue shortage. Logically, food, shelter, and medications are the most necessary needs. When we create a shortage of dispensable items such as toilet tissue, finding solutions to this manageable problem makes us feel a sense of victory and control.
2. Why can't we just follow these simple solutions? The brain assumes that simple solutions to big problems are ineffective. The CDC has released simple recommendations to stop the spread of the virus, such as the frequent washing of hands. We assume that complex problems require complicated solutions to be solved.
3. The brain operates under the law of least effort. It likes to operate on autopilot. When we are off autopilot, it repels. We might deny what is going on. We might reduce its significance. We might search for what else can be done on autopilot. We have our daily, weekly, monthly and yearly routines. Working nine to five, weekend activities, and a two-week vacation per year, or some sort of routine. When many of these activities are suspended or

severely mutated, we are kicked out of the comfortable autopilot zone. This means we need to use the other brain system. The second brain system is engaged when logic, deliberate and effortful thinking is required. Our brain does not repel much when we have to use this second system for a limited number of hours a day. But in the case of an emergency, this deliberate system has to work over-time. This might explain why on the days after the "emergency" announcement you did not accomplish much, but still felt fatigued at the end of the day.

4. But seriously, why are we over-eating? Your unconscious got the emergency memo. It is unsure if there will be a next meal. What if this leads to a famine? What if all the food vanishes? The brain will make you overeat to save the fat for the upcoming emergency. It has good intentions: to increase your survival should food disappear.

5. We surely have had similar situations in the past and we managed. Why can't we use these past success examples to reduce our anxiety? Stress hormones, which are released in abundance in these situations, negatively affect memory systems such as the hippocampus. Thus, we experience forgetfulness and cannot readily access these encouraging past examples.

*Sherry Stock*

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

## Spring 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)

	1				4	3	8	
8					7			
7		5			9			4
		7		4				8
	5			3			7	
4				9		1		
3			4			8		1
			9					3
	6	4	2				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](mailto:p@findinjurylaw.com) [www.findinjurylaw.com](http://www.findinjurylaw.com)

### Nevada

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 † Tom D'Amore, D'Amore & Associates, Portland  
 503-222-6333 [www.damorelaw.com](http://www.damorelaw.com)  
 † Dr. Aaron DeShaw, Portland 503-227-1233  
[www.deshawlaw.com](http://www.deshawlaw.com)  
 † Bill Gaylord, Gaylord Eyerma Bradley, PC,  
 Portland 503-222-3526 [www.gaylordeyerma.com](http://www.gaylordeyerma.com)

### Astoria

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

### Beaverton

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

### Bend

† Dwyer Williams Cherkoss Attorney's LLC, Bend,  
 541-617-0555 [www.RoyDwyer.com](http://www.RoyDwyer.com)

### Eugene

† Derek Johnson, Johnson, Clifton, Larson &  
 Schaller, P.C., Eugene 541 484-2434  
 Don Corson, Corson & Johnson Law Firm, Eugene,  
 541-484-2525  
 Charles Duncan, Eugene, 800-347-4269  
 Tina Stupasky, Jensen, Elmore & Stupasky, PC,  
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 William Berkshire, Portland 503-233-6507 PI  
 Jeffrey Bowersox, Lake Oswego, 503-452-5858 PI  
 Jerry Doble, Doble & Associates, Portland, 503-226-2300  
 Wm. Keith Dozier, Portland 503-594-0333  
 Sean DuBois, DuBois, Law Group, Portland, 503-222-4411  
 † Brendan Dummigan, Pickett Dummigan, Portland  
 503-223-7770 [www.pickettdummigan.com](http://www.pickettdummigan.com)  
 Peggy Foraker, Portland 503-232-3753  
 Sam Friedenber, Nay & Friedenber, Portland 503-245-0894 Guardianship/Conservatorship  
 Timothy Grabe, Portland, 503-223-0022  
 Bart Herron, Herron Law, Lake Oswego 503-699-6496

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

Theresa Hollis, Fitzwater Law, Portland,  
 503.786.8191 [fitzwaterlaw.com](http://fitzwaterlaw.com) Guardianship &  
 Special Needs

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 Trucking Injuries, WC, Empymt & LT Disability

J. William Savage, Portland 503-222-0200

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

Steve Smucker, Portland 503-224-5077

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

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

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

Ralph E Wiser, Attorney at Law, [wiserlaw.com](http://wiserlaw.com)  
 Portland, 503-620-5577 PI Long Term Disability

### Salem

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

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

### Roseburg

Samuel Hornreich, Roseburg, 541-677-7102

### Washington Bremerton Seattle

### Bremerton

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

### Seattle

Richard Adler, Adler Giersch, Seattle, WA 06.682.0300

Kevin Coluccio, Coluccio Law, Seattle, WA 206-826-8200 [www.coluccio-law.com](http://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](http://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](http://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

Soloman Basore, Hillsboro, 614-804-1274

[Soloafh@gmail.com](mailto:Soloafh@gmail.com)

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

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

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

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

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

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/](http://www.isliving.org/)

Kampfe Management Services, Portland, 503-788-3266 Apt

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

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

Joana Olaru, Alpine House, Beaverton, 503-646-9068

Premila Prasad, Portland 503-245-1605

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

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

WestWind Enhanced Care, Leah Lichens, Medford,  
 541-857-0700

Polly Smith, Polly's County AFH, Vancouver, 360-601-3439 [bonniepollysmith@gmail.com](mailto:bonniepollysmith@gmail.com) Day

Program and home

Uhlhorn Program, Eugene, 541 345-4244 Supported

Apt  
 † Windsor Place, Inc., Susan Hunter, Salem, 503-581-0393 Supported Apt

### Medical Professionals

#### Chiropractic

Judith Boothby, DC, Third Way Chiropractic,  
 Portland 503-233-0943

Gretchen Blyss, DC, Portland, 503-222-0551

**Eric Hubbs, DC, 180 Chiropractic, Beaverton 503-646-2278**

Thomas Kelly, DC, Kelly Chiropractic, Vancouver  
 WA 360-882-0767

Russell Kort, DC, Kort Chiropractic & Concussion  
 Care, Sherwood, 503-625-5678

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

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

D. Stephen Maglente, DMX Vancouver, Vancouver  
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[www.nwfamchiro.com](http://www.nwfamchiro.com)  
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### **Functional Neurologist**

Stefan Herold, DC, DACNB, Tiferet Chiropractic  
Neurology, Portland 503-445-7767  
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Neurology, Portland, (503) 660-8874  
Mehul Parekh, DC, DACNB, Shakti Functional  
Neurology and Fitness Systems, 503-206-0300  
Jason Penaluna, DC, FACFN, NW Family  
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Functional Neurology 458-206-3461  
Kelly Prill, ND, DACNB, Elemental Wellness,  
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Diana Barron, MD, Barron-Giboney Family Medicine,  
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Fax: (360)514-6809  
Jerald Block, MD, Psychiatrist, 503-241-4882  
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4876, Lake Oswego 503-636-9608  
Dr. Wendy Hodsdon, Portland (503) 227-8700  
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Gene Hong, MD, Acupuncturist, Portland &  
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Pediatric Development & Rehabilitation-Emanuel  
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Dept: 503-413-4505  
Michael Koester, MD, Slocum Center, Eugene, 541-  
359-5936  
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Andrew Mendenhall, MD, Central City Concern,  
Portland 503-228-7134  
Oregon Rehabilitation Medicine Associates, Portland  
Legacy 503-413-6294  
Oregon Rehabilitation Medicine, P.C., Portland,  
Providence 503-215-8699  
Kevin Smith, MD, Psychiatrist, OHSU, 503-494-8617  
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Neurology, Lake Oswego, 503-850-4526**  
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[eastslope@esneuro.net](mailto:eastslope@esneuro.net) [www.esneuro.net](http://www.esneuro.net)  
Kathy Thomas, PhD ABPDn, Providence/St Joseph  
Health Child & Adolescent Psychiatry Clinic, 503-  
722-3705  
Susan Rosenzweig, PsyD, Center for Psychology &  
Health, Portland, 503-206-8337

### **Holistic Practitioners/Massage Therapy Programs/ Neruofeedback**

Benjamin Bell, Advanced CranioSacral Therapist, LMT,  
Under One Roof Health Care, Eugene 541-799-6097  
peds  
Dr. Alex de la Paz, DPT, Root & Branch Physical  
Therapy, Portland 503-577-0318  
**Kendra Bratherton, COTA/L, PBP, Reiki Master,  
Merkaba Center for Healing, Tensegrity  
Medicine/Bowenwork Energy Medicine, Astoria,  
209-791-3092 [merkabacenter@gmail.com](mailto:merkabacenter@gmail.com)**  
Claire Darling, LMT Therapeutic Massage-Bowenwork  
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Aumkara Newhouse, Aumkara Structural Bodywork  
Beaverton 916) 524-7470  
Olga Ward, Beaverton Neurofeedback, 503-806-0112  
call or text, [BeavertonNeuro@gmail.com](mailto:BeavertonNeuro@gmail.com),  
[www.BeavertonNeurofeedback.com](http://www.BeavertonNeurofeedback.com)

### **Cognitive Rehabilitation Centers/ Rehab Therapists/Specialists**

Brainstorm Rehabilitation, LLC, Bethany Davis,  
Ellensburg, WA 509-833-1983  
† Collidedscopes, Heath Snyder & Renee Love,  
Eugene, [www.collidedscopes.com](http://www.collidedscopes.com),  
[info@collidedscopes.com](mailto: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](http://www.thehellofoundation.com)  
Marydee Sklar, Executive Functioning Success,  
Portland, 503-473-7762  
† Progressive Rehabilitation Associates—BIRC,  
Portland, 503-292-0765  
Quality Living Inc (QLI), Kristin Custer, Nebraska, 402-  
573-3777 (BI & SCI)  
Neurologic Rehabilitation Institute at Brookhaven  
Hospital, Tulsa, Oklahoma 888.298.HOPE (4673)  
Marie Eckert, RN/CRRN, Legacy HealthCare,  
Rehabilitation Institute of Oregon (RIO) Admissions,  
Portland, 503-413-7301  
**Matthew Senn, MT-BC, NMT, CEO, NeuroNotes,  
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[www.neuronotestherapy.com](http://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**

Channa Beckman, Harbor Speech Pathology, WA  
253-549-7780  
† The Hello Clinic, Sharon Soliday, SLP/OT,  
Portland, 503-517-8555  
[www.thehellofoundation.com](http://www.thehellofoundation.com)  
John E. Holing, Glide 541-440-8688  
± Jan Johnson, Community Rehab Services of  
Oregon, Inc., Eugene, 541-342-1980  
Carol Mathews-Ayres, First Call Home Health,  
Salem  
Anne Parrott, Legacy Emanuel Hospital Warren 503-  
397-6431

### **Neurologic Music Therapy**

**Matthew Senn, MT-BC, NMT, CEO, NeuroNotes,  
[msenn@neuronotestherapy.com](mailto:msenn@neuronotestherapy.com) 971-253-9113  
[www.neuronotestherapy.com](http://www.neuronotestherapy.com)**

### **Vision Specialists**

David Hackett, OD, MS, FCOVD, Lifetime Eye Care,  
Eugene, 541-342-3100  
Bruce Wojciechowski, OD, Clackamas, Neuro-  
optometrist, Northwest EyeCare Professionals,  
Clackamas, OR 97015, 503-657-0321

### **Life Care Planners/Consultants/Case Manager/ Social Workers**

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Robyn Weiss, Neuro Consult Group LLC, WA, 425-  
890-1481 [neuroconsultgroup@gmail.com](mailto:neuroconsultgroup@gmail.com)

### **Legal Assistance/Advocacy/Non-Profit**

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

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

Carol Altman, Bridges to Independence Day  
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Cognitive Enhancement Center, Inc. Brad Lofitis  
Portland 503-760-0425 (OHP)(Day Program)  
Grace Center for Adult Day Services, Corvallis,  
[www.GraceCenter-Corvallis.org](http://www.GraceCenter-Corvallis.org) 541-754-8417  
Marydee Sklar, Executive Functioning Success,  
Portland, 503-473-7762

(Continued on page 5)



### Educators/Presentors

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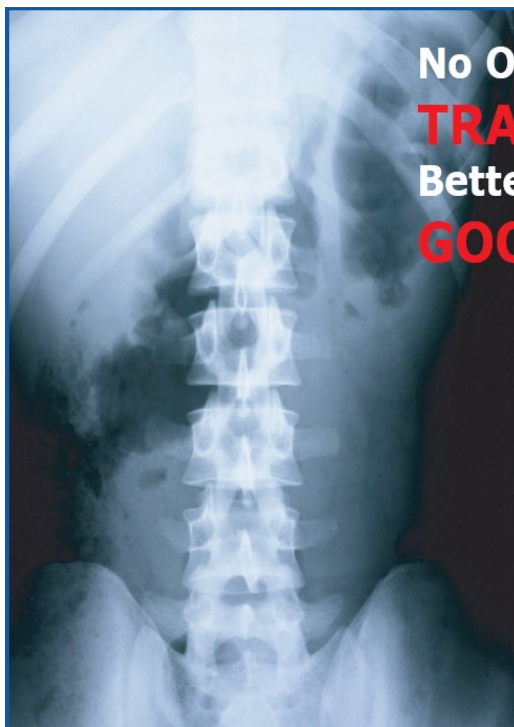
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# Dancing can reverse the signs of aging in the brain

As we grow older we suffer a decline in mental and physical fitness, which can be made worse by conditions like Alzheimer's disease. A new study, published in the open-access journal *Frontiers in Human Neuroscience*, shows that older people who routinely partake in physical exercise can reverse the signs of aging in the brain, and dancing has the most profound effect.

"Exercise has the beneficial effect of slowing down or even counteracting age-related decline in mental and physical capacity," says Dr Kathrin Rehfeld, lead author of the study, based at the German center for Neurodegenerative Diseases, Magdeburg, Germany. "In this study, we show that two different types of physical exercise (dancing and endurance training) both increase the area of the brain that declines with age. In comparison, it was only dancing that led to noticeable behavioral changes in terms of improved balance."

Elderly volunteers, with an average age of 68, were recruited to the study and assigned either an eighteen-month weekly course of learning dance routines, or endurance and flexibility training. Both groups showed an increase in the hippocampus region of the brain. This is important because this area can be prone to age-related decline and is affected by diseases like Alzheimer's. It also plays a key role in memory and learning, as well as keeping one's balance.

While previous research has shown that physical exercise can combat age-related brain decline, it is not known if one type of exercise can be better than another. To assess this, the exercise routines given to the volunteers differed. The traditional fitness training program conducted mainly repetitive exercises, such as cycling or Nordic walking, but the dance group were challenged with something new each week.

Dr Rehfeld explains, "We tried to provide our seniors in the dance group with constantly changing dance routines of different genres (Jazz, Square, Latin-American and Line Dance). Steps, arm-patterns, formations, speed and rhythms were changed every second week to keep them in a constant learning process. The most challenging aspect for them was to recall the routines under the pressure of

time and without any cues from the instructor." These extra challenges are thought to account for the noticeable difference in balance displayed by those participants in dancing group. Dr Rehfeld and her colleagues are building on this research to trial new fitness programs that have the potential of maximizing anti-aging effects on the brain.

"Right now, we are evaluating a new system called "Jymmin" (jamming and gymnastic). This is a sensor-based system which generates sounds (melodies, rhythm) based on physical activity. We know that dementia patients react strongly when listening to music. We want to combine the promising aspects of physical activi-

ty and active music making in a feasibility study with dementia patients."

Dr Rehfeld concludes with advice that could get us up out of our seats and dancing to our favorite beat.

"I believe that everybody would like to live an independent and healthy life, for as long as possible. Physical activity is one of the lifestyle factors that can contribute to this, counteracting several risk factors and slowing down age-related decline. I think dancing is a powerful tool to set new challenges for body and mind, especially in older age."

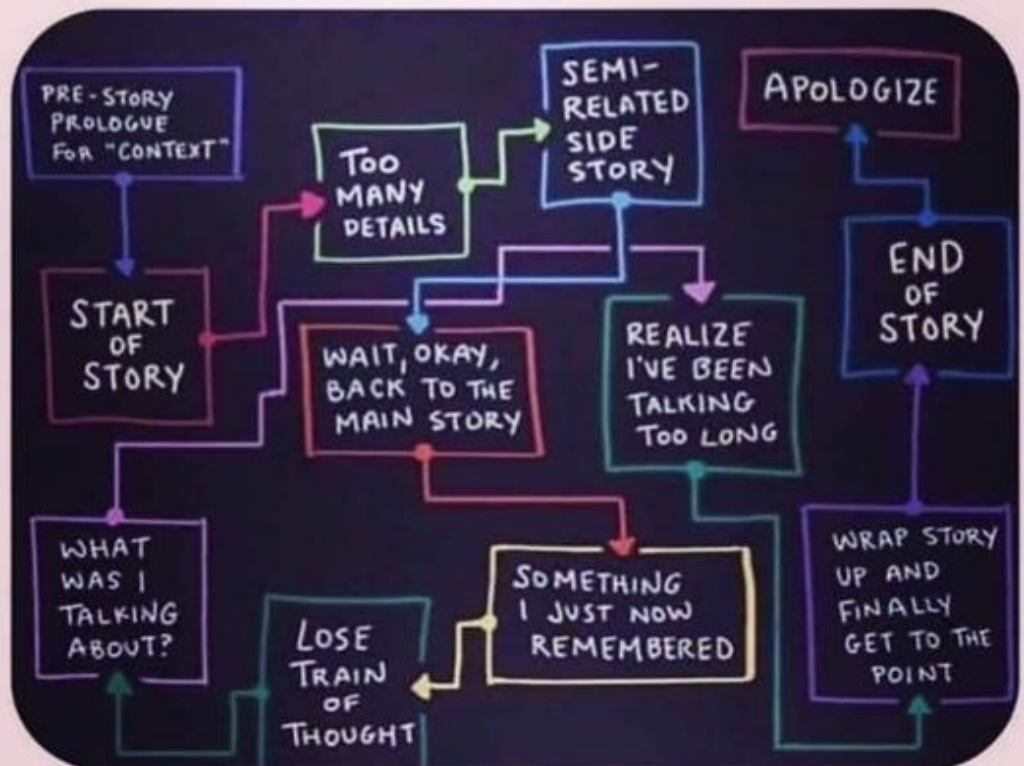
This study falls into a broader collection of research investigating the cognitive and neural effects of physical and cognitive activity across the lifespan.

Source: Dancing can reverse the signs of aging in the brain (medicalxpress.com)

## How a normal person tells a story



## How I tell a story





## Registration Form

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**Professional Registration fees include:** webinars \$50 per session up to \$200 which covers all sessions including CEUs **There are no refunds, but registration is transferable.** Contact BIAOR, 800-544-5243 for more information or questions. The following fees are per person:

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

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

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**Saturday/Sunday March 20-21**

10 am - 11:30 am: Webinar  
12-pm - 1:30 pm : Webinar  
2 pm - 3:30 pm : Webinar  
4 pm - 5:30 pm: Webinar

### How to Register

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# Brain injuries from concussions still evident decades later

Concussions are the most common form of mild brain injury, affecting over 42 million people worldwide annually. Their long-term risks — especially for athletes and members of the military — are well documented, with studies showing possible connections to neurodegenerative conditions like chronic traumatic encephalopathy and Alzheimer's disease.

The immediate effects of a concussion are well known, such as alterations in the brain's structure and activity seen soon after injury. In addition to symptoms like headaches and light sensitivity, a concussion often causes difficulty concentrating or trouble processing new information that can linger for a few weeks before clearing up. But less is understood about how a concussion from earlier in our lives can impact the brain and cognitive health as we age.

To explore the long-term effects of mild brain injuries, researchers led by members of the Brain Aging and Behavior Section of the NIA Intramural Research Program (IRP) tracked

MRI and PET brain scan data over time from 51 older adult participants in the Baltimore Longitudinal Study of Aging who had a concussion about 20 years earlier and compared results to 150 participants with no concussion. The research team also compared long-term results from neuropsychological tests for both groups to detect any changes in cognitive performance over time.

Brain imaging showed that concussed participants had more noticeable levels of white matter damage in their frontal lobes, temporal lobes, and hippocampus at their first study scan, and this damage remained across follow-up visits. The researchers also detected differences in brain activity, also seen in their frontal and temporal lobes, as was brain tissue loss or atrophy of the temporal lobes.

Cognitively, there were no significant differences in test performance between concussed and non-concussed groups. Researchers were unsure if this could be evidence that the brain was able to compensate and adapt to the damage from a decades-

earlier concussion to maintain cognitive performance, but they hope to further explore this question in future studies.

The researchers noted that previously concussed research participants may want to be alert for new cognitive changes because the parts of the brain damaged by concussions — the frontal and temporal lobes — are vulnerable to age-based changes connected to Alzheimer's disease and related dementias.

Next, the team wants to better understand the apparent lack of cognitive issues to see if it is due to a resilience factor, or if the brains of people who had mild concussions are able to adapt work-arounds to compensate for the damage.

This study was funded by the NIA Intramural Research Program.

Reference: Beason-Held L, et al. Lasting consequences of concussion on the aging brain: Findings from the Baltimore Longitudinal Study of Aging. *NeuroImage*. 2020;221:117182. doi: 10.1016/j.neuroimage.2020.117182.



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In 1973, Nixon did a personal favor for his friend and campaign financier, Edgar Kaiser, then president and chairman of Kaiser-Permanente. **Nixon signed into law, the Health Maintenance Organization Act of 1973**, in which medical insurance agencies, hospitals, clinics and even doctors, could begin functioning as for-profit business entities instead of the service organizations they were intended to be. **And which insurance company got the first taste of federal subsidies to implement HMOA73 ...**  
*\*gasp\* ... why, it was Kaiser-Permanente!*

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**See page 22 for a membership form**

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# Unlocking PTSD:

## New study reveals why trauma-focused psychotherapy treatment works

Trauma-focused psychotherapy is the best-known treatment for PTSD. But how does it work? A researcher may have found the answer by exploring how different parts of the brain talk to one another.

Trauma-focused psychotherapy is widely considered the best available treatment for posttraumatic stress disorder (PTSD). However, the ways in which this method affects the brain to promote recovery from PTSD are not well understood. In a new study published today in *Biological Psychiatry*, researchers used neuroimaging to examine how the brain areas responsible for generating emotional responses to threats are changed by psychotherapy.

"We know that psychotherapy works. But we don't have a lot of good data to explain how it works, how the brain is changed by going through this process," said Greg Fonzo, Ph.D., lead author of the study and an assistant professor in the Department of Psychiatry and Behavioral Sciences at Dell Medical School at The University of Texas at Austin. "That's what we sought to find out."

Posttraumatic stress disorder may occur in people who have experienced or witnessed a traumatic event such as war or combat, sexual assault, a natural disaster or terrorist act.

Symptoms can include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

Trauma-focused psychotherapy is a treatment that helps people recover from a traumatic event, using techniques such as "in vivo exposure," which involves directly facing a feared object, situation or activity in real life, and "imaginal exposure," which involves facing the trauma memory. A person who is afraid of crowds, for example, may be repeatedly exposed to large gatherings.

"At first, that patient will obviously experience fear or whatever negative emotion is triggered by being in a crowd," said Fonzo, who also holds a courtesy appointment in the Department of Psychology at UT Austin. "But it's like looking at a fire from behind a window. It appears to be a dangerous situation, but the person is actually quite safe. After a while, the fire will burn out, and the person recognizes there was no actual danger. And so that process eventually promotes new learning in the brain."

Fonzo and his colleagues used functional magnetic resonance imaging (fMRI) scans to identify how brain networks communicate with one another before and after treatment.

Specifically, they measured the degree of communication or "traffic," known as functional connectivity, between areas of the brain responsible for emotion and regions of the cortex in charge of logic and thinking.

"What we discovered was a reduction in traffic between these brain regions among patients who had undergone trauma-focused psychotherapy," said Fonzo. "In fact, greater connectivity changes were associated with bigger symptom reductions. This restructuring of brain communication may be a unique signature of PTSD recovery."

Fonzo said these findings could change the way doctors treat people who suffer from PTSD.

"Now that we have a better understanding of the brain mechanisms underlying psychotherapy, we may be able to use this information to develop new and better treatments for people with PTSD," said Fonzo.

Materials provided by University of Texas at Austin. Note: Content may be edited for style and length.

[Unlocking PTSD: New study reveals why trauma-focused psychotherapy treatment works -- ScienceDaily](#)

Source: University of Texas at Austin

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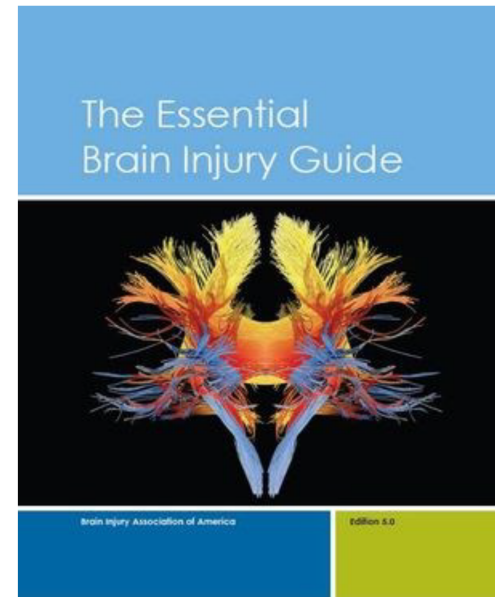


# Understanding Brain Injury and Managing Behavioral Challenges Following Brain Injury and ACBIS International Certification Training

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

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

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



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

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

**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](mailto: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](mailto:sherry@biaoregon.org)

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

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

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

### **Training**

**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](mailto: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](mailto: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/>



# Know Your Brain: The Brainstem — Connecting the Lines

We often use the phrase “somewhere in the back of our mind” for thoughts we like to push aside — ones we’d rather not revisit, but know they’re there. You could almost argue that the brainstem fits this description almost literally — maintaining our alertness and regulating our sleep — the main reasons we’re able to shuffle our thoughts in the first place. Of the 13 cranial nerves in our body, 12 of them are in the brainstem — connecting to the cerebral cortex and then relaying sensory messages throughout the central nervous system.

The brainstem is essential to our sense of fine touch as well as indicating pain and body temperature. Rather than think of it as one complex organ, neuroscientists tend to divide the structure into three parts: the midbrain — which is composed of gray matter at the top of the stem and involved in processing vision and hearing — it also contains the red nucleus that descends to lower motor neurons responsible for movement throughout the eyes, face, and tongue; the pons, located below the midbrain, which regulates breathing and activity between both hemispheres of the brain — a network for carrying messages from the cerebrum to the cerebellum and to the stem’s lower half, the medulla oblongata, which controls the heart rate, breathing and blood pressure.

Due to the number of these tasks, and the organs throughout the body that rely upon these three parts, injury to the brainstem can be life threatening — or devastating — in the case of a brainstem stroke, better known by the name of “locked in” syndrome, in which a patient can communicate their thoughts only by basic eye movements. Fortunately, a closer look at the brainstem with the latest in imaging technology can help to shed light on neurological disorders throughout the brain.

## Solutions From Within

For many years, patients with epilepsy suffered from memory loss and poor concentration following repeated episodes, problems that weren’t quite understood.

Research from Vanderbilt University Medical Center may change that. A study they conducted last spring suggested that continuous seizures may actually reduce brainstem connectivity — the source of these symptoms. Because seizures typically occur in the temporal lobe or throughout the cortex, researchers often overlooked the brainstem.

Dr. Dario Englot, M.D., Ph.D., the study’s lead author, observed that patients with epilepsy often lose consciousness during seizures and set his focus on the brainstem, which is responsible for wakefulness. His paper, published in the journal *Neurology*, is the first investigation into the impact of epilepsy on what is known as the ascending reticular activating system (ARAS), the neural network that regulates consciousness, located within the brainstem. Scans from fMRI demonstrated that when the ARAS was disrupted, the system suffered decreases in its circuitry.

“Seizures do not start in areas deep below the surface of the brain called subcortical nuclei,” said Englot. “So these areas are not often studied in epilepsy. But we think that problems

develop in some deep subcortical circuits that may contribute to some of the unexplained global brain problems in temporal lobe epilepsy, including progressive neurocognitive problems and problems with arousal that can’t be explained by problems in the temporal lobe.”

Memory lapses and attention deficits are not associated with temporal lobe activity, however. Englot’s work on the brainstem further confirms what many in neuroscience have long suspected — that seizures can impact many more regions of the brain than previously thought.

For the study, Englot and his team looked at the scans of 26 patients affected with temporal lobe epilepsy and compared them to 26 people with no epilepsy diagnosis. They matched each pair by age, sex, as well as left or right handedness for controls. The tests established specific connections between the ARAS nuclei and other brain regions that had been altered in patients suffering long term epilepsy.

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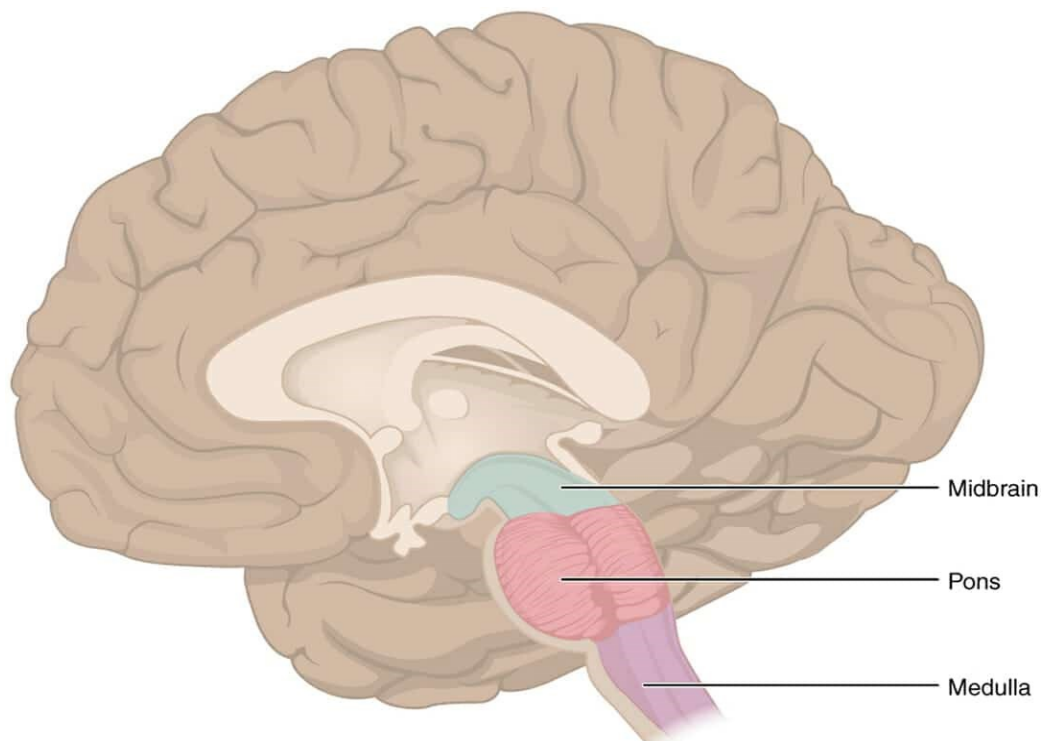


Illustration: OpenStax “Anatomy and Physiology” textbook via CC BY 4.0.

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"This study offers clues about clinical problems suffered in epilepsy that are often difficult to explain," says Englot. "It's an impetus to get treated sooner rather than let seizures continue to damage brain networks." There is still a social stigma associated with seizures, and patients often fail to report episodes they've suffered, due to worries about losing their license to drive or their employment and insurance in some cases.

There are cases of epilepsy where drug treatments are not always effective — and a possible reason may be that they target the wrong areas. Englot's work could be a step in the right direction for new pharmaceutical treatments, as well as new surgical procedures to stop recurring seizures — ones that may also be less invasive and more precise in the areas they target.



## Traversing the Unknown

While our understanding of the brainstem's components and their individual functions has become clearer in just the last few years — there's one particular area within the medullary reticular formation that continues to elude neuroscientists. The nucleus gigantocellularis (NGC) is a relatively unexplored portion of the brainstem, but research published in *Proceedings of the National Academy of Sciences* suggests that it may play a role in cognition. So daunting and mysterious is the NGC that the study's first author, Dr. Inna Tabansky, termed this region the brain's "black box."

Developing thoughts, coming up with the right word, and even the movement and senses rely on a mechanism known as "general arousal" — or GA — it's that series of processes going on in your brain that wakes you up in the morning and keeps you alert before the first cup of coffee. More importantly, GA keeps us aware of ourselves and our environment — no matter how dark our room may be.

"It's so fundamental that we don't pay attention to it," says Dr. Donald Pfaff, who heads the Laboratory of Neurobiology and Behavior at Rockefeller University: "And yet it's so important that we should."

## Getting to the Root of the Problem

Tabansky, while experimenting with mice in the lab, came across a subtype of extremely large neurons within the NGC. So massive were these bundles of nerve that they linked essentially throughout the entire nervous system — in particular to the thalamus, where neurons are able to activate the entire cerebral cortex — the brain's power house. The research team knew they were onto something important — they just weren't quite sure where the roads led.

"If you just look at the morphology of NGC neurons, you know they're important," Pfaff says. "It's just a question of what they're important for. I think they're essential for the initiation of any behavior."

Tabansky and her team began their research by determining what genes the neurons expressed. It turns out, the NGC neurons code for an enzyme called endothelial nitric oxide synthase (eNOS), which is responsible for producing nitric oxide, which lowers blood pressure and accelerates the delivery of oxygenated blood to tissue. NGC neurons are the only neurons in the brain that produce this enzyme and the ones containing eNOS are also situated close to blood vessels.

Pfaff suggests that these neurons are so integral to carrying out normal functions of the central nervous system that they may have somehow evolved the ability to directly regulate their own supply of blood — sending eNOS into the nearby networks of blood vessels to deliver more when ready. While

*(Continued on page 16)*



# Small 'window of opportunity' for best recovery after stroke

An international study has shown, for the first time, that the capacity of the human brain to recover and rewire itself peaks around two weeks after a stroke and diminishes over time. The finding, published today in the *Neurorehabilitation and Neural Repair* journal, is the result of a study in London and Adelaide that followed the recovery of 60 stroke patients up to one year after their stroke.

Lead author Dr Brenton Hordacre, from the University of South Australia, says the multi-site study showed conclusive evidence that the brain only has a small window of opportunity to more easily repair itself after stroke.

"Earlier animal studies suggested this was the case, but this is the first time we have conclusively demonstrated this phenomenon exists in humans," Dr Hordacre says.

The researchers scanned the brains of stroke survivors as they recovered over 12 months. They found that in the initial days following an ischemic stroke (caused by a blocked artery to the brain), the brain has a greater capacity to modify its neural connections and its plasticity is increased.

"It is during this early period after stroke that any physiotherapy is going to be most effective because the brain is more responsive to treatment.

"Earlier experiments with rats showed that within five days of an ischemic stroke they were able to repair damaged limbs and neural connections more easily than if therapy was delayed until 30 days post stroke."

The researchers used continuous transcranial magnetic stimulation (cTBS) to repetitively activate different hemispheres of the motor cortex to measure brain plasticity.

The Adelaide laboratory tested the stroke damaged motor cortex, which is the main area that controls movement. The London laboratory tested the non-stroke damaged hemisphere which is also important to help recovery.

"Our assessments showed that plasticity was strongest around two weeks after stroke in the non-damaged motor cortex. Contrary to what we expected, there was no change in the damaged hemisphere in response to cTBS."

Dr Hordacre says the findings confirm the importance of initiating therapy as soon as possible after a stroke.

Current evidence indicates that less than eight minutes of daily therapy is dedicated to upper limb recovery within the first four weeks of a stroke.

"Delivering more treatment within this brief window is needed to help people recover after stroke.

"The next step is to identify techniques which prolong or even re-open a period of increased brain plasticity, so we can maximize recovery," Dr Hordacre says.

Story Source:

Materials provided by University of South Australia. Note: Content may be edited for style and length.

Journal Reference:

Brenton Hordacre, Duncan Austin, Katlyn E. Brown, Lynton Graetz, Isabel Pareés, Stefania De Trane, Ann-Maree Vallence, Simon Koblar, Timothy Kleinig, Michelle N. McDonnell, Richard Greenwood, Michael C. Ridding, John C. Rothwell. Evidence for a Window of Enhanced Plasticity in the Human Motor Cortex Following Ischemic Stroke. *Neurorehabilitation and Neural Repair*, 2021; 154596832199233 DOI: 10.1177/1545968321992330

Source: University of South Australia. "Small 'window of opportunity' for best recovery after stroke." ScienceDaily. ScienceDaily, 16 February 2021. <[www.sciencedaily.com/releases/2021/02/210216133428.htm](http://www.sciencedaily.com/releases/2021/02/210216133428.htm)>.

## Fred Meyer Community Rewards - Donate to BIAOR

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

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Motorcycle Accidents  
Sexual Harassment/Abuse  
Aviation Accidents  
Legal Malpractice

# 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>

*(Continued from page 14)*

the researchers continue to find out the exact circumstances through which this may have come about, there was evidence to suggest that certain changes in the individual's environment — such as a new smell — potential food or a predator, activated eNOS in the NGC neurons of lab mice.

"There is some low level of production when the animal is in a familiar setting," says Tabansky, "which is what you expect as they maintain arousal. But it is vastly increased when the animal is adapting to a new environment."

In the near future, Tabansky hopes that her team's findings will be used to make further strides in the research of bipolar disorder. Genetic evidence suggests that neurons and their regulation of chemicals may also play a part in depression and suicidal feelings, though the exact mechanism remains unknown.

"By showing that this gene and its associated pathways have a particular role, at least in the rodent brain that relates to a fundamental function of the nervous system, is a hint about how this gene can cause psychiatric disease," says Tabansky. "It's very preliminary, and there is a lot more work to be done, but it potentially opens a new way to study how this gene can alter an individual's psychology."

Source: Know Your Brain: The Brainstem — Connecting the Lines » Brain World ([brainworldmagazine.com](http://brainworldmagazine.com))





## Free workshops for families of children with special health needs

The Oregon Family to Family Health Information Center offers **free workshops** for families of children with special health needs. Your program or agency can co-sponsor a training by simply providing a space and inviting families. We'll do the rest. Our trainings can be either in person or virtual using Zoom.

Each training includes a presentation, discussion time, and free resources for families. If meetings are in person, we also provide light refreshments.

### Training is available on the following topics:

**Health Care Advocacy** This workshop provides tips and support on advocating for children with special health needs, and on teaching them to advocate for themselves. Topics include communicating with health care providers, navigating health care systems, and understanding health insurance benefits.

**Resources and More** Families will learn about local, state, and national resources for children with health, developmental, or emotional/behavioral special needs. This workshop is especially helpful for families who may have recently received their child's diagnosis.

**Supported Decision Making** Using concepts and materials provided by The Arc Oregon, this workshop introduces families to why supported decision making is a viable alternative to guardianship for most families. It will give tools to build a team that supports and empowers youth and adults of all abilities.

**More than a Chart: One Page Profiles for the Medical Setting** Learn how a powerful, yet simple, tool can introduce a child's health needs in a positive, respectful way. Help staff of medical, dental, and therapy offices, as well as teachers, social workers, coaches, etc. understand your child's unique personality and needs

**Transition to Adult Health Care** This interactive workshop offers ideas and resources for families of youth aged 12 - 24, especially if they have many specialists or other complex care needs. Families will learn ways to be prepared for the changes that occur in the health care starting around age 14.

**Planning for a Health Emergency: Working with Emergency Medical Services** Families will be introduced to a toolkit to get more prepared if their child requires emergency medical treatment. Covers working with 911 dispatch, first responders, emergency room staff and also how parents can get help for themselves during this stressful time.



For more information,  
or to schedule a training in  
contact:

[barajaar@ohsu.edu](mailto:barajaar@ohsu.edu) (Spanish)

or:

[contact@oregonfamilytofamily.org](mailto:contact@oregonfamilytofamily.org)  
(English)

855-323-6744

[www.oregonfamilytofamily.org](http://www.oregonfamilytofamily.org)



# Brain Stimulation Can Counter Age-Related Memory Loss

## Study finds TMS offers temporary benefits and hope for longer-term applications

Applying electromagnetic stimulation to the brain can at least temporarily reverse normal age-related memory problems, according to a new study from Northwestern Medicine published in *Neurology*, the medical journal of the American Academy of Neurology. Transcranial magnetic stimulation (TMS) was used on 15 participants ages 64 to 80 for 20 -minute sessions, five days in a row. The device was applied to the outside of the head in an area behind the ear that targets the hippocampus — the part of the brain responsible for memory. The device produces a gentle tapping sensation.

Before the TMS, the older people had lower scores on a recall test than younger subjects, “as we expected,” said Joel Voss, associate professor of medical social sciences at Northwestern University Feinberg School of Medicine and lead investigator in the study. (Memory loss is normal with age, though there are things you can do to minimize it.)

A day after the final TMS session, the participants’ memory had improved to the point where it was indistinguishable from that of their younger counterparts, Voss said. “So we effectively rescued their memory performance up to the level of a younger

adult.” A week later their memory was still better than it was initially, though the effect was reduced.

A placebo simulation didn’t improve memory

.Voss and his colleagues have been studying the use of TMS in restoring memory for several years, and have seen it improve recall in younger subjects. This was the first time they focused on older people, and the researchers weren’t sure what to expect, Voss said: “I kind of assumed that perhaps the brain networks of older adults and their age-related impairment would prevent them from being able to be stimulated effectively.”

In fact, the study found the opposite, he added: “We found that the magnitude of the benefit they achieved was greater than the younger adults. It seems as though the individuals with the most to gain actually benefited the most from stimulation.”

The question now is how long such memory improvements can last after stimulation, and how many days of stimulation would be required for longer-lasting results. TMS is



already FDA-approved for treating serious depression, which shows improvement for several months after patients undergo five weeks of brain stimulation.

The Northwestern researchers have begun a new study applying TMS to older participants — including, this time, those with early-stage Alzheimer’s — for a longer period, to see if it can offer more lasting benefits. And Voss said he’s curious to see if, again, those with the worst memory will benefit most.

Source: TMS Brain Therapy May Reverse Age-Related Memory Loss (aarp.org)



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

- CBIS Training (Certified Brain Injury Specialist)-International Certification/Brain Injury Fundamentals Certification
- What Medical Professionals Should Know About Brain Injuries— But Most Don’t
- Challenging Behaviors
- TBI & PTSD in the Returning Military
- Vocational Rehabilitation-working with clients
- Methamphetamine and Brain Injury
- ADA Awareness—Cross Disability Training
- Judicial and Police: Working with People with Brain Injury
- Traumatic Brain Injury: A Guide for Educators
- Native People and Brain Injury
- Brain Injury 101
- What the Family Needs to Know After a Brain Injury
- Anger Management and TBI
- Aging and TBI
- How Brain Injury Affects Families
- Brain Injury for Medical and Legal Professionals-
- What you need to know
- Caregiver Training
- Domestic Violence and TBI
- Dealing with Behavioral Issues
- Returning to Work After Brain Injury
- And more!

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



## Collaboration, Cooperation, Compassion....

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

To learn more about our Northern California program or our new Neurobehavioral Program in Colorado, call 888-419-9955 or visit [learningservices.com](http://learningservices.com).

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Gilroy Campus, California



Learning Services Neurobehavioral Institute - West

## ARE YOU A MEMBER?

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

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# 10 BRAIN FOODS



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Cantaloupe/ Rockmelon supports the brain

Cabbage high intake of cruciferous may lower risk of brain



Watermelon targets brain function



Apples are powerful food for mind, body and emotions



Broccoli assists in proper brain function



Assists in cleansing white matter in brain and spine



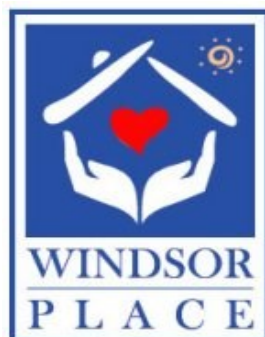
Ginger cure for anti-inflammatory that protect the brain from diseases.



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### Practical Training Workbook

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.

BRAIN INJURY ASSOCIATION OF AMERICA

Developed by experienced clinicians and rehabilitation professionals, Brain Injury Fundamentals is an all-new training and certificate program designed to address the unique needs and challenges of those who care for or encounter individuals with brain injury. This includes 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.

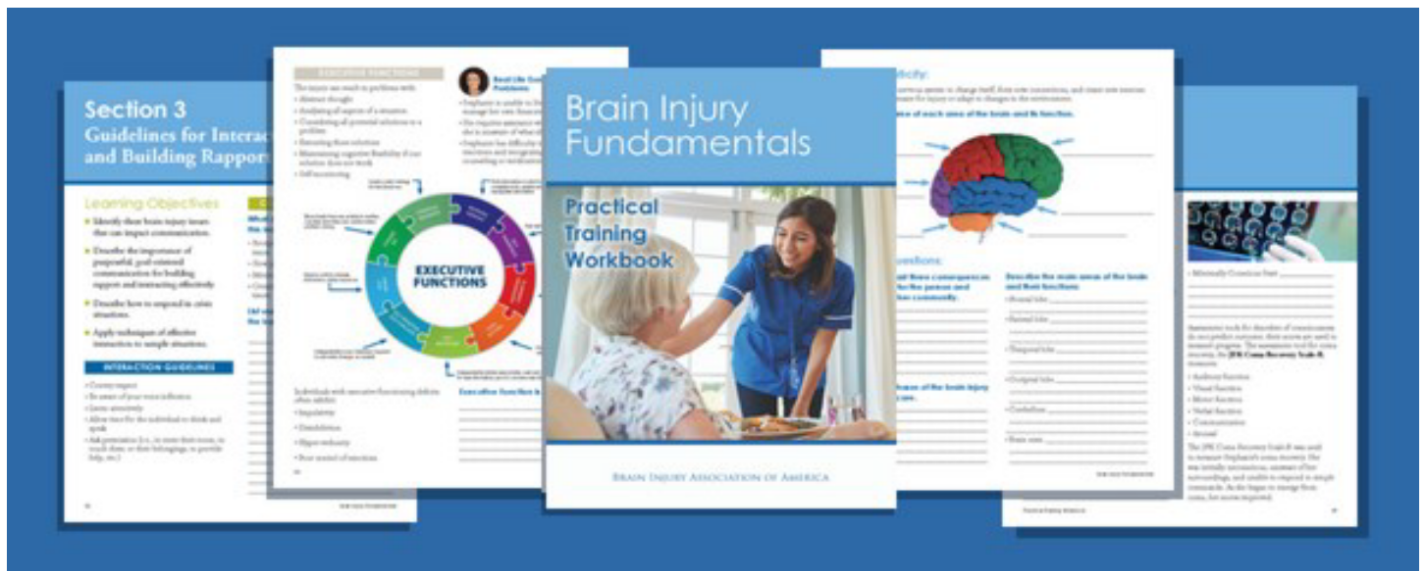
The Brain Injury Fundamentals course is comprehensive and flexible enough to be incorporated as an organization's on-boarding program for direct care staff, or used as a stand-alone training in healthcare and community facilities. The course will be taught by ACBIS trainer, Sherry Stock, ABD/PhD, CBIST,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

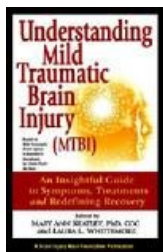
After completing intensive training, candidates will receive a certificate that is valid for three years. To learn more about the application process contact Sherry Stock at BIAOR [sherry@biaoregon.org](mailto:sherry@biaoregon.org). 800-544-5243 or 503-740-3155

**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](mailto: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.



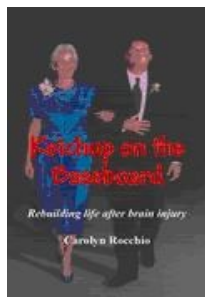
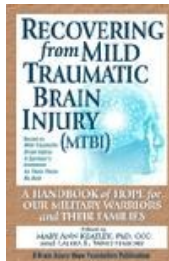


### Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

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

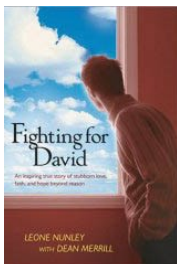
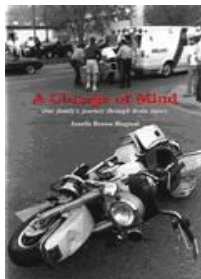


### Ketchup on the Baseboard

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

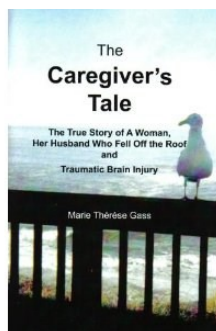


### Fighting for David

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



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☐ Recovering from MTBI \$23 ☐ Understanding MTBI \$23

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# Resources

## Oregon Developmental Disabilities (DD)

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

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

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

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

## ADRC - Aging and Disability Resource Connection

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

## Northwest ADA Center - Oregon

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

## Spring Sudoku

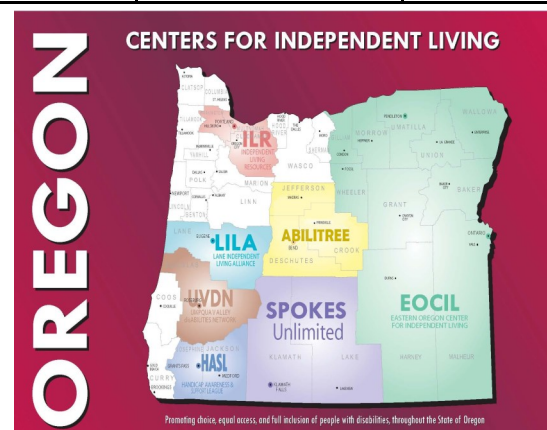
(Answer from page 2)

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

## Oregon Centers for Independent Living

### Contact List

CIL	LOCATION	COUNTIES SERVED
<b>ABILITREE</b> IL Director: Greg Sublette	2680 NE Twin Knolls Dr Bend, OR 97702 1-541-388-8103	Crook, Deschutes, Jefferson
<b>EOCIL</b> (Eastern Oregon Center for Independent Living) Director: Kirt Toombs	322 SW 3 <sup>rd</sup> 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
<b>HASL</b> (Independent Abilities Center) Director: Randy Samuelson	305 NE "E" St. Grants Pass, OR 97526 (541) 479-4275	Josephine, Jackson, Curry, Coos , Douglas
<b>LILA</b> (Lane Independent Living Alliance) Director: Sheila Thomas	20 E 13th Ave Eugene, OR 97401 (541) 607-7020	Lane, Marion, Polk, Yamhill, Linn, Benton, Lincoln
<b>ILR</b> (Independent Living Resources) Director: Barry Fox-Quamme	1839 NE Couch Street Portland, OR 97232 (503) 232-7411	Clackamas, Multnomah, Washington
<b>SPOKES UNLIMITED</b> 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
<b>UVDN</b> (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](http://www.tbied.org)  
For more information about Oregon's TBI Team [www.cbirt.org/oregon-tbi-team/](http://www.cbirt.org/oregon-tbi-team/)  
Melissa McCart 541-346-0597  
[tbiteam@uoregon.edu](mailto:tbiteam@uoregon.edu) or [mccart@uoregon.edu](mailto:mccart@uoregon.edu)  
[www.cbirt.org](http://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](http://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](http://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](mailto:info@factoregon.org)  
[http://factoregon.org/?page\\_id=52](http://factoregon.org/?page_id=52)

### Websites

**Mayo Clinic** [www.mayoclinic.com/health/traumatic-brain-injury/DS00552](http://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](http://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://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](http://www.neurobics.com/exercise.html)

### Brain Training Games from the Brain Center of America

[www.braincenteramerica.com/exercises\\_am.php](http://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](http://www.BrainInjuryWA.org)

Vancouver: Carla-Jo Whitson, MSW CBIS 360-991-4928 [jarlaco@yahoo.com](mailto: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](http://www.returningveterans.org)  
email: [mail@returningveterans.org](mailto:mail@returningveterans.org)

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

Kathy Holmquist, 503-240-8794 [Kathy@pathwaysto.net](mailto: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](mailto: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://1901.Esther.St.Newberg.OR.97132) (503) 554-4300  
[www.hazeldenbettyford.org](http://www.hazeldenbettyford.org)  
Serenity Lane, [10920 SW Barbur Blvd Ste 201, Portland, OR 97219](http://10920.SW.Barbur.Blvd.Ste.201.Portland.OR.97219) (503) 244-4500  
[www.serenitylane.org](http://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/](http://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](http://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](http://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](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](http://www.iCaduceus.com): The Clinician's Alternative, web-based alternative medical resource.

[www.idahotbi.org/](http://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/](http://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](http://www.oregonpva.org) - If you are a disabled veteran who needs help, peer mentors and resources are available

[www.oregon.gov/odva](http://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](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](http://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 pm

Women's Head Injury Support Group  
Join Zoom Meeting

More information and to register contact  
Kendra Bratherton 209-791-3092

[pnwhigroup@gmail.com](mailto:pnwhigroup@gmail.com)

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

Topic: PNW Survivor/Caregiver Support Group

Time: 07:00 PM Pacific Time (US and Canada)

Join Zoom Meeting

More information and to register contact  
Kendra Bratherton 209-791-3092

[pnwhigroup@gmail.com](mailto: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 Eldrige 541.388.8103 extension 209  
[brookee@abilitree.org](mailto: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 Eldrige 541.388.8103 extension 209  
[brookee@abilitree.org](mailto: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](mailto: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](mailto: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 [tbiupport@gmail.com](mailto:tbiupport@gmail.com)

### Growing Through It- Healing Art Workshop

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

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.

Lion's Sight & Hearing Center  
228 N. Holly St (use rear entrance)  
Lorita Cushman 541-621-9974  
[loritabiao@comcast.net](mailto:loritabiao@comcast.net)

### 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](mailto:brain4you2@gmail.com)

### Portland

#### Brain Injury Help Center Without Walls

##### "Living the Creative Life" Women's Coffee

1st and 3rd Fridays: 10:00 - 12:00 - currently full

##### Family and Parent Coffee in café

Wednesdays: 10:00-12:00  
[braininjuryhelporg@yahoo.com](mailto: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](mailto:BrianL@bic-nw.org) [info@braininjuryconnections.org](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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 [swdsses@yahoo.com](mailto:swdsses@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](mailto:beverly.stjohn@ah.org)

**WASHINGTON TBI SUPPORT GROUPS**  
**Quad Cities TBI Support Group**  
Second Saturday of each month, 9 a.m.  
Tri State Memorial Hosp.  
1221 Highland Ave, Clarkston, WA  
Deby Smith (509-758-9661; [biagcedby@earthlink.net](mailto:biagcedby@earthlink.net))

**Stevens County TBI Support Group**  
1st Tuesday of each Month 6-8 pm  
Mt Carmel Hospital, 982 E. Columbia, Colville, WA  
Craig Sicilia 509-218-7982; [craig@tbiwa.org](mailto: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](mailto:craig@tbiwa.org))  
Michelle White (509-534-9380; [mwhite@mwhite.com](mailto: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](mailto:melissagray.mhc@live.com))  
Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))  
Michelle White (509-534-9380;  
[mmwhite@mwhite.com](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto:meyergre@slhs.org))  
Kathy Smith (208-367-8962; [kathy.l.smith@saintalphonsus.org](mailto: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](mailto: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 [mmccartm@cbirt.org](mailto:mmccartm@cbirt.org)



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

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BrainLogisticsLLC@gmail.com

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



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Visit [www.OregonCarePartners.com](http://www.OregonCarePartners.com) or call  
(800) 930-6851

## How To Contact Us

### *Brain Injury Alliance of Oregon (BIAOR)*

Mailing Address:  
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Molalla, OR 97038

Toll free: 800-544-5243

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

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