



The Newsletter of the Brain Injury Alliance of Oregon

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Study: Long-term prognosis for some patients with severe brain injury better than expected

New research adds to a body of evidence indicating decisions about withdrawing life-sustaining treatment for patients with moderate-to-severe traumatic brain injury (TBI) should not be made in the early days following injury.

In a July 6, 2021, study published in JAMA Neurology, researchers led by UC San Francisco, Medical College of Wisconsin and Spaulding Rehabilitation Hospital followed 484 patients with moderate-to-severe TBI.

They found that among the patients in a vegetative state, 1 in 4 "regained orientation"—meaning they knew who they were, their location and the date—within 12 months of their injury.

"Withdrawal of life-sustaining treatment based on early prediction of poor outcome accounts for most deaths in patients hospitalized with severe TBI," said senior author Geoffrey Manley, MD, Ph.D., professor and vice chair of neurological surgery at UCSF and chief of neurosurgery at Zuckerberg San Francisco General Hospital, noting that 64 of the 92 fatalities in the study occurred within two weeks of injury.

"TBI is a life-changing event that can produce significant, lasting disability, and there are cases when it is very clear early on that a patient will not recover," he said. "But results from this study show a significant proportion of our participants experienced major improvements in life functioning, with many regaining independence between two weeks and 12 months after injury."

The patients in the study were enrolled by the brain injury research initiative TRACK-TBI, of which Manley is the principal investigator. All patients were 17 and older and had presented to hospitals with level 1 trauma centers within 24 hours of injury. Their exams met criteria for either moderate TBI (approximately one third of patients) or severe TBI.

In both groups, the most common causes of injury were falls, assault and primarily car and motorcycle crashes in which the patient had been a driver/passenger, pedestrian or cyclist.



The patients, whose average ages were 35 in the severe TBI group (78 percent males) and 38 in the moderate TBI group (80 percent males), were assessed using the Glasgow Outcomes Scale Extended (GOSE), which ranges from 1 for death to 8 for "upper good recovery" and resumption of normal life. The Disability Rating Scale (DRS) was also used to categorize impairment.

At 12 months, small but significant minority of severe TBI patients had no disability

At two weeks post-injury, 93 percent of the severe TBI group and 79 percent of the moderate TBI group had moderate-to-severe disability, according to the DRS, and 80 percent had GOSE scores from 2 to 3, meaning they required assistance in basic everyday functioning.

But by 12 months, half of the severe TBI group and three-quarters of the moderate TBI group had GOSE scores of at least 4, indicating they could function independently at home for at least eight hours per day. Moreover, 19 percent of the severe TBI group had no disability, according to the DRS, and a further 14 percent had only mild injury, the researchers noted.

Most surprising were the findings for the 62 surviving patients who had been in a vegetative state, defined as a chronic state of brain dysfunction in which a person shows no signs of awareness. All patients had recovered consciousness by the 12-month mark and 14 out of the 56 with available data (1 in 4) had

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Headliner DEADLINES

<u>Issue</u>	<u>Deadline</u>	<u>Publication</u>
Spring	April 15	May 1
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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

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Executive Director's Corner



10 Things 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 rebel 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.

6. Why is my thinking frontal lobe not kicking in to calm me down? Higher decision-makers such as the frontal cortex are connected to lower

emotional parts such as the amygdala. These lofty brain parts put the brakes on when the emotional parts get overwhelmed. In emergencies, the amygdala takes the driver's seat and ejects many false positives. In situations that may compromise your survival, the brain would rather be overcautious and wrong. Rumors, fake news, and anomalous stories gain credibility.

7. Why would this horrible thing happen to good people like us? Many of us believe in a "just world." This protects our self-esteem and our anxiety around mortality and vulnerabilities. Many Americans believe that "bad things don't happen to good people." The brain has to solve the paradox of "we are good people, but still receive punishment." This creates uncomfortable dissonance that we try to get rid of.

8. If you want to annoy the brain, place it in uncertainty Predictable situations give us a false sense of control. The current global situation is erecting a new reality that our brains find undesirable. Many things seem unknown today, and tomorrow is stained with uncertainty. The frontal lobe struggles to find some givens—parameters to feel confident about planning ahead. This makes subservient emotional parts freak out even more. This explains why the frontal lobe has been generating some arbitrary decisions.

9. We don't like to be visibly vulnerable. We live in an individualistic society. We like to appear self-sufficient, confident and able. The brain tries all kinds of tricks to protect this image and feels threatened when it fails. Emergency situations may unmask many of our vulnerabilities.

10. Why is it hard to focus? Our attentional resources are limited. We do not multi-task as well as we would like to think. Also, salient information usurps our attention regardless of our intent to focus on something else. Currently, our attentional space is monopolized by anything related to the coronavirus.

Source: [10 Things the Brain Does in Response to Pandemic | Psychology Today](#)

I hope that everyone is being safe, has gotten their vaccination and is interacting with family and friends. If you are looking for other outlets check out the Zoom support groups offered on page 26-27

Be safe, you are not alone.

Sherry Stock

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

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

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

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

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

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IS Living Integrated Supports for Living, Jesse
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Kampfe Management Services, Portland, 503-788-3266 Apt

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

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Apt
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Brain Injury Rehabilitation Programs

Oregon Rehabilitation Center PeaceHealth Sacred
Heart Medical Center 1255 Hilyard St Eugene,
OR 97401 541-686-7300 [http://](http://www.peacehealth.org/sacred-heart-university-district/services/neurosciences-institute2/oregon-rehabilitation-center/Pages/default.aspx)

www.peacehealth.org/sacred-heart-university-district/services/neurosciences-institute2/oregon-rehabilitation-center/Pages/default.aspx Description: Oregon Rehabilitation Center (ORC) is an 18-bed inpatient rehabilitation unit, located inside Sacred Heart Medical Center, nationally accredited for its Comprehensive Integrated Inpatient and Brain Injury programs.

Progressive Rehabilitation Associates 1815 SW
Marlow, Ste 110 Portland, OR 97225 Phone: 503

292 0765 (800) 320-0681 www.progrehab.com

Description: Progressive Rehabilitation Associates (PRA) is a recognized and accredited rehabilitation center in Portland, Oregon. PRA specializes in the areas of chronic pain, work hardening, and acquired and traumatic brain injuries.

Cognitive Enhancement Center 13232 SE Stark St.
Portland, OR 97233 Phone: 503 760 0245 Web:

<http://www.cognitiveenhancementcenter.net/>

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

Therapeutic Day Program for people with acquired and traumatic brain injuries

Legacy Rehabilitation Institute located in the Legacy Good Samaritan Medical Center 1015 NW 22nd Ave Portland, OR 97210 Phone: 503 413 6931 Website: <http://www.legacyhealth.org/> Acute rehabilitation services

Providence Acute Rehabilitation Center 4805 NE Gilson St 4th Floor Portland, OR 97213 Phone: 503 215 5710 Website: <http://oregon.providence.org/our-services/p/providence-acute-rehabilitation-center/> Acute Inpatient Brain Injury Rehabilitation Program

Kampfe Management Services 3734 SE Gladstone St Portland, OR 97202 503 788 3266 Residential rehabilitation services

Portland State University Adult Cognitive Rehabilitation Clinic, Speech and Language Clinic, & Aphasia Therapy Groups 85 Neuberger Hall Portland State Univ Portland, OR 97201 503 725 3070 <http://www.pdx.edu/sphr/cognitive-rehab-clinic> Speech therapy and cognitive rehabilitation services through the clinics are provided by speech language therapist graduate students under the supervision of licensed Speech Language Therapists.

Rehab Without Walls 20818 44th Avenue W. - Ste 270 Lynnwood, WA 98036 Phone: 877.497.1863 : <http://www.rehabwithoutwalls.com/locations-list-format/> Home based rehabilitation services for the Portland, OR area and the Vancouver, WA area and surrounding counties. Comprehensive, CARF accredited service includes a skilled clinical team, which can include physical therapists, occupational therapists, recreational therapists, speech pathologists, clinical social workers, nutritionists and neuropsychologists, able to teach relevant skills in the patient's own environment.

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(Continued on page 5)

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£ 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>

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Parent Training Information Center Oregon First 2600 SE 71st Ave Portland, OR 97206 Phone: 503-232-0302 Website: <http://www.orfirst.org>

Email: info@orfirst.org Description: Non-profit Parent Resource Center serving special education families located in Portland, Oregon with children birth to age 26. Assists families in gaining knowledge and resources and provides professional training to those supporting children experiencing a disability; provides services in bilingual English and Spanish.

Work Incentives Network: Web: <http://www.win-oregon.com/> Email: Info@win-oregon.com

Description: a free benefits and work incentives planning service provided by 6 Oregon Centers for Independent Living to people with disabilities who want to work

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Toll-free: 1-800-503-7983 Website: <http://www.doj.state.or.us/victims/pages/compensation.aspx> Email: cvsd.email@doj.state.or.us

Vocational Rehabilitation Central Administration: 500 Summer Street NE Salem, OR 97301 Phone: 503-945-5880 Toll Free: 877-277-0513 Website: <http://www.oregon.gov/DHS/vr/> 46 locations statewide: <http://www.oregon.gov/DHS/Offices/Pages/VocationalRehabilitation.aspx>

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Sleep Disorders Tied to Dementia in Patients With TBI

— Study evaluates outcomes by sex, independently of other dementia risks

Patients with traumatic brain injury (TBI) who also had a sleep disorder had an increased risk of developing dementia, a longitudinal analysis showed.

Over more than 4 years, TBI patients with a diagnosed sleep disorder were 25% more likely to develop dementia than TBI patients without a sleep disorder (HR 1.25, 95% CI 1.15-1.36), reported Tatyana Mollayeva, MD, PhD, of Kite Research Institute and the University of Toronto, at SLEEP 2021, a joint meeting of the American Academy of Sleep Medicine and the Sleep Research Society.

Results were similar for each sex. Men with TBI and sleep disorder had an HR of incident dementia of 1.26 (95% CI 1.11-1.42); women had an HR of 1.23 (95% CI 1.09-1.40).

"Our study's novelty is its confirmation of sleep disorders' association with incident dementia in both male and female patients, independently of other known dementia risks," Mollayeva said in a statement. "We are also the first to report on the risks that sleep disorders and other factors pose separately for male and female patients with TBI."

The retrospective study involved a province-wide cohort of adult patients in Ontario who were dementia-free when they were admitted to the emergency department or acute care hospital with a diagnosis of TBI between May 2003 and April 2013.

All patients were followed to May 2016, until dementia, death, or the end of the study period, whichever happened first. The primary exposure was a sleep disorder, and the primary outcome was dementia. Both were defined by the ICD-10.

The sample included 712,708 patients with TBI

of all severities. Median age was 44 and 59% were male.

A total of 6,999 (0.98%) TBI people in the study had a comorbid sleep disorder. Of these, sleep-related breathing disorders (59%) or insomnia disorders (36%) were most common. Sleep disorders were more prevalent in persons who had sustained TBI in falls and in persons with severe TBI.

Over a median follow-up period of 52 months, 32,834 patients (4.6%) developed dementia. Of people who developed dementia, 59% were female. Analyses controlled for age, sex, income level, injury severity, and known comorbidity risks.

When all sleep disorder categories were combined, sleep disorder frequencies were different between the sexes in people with dementia, but similar in those without. Among people without dementia, sleep disorders occurred in 0.97% of women and 0.94% of men with TBI. Among people with dementia, they occurred in 1.3% of women and 2.12% of men.

"The strong links to incidence of dementia in both sexes suggest a need for more targeted sleep disorders risk awareness in patients with TBI," Mollayeva said.

The study had several limitations, Mollayeva noted, it used information about hospital-based services to identify sleep disorders and other risks. It did not distinguish outcomes by sleep disorder. In addition, effects of treatment and treatment adherence were unknown.

Source: Sleep Disorders Tied to Dementia in Patients With TBI | MedPage Today

Noble House - Homeward Bound

Homeward Bound's residential home, "Noble House," is located in Cornelius, Oregon where our focus is on behavioral, physical and cognitive rehabilitation. We help to foster residents' dignity, enhance independence, and promote self-worth by planning activities that meet physical, mental, social and spiritual needs. We value knowing each resident's interests, abilities, skills, strengths, values, and what is important to them. We provide both long-term and short-term residential services to the brain injured adult. Our well trained, dedicated and empathetic staff plays a big part in the success we have had in working with even very challenging behaviors.

Our services are person-centered and we use both restorative and compensatory training to improve the individual's ability to function in all aspects of family and community life. Our services are oriented toward community re-integration and independence and are designed to give our clients the advantages and opportunities which can only be found in an individualized and stimulating environment. Each person's individualized program is coordinated with our professional alliance team.

Because we believe the whole body plays a part in the healing process, recreational and physical activities at home and in the community are an important part of our program. We offer fun recreational activities as part of the rehabilitation process, utilizing river rafting, fishing, a walk in a park, a visit to a farmers market, attending car races and many other outdoor opportunities geared to the interests and ability of the resident.

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Contact Carol Altman for further information:
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You Have a Right to Justice

Five Ways Service Dogs are Changing the Lives of Veterans & Individuals with TBI

What a service dog can do for someone with post-traumatic stress disorder or mild traumatic brain injury is they can help with the psychological symptoms that somebody is experiencing. So if we took something like having a hard time going through a grocery store then what many service members call "the fatal funnel," which is a doorway, so you want to stay out of the fatal funnel. Now if they had a service animal to kind of ground them, to bring them back to where they are now, to give support when needed and they have something to focus on—a service animal that they need to take care of. The service animal can be right with them, and they do a variety of different things. They might provide pressure to somebody's leg. They might just be there as an element of something to focus on. Army veteran Amber Skylar developed post-traumatic stress disorder (PTSD) after military sexual trauma (MST) and years of experiences she couldn't stop reliving. "I hid in my house for years. I would watch people enjoy life, but I couldn't live it." Military life left Skylar with invisible wounds that would control her for 30 years, until a four-legged lifesaver, a Service Dog Arbor stepped in to help.



Army veteran Skylar and Service Dog Arbor

FIVE ways Canine Companions veteran teams are impacted by service dogs like Arbor:

- One-third report a decrease in medication since receiving their service dog trained to mitigate PTSD symptoms. Service dogs like Arbor are trained to mitigate symptoms of PTSD, such as interrupting nightmares and anxiety attacks, turning on lights and integration into therapies.
- 74% report decreased symptoms of PTSD since receiving their Canine

Companions service dog. There's no cure for PTSD, but Canine Companions service dogs are making all the difference.

- 87% report an increase in their social life since receiving their service dog. "Thanks to Arbor, friends and neighbors say I've totally changed."
- 89% report an increased feeling of safety since receiving their service dog assisting with symptoms of PTSD. Like so many Canine Companions veteran teams, because of Arbor, Skylar says she was able to walk away from looking at others out her window and step into creating her own life.
- 100% report increased independence, happiness and willingness to participate in therapies since receiving their service dog. "I dealt with a lot of shame," Skylar says. "Arbor reminded me that I'm a good person."

SOURCE Canine Companions for Independence www.cci.org



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(Continued from page 1)
regained orientation. All but one survivor in this group recovered at least basic communication ability.

"These patients made the cut for favorable outcome," said co-first author, Joseph Giacino, Ph.D., of Spaulding Rehabilitation Hospital, Massachusetts General Hospital and Harvard Medical School. "Their GOSE scores were 4 or higher, which meant they could be at home unsupervised for at least eight hours a day, since they were able to take care of basic needs, such as eating and toileting."

The study follows previous research that shows a significant percentage of patients with grave impairments achieve favorable functionality many months or years later. This research, led by Giacino, coincided with the recommendation in 2018 from the American Academy of Neurology that in the first 28 days after injury, clinicians should refrain from telling families that a patient's prognosis is beyond hope.

"While a substantial proportion of patients die or suffer lasting disability, our study adds to growing evidence that severe acute impairment does not portend uniformly poor long-term outcome," said Manley, who is also affiliated with the UCSF Weill Institute for Neurosciences. "Even those patients in a vegetative state—an outcome viewed as dire—may improve, since this is a dynamic condition that evolves over the first year."

Source: [Study: Long-term prognosis for some patients with severe brain injury better than expected \(medicalxpress.com\)](http://medicalxpress.com)

Provided by University of California, San Francisco

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

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Does cognitive-behavioral therapy improve sleep outcomes in individuals with TBI: a scoping review.

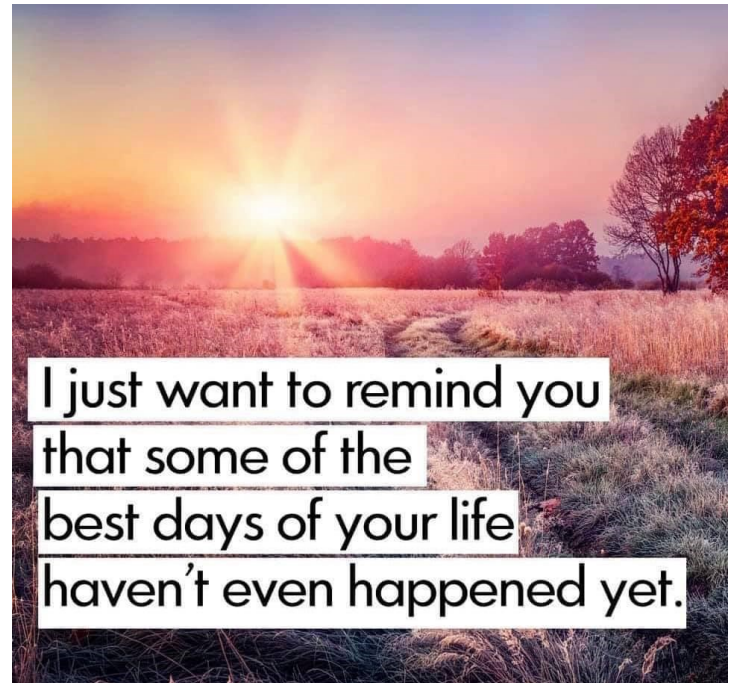
Insomnia symptoms are common after a traumatic brain injury (TBI). Cognitive-behavioral therapy (CBT) to treat sleep disturbances and insomnia (CBT-I) has been used to improve sleep outcomes. It is unclear if CBT/CBT-I is efficacious in individuals with a TBI. This review was performed to evaluate the use of CBT/CBT-I in individuals with a TBI who also endorse insomnia and concomitant symptoms.

Literature searches were conducted in June 2019. A total of 861 articles were found. The full text of 14 articles was reviewed for inclusion/exclusion criteria. Quality appraisal was conducted to assess the risk of bias.

Five articles met the criteria. Two articles were pilot-randomized control trials and three were case studies. The review indicates that individuals participating in CBT/CBT-I reported increased sleep efficiency, sleep quality, and reduced insomnia symptoms and concomitant symptoms. The major source of bias is a limited number of participants across all studies.

This review provides evidence that CBT/CBT-I following a TBI can improve sleep outcomes and reduce concomitant symptoms. More robust studies are needed due to limited number of randomized control trials to determine if CBT/CBT-I is an effective treatment in individuals with TBI.

Source: does-cognitive-behavioural-therapy-improve-sleep-outcomes-in-individuals-with-traumatic-brain-injury-a-scoping-review (physiciansweekly.com)



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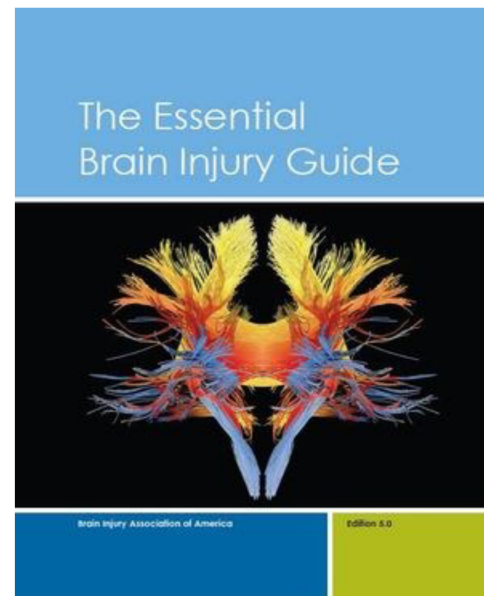
TEL: 425-672-9219

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

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

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

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



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

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

Currently all trainings are by Zoom—call for dates

Cost of participation:

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

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

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

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

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

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

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

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

Training

Currently all trainings are by Zoom—call for dates

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

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

Certification Examination

Candidates must pass (80% or higher) on the certification examination. The exam can only be taken after all forms and fees have been submitted, processed and an approval email has been received. Applicants who have completed the training or self-study and are ready to take the examination must read the instructions further down this page. The exam can also be offered to individuals as long as a CBIST or other approved individual proctors the exam. Please note: The certification fee does not include any expenses associated with proctoring an individually administered exam. If hiring an outside proctor is necessary, the applicant will be responsible for these costs.

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

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

Application Process

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

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

Going Forward With Life

By

Debbie Wilson PhD

<http://www.debbiemwilson.com>

<https://www.facebook.com/neurologyandcbd/>

When the clock has gone forward and all rehab has been completed,
Where exactly do we pick up our life?

Our abilities and level of function have changed from the brain injury,
Where exactly do we pick up our life?

We cannot go back to a different time to a place where we have already been.
Where exactly do we pick up our life?

In many ways we are a new person old dreams must somehow be put to rest.
Where exactly do we pick up our life?

How do we figure out what is realistic? Will we know the right path to follow?
Where exactly do we pick up our life?

We have felt the beginning and also an end. We must somehow say good-bye to the old.
Where exactly do we pick up our life?

It is frightening to find a new beginning, never knowing if we can possibly succeed.
Where exactly do we pick up our life?

We must stop wasting time and move forward, we have to let go of "what
has been" before.
Where exactly do we pick up our life?

We have to stop hiding, we must not be afraid, even though any change
is quite over-whelming.
Where exactly do we pick up our life?

We have to take baby steps and venture into unfamiliar, we must change
old goals and try to think of the new.
Where exactly do we pick up our life?

We start with today and embrace the gift of life, realistic planning can
help to readjust our dreams.
Where exactly do we pick up our life?

We must consider today as the first day of life, letting go of what was but
can also never be.
That is exactly what we do to pick up our life!



ARE YOU A MEMBER?

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

More older people suffer traumatic brain injuries due to falls



From a minor fall on a bicycle to a serious road traffic accident: The causes of a traumatic brain injury are manifold. About 90 percent of the approximately 270,000 cases per year are classified as mild, ten percent as moderate or severe. Current findings show that traumatic brain injury is increasing in the age group of over-65s. The research team at BG Kliniken in Bochum, Hamburg, Berlin, Halle, Frankfurt, Ludwigshafen and Murnau found that there has been a shift in the age group most frequently affected and that there is a discernible correlation between the severity of a traumatic brain injury, age and cause.

The study shows that the most frequent causes of traumatic brain injury are falls and no longer road traffic accidents. There has also been a shift with regard to road traffic accidents: The largest group here is no longer car occupants, but cyclists without helmets.

"We are registering a clear shift in the majority of the affected age group towards the older generation. This phenomenon can be observed in almost all industrialized countries," explains Professor Peter Schwenkreis, senior physician at the Neurological Clinic at Bergmannsheil. A link with the age of those affected is also discernible. Falls are the most common cause, especially among older women and men. "Older people are significantly more prone to falls and thus suffer a traumatic brain injury more quickly than other age

groups. In addition, the severity of the injury is higher in these patients," Schwenkreis specifies. "This also explains why we are seeing an increase in deaths caused by such an injury in this age group."

For the study, a neuroscientific research group of the BG Kliniken observed and evaluated the development, treatment and impact for patients with traumatic brain injury. A total of 3,514 patients were included in the study. All of them were treated at one of the participating BG Kliniken between 1 October 2014 and 30 September 2015. The prerequisite was that the medical care had taken place within the first 24 hours after suffering the traumatic brain injury.

The results were collected using two different methods: Evaluation of documentation forms from initial care to rehabilitation on the one hand, and standardized telephone interviews with the affected persons three and twelve months after they suffered the trauma on the other hand. A study of this magnitude on the epidemiology of traumatic brain injury has not been published in Germany since 2000/2001.

As moderate to severe traumatic brain injuries occur more frequently in older people, the research group identifies a specific need for more prevention work here. "Training

measures for safe walking, training in the use of walking aids or redesigning the home by removing tripping hazards are conceivable. As simple as these measures sound, they can prevent serious injuries," says Peter Schwenkreis. "The advances in passenger protection in cars have had a clearly demonstrable effect," he explains further. "Now it is important to implement the protection of pedestrians and cyclists as part of the emerging shift in mobility."

A traumatic brain injury is any injury to the skull, with or without fracture, that involves damage to the brain. Just like the causes, the symptoms can also be very diverse. They range from headaches, dizziness and lightheadedness to amnesia or impaired consciousness. However, even minor injuries to the skull can cause bleeding or swelling the brain, which is why a traumatic brain injury should be assessed immediately after an accident.

Source: [More older people suffer traumatic brain injuries due to falls \(medicalxpress.com\)](http://www.medicalxpress.com)

Fred Meyer Community Rewards - Donate to BIAOR

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

Link your Rewards Card to the Brain Injury Association of Oregon at www.fredmeyer.com/communityrewards.

Whenever you use your Rewards card when shopping at Freddy's, you'll be helping BIAOR to earn a donation from Fred Meyer.

PNW- ZOOM HEAD INJURY SUPPORT GROUP

Support groups enable people with brain injuries and their caregivers a way to exchange ideas in a safe environment where attendees can share emotions and experiences in a compassionate and non-judgmental way and to support one another for the mutual benefit of the group. Support groups are a way to support, listen, be heard, provide hope, share information, friendship, problem solving skills, inspire personal growth and MOST of all- to not feel alone! The most important aspects of the support group are confidentiality ("What is said here, stays here"), mutual trust, understanding attending with a compassionate heart for all other attendees' unique experiences.

Kendra Bratherton is the facilitator of the zoom meetings which are currently offered MONTHLY. This meeting is open for survivors and caregivers/family members. The meetings are the first Tuesday of each month from 7:00-8:30pm. The zoom format allows members to come to the meeting from the comfort of their unique environment, not having to worry about traveling or finding rides.

Links for both computer and phone are provided once you have registered. If you are interested in joining the PNW Zoom Head Injury Support Group, please email Kendra at pnwhigroup@gmail.com to become registered and then a zoom link will be sent. NOTE: the zoom link will not change from month to month, so we please ask you to keep the information somewhere handy (and where you remember) and also mark off the meeting's on your calendar (Kendra recommends setting an alarm as a reminder). MORE ABOUT THE FACILITATOR Kendra believes we are all capable of healing from within, with the presence of compassionate witnessing and facilitation. She has made recoveries from countless experiences throughout her life including spine and skull fractures, traumatic brain injuries, spinal cord trauma, and PTSD. Through her many years of self-discovery, she found pathways to heal from within. She has a passion for helping others discover their own resilience and healing. Kendra has 3 daughters, 2 dogs and 1 cat. She loves being outdoors and cherishes moments with her loved ones. She has a passion for

breaking through barriers that hold humans back from their limitless potential, connecting with earth and animals, for teaching and travel. She aspires to become an inspirational speaker and to write a book one day.

Kendra is a holistic therapist and owner at Merkaba Center for Healing in Astoria, Oregon. She works with clients of all ages to support their healing journey and facilitates a vast array of techniques that help align her clients on a physical, mental, emotional, spiritual, and energetic level. She specializes in nervous system reset, physical dysfunctions, trauma release and concussion recovery. She sees clients in person and online via Zoom. Kendra also teaches Occupational Therapy at Linn-Benton Community College for the OT Assistant Program and serves as President for the Brain Injury Alliance of Oregon and is an annual speaker at the Pacific NW Head Injury Conference.

To learn more about her work, go to her website: www.merkabacenterforhealing.com, Kendra is not accepting new clients at this time, however if you are interested with getting on her new client waiting list please email her at: merkabacenter@gmail.com.

Brain Injury

It's so invisible that:

"I wish I had a big scar so people would understand that something was wrong."

"No one can see my pain."

"Sometime my behavior confuses people (and confuses me too)."

"No one knows who I am."

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>

National Association of State Head Injury Administrators and TeachAids Unite to Promote Concussion Education

Washington, D.C. (Monday, August 2, 2021)—The National Association of State Head Injury Association (NASHIA), a national trade association for state programs that support individuals living with brain injury, and TeachAids, an award-winning nonprofit social enterprise behind the CrashCourse concussion education technology, proudly announce a new partnership.

TeachAids creates breakthrough technology to solve persistent problems in health education around the world. Their products are designed with input from a team of world-class academics, researchers, doctors, and athletes associated with leading organizations and institutions such as Stanford University, Harvard University, Ohio State University and beyond. TeachAids has developed "CrashCourse," a suite of interactive products focussed on the prevention and treatment of concussions and related mental health issues. This education has been designed to teach athletes, parents and coaches about concussions, as well as to provide resources

for leading organizations devoted to brain health. CrashCourse products include scientific knowledge and help dispel myths and misconceptions about the concussion recovery process.

"We are excited to partner with TeachAids to provide new free resources to our members and the brain injury community at large. One example of a TeachAids tool is the interactive Concussion Story Wall in which 750 people share 4,000 segments of their personal concussion journey," states Rebeccah Wolfkiel, NASHIA Executive Director. "Our state programs can refer constituents to these supportive tools to augment their existing practices. State Advisory Councils will also benefit from the free resources as Council members are often leaders among the brain injury community in each state, and are made up of individuals living with brain injury, their families and the diverse professionals supporting them. State brain injury programs are creative by nature and I am excited to see the many ways in which the programs leverage these impactful free tools."

John D. Corrigan, Ph.D., Advisor to NASHIA and Medical Advisor for CrashCourse, remarked, "I am inspired to see these two leading organizations dedicate significant efforts to collaborate towards the advancement and knowledge of brain health. Working together, NASHIA and CrashCourse by TeachAids have tremendous opportunity and potential to benefit millions of people in the United States and beyond."

"This is an exciting collaboration and a great opportunity to reach state governments doing meaningful and impactful work. NASHIA has a vast reach, and we commend their efforts to distribute the CrashCourse products throughout their network of national associations and TBI stakeholders across the country." adds Dr. Piya Sorcar, CEO and Founder of TeachAids.

The CrashCourse curriculum will be available nationwide starting today via the NASHIA website.

Why Do Men Have More Brain Injuries Than Woman?



The Center on Brain Injury Research and Training presents:

Topics in Brain Injury:

Complex Issues in Vulnerable and At-Risk Populations

Free Webinar Series

Intended audience: Service providers

behavioral health clinicians, case managers, resource coordinators, community health workers, rehabilitation professionals, program directors and others

Professional Development Unit certificate available.

Recorded Webinars

Systems-Level Strategies and Resources for Brain Injury in Vulnerable and At-Risk Populations

(Recorded 4/28/21)

Presenter: Caitlin Synovec, OTD, OTR/L, BCMH

Program Manager, National Institute for Medical Respite Care, National Health Care for the Homeless Council

Accommodating Brain Injury in Vulnerable and At-Risk Populations (Recorded 1/13/21)

Presenter: Caitlin Synovec, OTD, OTR/L, BCMH

Program Manager, National Institute for Medical Respite Care, National Health Care for the Homeless Council

Screening for Brain Injury in Vulnerable and At-Risk Populations (Recorded 10/14/20)

Presenter: Caitlin Synovec, OTD, OTR/L, BCMH

Program Manager, National Institute for Medical Respite Care, National Health Care for the Homeless Council

Past Webinar Series

Brain Injury and Co-Occurring Disorders

Traumatic Brain Injury, Mental Health and Addiction (Recorded 10/09/19)

Presenter: John Corrigan, PhD

TBI and Behavioral Health Challenges (Recorded 01/22/20)

Presenter: Carolyn Lemsky, PhD

Substance Use and Brain Injury (Recorded 08/12/20)

Presenter: Carolyn Lemsky, PhD

This project was supported, in part by grant number 90TBSG0039-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 2020 and the ACL Underserved Populations Workgroup



Forget Me Not Village

CHANGING THE WAY WE VIEW AND TREAT DEMENTIA

Forget Me Not Village was born out of a need to help families deal with life changing disease or illness. Having been a caregiver for my husband with early onset Alzheimer's and Lewy Body with Parkinsonian symptoms, I learned very quickly that I was in need of help. Living in rural America, as beautiful as it is, resources are not readily available to assist in the care of a seriously ill individual. Not only is there limited medical care, but care home facilities are cost prohibitive. The need to continue to work was apparent for me. Respite care is virtually nonexistent.

As I endeavored to understand the all of the ramifications of my very dire situation. I soon realized the magnitude of the situation, not just for me but for thousands of families across the country. Reflecting on my needs, I developed a village that would help everyone involved in the day to day care that is required.

Forget Me Not is a place where caregiver and family members can come together to support each other through the various needs of the residents.

- 1. The home** has 2-4 apartments where couples can share the responsibilities of daily living. Since the residence is built to house those with handicaps, it is secure and as safe as possible. Expenses and chores are shared thus keeping the cost to a minimum.
- 2. Exercise:** The gym offers Rock Steady Boxing for Parkinson's as well as classes for exercise. The pool is for water aerobics. Exercise is critical, not just to those with Parkinson's but anyone who remains sedentary.
- 3. Church:** Services are available for spiritual support.
- 4. Telemedicine:** Brings medical care to us.
- 5. Education:** Up to date information and resources via Resident Manager.
- 6. Resources:** Naturopathic doctor, massage therapist, healing Qi Gong, warrior yoga, and an adult day care with lots of activities. The future home will expand on the concept and include a dentist, eye doctor, physical therapist, barber and beauty shop, and an adult day care with lots of outside activities.



Pam and Richard Speta

Our not for profit status allows us to offer this Village at a price for care that is affordable. It not only helps the person needing care but provides support and help for the family in one location.

Please visit forgetmenotvillage.org
(541)210-8015



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

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

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

13 Stimulating Games for Individuals with Brain Injury That Enhance Recovery

These games for brain injury individuals offer fun ways to enhance cognitive skills and speed up your recovery. Unlike normal cognitive exercises, brain games keep people more engaged, which means the skills they develop in the game are more likely to stick with them in other areas of their life.

The following are a few games that will strengthen cognitive function, however, of these games were designed exclusively for traumatic brain injury recovery, but they all activate important mental skills that you need to live independently.

No matter their cognitive level, these are organized by difficulty, from easiest to most complex. Some of these games might be too hard for right now, or they might be too easy! But hopefully, you can find a few that work for you.

1. Go Fish (and Other Card Games)

Card games like "Go Fish" are perfect for severe TBI individuals who need to relearn skills like memory, pattern recognition, and attention. They require some strategy, but not so much that it will become frustrating. As you improve your skills, you can try harder card games like Solitaire

or Hearts.

2. UNO

UNO is another easy game for brain injury individuals. All you have to do is match a card in your hand with the card on the table until you get rid of all your cards. But you have to do so before your opponent! It's a great way to improve your color and number recognition, and there's even some strategy and planning skills involved.

3. Scattergories

This game is great for improving your organization, recall and word-finding abilities! It's especially good for people with language difficulties, such as aphasia. The goal of the game is to name as many items in a category as you can in two minutes. If you're not ready for the pressure of the actual game, you can also just use the cards to quiz yourself without worrying about running out of time.

4. Scrabble

Scrabble is another game that can boost your word-finding skills. This game requires a little more effort, because not only are you limited by the tiles in your hand, you also have to use the tiles on the board and build new words off of them.

This exercises several cognitive skills at once, including:

- memory to think of a word
- strategy to find the best word for the most points
- problem-solving to build a word from available letters
- mental flexibility to adapt if the player before you does something unexpected

All that explains why we consider Scrabble one of the best games for traumatic brain injury individuals!

5. Jenga

This classic party game is perfect for practicing your fine motor skills. And because you have to remove blocks without toppling the whole tower, it also gives you a chance to improve some other cognitive skills such as attention and planning. If you find the small blocks too hard to move, Giant Jenga might be a little easier for you.

6. Concentration

You can play this game with any standard deck of cards. In Concentration, you must lay all the cards face down on the table. Players take turns flipping over cards to find matching pairs, until you pair all the cards. This game really challenges your memory, since you have to remember where each



Specialists in Brain Injury Care

Collaboration, Cooperation, Compassion....

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

To learn more about our Northern California program or our new Neurobehavioral Program in Colorado, call 888-419-9955 or visit learningservices.com.

Building Futures



Gilroy Campus, California



Learning Services Neurobehavioral Institute - West

card is to make a pair. That makes it helpful for people trying to improve their short-term memory after brain injury.

7. Mastermind

If you want to improve your logic skills, but aren't ready for more complicated games like chess or Sudoku, Mastermind is a great alternative! Your goal is to guess the four-color code that the other person came up with. You'll need to practice elimination to do that. This game is challenging, but not too frustrating, and will help you relearn deductive reasoning.

8. Sudoku

Sudoku is tough, but it's perfect for improving your number and problem-solving skills. Each row, column, and square in a Sudoku grid has to be filled out with the numbers 1-9 without any repeats in any row, column, or square. That sounds complicated at first, but it will get easier the more you do it. There are also different difficulties you can choose, so we recommend starting at the easiest level and working your way up.

9. Chess

Chess is one of the oldest games in history, and there's a reason it's stayed popular for centuries. It's challenging, but not all that complicated, and

every game is different. It also engages nearly every cognitive skill, making it an awesome game for brain injury individuals. Chess challenges your memory, since you must remember what each piece does. It forces you to think both logically and creatively to find the best move. And finally, it teaches you how to think ahead and plan your strategy. Because you only play against one player, chess is an easier strategy game than others on this list, and is ideal for TBI individuals who might still struggle with focusing on more than one thing at once.

10. Chinese Checkers

Chinese checkers can be a little bit harder for traumatic brain injury individuals, because you're playing against more than one opponent. The goal of the game is to move all your pegs to the opposite side before the other players. You can only move one peg at a time, so plan carefully! Like chess, this game can help give your logic and strategy skills a nice boost.

11. Simon

Simon is a classic memory game that involves challenging sequences. The game starts by showing a short sequence of lit-up colors, like red-green-red. You then have to tap the colors in the same order. The game gets harder each turn, as one more color is added to the end.

12. MindTrap

MindTrap is a challenging game that forces you to think outside the box to solve riddles, brain teasers, and picture puzzles. This one is for TBI individuals who really want to push their thinking skills to the next level. You can play this game by yourself or with others. There are several versions of MindTrap, some more difficult than others, so you can continue improving your skills!

13. Risk

This is a classic strategy board game that will force you to put all your mental skills to the test. It's by far the hardest game on our list today and should only be played by traumatic brain injury individuals far along into their recovery. Your goal is to take over the world, but how you do that is completely up to you. Every decision you make carries a risk that could hurt you later on in the game. So think ahead and choose wisely. Risk is a long game that might not be suitable for TBI individuals with concentration problems. The game is also frustrating at times, so if you struggle with anger you might want to avoid it.

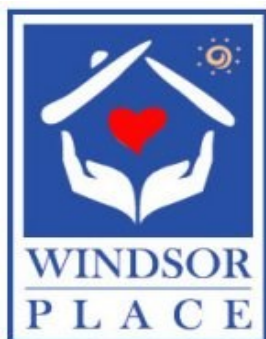
Source: 13 Games for Brain Injury Patients to Enhance Recovery | Flint Rehab



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

Susan Hunter
Executive Director

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



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

Practical Training Workbook



BRAIN INJURY ASSOCIATION OF AMERICA

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

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

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

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

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

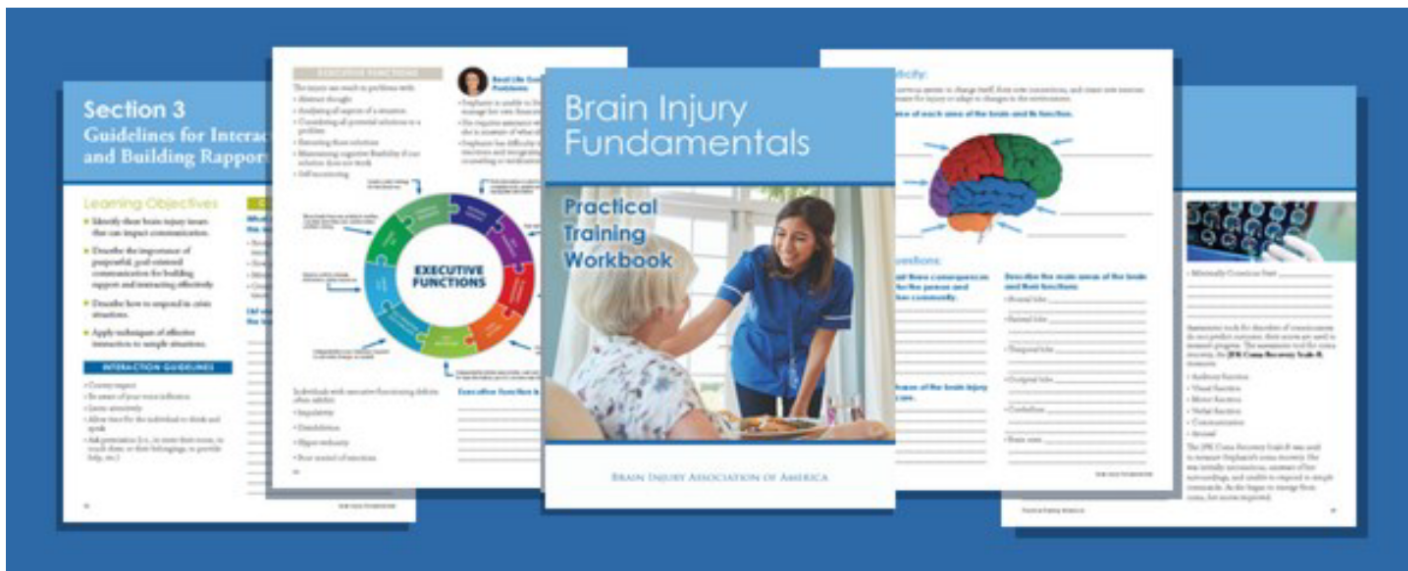
The Brain Injury Fundamentals course is comprehensive and flexible enough to be incorporated as an organization's on-boarding program for direct care staff, or used as a stand-alone training in healthcare and community facilities. The course will be taught by ACBIS trainer, Sherry Stock, ABD/PhD, CBIST,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

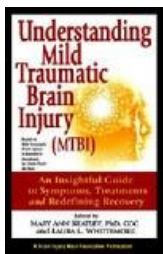
After completing intensive training, candidates will receive a certificate that is valid for three years. To learn more about the application process contact Sherry Stock at BIAOR sherry@biaoregon.org. 800-544-5243 or 503-740-3155

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

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

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





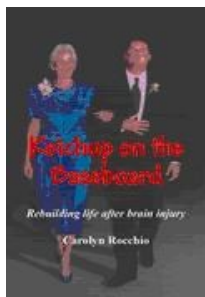
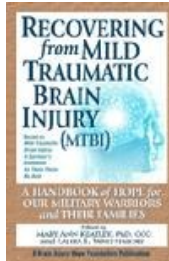
Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

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

**BIAOR Membership
Become a Member Now**

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

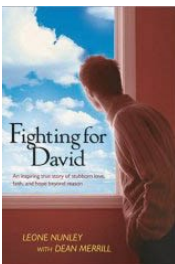
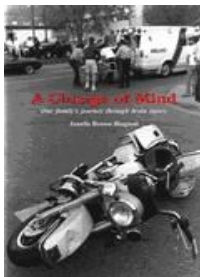


Ketchup on the Baseboard

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

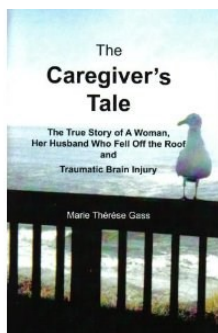


Fighting for David

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



Brain Injury Alliance of Oregon

New Member Renewing Member

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Type of Membership

Survivor Courtesy \$ 5 (Donations from those able to do so are appreciated)

Basic \$35 Family \$50 Student \$25 Non Profit \$75

Professional \$100 Sustaining \$200 Corporation \$300

Lifetime \$5000

Sponsorship

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

Additional Donation/Memorial: \$ _____

In memory of: _____

(Please print name)

Member is:

Individual with brain injury Family Member Other: _____

Professional. Field: _____

Book Purchase (includes S&H):

The Caregiver's Tale \$20 A Change of Mind \$25

Fighting for David \$20 Ketchup on the Baseboard \$25

Recovering from MTBI \$23 Understanding MTBI \$23

Type of Payment

Check payable to BIAOR for \$ _____

Charge my VISA/MC/Discover Card \$ _____

Card number: _____

Expiration date: _____ Security Code from back

Print Name on Card: _____

Signature Approval: _____

Date: _____

Please mail to:
BIAOR PO Box 549
Molalla, OR 97038
800-544-5243 Fax: 503- 961-8730
www.biaoregon.org • biaor@biaoregon.org
501 (c)(3) Tax Exempt Fed. ID 93-0900797

Resources

Oregon Developmental Disabilities (DD)

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

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

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

ADRC - Aging and Disability Resource Connection

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

Northwest ADA Center - Oregon

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

Next time you're tempted to imply that we're making excuses, understand that most TBI Survivors will be left with a combination of these symptoms:

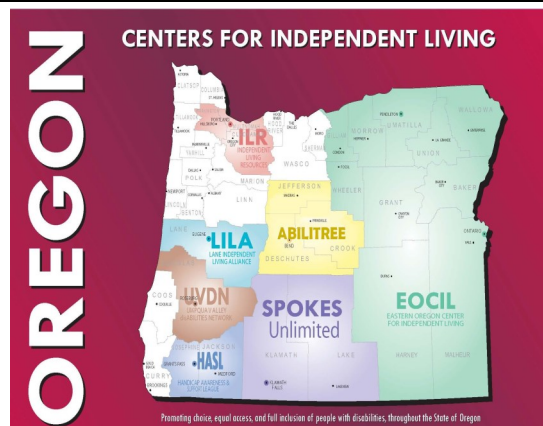
1. Short -term memory loss
2. Trouble focusing our attention
3. Neuro-fatigue (running out of energy)
4. Dizziness and balance issues
5. Cognitive deficits (processing things slower than before)
6. Aphasia (trouble recalling or understanding words)
7. Not being able to handle overstimulation (people/noises)
8. Anxiety about the slightest things
9. Depression
10. Chronic pain

In short, we are NOT making excuses, we are simply doing the best we can with what we have been given.

Oregon Centers for Independent Living

Contact List

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



Resources

**For Parents,
Individuals, Educators
and Professionals**

The Oregon TBI Team

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

The Hello Foundation

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

LEARNet

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

Parent Training and Information

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

Websites

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

FREE Brain Games to Sharpen Your Memory and Mind

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

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

Sam's Brainy Adventure

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

Neurobic Exercise

www.neurobics.com/exercise.html

Brain Training Games from the Brain Center of America

www.braincenteramerica.com/exercises_am.php



Washington TBI Resource Center

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

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

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

Returning Veterans Project

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

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

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

Center for Polytrauma Care-Oregon VA

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

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

Addiction Inpatient help:

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

Legal Help

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

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

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

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

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

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

Resources

Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

Assistance

Financial, Housing, Food, Advocacy

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

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

Oregon Public Guardian Ombudsman - 844-656-6774

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

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

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

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

Housing

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

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

Central City Concern, Portland 503 294-1681

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

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

Need Help with Health Care?

Oregon Health Connect: 855-999-3210

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

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

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

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

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

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

Tammy Greenspan Head

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

Valuable Websites

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

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

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

<http://activecoach.orcasinc.com> **Free concussion training for coaches** ACTIVE: Athletic Concussion Training™ using Interactive Video Education

www.oregonpva.org - If you are a disabled veteran who needs help, peer mentors and resources are available

www.oregon.gov/odva: Oregon Department of Veterans Affairs

<http://fort-oregon.org/>: information for current and former service members

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

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

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

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

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

Brain Injury Support Groups

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

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

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

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

Corvallis

STROKE SUPPORT GROUP

1st Tuesday 1:30 to 3:00 pm

Church of the Good Samaritan Lng

333 NW 35th Street, Corvallis, OR 97330

Call for Specifics: Josh Funk

541-768-5157 jfunk@samhealth.org

Brain Injury Support Group

Currently with Stroke Support Group

Church of the Good Samaritan Lng

333 NW 35th Street, Corvallis, OR 97330

Call for Specifics: Josh Funk

541-768-5157 jfunk@samhealth.org

Coos Bay (2)

Traumatic Brain Injury (TBI) Support Group

2nd Saturday 3:00pm - 5:00pm

Kaffe 101, 171 South Broadway

Coos Bay, OR 97420 tbicbsupport@gmail.com

Growing Through It- Healing Art Workshop

Contact: Bittin Duggan, B.F.A., M.A.,

541-217-4095 bittin@growingthroughit.org

Eugene (3)

Head Bangers

3rd Tuesday, Feb., Apr., June, July, Aug., Oct. Nov.

6:30 pm - 8:30 pm

Potluck Social - Bring your favorite food and a friend!

Rolls, punch, tableware are provided.

Monte Loma Mobile Home Rec Center

2150 Laura St., Springfield, OR 97477

541-741-0675 headbangerspotluck@gmail.com

Community Rehabilitation Services of Oregon

3rd Tuesday, Jan., Mar., May, Sept. and Nov.

7:00 pm - 8:30 pm Support Group

St. Thomas Episcopal Church

1465 Coburg Rd., Eugene, OR 97401

Jan Johnson, (541) 342-1980

admin@communityrehab.org

BIG (BRAIN INJURY GROUP)

Tuesdays 11:00am-1pm

Hilyard Community Center

2580 Hilyard Avenue, Eugene, OR. 97401

Curtis Brown, (541) 998-3951 BCCBrown@gmail.com

Hillsboro

Concussion Support Group

Tuality Healthcare

1st Thursday 3-4pm

TCH Conference Room 1, Main Hospital

335 SE 8th Avenue, Hillsboro, OR 97123

linda.fish@tuality.org 503-494-0885

Westside SUPPORT GROUP

3rd Monday 7-8 pm

For brain injury survivors, their families, caregivers and professionals

Tuality Community Hospital

335 South East 8th Street, Hillsboro, OR 97123

Carol Altman, (503) 640-0818

Klamath Falls

SPOKES UNLIMITED BRAIN INJURY SUPPORT GROUP

2nd Tuesday 1:00pm to 2:30pm

1006 Main Street, Klamath Falls, OR 97601

Jackie Reed 541-883-7547

jackie.reed@spokesunlimited.org

Lake Oswego (2)

Family Caregiver Discussion Group

4th Wednesday, 7-8:30 PM

(there will be no group in August)

Lake Oswego Adult Community Center

550 G Avenue, Lake Oswego, OR 97034

Shemaya Blauer, 503-816-6349

hemaya_toyou@yahoo.com

Functional Neurology Support Group

On hiatus

Market of Choice, 5639 Hood St, West Linn

Medford

Southern Oregon Brainstormers Support & Social Club

1st Tuesday 3:30 pm to 5:30 pm

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

loritabiaregon@aol.com

Oregon City

Brain Injury Support Group

3rd Friday 1-3 pm (Sept - May) - summer potlucks

Pioneer Community Center - ask at the front desk for room

615 5th St, Oregon City 97045

Sonja Bolon, MA 503-816-1053

brain4you2@gmail.com

Portland

Brain Injury Help Center Without Walls

"Living the Creative Life" Women's Coffee

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

Family and Parent Coffee in cafe

Wednesdays: 10:00-12:00

braininjuryhelporg@yahoo.com

Call Pat Murray 503-752-6065

BIRRDsong

1st Saturday 9:30 - 11

1. Peer support group that is open to everyone, including family and the public

2. Family and Friends support group that is only for family and friends

Legacy Good Samaritan Hospital, Rm 102, Wilcox Building.

1015 NW 22nd Portland, 97210

Brian Liebenstein at 503-598-1833

BrianL@bic-nw.org info@braininjuryconnections.org

BRAINSTORMERS II

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

Survivor self-help group

Emanuel Hospital Medical Office Building West Conf Rm

2801 N Gantenbein, Portland, 97227

Steve Wright stephenwright@comcast.net

503-816-2510

CROSSROADS (Brain Injury Discussion Group)

2nd and 4th Friday, 1-3 pm

Independent Living Resources

1839 NE Couch St, Portland, OR 97232

503-232-7411

Must Be Pre-Registered

Doors of Hope - Spanish Support Group

3rd Tuesday 5:30 - 7:30pm

Providence Hospital, 4805 NE Glisan St, Portland,

Rm HCC 6

503-454-6619 grupodeapoyo@BIRRDsong.org

Please Pre-Register

OHSU Sports Concussion Support Group

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

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

OHSU Center for Health and Healing

3303 SW Bond Ave, 3rd floor conference room

Portland, OR 97239

For more information or to RSVP contact Jennifer Wilhelm

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

Sponsored by OHSU Sports Medicine and Rehabilitation

PARENTS OF CHILDREN WITH BRAIN INJURY

Wednesdays: 10:00-12:00

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

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

THRIVE SUPPORT GROUP
Family and Parent Coffee in café
Wednesdays: 10:00-12:00
Brain Injury Survivor support group ages 15-25
Currently combined with FAMILY SUPPORT GROUP/
PARENTS OF CHILDREN WITH BRAIN INJURY
SUPPORT GROUP
Contact for further information
braininjuryhelp@yahoo.com Pat Murray 503-752-6065
or Call Michael Jensen 503-804-4841
happieheads@gmail.com
MUST BE PRE-REGISTERED

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

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

Roseburg
UMPQUA VALLEY DISABILITIES NETWORK
on hiatus

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

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

Women's Chat
2nd Tuesday, 10:30-12 pm
Ike Box Café
299 Cottage St, Salem OR 97301

**SALEM STROKE SURVIVORS & CAREGIVERS
SUPPORT GROUP**
2nd Tuesday 1 pm -3pm

Networking 12-1 & 3-3:30
Must arrive early between 12:30-12:45
Salem First Church of the Nazarene
1550 Market St NE, Rm 202 Salem OR 97301
Scott W swerdses@yahoo.com

Tillamook (1)
Head Strong Support Group
2nd Tuesday, 6:30-8:30 p.m.
Herald Center – 2701 1st St – Tillamook, OR 97141
For information: Beverly St John (503) 815-2403 or
beverly.stjohn@ah.org

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

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

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

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

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

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

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

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

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

Spokane County Disability/BI Advocacy Group
511 N. Argonne, Spokane WA
Craig Sicilia (509-218-7982; craig@tbiwa.org)

VANCOUVER, WA

TBI Support Group
2nd and 4th Thursday 2pm to 3pm
Legacy Salmon Creek Hospital, 2211 NE 139th Street, conference
room B 3rd floor Vancouver WA 98686
Carla-Jo Whitson, MSW, CBIS jarlaco@yahoo.com 360-991-4928

IDAHO TBI SUPPORT GROUPS

Boise Area

STARS/Treasure Valley Brain Injury Support Group
When: 4th Thursday of the month from 6-8 pm
Where: St. Luke's Rehabilitation-Elks Conference Room-4th Floor
600 N Robbins Rd. in Boise
Greg Meyer (208-385-3013); meyergre@slhs.org
Kathy Smith (208-367-8962; kathy.l.smith@saintalphonsus.org)

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

Meridian Area

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

Nampa/Caldwell Area

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

Twin Falls

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

Survivor Support Line - CALL 855-473-3711

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

The number to call 855-473-3711 (855-4peer11). Live operators are available from 9am-9pm Pacific Standard Time. If a call comes when an operator is not free please leave a message. Messages are returned on a regular basis.

Family START Group (SUPPORT TRAINING AROUND RECOVERY AFTER TBI)
3rd Friday each month, 10 am

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



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

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

Simply go to smile.amazon.com, search for and select Brain Injury Association of Oregon as your charity of choice, and continue with your order as usual. The Amazon Foundation will donate .5% of the purchase price to BIAOR! There is no additional cost to you! Use [Smile.Amazon.com](https://smile.amazon.com) every time you shop!

Get started

amazonsmile



Oregon Care Partners

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

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



Brain Logistics, LLC

Education - Training -
Individualized Assessment
and Implementation

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

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



TICHENOR & DZIUBA
LLP
LAWYERS
1450 Standard Plaza
1100 SW Sixth Ave
Portland, OR 97204
1-888-883-1576
www.tdinjurylaw.com



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Rights of the
Injured**



Personal Injury Practice Areas:

Brain Injury Accidents	Dangerous Premises
Automobile Accidents	Defective Products
Maritime Accidents	Bicycle Accidents
Construction Accidents	Motorcycle Accidents
Trucking Accidents	Sexual Harassment/Abuse
Medical Malpractice Wrongful Death	Aviation Accidents
	Legal Malpractice

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