the HEADLINER
Summer /Fall 2022
Vol. XXV111 Issue 1
The Newsletter of the Brain Injury Alliance of Oregon

What's Inside?

There's a New Show In Town
Brain Injury Network

Brain injury hits everyone hard. In an instant life is changed – sometimes changes last a while, other times changes last a lifetime. For decades the Pacific Northwest struggled to meet the needs of the brain injury community. Inspired to refine and improve the delivery of care models for brain injury, in 2020 our team opened Brain Rehab Network (BRN).

BRN exists to help each person maximize their recovery after a brain injury (stroke, mTBI/ Concussion, anoxia/hypoxia, moderate - severe TBI, ABI). Each person deserves to experience specifically tailored rehabilitation in the right place at the right time. Exclusive to BRN, we provide Transitional Living, Comprehensive Outpatient Rehab, Long-Term Residential and Home / Community Based Services. This complete continuum helps each person make the most of their recovery and life.

You know what doesn't help someone recover from a brain injury? Fear. Stress. Delays. Uncertainty. In contrast BRN is built on the premise that hope conquers fear, education decreases stress, efficiencies reduce delays and confidence overcomes uncertainty. We believe that each person deserves an opportunity to regain skills and abilities that improve life. People come to BRN to get results that improve functional independence and quality of life. Each person that steps through our doors experiences a dynamic community that is filled with hope and genuine commitment.

The efficient and effective rehab BRN provides helps people achieve results and goals that keep them going in life.

Three attributes that make BRN unique:

◊ Teamwork makes the dream work: With the most experienced team of providers in the post-acute brain rehab space, comes insight and perspective that can only be gained through time in the clinic and the community. Comprehensive Outpatient Rehab team is led by Dr. Jennifer Cann Physiatrist, Medical Director and Dr. Andrew Ellis PhD, Neuropsychologist as the Chief of Rehab and a treating provider. Our interdisciplinary therapy team of Physical, Occupational, Speech Therapists and wraparound care providers all share a keen understanding of the recovery timeline for brain injury (stroke, mTBI/Concussion, anoxia/hypoxia, moderate - severe TBI, ABI).

◊ Quality is not an act, it's a habit: As the most credentialed program in the region we hold ourselves to the highest standards and quality. As evidence by earning CARF Accreditation in both Residential and Outpatient programs. BRN took it a step further by becoming the only CMS Certified Comprehensive Outpatient Rehab Facility (CORF) in Oregon. Credentials are good validation that our systems of care and admin processes are best practices and specific to the needs of each person with a brain injury. We understand the importance of providing results-oriented rehab that is valuable for patients and payors.

◊ Access to healthcare is most important: Our expert team combined with unparalleled credentials means BRN is in-network with many insurers. This opens doors for people to have access to the brain injury rehab they need. Referring physician's and insurers can rest assured that we work with all payors; commercial health plans, Workers' Comp, Medicaid/ Medicare, and more.

Lets be honest; Teamwork, quality and access to rehabilitation for brain injury can be complex and lead to a variety of outcomes. Recovering from a brain

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Headliner DEADLINES

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

Editor: Sherry Stock

Advertising in Headliner

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A: Business Card	$100(125)	$ 350(450)
B: 1/4 Page	$ 200(250)	$ 700(900)
C: 1/2 Page	$ 300(375)	$ 1000(1300)
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$10,000 for Banner on every page
$5000/year Home Page
$250 for active link Pro-Members page

Policy

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

Executive Director's Corner

Studies have shown COVID-19's affects the central nervous system lingering impacts on the brain. Researchers at Tulane University found severe brain inflammation and injury consistent with reduced blood flow or oxygen to the brain, including neuron damage and death. The findings are the first comprehensive assessment of neuropathology associated with SARS-CoV-2 infection in a nonhuman primate model.

COVID-19 patients commonly report having headaches, confusion and other neurological symptoms, but doctors don't fully understand how the disease targets the brain during infection. Now, researchers at Tulane University have shown in detail how COVID-19 affects the central nervous system, according to a new study published in Nature Communications.

The team of researchers found severe brain inflammation and injury consistent with reduced blood flow or oxygen to the brain, including neuron damage and death. They also found small bleeds in the brain. Surprisingly, these findings were present in subjects that did not experience severe respiratory disease from the virus.

Tracy Fischer, PhD, lead investigator and associate professor of microbiology and immunology at the Tulane National Primate Research Center, has been studying brains for decades. In the spring of 2020, she began studying the brain tissue of several subjects that had been infected. Her initial findings documenting the extent of damage seen in the brain due to SARS-CoV-2 infection were so striking that she spent the next year further refining the study controls to ensure that the results were clearly attributable to the infection.

"Because the subjects didn't experience significant respiratory symptoms, no one expected them to have the severity of disease that we found in the brain," Fischer said. "But the findings were distinct and profound, and undeniably a result of the infection."

The findings are also consistent with autopsy studies of people who have died of COVID-19, suggesting that nonhuman primates may serve as an appropriate model, or proxy, for how humans experience the disease. Neurological complications are often among the first symptoms of SARS-CoV-2 infection and can be the most severe and persistent. They also affect people indiscriminately -- all ages, with and without comorbidities, and with varying degrees of disease severity.

Future studies that investigate how SARS-CoV-2 affects the brain will contribute to the understanding and treatment of patients suffering from the neurological consequences of COVID-19 and long COVID.

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.

Be safe, you are not alone.

Sherry Stock

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

Summer/Fall Sudoku

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

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

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

Names in Bold are BIAOR Board members

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‡ Dr. Aaron DeShaw, Portland 503-227-1233 **www.deshawlaw.com**
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Care Facilities/TBI Housing/Day Programs

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

APD - TBI general issue APD.TBI@dhsoha.state.or.us
Sherry Acea, Fourth Dimension Corp, Bend 541-647-7016
Advocate Care, LLC, Leah Pedigo, Medford, 541-857-0700 RCF 18-65 Portland 971-271-8457 18-65 *www.**advocatecarellc**.com*
Carol Altman, Homeward Bound, Hillsboro 503-640-0818 - Day Program
Eric Asa, The Positive Difference ACH, LLC, Gresham, 503-674-5149
Hazel Barnhart, Psalm 91 Care Home, Beaverton, 971-227-4773 or 503-747-0146 TBI 35 and over
Temesgen Betiso, Forest Grove and Tigard 503-747-2135 or 503-992-8769
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£ Casa Colina Centers for Rehabilitation, Pomona, CA, 800-926-5462
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John Grimm, Skyline Country Living, AFH Philomath 541-929-7681
Herminia D Hunter, Trinity Blessed Homecare, Milwaukie, 503-653-5814, Dem/Alz 70 and over
± IS Living Integrated Supports for Living, Jesse DeHerrera, 503-586-2300 www.isliving.org/
Kampfe Management Services, Portland, 503-788-3266 Apt
Terri Korbe, LPN, High Rocks Specialty Care, Clackamas 503-723-5043
Learning Services, Northern CA & CO, 888-419-9955
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Uhlhorn Program, Eugene, 541 345-4244 Supported Apt
† Windsor Place, Inc., Susan Hunter, Salem, 503-581-0393 Supported Apt

Brain Injury Rehabilitation Programs
€ Brain Rehab Network Medical Center, 7204 SW Durham Rd Ste 100, Portland, OR 97224 (503) 941-9869 https://brainrehabnetwork.com A team-oriented approach to brain injury rehabilitation featuring rehab medicine, physical therapy, occupational therapy, speech-language pathology and rehabilitation psychology.
- Comprehensive Outpatient Rehabilitation Program—Delivering person-centered care maximizing function, independence and quality of life
- Residential Transitional Rehabilitation Program-Offering supported living where individuals are engaged, understood and thriving. Short and long-term apartment options are available.
- Home and Community Support Program—Facilitating safe and independent living through home and community support
- Post-Concussion Bootcamp—Concussion symptoms lasting beyond the expected recovery time frame, then research says the

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

multidisciplinary rehabilitation, what we do at BRN, is needed.

Oregon Rehabilitation Center PeaceHealth Sacred Heart Medical Center 1255 Hilyard St Eugene, OR 97401 541-686-7300 http://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.

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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Aumkara Newhouse, Aumkara Structural Bodywork Beaverton 916) 524-7470

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

Cognitive Rehabilitation Centers/ Rehab Therapists/Specialists

Brainstorm Rehabilitation, LLC, Bethany Davis, Ellensburg, WA 509-833-1983

The Hello Foundation and Clinic, Sharon Soliday, SLP/OT, Portland, 503-517-8555 www.thehellofoundation.com

Marydee Sklar, Executive Functioning Success, Portland, 503-473-7762

† Progressive Rehabilitation Associates—BIRC, Portland, 503-292-0765

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(Continued on page 5)

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

Long Term TBI Rehab/Day Program's/Support Programs
Carol Altman, Bridges to Independence Day Program, Portland/Hillsboro, 503-640-0818
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Oregon Medicaid Oregon Health Plan Health Systems Division 500 Summer Street NE Salem, OR 97301-1079 Phone: 503-945-5772 Toll Free: 800-527-5772 Website: http://www.oregon.gov/OHA/healthplan/Pages/index.aspx
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

Protection and Advocacy
Disability Rights Oregon 610 SW Broadway Ste 200 Portland, OR 97205 Phone: 503-243-2081 Website: http://www.disabilityrightsoregon.org
Victims of Crime Compensation Fund 1162 Court St NE Salem, OR 97301-4096 Phone: 503-378-5348 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/Vocational Rehabilitation.aspx

Technology/Assistive Devices/ Construction
† John Drentlaw, JLD Construction Consulting www.jldllc.com. Portland (503) 675.4383
Mobility Access Option NW, Inc, Kevin Rowland, Independence, 971-304-7464
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Rockinoggins - Helmet Covers Elissa Skerbinc Heller www.rockinoggins.com

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We can't do this alone, please send in your membership dues today or donations.

See page 22 for a membership form

Muriel Lezak, Pioneering neuropsychologist and Leading Authority on Brain Injuries, Dies at 94

It is great sadness that I share with you the passing of my close friend and monthly luncheon companion, Muriel Lezak. Muriel wrote a textbook that became an essential guide to describing and evaluating brain damage and dysfunction. Dr. Lezak worked at clinics and taught psychology at Portland State College (now University) and the University of Portland from 1949 until she began her 19-year tenure at the V.A. hospital in 1966. In 1985, she left to teach at the Oregon Health & Science University, where she was a professor of neurology, neurosurgery and psychiatry until 2005. She long had a private practice, and she continued to see patients until a few years ago.

As early as 1982, Dr. Lezak sounded an alarm about the impact of head injuries incurred by athletes; in 1999 and 2001, she was an author and researcher of studies that found cognitive impairment in amateur and professional soccer players caused by repeatedly using their heads to hit the ball. She and Erik Matser, a co-author of both studies, warned of second-impact syndrome, in which a seemingly harmless blow to the head can cause a serious injury.

Dr. Lezak began working as a clinical psychologist in the late 1940s. Two decades later, at the Veterans Administration Hospital in Portland, she brought her abiding curiosity about the connection between the brain and behavior to her treatment of soldiers who had suffered neurological damage in World War I, World War II and the Vietnam War.

"I was the psychologist for neurology, neurosurgery and rehab," she said in an oral history interview with Oregon Health & Science University in 2016. "It was like pig heaven, you know?"

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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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Blast From the Past The Effects of Battlefield Exposure on War Veterans

Many in this country have been affected by the unstoppable, horrific plague of war. Over 20.4 million men and women have returned from distant conflict, only to have their demons follow them home: nightmares that arise even during the day, flashbacks of battle from walking down an eerily quiet street, anxiety developed after being trapped in an environment with no sense of control. The appearances of unknown blasts during their military service can prove especially devastating to veterans upon return. But are these struggles considered mental health disorder, or injury, or both?

Battlefield-blast exposure due to improvised explosive devices is an extremely common cause of mild traumatic brain injury in war-torn areas, such as Iraq and Afghanistan. Following their return to the United States, war veterans commonly experience mental health problems. Approximately 31 percent of war veterans are diagnosed with post-traumatic stress disorder, 19 percent are diagnosed with traumatic brain injury, and 7 percent are diagnosed with both. Unfortunately, most scientific attention has focused on the moderate to severe end of the injury spectrum, not the mild TBIs which are the most common among returning veterans. Consequently, recent studies utilize rodent models in order to understand mild TBIs and potentially find a beneficial treatment. Researcher Perez-Garcia and his colleagues at the Veterans Affairs Medical Center in New York tackled this question by studying whether or not a drug called BCI-838 could reverse PTSD-related behaviors in rats exposed to low-level blasts mimicking explosions that cause mild TBIs in humans.

How exactly do you simulate such a scenario for research? Rats cannot be truly exposed to IEDs in a battlefield setting and later studied to see the effects, as there would be a large number of confounding variables. In order to recreate these effects under experimental conditions, the researchers gave the rats blast injuries with a shock tube. The rats' heads faced blast exposure without any body shielding, resulting in full exposure to the blast wave, once per day for three consecutive days. The study also used four experimental groups: control, blast-exposed with no treatment, blast-exposed treated with a low dose of BCI-838, and blast-exposed treated with a high dose of BCI-838. The drug was administered orally for 60 days to mirror how a human would take a prescribed medication, starting two weeks after the last blast exposure. At the end of 60 days with drug administration, the rats went through a range of behavioral tests in order to analyze anxiety and other mental health symptoms that correspond with PTSD.

During these behavioral tests, researchers monitored the rats' movements to either the opaque black side or to the illuminated side of a box, their movements in a circular maze with half enclosed by dark walls and half having no walls, their abilities to recognize new objects compared to familiar ones, their responses to an acoustic noise, and their development of fear to electrical shocks. Upon completion of testing, the rats' brains were processed in order to measure neurogenesis—the development of nervous tissue.

The study found that blast-exposed rats had fewer entries and traveled less distance on the light side of the box compared to the dark side, suggesting anxiety to novel and open spaces. However, treatment with the high dose of drugs reversed this effect, demonstrating the decrease in anxiety symptoms. Additionally, blast-exposed rats moved less, and spent less time in the open area, further exemplifying increased anxiety. Similarly, treatment with a high dose of the drug reversed this effect, supporting how the drug may be beneficial in combating anxiety symptoms. During fear conditioning, both high and low drug treated groups froze less when shocked. Blast-exposed rats also spent less total time exploring novel objects, but four weeks later, they explored the novel object no more than the familiar object during the novel object recognition test. Importantly, the results showed increased tissue growth in the brain following chronic BCI-838 administration in an animal model of blast-related TBI.

What do the results in this study truly tell us? How can we protect soldiers while they serve us and care for them after their service? These behaviors suggest that the main drug effect is not on fear memory but on how the fear response is maintained. However, treatment with both high and low doses reversed various effects, so the drug may be able to counteract memory impairment as well. Studies such as this one provide a model to study the chronic behavioral effects of blasts such as PTSD in former warfighters and implement a useful therapeutic model to ultimately improve life in this population. This research is critical, as it may lead to a treatment for veterans affected by mild TBIs.

Upon return to the States, veterans may experience chronic debilitating behavioral syndromes such as PTSD associated with blast mTBIs that persist long-term. The drug, BCI-838, can reverse multiple PTSD-related traits improving anxiety-related behaviors, fear responses, and long-term memory recognition in rodent models. This study highlights BCI-838, hippocampal neurogenesis and a specific pathway involved in antidepressant neurons (the Group II metabotropic glutamate receptor pathway) as potential leads in positive development of former warfighters suffering from PTSD symptoms. Thus, a new neural pathway emerges that may help unravel some of the questions we have surrounding PTSD in war veterans. Although this study found that the glutamatergic system is involved in this process, the pathway was not explored further. With these developments and continual efforts, war veterans may no longer have to stand alone.

Source: Synapse 2019

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.

Stem Cell Therapy for Brain Injury Patients

Stem cell therapy is an exciting breakthrough in brain injury treatment. While most stem cell therapies for brain injury patients are still in the clinical trial phase, the results so far have been very promising.

What are Stem Cells?
Stem cells are a class of undifferentiated cells that can transform into specialized cell types. They are the raw material that the body uses to create every other cell. This means that stem cells can become any type of cell under the right conditions, including brain cells.

There are three main sources of stem cells that researchers have discovered:

- Embryonic stem cells. These stem cells come from embryos that are three to five days old.
- Adult stem cells. These are found in adult tissue such as bone marrow or fat.
- Perinatal stem cells. Finally, researchers have found stem cells in amniotic fluid and even umbilical cord blood.

For brain injury treatment, most clinical trials have used adult stem cells.

How Stem Cell Therapy for Brain Injury Patients Work
After traumatic brain injury, damage to brain tissue can cause brain cells to die.
When neurons die, they cannot regenerate or be replaced. Dead neurons also lead to loss of function, since brain signals can no longer pass through them.

Because neurons cannot regenerate on their own, most forms of brain injury treatment focus on activating neuroplasticity. Neuroplasticity involves reorganizing surviving brain cells.
To understand how this works, imagine that the brain is a series of highways and bridges. The bridges (neurons) allow cars (nerve signals) to quickly travel where they need to go. If these bridges collapse, however, then the signals can no longer travel.

Neuroplasticity, which allows the brain to establish new neural pathways, is like building a detour to help cars get around the broken road. Stem cell therapy, on the other hand, is the equivalent of rebuilding the broken bridge. That's because stem cells can, with the right conditions, help the brain replace the neurons that were destroyed.

Therefore, this therapy can potentially help brain injury patients regenerate the damaged parts of their brain and recover function.

How Stem Cell Therapy Works
During stem cell therapy, neurosurgeons transplant stem cells (harvested from the patient's own bone marrow) into the damaged areas of the brain.
Interestingly, in a recent study by the SanBio Group, the stem cells used did not turn into neurons themselves. Rather, the implanted cells triggered the brain's natural regenerative ability and, in effect, helped the brain create its own new neurons.

As Dr. Gary Steinberg, lead researcher on another stem cell project, explains:
What these [stem cells] do is pump out very powerful growth factors, molecules, and proteins that enhance recovery…and in that way, what we believe they do is ***turn the adult brain into a neonatal or infant brain, which has a lot of ability to recover after brain injury****.*

In other words, stem cell therapy doesn't just replace damaged neurons. It essentially reverses the aging process in the brain and makes it a powerhouse of cell regeneration.

What Do Studies Show?
In the study linked to above, 46 TBI patients were treated with an investigational stem cell product, and 15 underwent sham surgery as a control group.

Improvement was measured by a change in the Fugl-Meyer Motor Scale score, a test used to measure movement deficits. An improvement of ten or more points is considered a clinically meaningful threshold in TBI patients.

(Continued on page 10)

Brain Rehab Network
Medical Center
7204 SW Durham Rd Ste 100,
Portland, OR 97224
(503) 941-9869

(Continued from page 1)

injury isn't easy and is filled with twists and turns. There are days people feel defeated and want to give up, continuing to push through adversity and move toward maximizing their recovery takes perseverance. Why? Because life after a brain injury matters. That's why we created Brain Rehab Network because we believe in people helping people.

As informed readers all we have to do is flip on the tv or open social media to discover all that is wrong in the world. Today we need to work to find the silver lining so we heal each person make the most of their recovery and life after a brain injury. Together we can shut down the voices of fear and negativity by opening doors of hope and networks of healing where people recover.

As professionals in this space we need to turn challenges into opportunities, and it is time the brain injury community in Oregon comes together to build a better community, to foster more hope and to demonstrate that we care for each other.

Matthew Kampfe
President
Brain Rehab Network
www.BrainRehabNetwork.com

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.

(Continued from page 8)
Overall, 18 patients treated with stem cell therapy reached this threshold, compared to one placebo patient.

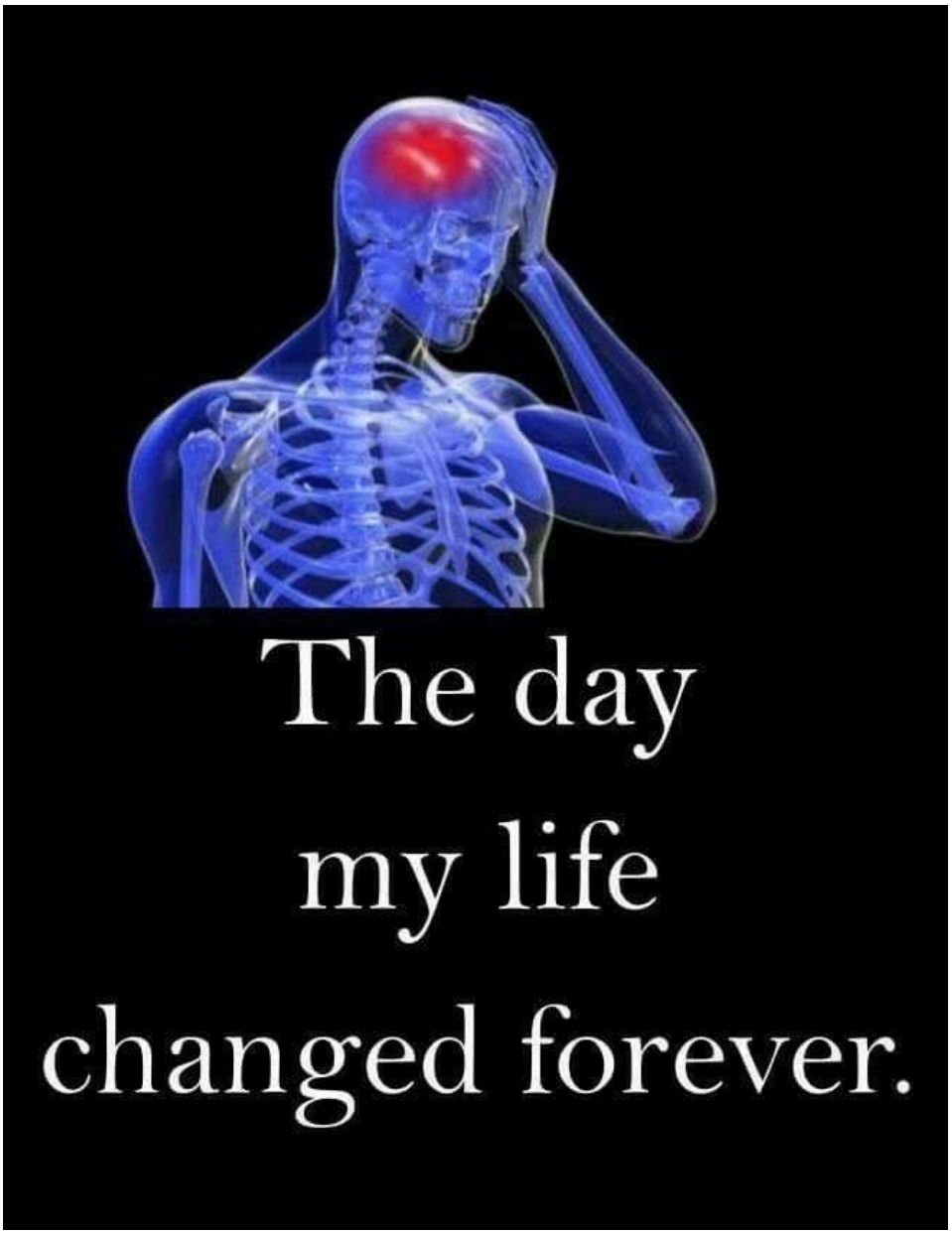
To put these numbers in a more practical perspective, one patient who could not move their arm at all recovered full arm function. Others improved their balance skills and could even walk again after using a wheelchair.

These results are impressive, but the study was small and is still in phase 2 of clinical trials. More data is still needed to make sure the therapy is safe for the general population. But so far, the evidence is promising.

How to Access Stem Cell Therapy for Brain Injury
Currently, stem cell therapy has not received FDA approval for use in brain injury treatment. This means the best way to gain access to stem cell therapy is to enroll in a clinical trial.

Clinical trials are not always free. However, most trials are federally funded so there is often little to no cost. In contrast, stem cell therapies for other conditions typically range between $3,000-$5,000 dollars. Since stem cell therapy for TBI will also involve brain surgery, it could potentially cost even more. In order to save money, try to find a clinical trial that you qualify for.

To find a clinical trial near you, go to the clinical trials website and type in "traumatic brain injury" under the conditions or disease bar. Then, type in "stem cell" under the other terms bar and click search.
As of this writing, there are currently six clinical stem cell therapy trials in the United States actively recruiting TBI patients. Hopefully one of those will be near you.



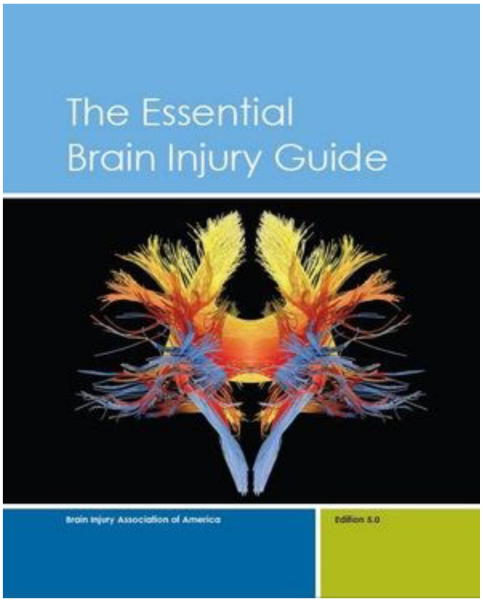
Stem Cell Therapy for Brain Injury: Key Points

- Stem cell therapy is a promising new treatment that may revolutionize brain injury rehabilitation.
- It works by transplanting stem cells from the person's bone marrow into damaged parts of their brain. These stem cells trigger neuron regeneration and help patients recover function.
- This makes stem cell therapy potentially one of the most groundbreaking treatments for TBI.
- However, even if you can't access stem cell therapy, the brain can still recover function through other means. Therefore, until stem cell therapy is more widely available, TBI survivors should continue with their traditional therapy programs.
- With enough persistence, you can make real, permanent gains in your recovery process. That's the power of consistent therapy.

Source: Stem Cell Therapy for Brain Injury: How It Works (flintrehab.com)

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:

$1500 includes training, book, exam fee and one year BIAOR professional-level member pay online now.
$1000 for Participation CBIS training only (including book T - 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.

Currently all trainings are by Zoom—call for dates

Training

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

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

Certification Examination

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

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

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

Application Process

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

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

The Second Brain:
How Gut Microbiomes Contribute to Mental Health and Depression

A growing body of evidence indicates that microbiota play a role in the normal regulation of behavior and brain chemistry relevant to mood and anxiety.

Have you ever gone with a “gut-feeling,” had a "gut wrenching" experience, or felt "butterflies" before an important interview or first date? Anyone who has can attest to how sensitive the gastrointestinal tract can be to emotion. These feelings originating from your stomach support the existence of the gut-brain axis: the communication system between your body's central and enteric nervous systems. Studies have shown that the intimate connection between a person's intestinal health and brain goes both ways. A troubled stomach sends signals to the brain the same way a troubled brain sends signals to the gut. Therefore, an unbalanced gut microbiome can affect the presence or severity of one's stress, anxiety, and depression.

The human microbiome is composed of trillions of bacteria, fungi, and other microbes. These microorganisms can be found throughout our body, but the vast majority—around 30 to 400 trillion — hang out in the gut. These microbes make chemicals that influence how your brain works. For example, some microbes create butyrate, a short-chain fatty acid essential for forming the blood-brain barrier. The brain receives information from gut microbes through millions of neurons that connect the two organs and tell the body how to behave. Sensory neurons make up the vagus nerve, which also happens to be the longest nerve of the autonomic nervous system. The vagus nerve is responsible for the bidirectional communication between the brain and gut. In a healthy state, the gut helps regulate digestion, support the immune system, and promote many other aspects of health.

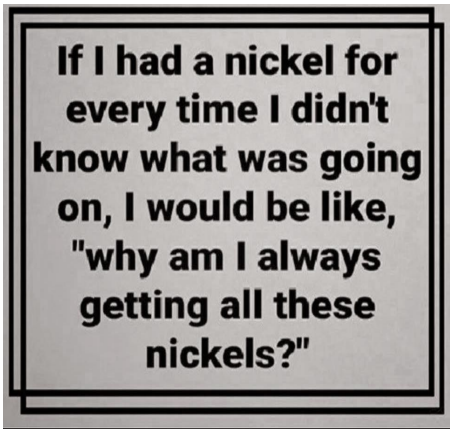
For years, the bidirectional communication between the brain and gut—commonly called the gut-brain-axis—has been of significant interest. A growing body of evidence indicates that microbiota play a role in the normal regulation of behavior and brain chemistry relevant to mood and anxiety. Since the food we consume provides nutrients to support the growth and diversity of gut microbiota, diet can play a large role in gut health. In fact, studies have shown that alterations in diet can significantly influence gut bacterial composition in as little as 24 hours. In a recent experiment, ingestion of the probiotic Lactobacillus rhamnosus (JB-1) showed decreased anxiety, despair-like behavior, and stress-induced increase of plasma corticosterone levels in mice. Probiotic supplements and diet can cause this effect within the body by changing how the immune system signals the brain to alter brain function.

Gut microbiota also affect our inflammatory state by breaking down food into compounds that modify immune cells. Therefore, diet can be conceptualized as the beginning of a downstream cascade of events that can result in poor health when imbalanced. In turn, that imbalance can also affect our minds by disrupting normal brain chemistry. A set of studies that examined the relationship between chronic inflammation of the gut and behavior found that chronic stress can alter microbiota composition by causing excessive growth of pro-inflammatory bacteria and trigger inflammatory bowel disease (IBS) in both children and adults. These results further support the existence of a synergic relationship between the gut and brain.

According to the World Health Organization (WHO), depression is the leading cause of disability worldwide and contributes significantly to the global burden of disease. Yet, currently available treatments induce remission less than 50 percent of the time. A study by Jacka and colleagues investigated the efficacy of an improved diet as a treatment option for major depressive episodes. Sixty-seven participants were sorted randomly into two groups: those receiving dietary support, and those receiving social support. After three months, researchers found that although both groups experienced noticeable improvements in mood, more than 30 percent of the dietary intervention group had improved conditions compared to the 8 percent of those receiving social support. These results suggest that healthy dietary changes are possible and can help those with depression improve mental health. In a separate experiment, researchers identified three different dietary patterns and assessed their relationship with depression. They found that the group with the healthiest diet had a protective effect against depression, suggesting that a healthy diet can help treat and reduce the risk of depression.

Although the use of probiotics and dietary intervention programs show great promise as an effective and accessible strategy in both the general population and clinical settings, we should not abandon traditional modes of treatment. Mental health is complex and often requires a variety of methods for recovery. Instead, incorporating a healthy diet into regular therapy can be more beneficial in the long run. As we gain a better understanding of the role of gut microbiota in a range of gastrointestinal and neurological disorders (including, but not limited to depression, anxiety, and stress) as well as in normal brain function, we can also explore optimal treatment options for each individual. After all, the gut microbiome functions much like a second brain!

Source: Neuroscience 26 The Synapse January 2022 April 2022 27



Managing Behavior Problems During Brain Injury Rehabilitation

Behavioral problems during acute rehabilitation following traumatic brain injury (TBI) present tremendous challenges to rehabilitation staff. In the presence of behavioral problems, it is difficult for the individual with TBI to participate in therapies and, as a result, their progress may be slowed. There is also appropriate concern for the safety of patients and staff. These problems also create a great deal of concern among family members, which may heighten their anxiety. Dealing with behavioral problems in an efficient and effective manner represents an important rehabilitation goal following TBI.

Types of behavioral problems exhibited by individuals with TBI vary. Some may have difficulty with temper outbursts, while others are socially inappropriate or noncompliant. Some individuals seem to experience no behavioral problems, whereas others exhibit a wide range of such problems. The time of onset of these problems, as well as the duration, are also unpredictable. Restlessness and agitation have been described as phases of recovery. It has yet to be determined if these problems occur at a set time after injury and if there are any variables, which might predict the duration of restlessness and agitation.

All of these problems have one thing in common, however. All are caused by the neurological disruption associated with TBI. It is important to recognize that when people exhibit behavioral problems during acute rehabilitation they are not themselves. It is not the situation or the people around them that generate the temper, noncompliance, or socially inappropriate behavior. Knowledge of cognitive deficits associated with brain injury, such as confusion, poor memory, and limited reasoning, is important in understanding these behavioral problems.

How can staff members handle behavioral problems?

The first basic rule for staff to understand is that managing behavior does not mean controlling another person's life. You cannot force someone to do something. Each of us is responsible only for ourselves and cannot take responsibility for another person's behaviors or thoughts. Thus, the management goal of the rehabilitation staff in this sense is to manage one's own behavior and not that of other people. Staff can create an environment where individuals with TBI will be better able to manage their behavior by managing their own actions and responses.

Another basic rule involves our goals in dealing with individuals who have behavioral problems. If our aim is to totally do away with negative behaviors exhibited by individuals with TBI, then we will likely be very frustrated. A more appropriate goal is to minimize the behavioral problems without the expectation of doing away with them altogether. Thus, doing something that minimizes the inappropriate behavior is a success, even if there are periodic problems.

This article discusses ways to manage our own behavior, particularly in relation to specific behavioral problems that might be exhibited by individuals with TBI. In any situation in which there is a behavioral problem, it is important that staff members keep their options open as to how they respond. The best way to accomplish this is to remain calm and not take the behavioral outbursts personally. The individual with TBI may behave in a very offensive manner and direct their comments or actions towards another person. However, it is important that staff distance themselves emotionally from this and recognize that it is a neurological problem and not a personal issue. When such situations occur, staff must use judgment in how to approach the situation. Appropriate judgment is more likely to occur when one is calm and not reacting emotionally to what is occurring.

Approaching and Interacting with the Individual with TBI

Your initial encounter with an individual with TBI can determine the success of your efforts. Therefore, you need to pay attention as to how you present yourself. Keep in mind that these individuals may be confused and reactive; you want to avoid increasing any restlessness or agitation that already exists.

Your contact with a patient with TBI should involve a social greeting, such as "Hi (name), how are you?" A handshake may accompany the greeting. The handshake and greeting are cues to relax. It is important to introduce yourself each time since, due to memory problems, the person may not remember you.

When you talk with patients, speak slowly so that the slowed cognitive processing often exhibited by TBI patients will not hinder your encounter. You also need to speak briefly and clearly. Be very direct in what you want to communicate. For instance, it is better to say, "I need to take your blood pressure" than, "You wouldn't mind if I took your blood pressure, would you?" For those of us in the South, this requires some discipline since Southern speech patterns are often quite verbal and somewhat flowery.

Many individuals with TBI are confused; it is tempting to correct their confusion by directly disagreeing with what is said. However, this can be detrimental and generate increased agitation. Rather than disagreeing, it is better to direct attention to some other topic or make comments that do not state either agreement or disagreement. For instance, if a patient believes that he has lost an item it is not necessary to tell him it has not been lost. You can assure him that the lost item will turn up shortly.

It is important to always explain your intentions before beginning an activity with patients. If there is some procedure that must be done with the patient, explain in very brief terms what is going to happen. This can prevent a startle reaction that could lead to agitation.

Also, avoid touching or grabbing the patient suddenly. If touching is to take place, there should be a greeting and some conversation first. Then only use gentle hand pressure on the shoulder or arm. Grabbing and holding firmly should be reserved for situations in which there is obvious danger to the patient and other interventions are not sufficient.

Redirecting the patient's attention to less distressing topics, and even using humor, may be appropriate. It is important that we laugh at ourselves to show that we are not too rigid or formal. The only instance in which humor would not be used is if the patient feels that others are laughing at him. In this case, any attempts at humor should be discontinued.

Although this is not commonly done in our everyday contacts, it is important to formally end an interpersonal contact with individuals with TBI. They are not always aware of social cues that suggest that someone intends to leave or end a conversation. Therefore, it is important to state your intentions ("I have to leave now (name). There is another patient who needs my attention)." If these general rules of contact are followed, interactions with TBI patients are likely to be smoother and the potential for agitation, restlessness or other behavioral problems, is diminished.

Agitation and Restlessness

It is important to understand that there is a neurological basis for the agitation and restlessness that individuals with TBI individuals may experience. It is difficult for these individuals to stay focused on any particular event/topic or to figure out what to do if a problem arises. This is because of their

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limited attention span, poor reasoning, and limited memory. Under such conditions, agitation and restlessness are understandable.

Agitation and restlessness have been described as a stage of recovery following TBI. However, not all head-injured individuals experience such problems and the duration of these behaviors varies. Therefore, it is difficult to predict which patients might experience agitation and restlessness and if it is likely to be for a short duration or a long-term problem. In many cases, it is appropriate to "ride the storm" for at least a few days to determine if the problem will be short-lived and if interventions, such as medication, are necessary. To be able to do this, you must be very patient and well trained in how to manage agitated and restless individuals.

There are several levels of treatment for agitation and restlessness in a rehabilitation setting. First, and likely most important, is environmental management. This means trying to minimize stimuli in the environment that might lead to problems with agitation and restlessness. For instance, a great deal of stimulation, such as loud televisions, loud conversations, and numerous people visiting, can increase restlessness among individuals with head-injury. Patients with a neurological disorger are often unable to remain calm in an active environment. To calm the patient, it may be necessary to calm their environment. This may mean placing them in bed, pulling the curtains, and turning off the television. Therapy with patients with TBI often benefits from being held in a quiet area away from the usual PT and OT departments. Seeing patients at bedside for therapies may be recommended in some cases.

Staff behavior is also part of the environment that has to be managed. When approaching an agitated patient, you must speak calmly and slowly without becoming excited. In fact, if you speak in a low volume voice, the automatic tendency of anyone around you is to become still so they can hear what you say. Gentle physical contact, such as rubbing the shoulder, might also be recommended, but only after there has been some verbal interchange so that the physical contact does not create a startle effect.

The second line of treatment is the use of physical restraints. The Posey vest is the least restrictive and most acceptable (to both staff and patients). In some situations an enclosure bed may be helpful. This places the patient in a protected environment that minimizes extraneous stimulation. Limb restraints are not necessary in a Vail (enclosure) bed. If this is not sufficient, then wrist restraints and ankle restraints (essentially four-point restraints) can be used. It should be recognized that use of restraints could be a cause for agitation among TBI patients. The only reason for using these measures is if there is significant danger to the patient or others. If the patient can be managed with a less restrictive restraint, such as the Posey vest, it should be the first choice, rather than attempting more extensive physical restraints. Use of any restraint necessitates close observation of the patient. It should be understood that physical restraints carry a risk. It is possible for patients to injure themselves with restraints, such as causing peripheral nerve damage. The use of restraints may also create a hostile feeling between patient and staff that could be difficult to overcome. In an inpatient setting, restraints must be ordered by a physician and the necessity for their use must be reviewed daily.

The third line of treatment is medication. Usually sedatives such as Buspara® (busprirone), Ativana® (lorazepam), or (in extreme cases) Risperdala® (risperidone) are prescribed. Propranalol and other beta-blockers have also been used at times, as have antidepressants. Existing practice parameters usually focus on propranolol as a first line of treatment followed by an anti-depressant such as Zolofta® (sertraline). Lorazepam is used as required for "breakthrough" agitation.

While these medications may be effective in reducing restlessness and agitation, there is a cost involved. The patient's mental status is usually affected to some extent. This is not desirable at a time when the neurological trauma has already caused significant cognitive problems. Medication may make it more difficult for individuals to participate in therapies and thus could slow recovery. At times it may be appropriate to use medications even before physical restraints. For instance, if the goal is to induce sleep at night, it might be better to use a mild sedative rather than restraints that might increase one's agitation level and diminish the chances of sleep.

Noncompliance with Treatment

Noncompliance with treatment, specifically the patient refusing to participate in therapies or activities such as dressing or eating, is a very common problem at rehabilitation centers. If often reflects confusion on the part of the patient, but could also reflect a realistic concern about their discomfort with particular procedures. Noncompliance is a very difficult issue for rehabilitation staff and represents a legal, ethical, and psychological dilemma. From a legal standpoint, patients are admitted to a rehabilitation center on a voluntary basis, even though they may be very confused and actually incompetent to manage their affairs. They have not been committed to the hospital formally, and there has been no guardian appointed. Therefore, the hospitalization is voluntary and individuals can refuse treatment from a legal standpoint. From an ethical standpoint, staff does not want to force someone to engage in activities they do not desire. Rehabilitation staff also knows that if patients with TBI are forced to engage in the activity they will not benefit. The psychological dilemma relates to the inability to read the minds of people or change their minds once set. Since staff cannot force patients to do something, your job, instead, is to create a situation where the individual with head injury willingly participates in treatment, even if their enthusiasm is lacking.

When a patient refuses some activity or treatment it is important to determine what is being refused and why, if possible. When a person is confused this may be difficult, but it may mean the difference between participation and a significant confrontation. It is not uncommon, for instance, for patients to refuse physical therapy. By questioning the patient, you can determine which activities of physical therapy are acceptable and which are not. Generally, patients do not appreciate stretching exercises that might cause pain. If it can be determined what is being refused (e.g., stretching exercise) and why it is being refused (because of the pain involved), it is possible to change how physical therapy is introduced to minimize those events. Another example is the patient who refuses to dress. Rather than accepting their statement, you can question the patient to see what is being refused and why. The reason the patient is actually refusing to put on a particular piece of clothing is because the color is somehow inappropriate. Situations can often be dealt with easily if you take the time to question the refusal.

There are several other approaches that staff members might use when working with individuals with TBI who are not compliant. Patients with TBI often are easily fatigued and want frequent rest periods. A solution may be to allow for rest periods during therapy or a longer rest period around the lunch hour. This can decrease chances for noncompliance during the day.

Staff may also be able to redirect the attention of the patient. If the person refuses a particular activity, you can suggest an alternate activity. Then at some point in the future they can

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return to the refused task. This can have surprisingly positive results, in part due to the limited attention span and memory functioning in some individuals. You might also be able to distract the patients with TBI by having the radio on when engaged in tasks or counting during activities, such as when doing stretching exercises. This must be used with caution, however, since the distraction might diminish the person's ability to participate in the task due to attention problems.

Explaining activities to individuals with TBI is extremely important since it tells them what to expect. Patients are more likely to refuse to participate when they do not understand what is happening. One possible solution is for staff to change the order of particular tasks. For instance, if dressing is very difficult for a particular patient, then it could be left until the very end of the morning routine. The other tasks of taking medications and eating breakfast can be done first. Patients who have progressed cognitively are often sensitive to maintaining control over their situation and may refuse tasks when they think they are being "forced" to do something. Providing them with choices can help alleviate this perception. You do need to ensure that the choices presented to the patient are acceptable and serve a rehabilitation goal. For instance, allowing some patients to make a choice in the clothing they wear or their therapy activities is often very helpful. In most cases, the choice should be dichotomous (an either/or choice). Remember that giving too many choices can be difficult and cause increased confusion and agitation.

Once an individual has progressed cognitively, staff can use more sophisticated methods to overcome any noncompliance. For instance, bargaining might be helpful. Essentially this means providing reinforcement to the person for engaging in an activity. Any activity that the person finds desirable and chooses over other activities can be used as a reinforcer. For instance, watching television can be used as reinforcement for engaging in particular activities. An example as a bargaining technique would be that you encourage a patient to dress as quickly as possible so that they can then watch the morning news. It may be possible to get the patient to agree to some physical discomfort, such as with stretching exercises, if a desirable activity follows.

Written discharge goals can be a helpful way to provide individuals with a sense of control. The goals should be posted at bedside and provided to all therapists so there will be agreement among all parties (including the patient) as to what the goals are. Finally, a checklist may be helpful to encourage the highest-level patients to complete their activities independently. For example, you can provide them with a checklist of activities to be completed everyday in therapy. The patient would be responsible for carrying through with the tasks.

The impact of the eventual outcome from the patient's participation in therapy should not be underestimated. However, many patients are limited by their neurological disorder, as well as their current environment. Many tasks in which they expected to participate are not meaningful to them Neither is the hospital setting motivating to most people.

Injured individuals want to resume their lives. For an adult, this means returning to work, being with family, driving a car, and engaging in social activities. These activities are out of the question during their hospitalization for acute rehabilitation. Rehabilitation staff must focus on very basic activities, such as balance, dressing, and attention skills. Understandably, people with TBI do not find this motivating. In addition, it is difficult for staff to find reinforcing activities or events for individuals while they participate in acute rehabilitation. As adults, the things we find reinforcing, such as being with friends or family, getting a paycheck, or pursuing social activities, are not available to the patient with TBI during rehabilitation, although often desired. The reinforcement that staff often has to give is interpersonal; such as telling someone they have done a good job and providing a smile and reassurance. The impact of such comments should not be underestimated and since this is what you have to use, such comments should be used liberally.

Temper Outbursts

People vary in terms of their temperament but it is fair to say that anyone will become angry at some point in their lives. For individuals with head injury, anger and irritability are perhaps more frequent than with the average person. It should be understood that temper outbursts after TBI have a neurological basis. A very common result of TBI is injury to the frontal areas of the brain. Individuals with this type of injury do not have the ability to inhibit emotional and verbal response, as they did prior to their injury. The average person may become angry but is able to suppress the anger or "keep it inside" fairly well. The individual with TBI may not have the ability to inhibit their anger response. In a figurative sense, the gates fly open and the emotion comes out. Because it is a neurologically based event, you must be very careful not to take temper outbursts personally, even if it appears to be directed at someone in particular.

Temper outbursts among individuals with TBI are often different than those we experience in our daily lives. Individuals with head injury have been described as having a "quick fuse" in which their temper escalates rapidly and outbursts may occur over relatively minor events. These outbursts may be unpredictable; what makes someone angry today does not have the same effect tomorrow. In the majority of cases there is no violence associated with the outbursts. They are limited to sharp comments, loud verbalizations, and/or changes in facial expression. Often the event is very short in duration, lasting perhaps two to three minutes at most. At the end of the outburst the person returns to normal relatively quickly and does not seem concerned about the event, although they may express a brief apology.

As in other instances in which there are behavioral problems, the most important response by a staff member is to remain calm. This keeps open options for other responses, including physical restraint if necessary. If there is an obvious stimulus causing the temper outburst, remove it if at all possible or direct the patient away from the stimulus. For instance, if an individual with TBI is extremely angry with a family member it would be appropriate to separate the two. When in the midst of a temper outburst, attempting to reason or getting into an argument with the individual with TBI is inadvisable and could actually create more difficulties. Many individuals with TBI do not reason effectively and attempting to reason with them at a time when they are very emotional does not make sense. Any discussion of the events leading up to the outburst or how the patient with TBI might have behaved differently should take place after the temper outburst has subsided.

If at all possible, it is good to encourage antecedent control, which simply means trying to "nip it in the bud" before the outburst gets into full swing. As you get to know your patients and how they react, they may be able to tell when a person is becoming more anxious or confused and intervene at the point when a temper outburst might be forthcoming. For instance, if a patient is in a situation where there is a great deal of stimulation and is becoming confused; intervention might prevent a temper outburst a few minutes later. For higher functioning patients it might also be possible to introduce a reinforcement program to diminish temper outbursts. This might involve the staff keeping track of the number of

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outbursts during the day. Desirable activities, such as family visits, can be arranged if the number of outbursts does not exceed a specified number.

Finally, there are medications that can help in diminishing temper outbursts. However, as mentioned earlier, these medications carry a cost, which usually involves some clouding of mental abilities.

Socially Inappropriate Behavior

Sometimes individuals with a head injury will say rude things and behave in a very insensitive manner toward others. Staff needs to recognize that there is a neurological basis for this problem. This includes the cognitive problems these individuals experience, particularly the difficulties they might have in monitoring themselves and the impact they have on the environment. Do not be personally offended by comments made by an individual with head injury. Your reaction to such behavior (if taken personally) may create more problems for the staff and the patient.

If the behavior is occurring in a social setting, it may be beneficial to redirect the individual's attention to another topic or attempt to gently physically withdraw them from the situation. Use of nonverbal cues, such as a time-out signal, may be helpful to at least indicate to the person that there is a problem that needs to be addressed. It is important that you avoid embarrassing the individual with the head injury, such as commenting on the behavior in a negative way in front of others. Even though individuals with head injury are often confused, they are still adults and want to be treated like adults. You need to address socially inappropriate behavior, but it should be done in a very sensitive manner, one on one. Crowds and conversations involving more than one person often increase confusion for individuals with TBI. In these situations patients are more likely to make inappropriate or tangential comments.

Staff needs to recognize that they are not only rehabilitation specialists, but also teachers. It is essential for staff to model appropriate social behavior for patients. For instance, you should attempt to be a good listener and not interrupt others frequently. Taking turns in conversation is also important to show that everyone has an opportunity to speak. It is sometimes easy to overlook such basic rules when one is busy and must say something quickly.

You should select relatively easy topics for discussion when talking with individuals with TBI. Select something that will be easy for the person to comment about. For instance, family issues, sports, or the weather would be appropriate topics that are not too complex. Also, your responses should be as brief since longer comments are less likely to be understood by the individual with TBI.

Staff can model appropriate behaviors and it might be helpful to use role-playing. If the individual with TBI has engaged in socially inappropriate behavior it would be helpful to role-play a more appropriate response with them. For example, if a patient makes a sexual comment to a therapist, it would be beneficial for that therapist to discuss with the person more appropriate expressions of appreciation. The therapist could suggest saying "You have been very nice to me today" or "I like the way you've done your hair." It is not helpful for staff to criticize the behavior without giving that person some idea of a better way to respond.

Denial of Disability

It is common that individuals with TBI do not fully recognize the deficits they exhibit. This can extend to cognitive problems, physical problems, or behavioral issues. Once again, the basis for this behavior is neurological, in part. There are areas of the brain that control a person's ability to monitor themselves and the environment. There is also an emotional component in which, understandably, people are not willing to accept significant limitations in their life due to TBI.

Rehabilitation professionals are trained to help people cope with their disability. This means there must be some recognition of what disability exists for a particular patient. The staff may assume that individuals with head injury should be able to recognize their deficits and if they do not, it is the responsibility of staff to bring it to their attention. Unfortunately, this can result in some very negative confrontations in which a patient denies having a particular problem and the staff member disagrees very directly. When this occurs, the response of the injured person is often to become defensive and insist on the intactness of his/her abilities. This also undermines the personal relationship between the staff member and patient.

There are some instances in which you must confront denial of disability. If the patient is in danger due to the denial, there must be some intervention. For example, an injured individual who is non-weight bearing thinks he/she can ambulate and tries to do so. They must be confronted directly, but in a sensitive manner. When this does occur, you need to emphasize that the situation may change, such as the person may be able to ambulate in the future. They can indicate why the person is unable to perform the particular task, stating that the person's balance is significantly impaired.

What about when the denial does not result in a significant danger to the person? In this situation, one way to deal with the denial is to simply ignore it. Change the topic and move on to another activity. In most cases, the awareness of deficits will increase with time as a person participates in therapies. This experience will have more impact than simply telling people about their problems. An equally acceptable approach is to gently address the inaccurate perception on the part of the individual with the head injury once, but then to avoid arguing over the statement. If an individual with a head injury disagrees with you concerning their capability of performing a particular action, there is usually not much benefit to be gained from arguing with them about it. In most cases, the lack of awareness itself is a sign that reasoning skills are inadequate. It is important that you take care not to embarrass the person in front of others by commenting on deficits in a teasing or demeaning manner.

A little bit of humility may also be helpful in dealing with patients who claim abilities that staff doubt. Rehabilitation professionals do not have access to "the truth" anymore than other people. Your ability to judge the capabilities of our patients is based on our experience with rehabilitation. There will always be instances in which someone can perform an action that you do not think they could do. This is actually a very positive development. If a person insists they can do something, in some instances it might be appropriate to allow them to attempt the action under supervision. A good example is a person who believes that they can engage in kitchen activities even though therapists may doubt that capability. Eventually, it may be necessary to have the person participate in cooking activities under the supervision of an occupational therapist to prove their capabilities.

Final Words

The most important thing to remember in working with individuals with TBI is to remain calm and be flexible. Do not take it personally when patients exhibit behavioral problems. As teachers we need to model calm and sensitive behavior if we are to help patients and their families as they struggle through a difficult time.

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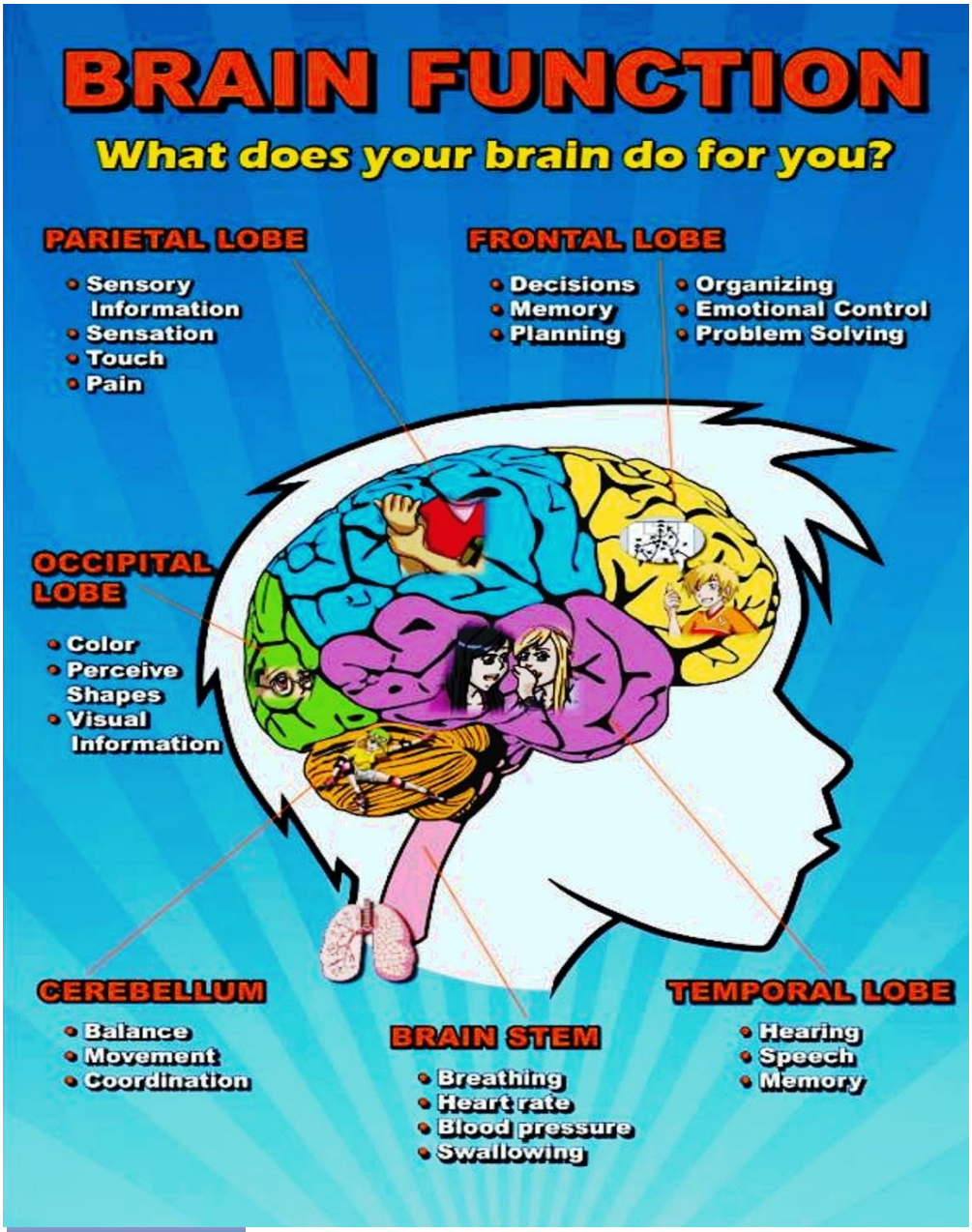

GRIEF & LOSS FOR THE PERSON WITH A BRAIN INJURY

Our own grief will be paralleled in the person you are caring for. Consider some of the losses they are dealing with: loss of the ability to move about easily, to work, to play, perhaps even the ability to communicate. There is loss of their authority and place in the family, loss of decision-making abilities, family security and predictability, loss of self-esteem, religious faith, privacy and dignity. When we are well, we have a sense of invulnerability that somehow the bad things in life will pass us by. Chronic or progressive illness shatters this sense and brings grief that anticipates losses yet to come – loss of control, of family support and the fear of further illness and of becoming a burden. For those with an inherited condition, there may be the added fear that their children may face the same experience.

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-
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- 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

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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

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You Have a Right to Justice

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

- Short-term memory loss
- Trouble focusing our attention
- Neuro-fatigue (running out of energy)
- Dizziness and balance issues
- Cognitive deficits (processing things slower than before)
- Aphasia (trouble recalling or understanding words)
- Anxiety about the simplest things
- Depression

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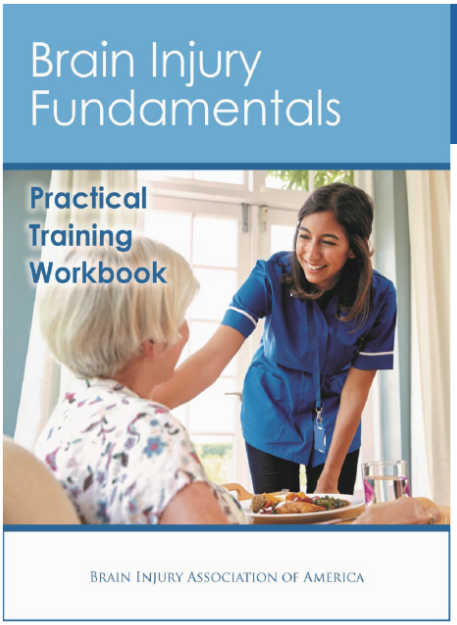
New ACBIS Program Announcement: Brain Injury Fundamentals



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

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

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

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

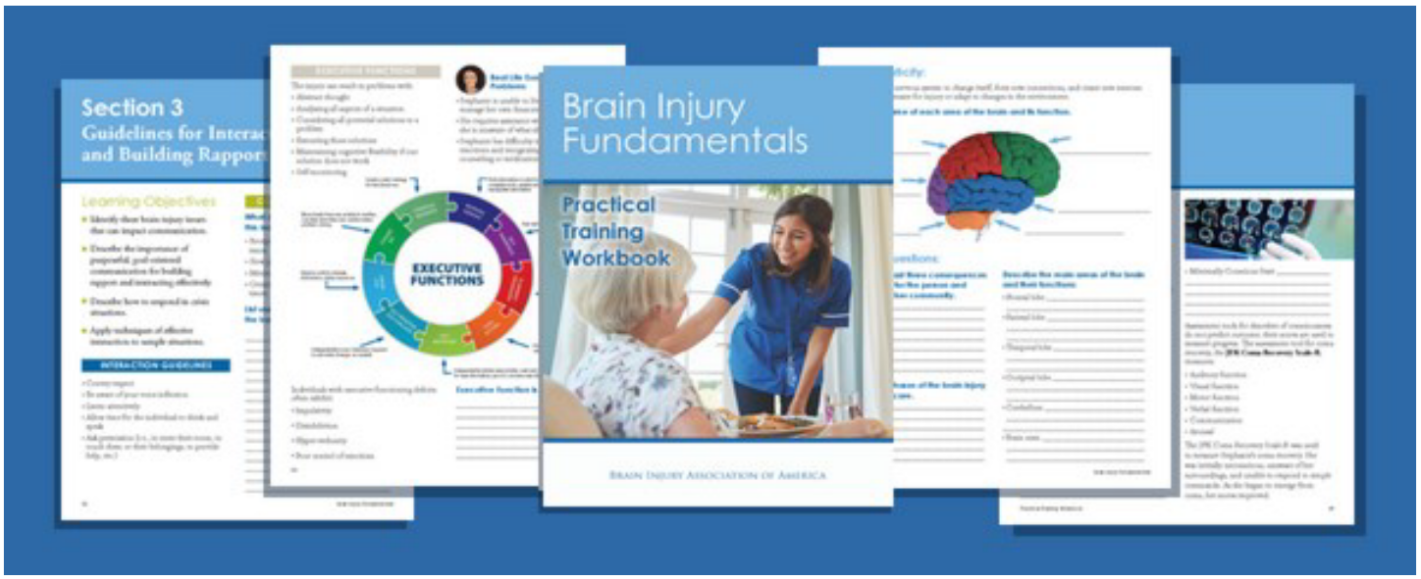
The course is grounded in adult learning principles, maximizing participant engagement and application through an interactive workbook. Using real-life scenarios and interactive simulations to anchor the course concepts, participants learn about the challenges people face following brain injury and the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

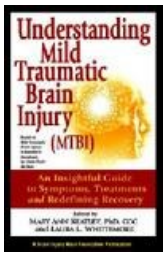
The Brain Injury Fundamentals course is comprehensive and flexible enough to be incorporated as an organization's on-boarding program for direct care staff, or used as a stand-alone training in healthcare and community facilities. The course will be taught by ACBIS trainer, Sherry Stock, ABD/PhD, CBIST,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

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

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

Costs & Fees: Fundamentals Application (including Practical Training Workbook), training and exam: $250*
*Fundamentals Application fees are non-refundable. ***Additional Costs of Trainings may apply*** for trainer outside the greater Portland area may apply covering per diem and travel costs.





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

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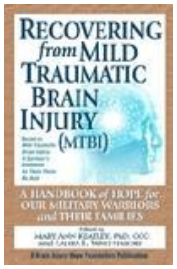
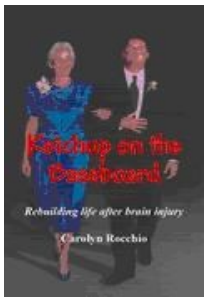
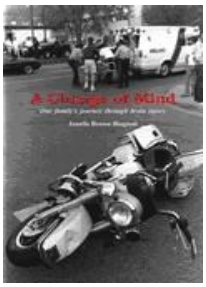


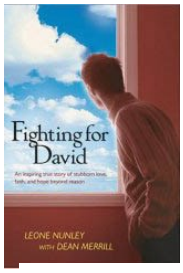
Recovering from Mild Traumatic Brain Injury A handbook of hope for military and their families. Edited by Mary Ann Keatley, PhD and Laura L. Whittemore
This clear and concise handbook speaks to our Wounded Warriors and their families and helps them navigate through the unknown territory of this often 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

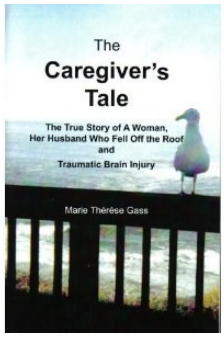
A Change of Mind
A Change of Mind by Janelle Breese Biagioni is a very personal view of marriage and parenting by a wife with two young children as she was thrust into the complex and confusing world of brain injury. Gerry Breese, a husband, father and constable in the Royal Canadian Mounted Police was 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

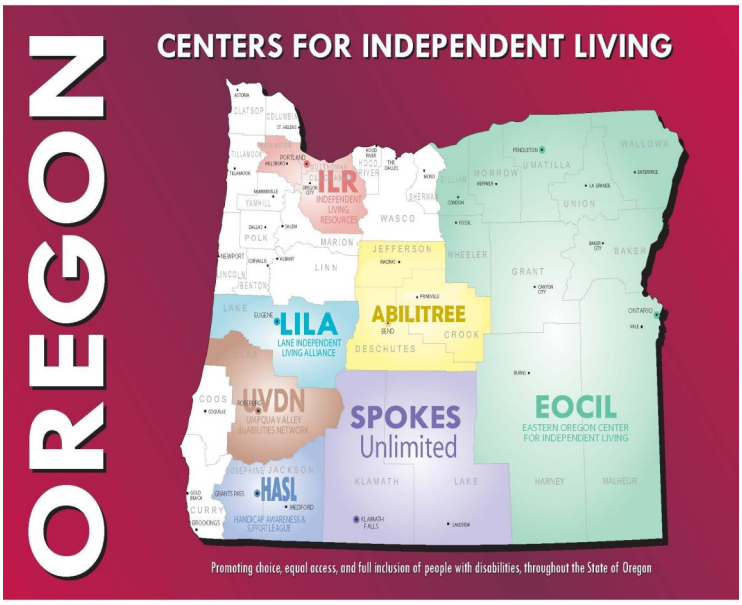
Oregon Developmental Disabilities (DD)
For individuals whose disability manifested before age 22 and resulted in lifelong conditions that affect a person's ability to live independently, this state agency arranges and coordinates services to eligible state residents. http://www.oregon.gov/DHS/dd/Pages/index.aspx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



Oregon Centers for Independent Living
Contact List

CIL	LOCATION	COUNTIES SERVED
ABILITREE IL Director: Greg Sublette	2680 NE Twin Knolls Dr Bend, OR 97702 1-541-388-8103	Crook, Deschutes, Jefferson
EOCIL (Eastern Oregon Center for Independent Living) Director: Kirt Toombs	322 SW 3rd Suite 6 Pendleton, OR 97801 (541) 276-1037 1-877-711-1037	Gilliam,, Morrow, Umatilla, Union, Wheeler
	400 E Scenic Dr., Ste 2349 The Dalles, OR 97058 541-370-2810 1-855-516-6273	Columbia , Hood River, Sherman, Wasco
	1021 SW 5th Avenue Ontario, OR 97914 (541) 889-3119 *or* 1-866-248-8369	Baker, Grant, Harney, Malheur , Wallowa
	Institute for Disability Studies and Policy (IDSP) 51 West Washington St Burns, OR 97720 (541) 370-2810, Ext 401 Email: eocil@eocil.org	
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@wou.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 (503) 554-4300
www.hazeldenbettyford.org
Serenity Lane, 10920 SW Barbur Blvd Ste 201, Portland, OR 97219 (503) 244-4500
www.serenitylane.org

Legal Help

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

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

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

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

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

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

Resources

Affordable Naturopathic Clinic in Southeast Portland

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

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

The clinic is located at:

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

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

Assistance

Financial, Housing, Food, Advocacy

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

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

Oregon Public Guardian Ombudsman - 844-656-6774

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

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

Food, Cash, Housing Help from Oregon Department of Human Services 503-945-5600 http://www.oregon.gov/DHS/assistance/index.shtml

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

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

Central City Concern, Portland 503 294-1681
Central City Concern meets its mission through innovative outcome based strategies which support personal and community transformation providing:

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

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

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.

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

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.

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
Lion's Sight & Hearing Center
228 N. Holly St (use rear entrance
Lorita Cushman 541-621-9974
loritabiaoregon@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 café
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@braininjuryconnectionsnw.org

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

CROSSROADS (Brain Injury Discussion Group)
2nd and 4th Friday, 1-3 pm
Independent Living Resources
1839 NE Couch St, Portland, OR 97232
503-232-7411
Must Be Pre-Registered

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

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
Minds In Motion Initiative 2870 Broadway Street NE , Salem, OR 97303
Megan Snider 971-977-3688
msnider@oregonminds.org

SALEM COFFEE & CONVERSATION
Fridays 11-12:30 pm
Ike Box Café
299 Cottage St, Salem OR 97301
Megan Snider 971-977-3688
msnider@oregonminds.org

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

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

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

Survivor Support Line - CALL 855-473-3711

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

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

The Brain Injury Alliance of Oregon (BIAOR)
AKA the Brain Injury Association of Oregon
PO Box 549, Molalla OR 97038-0549

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Brain Injury Alliance of Oregon (BIAOR)

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

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

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

Meetings by Appointment only
Call 800-544-5243

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