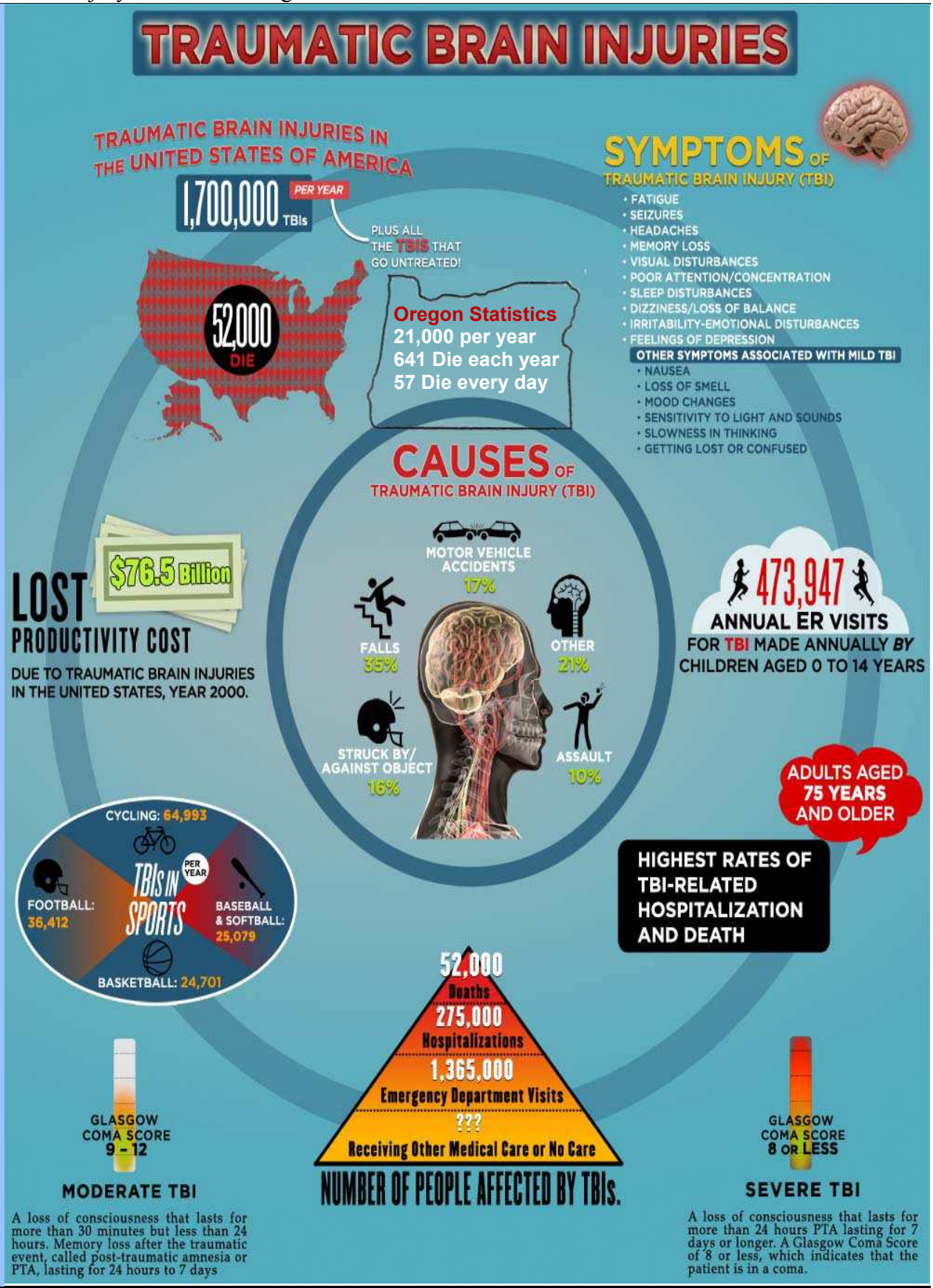
the HEADLINER
Winter 2014
Vol. XX Issue 4
The Newsletter of the Brain Injury Alliance of Oregon

What's Inside?



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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, John Botterman, Dave Kracke, Jeri Cohen

The Director's Corner

By Sherry Stock, Executive Director

Traumatic Brain Injury (TBI) is more well known today than ever before. In the last ten years we have seen stories about brain injury on the front and sports pages of newspapers nationwide and the subject has been the lead story on national and local news shows. It is the signature injury of the wars in Iraq and Afghanistan as well as the signature injury of nearly all sports: football, soccer, skiing, horse racing, car racing, and youth sports. As recently as 10 years ago, traumatic brain injury received little attention from the media.

At a recent national meeting at OHSU, concussion or mild traumatic brain injury was defined simply as a disruption of brain function. Medical professionals' understanding of traumatic brain injuries and treatment of those injuries has grown exponentially over the last five years with no end in sight. According to Dr. Wayne Gordon, "The evidence keeps on accumulating that treatment helps, our imaging techniques keep getting better, and our understanding of the long-term consequences keeps on increasing. One of the most exciting things coming down the pike is the development of a biological marker that will become the gold standard to discern whether someone has had a concussion."

Rehabilitation therapists are teaching patients strategies to improve memory by improving organization and keeping on top of their day by using new smart technology-a smart phone or a smart tablet. If people understand that they have suffered a TBI, psychotherapy can help them to accept themselves as they are now and find new ways to handle life situations.

At the upcoming Annual Pacific Norwest Conference on March 13-15, you will get a chance to the learn about the latest technology and treatments being used to help people with all levels of brain injury. You will get the chance to talk to professionals about these devices and treatments.

Friday afternoon's Keynote Session will be The Governor's Task Force on Traumatic Brain Injury. Plan to attend and give the Task Force input to report back to the Legislature and the Governor. This Task Force is about you. We need your input to get the help and services you need.

I look forward to seeing you all at the conference.
Sherry

2014 BIAOR Calendar of Events

For updated information, please go to www.biaoregon.org
Call the office with any questions or requests 800-544-5243

Feb 21	**Cognitive and Behavioral Changes After Brain Injury By Dr. Aaron DeShaw,** 2-4 pm Eugene $10 for BIAOR Members $20 for Non-Members Contact BIAOR for more information
March 3	**Disability Awareness PIE Day - Salem State Capital** **Join Us to talk to legislators about issues relating to brain injury**
March 13-15, 2014	**2014 12th Annual Pacific Northwest Brain Injury Conference, Portland OR** **3 Day conference - see pages 10-12** **Thursday: When I leave the hospital-**1 day training for AFH providers and medical professionals-what can be done to help survivors after they leave the hospital **Friday-Saturday: Living with Brain Injury** highlighting return to work and youth transition
March 22	**Spring Dance - The Wayds Rockin' The 60's $5 Donation** **6-8 pm** Elsie Stuhr Center, 5550 SW Hall Blvd, Beaverton OR 97005 Sponsored By BIAOR and Bridge to Independence **see page 8**
Sept 6	**2014 Poker Rally - Hosted by BIAOR**

Front Cover Credits: Shulman DuBois, LLC - www.pdxinjurylaw.com
Sources: www.cdc.gov/traumaticbraininjury www.biausa.org www.mayoclinic.com/health/traumatic-brain-injury

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

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

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

Linda Beasley, LPN CBIS, Autumn House, Beaverton, 503-941-5908

Karen Campbell, Highland Height Home Care, Inc, Gresham & Portland, 971-227-4350 or 503-618-0089 Medically Fragile

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

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

Care N Love AFH LLC, Corrie Lalangan, Vancouver WA 360-901-3378

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† Oregon Rehabilitation Center, Sacred Heart Medical Center, Director: Katie Vendrsco, 541-228-2396

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Uhlhorn Program, Eugene, 541 345-4244 Supported Apt

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

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± McKay Moore-Sohlberg, University of Oregon, Eugene 541-346-2586

Laurie Ehlhardt Powell, CBIRT, Eugene, 541-346-0572

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Looking for an Expert? See our Professional Members here

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Sharon M Labs PhD, Portland 503-224-3393
Ruth Leibowitz, PhD, Salem Rehab, 503-814-1203
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Will Levin, PhD, Eugene, 541-302-1892
Susan Rosenzweig, PsyD, Center for Psychology & Health, 503-206-8337

Recreational/Social Activities

Off the Couch Events, Shauna Perkins, ED, Portland 503-702-2394

Speech and Language/Occupational Therapist

Channa Beckman, Harbor Speech Pathology, WA 253-549-7780
John E. Holing, Glide 541-440-8688
± Jan Johnson, Community Rehab Services of Oregon, Inc., Eugene, 541-342-1980
Sandra Knapp, SLP, David Douglas School District , Sandy 503-256-6500
Linda Lorig, Springfield, 541-726-5444
Anne Parrott, Legacy Emanuel Hospital Warren 503-397-6431
Kendal Ward, OT, Astoria, 209-791-3092

State of Oregon

Dave Cooley, Oregon Department of Veterans Affairs, Salem, 503-373-2000
Stephanie Parrish Taylor, State of Oregon, OVRS, Salem , (503) 945-6201 www.oregon.gov/DHS/vr

Technology/Assistive Devices

RJ Mobility Services, Independence, 503) 838-5520
Second Step, David Dubats, Eugene, 877-299-STEP

Video/Filming

NuVideo Productions, LLC, specializing in "day of the life" films Bend, 541-312-8398

Veterans Support

Mary Kelly, Transition Assistance Advisor/Idaho National Guard, 208-272-4408
Belle Landau, Returning Veterans Project, Portland, 503-933-4996

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Kadie Wellington, OVRS, Salem, 503-378-3607

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‡ Ronda Sneva, R&G Food Services, Inc. Sisters/ Tucson, 520-289-5725

In Memory

Sandra Johnson in memory of Christopher & Dana Reeve
Helen Mills in memory of Viola Kucera
Sharon Tesch in Memory of Lou Tesch
Tina Treasurer In Memory of Tom Treasurer
Carol Sherbenou in Memory of David Sherbenou

Names in bold are BIAOR Board members

† Corporate Member ‡ Gold Member £ Non-Profit
€ Silver Member ± Bronze Member
¥ Sustaining Member ∆ Platinum

To become a supporting professional member of BIAOR see page 23 or contact BIAOR, biaor@biaoregon.org.

The Lawyer's Desk: A Look at TBI Legal Representation ©

By David Kracke, Attorney at Law
Nichols & Associates, Portland, Oregon

Innovation takes many forms. In the legal arena, innovation takes the form of legislation, such as Max's Law and Jenna's Law, that require society to act in certain ways, or through the prosecution or defense of cases that end up creating precedence that all other courts are expected to follow. Innovation takes other forms as well and we see an incredible example of that with a contest sponsored by the National Football League, Under Armour (the clothing company) and General Electric.

The contest, which ends in January, 2014, seeks to find "Innovative Approaches for Preventing and Identifying Brain Injuries" and has a prize of $10,000,000.00 to the winning entries. It is a serious cash prize for a serious problem. According to the official website the sponsors are looking for "novel technologies, system designs, or materials that can: quantify head impact in real time; detect, track, or monitor biologic and physiological indicators of traumatic brain injury; protect the brain from traumatic injury; mitigate or prevent short or long-term consequences of brain trauma; and assist in training to prevent traumatic brain injury."

In asking myself why this contest exists in the first place, I find myself returning to the hard work done by the Brain Injury Alliance of Oregon, the Brain Injury Association of Washington and all of the other non-profit and for profit organizations and dedicated individuals who have kept a bright light shining on the issue of traumatic brain injuries, and who have shouted to the world that we will not go away until something is done to help the survivors and prevent future injuries from occurring in the first place.

And after coming to this conclusion I see the big picture of what it is we are doing at the Brain Injury Alliance of Oregon in a clearer light.

Two concepts intertwine in my analysis. First, we are all connected in this vast tapestry of life, and second, we are all self-reliant. While these two thoughts might at first seem incongruent, they are not.

The great American philosopher Ralph Waldo Emerson, in his essays on self-reliance, uses a metaphor of a garden to describe the works that a person does during his or her lifetime.

He writes about the "good" universe that surrounds us all, but explains that we have to look to ourselves to realize our place in it. He discourages imitation and envy as distractions from our true work and instead writes that it is through our individual toil that our individual gardens will grow plentiful. He intimates that when all of the individual gardens are seen together their commonality will be apparent.

So it is with our collective work. You are reading this column because you have some connection, somewhere, somehow, to the tbi survivor community in Oregon or beyond. You have an interest in learning about, or helping in some way the people affected by traumatic brain injury, and in your own "garden" you are toiling with purpose. While others will influence you, you are the one who picks up the shovel, plants the seed and cultivates that seed until it takes root and sprouts. When the fruit appears and you eventually reap your harvest, it is from your own toiling that that fruit exists.

Then, your fruit is collected and added to the fruit of others until we have a cornucopia of produce from which we all will receive sustenance.

I realize that this column is a bit esoteric, but it is an important concept to recognize. The contest that I mention at the start is an example of the individual and the collective. The judges for the contest will receive entries from individuals, in essence the fruit of their self-reliant works, and from those works will come inventions and innovations that will hopefully achieve the stated goals of helping those with traumatic brain injuries and preventing other injuries from happening in the first place.

It is the same with us. Individually, we will contribute what we can to help tbi survivors and to prevent future injuries, and collectively our works will affect our world in positive ways.

Emerson said it like this:

"There is a time in every man's education when he arrives at the conviction that envy is ignorance; that imitation is suicide; that he must take himself for better, for worse, as his portion; that though the wide universe is full of good, no kernel of nourishing corn can come to him but through his toil bestowed on that plot of ground which is given to him to till. The power which resides in him is new in nature, and none but he knows what that is which he can do, nor does he know until he has tried."

We owe it to ourselves and to our neighbors to make our gardens as productive as we can and to toil with the awareness that we are all part of the greater good. Whether we develop a new technology, draft a law or care for a loved one, our gardens are as diverse as we all are, and the greater good is served well if we continue to till our small portion until we all find out what our individual and collective efforts will reap.

David Kracke is an attorney with the law firm of Nichols & Associates in Portland. Nichols & Associates has been representing brain injured individuals for over twenty two years. Mr. Kracke is available for consultation at (503) 224-3018.

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 23 to sign up.

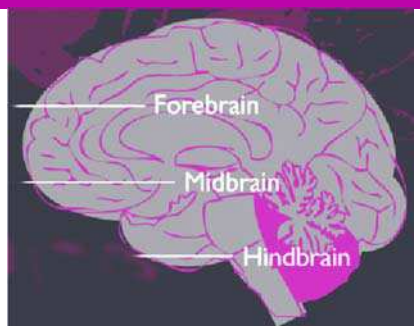
15 Things you didn't know about the Brain

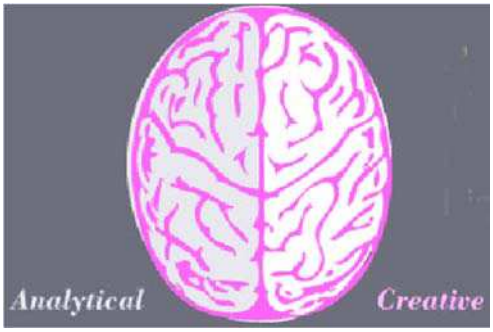
1. The brain consists of three parts:

Forebrain controls all thoughts, senses, motor functions, emotions and hunger.

Midbrain controls auditory and visual reflexes as well as awareness.

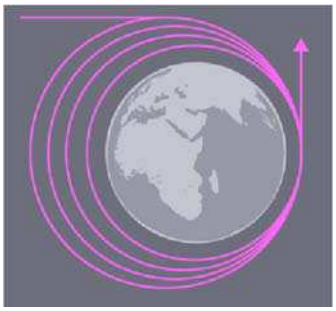
Hindbrain controls coordination and analysis of senses.



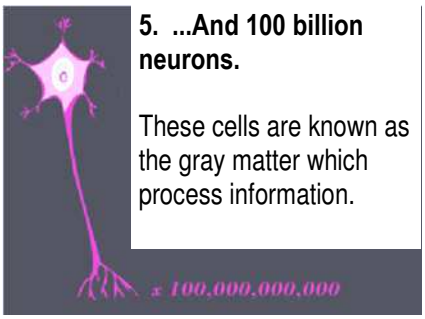


2. The brain has two hemispheres:
Left for analytical thoughts
Right for creative thoughts

3. The belief that we only use 10% of our brains is a myth.
Every portion has a function and is hard at work.



4. Your brain has 100,000 miles worth of blood vessels.
Enough to circle Earth four times



5. ...And 100 billion neurons.

These cells are known as the gray matter which process information.

6. Learning a second language before age 5 changes how the brain will develop later in life.
These children's brains are able to produce denser gray matter by adulthood.

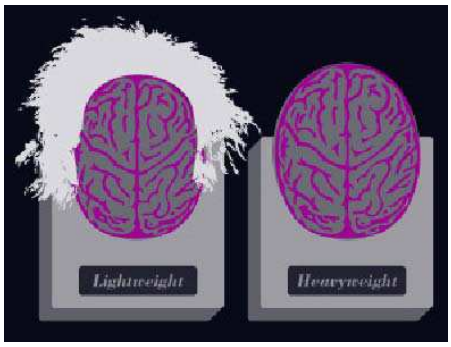
7. If the brain were a hard drive it would hold 4 terabytes of information.
Or enough to hold 4% of the entire Library of Congress's data.

8. The world champion of memorization is Ben Pridmore.
He is able to memorize the order of a deck of cards in 26.38 seconds.

9. What you eat affects your brain:
One study of one-million students in New York showed people who ate a lunch without preservatives or artificial dyes scored 14% higher on IQ tests.

10. 20% of the oxygen you inhale is used by the brain.

11. Size doesn't always matter:
Einstein's brain weighted 1,230 grams.
Average male's brain weights 1,360 grams.

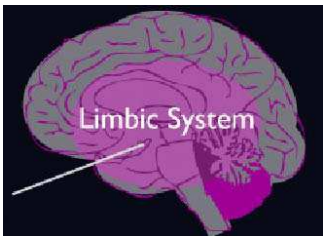


12. Speaking of Einstein's brain, scientist preserved it for study. It is split into 240 separate slides for viewing

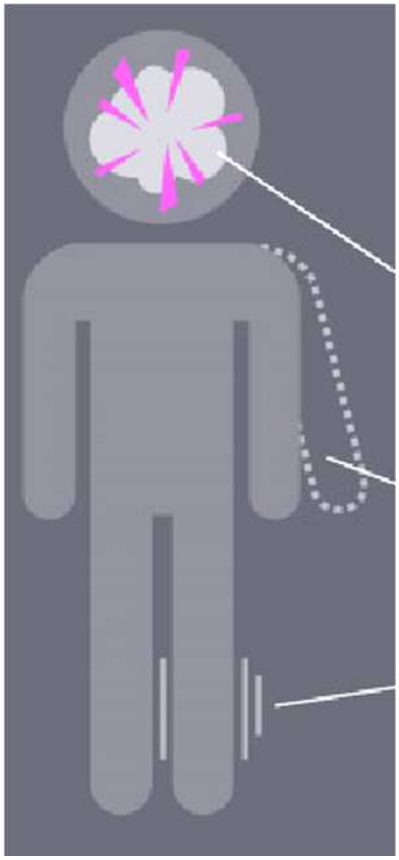
13. Men process information primarily from the left side of the brain. Women tend to use both sides at the same time.

14. There is truth behind the saying men are rational and women are emotional.

Women are more emotional because they have a larger limbic system which regulates emotion.



Yet , men have a larger inferior-parietal lobule that controls mathematical ability.



15. In rare cases the brain goes haywire and these occur:

Exploding Head Syndrome: Individual hears a loud bang coming from the middle of their head.

Phantom Extra Limb Syndrome: You think you have more libs than you actually have.

Sleep Paralysis: The inability to move your limbs upon waking up from sleep because the brain is still in REM mode.

Ski Helmet Use Isn't Reducing Brain Injuries

The fact that Michael Schumacher was wearing a helmet when he sustained a life-threatening head injury while skiing in France on December 29, 2013, probably did not come as a surprise to experts who have charted the increasing presence of helmets on slopes and halfpipes in recent years. The fact that the helmet did not prevent Schumacher's injury probably did not surprise them, either.

Schumacher, the most successful Formula One driver in history, sustained a traumatic brain injury when he fell and hit his head on a rock while navigating an off-piste, or ungroomed, area at a resort in Méribel, France. Although he was wearing a helmet, he sustained injuries that have left him fighting for his life in a hospital in Grenoble, France., and he may remain in a permanent vegetative state for the rest of his life.

Schumacher's injury also focused attention on an unsettling trend. Although skiers and snowboarders in the United States are wearing helmets more than ever — 70% of all participants, nearly triple the number from 2003 — there has been no reduction in the number of snow-sports-related fatalities or brain injuries in the country, according to the National Ski Areas Association.

Experts ascribe that seemingly implausible correlation to the inability of helmets to prevent serious head injuries like Schumacher's and to the fact that more skiers and snowboarders are engaging in risky behaviors: skiing faster, jumping higher and going out of bounds.

"The equipment we have now allows us to do things we really couldn't do before, and people's pushing limits has sort of surpassed people's ability to control themselves," said Chris Davenport, a professional big-mountain skier.

Dave Byrd, the ski association's director of risk management, attributed the surge in helmet use to grass-roots efforts by resorts, helmet manufacturers and medical professionals to encourage their use. He also cited growing public awareness about brain injuries, a result of persistent news media attention on the issue in sports, particularly in the N.F.L., and several high-profile skiing deaths, like those of Sonny Bono and Natasha Richardson. New Jersey is the only state that mandates helmet use, requiring it for children 17 and under.

The increase in helmet use has had positive results. Experts say helmets have reduced the numbers of less serious head injuries, like scalp lacerations, by 30% to 50%, and Schumacher's doctors say he would not have survived his fall had he not worn a helmet. But growing evidence indicates that helmets do not prevent some more serious injuries, like the tearing of delicate brain tissue, said Jasper Shealy, a professor emeritus at Rochester Institute of Technology.

Shealy, who has been studying snow-sports-related injuries at Sugarbush resort in Vermont for more than 30 years, said that could be because those injuries typically involve a rotational component that today's helmets cannot mitigate. He said his research had not found any decline in what he called P.S.H.I.'s, for potentially serious head injuries, a classification that includes concussion, skull fracture, closed head injury, traumatic brain injury and death by head injury.

In fact, some studies indicate that the number of snow-sports-related head injuries has increased. A 2012 study at the Western Michigan University School of Medicine on head injuries among skiers and snowboarders in the United States found that the number of head injuries increased 60% in a seven-year period, from 9,308 in 2004 to 14,947 in 2010, even as helmet use increased by an almost identical percentage over the same period. A March 2013 study by the University of Washington concluded that the number of snow-sports-related head injuries among youths and adolescents increased 250% from 1996 to 2010.

Experts agree that the roots of the trend are complicated and could be related to increased awareness about brain injuries and reporting of

(Ski Helmet Continued on page 13)

Winter 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 15)

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

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12th Pacific Northwest Regional Brain Injury Conference 2014
Hosted by BIAOR and BIAWA

Registration is now open for the 12th Annual Pacific Northwest Regional Conference 2014! Early bird pricing (available until March 1) for Professional members will be $475 for all three days, $100 for Thursday only, March 13 (8.5 CEUs), $350 for Friday and Saturday (15.5 CEUs).

Who should attend?
Attorney's - Win More Cases-Help More Clients
Medical Professionals - Increase your understanding and strengthen you skills dealing with individuals with brain injury
Case Managers - Learn about the newest and latest resources while increasing your understanding and strengthening your skills dealing with individuals with brain injury
Vocational Rehabilitation Counselors, Special Education Teachers, Youth Transition specialists- learn strategies in dealing with consumers and students that have varying degrees of difficulty, increasing positive outcomes
Adult Foster Home Providers, Caregivers, Guardians, Family Members - learning strategies in dealing with difficult behaviors helping survivors reach the highest level of functioning possible

Pre-Conference

Thinking Outside the Box: Leaving the Hospital - What to expect when working with Individuals with Brain Injury will focus on effective ways of working with individuals with brain injury and best practices being used. This is an interactive day long workshop that includes lecture, demonstrations and a round table question and answer session with the experts--bring your questions. Intended audience are case managers, trauma nurses, foster care providers, nursing home staff, family caregivers guardians and all other interested attendees.

Keynote Speakers will be:
Life After Concussion: Dr. James Chesnutt, MD and Jenna Sneva

Oregon Governor's Task Force On Traumatic Brain Injury - an interactive presentation and round table discussion with the Oregon TBI Task Force and attendees

Concussion Laws in the United States - Are We Making a Difference - Richard Adler, JD

Journey for Thought - 4200 Miles Later Jeff Rawley and Chris Hart will discuss their 4200 bike ride across the country to raise awareness of brain injury

Throughout the three days, we will be highlighting **The Talent Within Us** featuring the works of survivors as they display the arts and crafts that they are doing including painting, quilting, and handicraft's, many for sale, with interactive demonstrations during working lunches.

Register Now! See page 11

12th Annual Pacific Northwest Conference 2014

In our busy, social media crazy world - we often forget the importance of being in a live face-to-face setting with others from the brain injury community including legal and medical professionals, teachers, counselors, therapist, care providers, families and survivors.

Attending the Pacific NW Brain Injury Conference can bring with it many benefits. There is power in being connected to other people who are active in your field and learning what is working for them as well as sharing what is working for you. It is very easy to talk yourself out of committing to that annual meeting year after year. Many people think that joining the organization is enough, but you need to be engaged and participate in the conferences to capitalize on your investment.

Everyone is very busy In today's world, so the thought of taking a few days away from the office, practice or care facility to participate in a conference, trade show, convention or seminar can seem like a waste of time. However, this conference might be just what you need to uncover new ways to grow your practice or business, learn new strategies in defending a client or supporting a client, meet colleagues that you can turn to later, or others who may have been where you are now and can give you a different view or new connection—just plain networking.

Many think that being around competitors can be a waste of time, or worse, a chance for others to steal their ideas. But not everyone in your business is actually a competitor, as many can be allies and friends. The mindset you choose about participating in events will impact your results.

Here are five reasons to attend the Pacific NW Brain Injury Conference:

1. Educational opportunities. No matter how experienced you are at your business, everyone can learn. Working in your job can often be isolating, and without exposure to a variety of points of view, we can miss new ideas and trends that can impact future results. The educational aspect of the Pacific NW Brain Injury Conference can expose you to new ways of conducting your business and help you discover how to be more productive.

2. Networking with peers. The Pacific NW Brain Injury Conference provides a great opportunity to network. Competitors from other regions of the country can become valuable resources for referrals and best-practices. Avoiding peers for fear of others discovering your competitive advantage can actually limit your own success. Collaboration is the way to approach networking. While there are those whose intentions can be suspect, most people are eager to help each other uncover ideas and spark inspiration when they get to know one another on a personal level.

3. Encounter new vendors and suppliers. Vendors at the Pacific NW Brain Injury Conference know what service providers throughout the nation are doing. They are available throughout the conference to talk about and demonstrate the innovative products and services necessary to staying competitive. Take advantage of the opportunity to share and learn from their knowledge while making new friends and allies.

4. Position yourself as an expert. Remaining active in the brain injury community leads name familiarity which may in turn identify you as an expert to peers and clients alike. Long-term participation often results in speaking engagements at our events and publication of articles in our newsletter. The desire to associate with experts in a profession is natural, and clients feel good about doing business with those celebrated by their peers. Don't be the best-kept secret in the brain injury community - take advantage of all the conference has to offer!!

5. Have fun. Being in business should be rewarding and fun. All work and no play can get old fast. The Pacific NW Brain Injury Conference can add a layer of enjoyment to managing your career growth by infusing social opportunities into your learning. The reception and dinner Friday night celebrates the theme of The Music Within Us and features the talents of both individuals with brain injury and professionals in the field. This theme will be further highlighted throughout the three-day conference as the arts and crafts of survivors, which include painting, quilting and handworks are displayed. Many of the items displayed will be available for sale and interactive demonstrations will be available during working lunches.

The premise that information accessible via the internet has led to the demise of live conferences is faulty. The truth is, conferences are more important than ever. The The value of attending conferences is the opportunity to engage others face-to-face and develop new connections. Conference attendees often cite their serendipitous "hallway conversations" with others attendees as the most valuable thing gained from a conference. While not on the agenda or mentioned in educational objectives of breakout sessions, the deeper discussion of topics on a personal level is invaluable and irreplaceable. It is the people you meet at this conference that will make attending it worth the investment of your time.

Sign up today. Don't miss this once a year opportunity. Discounts end March 1.

On December 20, 2013, **Betty Gimarelli** passed away following an unexpected diagnosis of terminal cancer just two weeks earlier. Her husband, Jim, also diagnosed recently with a terminal illness, passed away only hours before.

During a trip to Washington, D.C., in the 1980s the Gimarelli's were given an official White House Christmas ornament. Betty looked at the gold-plated artwork and wondered if she could make a version for Portland. Her first ornament, in 1989, portrayed the view from Washington Park. The ornament sold well, so Betty decided to make a new one each Christmas. The limited-edition collectibles sold out most years, although BIAOR has a number of them spanning many years for purchase. Betty developed a Seattle ornament and created the official ornaments of the 2002 Salt Lake Winter Olympics and the 2004 US Woman's Open. She often donated her services to churches, schools, and other groups such as BIAOR. Betty so cherished her many loyal customers... she looked forward each year to hearing from you, and knowing that so many appreciated her artwork. She loved this city and showing off its many treasures.

To purchase: www.biaoregon.org/store.htm

Registration Form

12th Annual Pacific Northwest Brain Injury Conference 2014 *31th Annual BIAOR Conference*
Living with Brain Injury: Creating Partnerships ***Sheraton Portland Airport Hotel***

Register Now online at www.biaoregon.org

(Note: A separate registration form is needed for each person attending. Please make extra copies of the form as needed for other attendees. Members of BIAWA, BIAOR, BIAID, VA and OVRS receive member rates)

First Name		Last Name	
Badge Name		Affiliation/Company	
Address	City	State	Zip
Phone	Fax	Email	

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

7 hour Certified Brain Injury Specialist Training/Test for Certification—Thursday (No Refunds) Pre-Registration is required: Book, training & exam included-must register before 2/19	$600		$
	Member	***Non-Member***	**Amount**
___ **Pre-Conference Workshop-When I Leave The Hospital—Thursday**	$100	$175	$
Conference Registration Fees: Registration fees include: continental breakfast, lunch & conference related materials. Meals not guaranteed for on-site registrations. **There are no refunds, but registration is transferable**. *Contact BIAOR, 800-544-5243 for more information or questions. The following fees are per person:*			
___ **VIP Special—3 Days of Conference & Dinner**	$475	$525	$
___ **Professional (CEUs) 2 Day Friday & Saturday**	$350	$450	$
___ **Professional (CEUs)1 Day Only: ___ Friday ___ Saturday**	$200	$300	$
___ **Saturday Survivor/Family (no CEUs)**	$100	$175	$
___ **Saturday Only Courtesy** (***Brain Injury Survivors with limited mean***s-limited number)	$25	$35	$
___ **Membership** Professional $100 Family $50 Basic $35 Survivor $5			$
___ **Scholarship Contribution** (donation to assist in covering the cost of survivors with limited funds)			$

Reception & Dinner The Music Within Us
Reception 5:30 -6:30 pm, Dinner begins at 6:45pm
Separate Charge from Conference (After March 1)

$ 50 ($75) $

Credit Card Number _____-_____-_____-_____ Exp Date ___/___ Sec code ____
Signature _____Pre-conference, Registration & Dinner Total $ _____
CC Address if different than above _____

(Please add totals from Registration Fee, Reception/Dinner and Scholarship Contribution for final total costs)
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fax: 503.961.8730 Phone: 800-544-5243
www.biaoregon.org/annualconference.htm **biaor@biaoregon.org** **Online Registration: www.biaoregon/store.htm**

Registrations are transferrable but there are no refunds.

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Rooms are limited

CEUs: DC, DO, AFH, CRCC, CDMC, OT, SLP, CLE.
Please contact us if you would like one that is not listed
Total CEU Hours 24 all three days

Agenda

Thursday
8 am - 5 pm Pre-Conference Workshop including a Working Lunch

Friday & Saturday
7 am - 8 am: Breakfast
8 am - Noon: Keynote and Break– Outs
Noon - 1 pm: Working Lunch - interactive demonstrations
1 pm - 5 pm: Keynote and Break-Outs

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

Conference Highlights

Legal & Medical

Legal

Working with Clients with Brain Injury - Jane Stewart, JD

Discrediting the Neuropsychological & Psychological DME - Dr. Aaron DeShaw, JD

How Insurance Companies Challenge and Deny Mild Traumatic Brain Injury Cases (as told by former insurance attorneys): Arthur Leritz,JD, Melissa Carter, JD, Steve Angles, JD, Jacob Gent, JD

Telling the Story of Human Damages in a

Traumatic Brain Injury Case - Richard Adler, JD

Trusts: What Families Need to Know - Jane Stewart , JD

If you are Denied SSI/SSDI the next Step - Sharon Maynard, JD

Medical

Pediatric Brain Injury 101 - Dr. Steven Janselewitz, MD

Post-traumatic Headache - Dr. Danielle Erb, MD

How to deal with pain when you have a brain injury - QLI

Working with Patients Dealing with Extreme Pain - QLI

Cognitive and Behavioral Changes After Brain Injury - Dr. Aaron DeShaw

Return to Work & Youth Transition

Supports for Successful Returning to Work After Brain Injury - Bob Fraser

Supporting the individual in the workplace - Dr. Janet Mott

Common Challenges in School after Brain Injury

Supporting an Individual in the Workplace After Brain Injury - Cathy West-Evans

Transitions for Students Following Brain Injury Part 1 & 2

Brain Injury & Mental Illness supports in returning to work - Heidi Dirske-Graw

Post-Concussive Syndrome among College Students: What professionals need to know about student needs in the classroom and how to work with them - Dr. Heide Island, PhD, Pacific University

Hope after BI and Returning to Work - Marty Johnson, Presentation and a roundtable discussion

When success becomes a choice... - Ben Luskin

Caregiver & Survivor

Dealing with Grief

Behavioral Self-Management Tactics for Persons with Brain Injury, Their Families, and Caregivers

Interventions for Families and Couples after Brain Injury

Using Art as therapy - Desiree Miller

Brain Injury on Film - Cheryl Green

Artists Living with Brain Injury - Kris Hass

Wrap Up: A Mom's Perspective: The Amazing Erik Welch, A TR Success Story - Catherine O'Connor, B.A., M.A. Public History, Survivor Family Member

For the latest updates on the program go to: www.biaoregon.org/annualconference.org

(Ski Helmet Continued from page 7)
them. But they also agreed on one element underpinning the trend: an increase in risk-taking behaviors that they said the snow-sports industry had embraced. In recent years, many resorts have built bigger features in their terrain parks and improved access to more extreme terrain. At the same time, advances in equipment have made it easier to ski faster, perform tricks and venture out of bounds.

"There's a push toward faster, higher, pushing the limits being the norm, not the exception," said Nina Winans, a sports medicine physician at Tahoe Forest MultiSpecialty Clinics in Truckee, Calif. "So, all of those factors — terrain parks, jumping cliffs and opening terrain that maybe wasn't open in the past — play into some of these statistics with injuries."

The population most susceptible to that culture is the one that is dying, statistics show. 70% of snow-sports fatalities involve men in their late teens to late 30s, according to the ski area association. That is the same population that most often engages in high-risk behaviors like driving fast. Head injuries remain the leading cause of deaths in skiing and snowboarding, Shealy said, with about 30 in the United States each year.

"The helmet does a very good job at protecting against skull lacerations and skull fractures, but it doesn't seem to have much effect on concussions or T.B.I.'s," Shealy said, referring to traumatic brain injuries. "Our guess is that this is due to the fact that those injuries are occurring at such a high magnitude of energy that they overwhelm what a helmet can do for you."

That could be what happened to Schumacher and to Sarah Burke, a four-time X Games superpipe gold medalist who was fatally injured two years ago while skiing in Park City, Utah.

Burke was practicing a routine trick in a 22-foot-tall halfpipe in January 2012 when she fell and hit her head on the packed snow. Although she was wearing a helmet, she ruptured her vertebral artery, which caused extensive bleeding in her brain. That led to cardiac arrest, which deprived her brain of oxygen. She died nine days later.

Some manufacturers are trying to make helmets safer by introducing technologies that better mitigate some of the forces that cause brain injuries. One such technology, the Multidirectional Impact Protection System, is designed to absorb the rotational forces that produce serious brain injuries. But some medical professionals say that wearing a helmet could give skiers and snowboarders a false sense of security.

"There's no 100% prevention of brain injury," said Alan Weintraub, the medical director of the brain injury program at Craig Hospital in Englewood, Colo. "Because the more the head and brain are protected, the more risks people take, the more velocities happen with those risks and the more velocities are transmitted to the skull and brain."

The bigger issue, some experts said, is addressing a snow-sports culture that celebrates risk. Last January, the film director Lucy Walker released "The Crash Reel," which documents the snowboarder Kevin Pearce's comeback from the brain injury he sustained in 2009. By exploring extreme snow sports, Walker said, she hoped to increase awareness of traumatic brain injuries, encourage helmet use and safer practices among professional and recreational athletes, and challenge the snow-sports industry to re-evaluate its role and responsibility in propagating risk-taking.

"There's this energy drink culture now, a high-level, high-risk culture, that's being marketed and impacting the way people ski," said Robb Gaffney, a sports psychiatrist. "That's what people see, and that's what people think skiing is, but really, that's the highest level of skiers doing the highest level of tricks."

Sources:

Ski Helmet Use Isn't Reducing Brain Injuries: New York Times, January 1, 2014, page B7

http://www.mirror.co.uk/news/uk-news/michael-schumacher-news-may-remain-3058072

Domestic Violence and Brain Injuries

The term domestic violence (DV) is also known as intimate partner violence, spouse abuse, or woman abuse. An "intimate partner" is defined as a current or former partner, including a spouse, boyfriend, or girlfriend . After a relationship ends, many people continue to be at risk for violence from former partners. Intimate partners can be the opposite or the same sex as the victim.

Each year in the United States, women experience about 4.8 million intimate partner-related physical assaults and rapes; men are the victims of about 2.9 million intimate partner violence related physical assaults. However, these numbers may underestimate the extent of the problem as certain populations who are more likely to report DV (prisoners, those living in shelters, transient people, and the homeless) are less likely to be surveyed.

Women who are abused often suffer injury to their head, neck, and face. The high potential for women who are abused to have mild to severe Traumatic Brain Injury (TBI) is a growing concern, since the effects can cause irreversible psychological and physical harm. Women who are abused are more likely to have repeated injuries to the head. As injuries accumulate, likelihood of recovery dramatically decreases. In addition, sustaining another head trauma prior to the complete healing of the initial injury may be fatal.

The number of cases of TBI associated with intimate partner violence is not known. However, as mentioned above, CDC estimates that at least 156,000 TBI-related deaths, hospitalizations, and emergency department visits in the U.S. each year are related to assaults. Strangulation or blows to the head may occur in 50 to 90 % of DV physical assaults against women. The true number of violence-related TBIs may be much higher than the CDC estimate. Multiple TBIs, including concussions are frequently reported by incarcerated women with a history of domestic violence.

In one study, 60% of the women with DV-related TBI continued to exhibit TBI-related symptoms 3 months after the injury). Women with TBI frequently exhibit reduced capacity to make informed, consistent choices about whether to leave or return to the perpetrating partner, and their ability to plan and to respond appropriately to safety, health, child care, and parenting issues may be significantly compromised. This increases the likelihood that they will remain in a violent relationship and the risk of sustaining additional injuries, including TBI.

According to Bureau of Justice Statistics data from 1993-2010 National Crime Victimization Survey (NCVS) on nonfatal intimate partner violence among U.S. households from 1993 to 2010. Intimate partner violence includes rape, sexual assault, robbery, aggravated assault, and simple assault by a current or former spouse, boyfriend, or girlfriend. This report presents trends in intimate partner violence by sex, and examines intimate partner violence against women by the victim's age, race and Hispanic origin, marital status, and household composition. Data are from the National Crime Victimization Survey (NCVS), which collects information on nonfatal crimes reported and not reported to the police from a nationally representative sample of U.S. households.

Highlights:

- From 1994 to 2010, the overall rate of intimate partner violence in the United States declined by 64%, from 9.8 victimizations per 1,000 persons age 12 or older to 3.6 per 1,000.
- Intimate partner violence declined by more than 60% for both males and females from 1994 to 2010.
- From 1994 to 2010, about 4 in 5 victims of intimate partner violence were female.
- Females ages 18 to 24 and 25 to 34 generally experienced the highest rates of intimate partner violence.
- Compared to every other age group, a smaller percentage of female victims ages 12 to 17 were previously victimized by the same offender.
- The rate of intimate partner violence for Hispanic females declined 78%, from 18.8 victimizations per 1,000 in 1994 to 4.1 per 1,000 in 2010.
- Females living in households comprised of one female adult with children experienced intimate partner violence at a rate more than 10 times higher than households with married adults with children and 6 times higher than households with one female only.

Many victims do not report DV to police, friends, or family because they think others will not believe them and that the police cannot help. This may be particularly true for persons with traumatic brain injury) for several reasons. First, individuals with TBI are more likely to be dependent on a perpetrator for financial support and physical care. Second, communication problems associated with TBI may make it difficult for victims to report victimization. Third, the perpetrator may claim that the victim should not be taken seriously because of their TBI-related cognitive problems. Finally, victims may not be willing to admit that they have had a TBI because of the fear of negative consequences such as losing custody of their children.

Severe, obvious trauma does not have to occur for brain injury to exist. A woman can sustain a blow to the head without any loss of consciousness or apparent reason to seek medical assistance, yet display symptoms of TBI. (NOTE: While loss of consciousness can be significant in helping to determine the extent of the injury, people with minor TBI often do not

(DV Continued on page 15)

(DV Continued from page 14)

lose consciousness, yet still have difficulties as a result of their injury). Many women suffer from a TBI unknowingly and misdiagnosis is common since symptoms may not be immediately apparent and may mirror those of mental health diagnoses. In addition, subtle injuries that are not identifiable through MRIs or CT scans may still lead to cognitive symptoms.

TBI can result in mild, moderate, or severe impairments to cognition, behavior, and physical functioning. Symptoms of TBI include, but are not limited to:

Cognitive Symptoms:
- Decreased concentration, reduced attention span
- Difficulties with executive functioning (goal setting, self-monitoring, initiating, modifying, and/or bringing to completion)
- Short-term and/or long-term memory loss
- Decreased ability to solve problems and think abstractly
- Difficulty thinking straight
- Difficulty displaying appropriate emotional/ communication responses (laugh during serious conversation, shout when everyone whispers)
- Difficulty in learning new information
- Difficulty making plans, setting goals, and organizing tasks
- May appear disorganized and impulsive
- Difficulty spelling, writing, and reading
- Difficulty finding the right words and constructing sentences
- Difficulty understanding written or spoken communication
- Difficulty interpreting verbal and non-verbal language
- Decreased functioning of speech muscles (lips, tongue)
- Difficulty feeling initiative, sustaining motivation
- Depression
- Memory distortions

Behavioral Symptoms:
- Changes in behavior, personality or temperament
- Increased aggression and/or anxiety
- Decreased or increased inhibitions
- Quickly agitated or saddened
- Changes in emotional expression (flat, non-emotional, inappropriate or overreactions)
- Avoidance of people, family, friends
- Difficulty sleeping
- Increased irritability or impatience

Physical Symptoms:
- Hearing loss
- Headaches, neck pain
- Nausea and vomiting
- Changes in vision (blurred, sensitive, seeing double, blindness)
- Ringing or buzzing in ears
- Dizziness, difficulty balancing
- Decreased coordination in limbs
- Loss of bowel or bladder control
- Increased sensitivity to noise or bright lights
- Seizures
- Weakness or numbness

** The most common and persistent symptoms are headaches, fatigue, loss of memory, depression, and communication difficulty.

Recommendations for Working With Women With TBI:

When a woman is experiencing difficulty with attention and concentration:
- Minimize distractions when having detailed conversations.
- Meet individually in quiet locations, with minimum bright lights, and keep meeting times limited.
- Incorporate short breaks.

When a woman is experiencing difficulty with memory:
- Write information down. Provide a notebook or calendar to help her remember important information such as police numbers, Order of Protection information, and court dates.
- Encourage the use of a journal or log.
- Discuss strategies for remembering important appointments and dates.
- Provide repetition of information.
- Develop checklists.

When a woman is experiencing difficulty in executive functioning:
- Assist in prioritizing goals and break them down into smaller, tangible steps.
- Reduce distractions and allow time when completing tasks.
- Write out steps to a planning or problem-solving task.

When a woman is experiencing difficulty in processing information:
- Focus on one task at a time. Break down messages or conversations in to smaller pieces and allow for repetition to assist her to understand and process information.
- Talk slowly and on point, repeat information if needed.
- Encourage her to take breaks if needed and to ask for information to be repeated or rephrased.
- Provide information in factual formats, avoiding abstract concepts.
- Double-check with her to ensure that she has understood information.

Additional suggestions:
- Provide reassurance, education, and structure to minimize anxiety.
- Help her fill out forms and make important phone calls.
- Assist her in communicating with others.
- Avoid open-ended questions by using a yes-no format.
- Identify supports, both social and medical, and consistently encourage as much self-determination as possible.
- Always ensure that she is a participant in the process of developing plans and in discussions.
- Offer information in writing or on tape.
- Provide respectful feedback to potential or obvious problem areas.
- Be supportive and continuously identify strengths.

A woman with a TBI who enters the criminal justice system may face additional challenges. She may appear to be disorganized, aggressive, temperamental, or confused. If her behaviors are misunderstood or misdiagnosed as indicating a mental health disability, which often happens, she may have difficulty obtaining custody or being credited as a victim or reliable witness. An increase in awareness of TBI among advocates and program staff will result in increased sensitivity, screening, referrals, accommodations, and ultimately, better outcomes, for women who are abused.

(Continued on page 21)

Winter Sudoku

(Answer from page 9)

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

Women Better at Multitasking, Men Better at Spatial

The research, which looked at nearly 1000 men, women, girls and boys comes from the University of Pennsylvania and was published in the Proceedings of the National Academy of Sciences (PNAS) in December 2013.

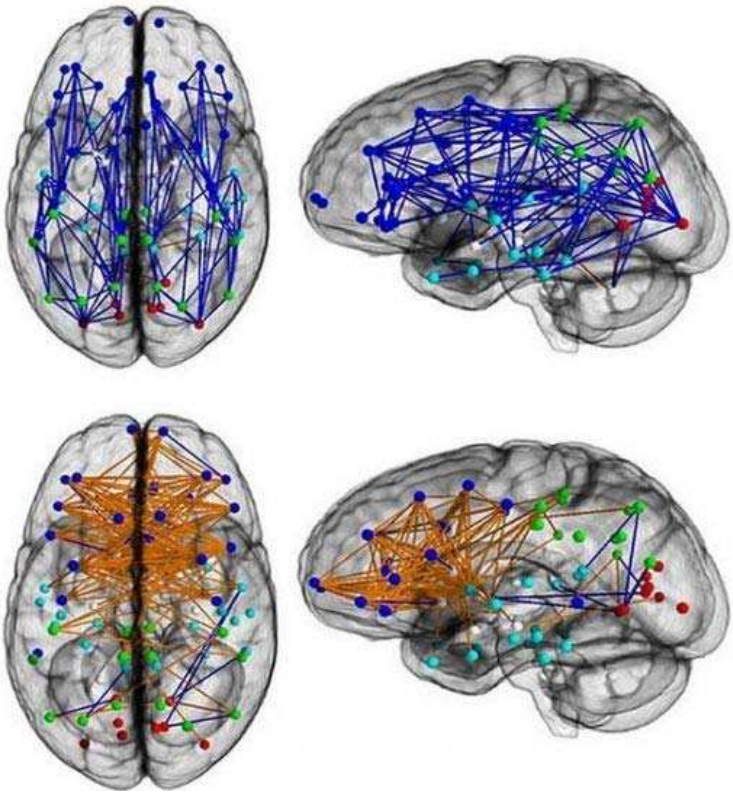
For instance, on average, men are more likely better at learning and performing a single task at hand, like cycling or navigating directions, whereas women have superior memory and social cognition skills, making them more equipped at multi-tasking and creating solutions that work for a group.

In the study, gender-specific differences in brain connectivity were investigated during the course of development in 949 individuals (521 female subjects and 428 male subjects) aged between 8 and 22 years using diffusion tensor imaging (DTI).

The findings showed that females outperformed males on attention, word and face memory, and social cognition tests. Males performed better on spatial processing and sensorimotor speed. Those differences were most pronounced in the 12 to 14 age group.

Male brains are wired front to back, with few connections bridging the two hemispheres. In females, the connections criss-cross between left and right. These differences might explain why men, in general, tend to be better at learning and performing a single task, like cycling or navigating, whereas women are more equipped for multitasking.

"This should help determine why neuropsychiatric disease progresses differently in the two genders," said Ragini Verma, associate professor in the department of radiology at the Perelman School of Medicine at the University of Pennsylvania.



Brain networks show increased connectivity from front to back and within one hemisphere in males (upper) and left to right in females (lower).

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I like nonsense, it wakes up the brain cells. Fantasy is a necessary ingredient in living, it's a way of looking at life through the wrong end of a telescope. Which is what I do, and that enables you to laugh at life's realities. - Dr. Seuss

Concussion and Alzheimer's Patients Show Similar Brain Changes

Damage from concussions and the progressive deterioration of neurons in Alzheimer's look similar on brain scans, according to the latest study, and produce similar symptoms as well.

In studying a group of concussions patients to determine which ones experienced the most severe symptoms, researchers from the University of Pittsburgh School of Medicine report that those who experienced mild traumatic brain injury after a blow to the head or a fall had brains that looked similar to those of Alzheimer's patients. Previous studies have documented changes in the brain resulting from trauma to the head, and some analyses have associated concussions with a higher risk of learning problems, depression and early death.

A study, published in the journal of *Radiology*, looked at 64 patients who experienced concussions and compared their MRI brain scans a year after their injury to those of 15 healthy patients over the same time period. The images picked up white matter, which is made up of nerves and their protective coating, myelin, which facilitates connections between nerves in different regions of the brain. Networks of these nerves are responsible for cognitive functions such as memory, planning and reasoning. The scans revealed that the damage to the white matter in the concussion patients was similar to that of Alzheimer's patients, whose nerves gradually died after being strangled by expanding plaques of amyloid proteins.

The study also showed that concussion patients suffered from the same sleep-wake disturbances that plague Alzheimer's patients. These problems tend to make other cognitive issues, such as memory lapses and changes in behavior, worse. Both groups of patients also complained of being distracted by white noise, a common result of dysfunctional white matter that makes it increasingly difficult to filter irrelevant sounds and concentrate on specific ones.

"When we sleep, the brain organizes our experiences into memories, storing them so that we can later find them. The parahippocampus is important for this process, and involvement of the parahippocampus may, in part, explain the memory problems that occur in many patients after concussion," says study author Dr. Saeed Fakhran, an assistant professor of radiology in the Division of Neuroradiology at the University of Pittsburgh in a statement.

The connection between concussions and Alzheimer's pathology could lead to better understanding of how concussions affect the brain over time. The similarity to Alzheimer's nerve damage, for example, suggests that the damage caused by the initial trauma continues to spur other harmful changes, just as they do in Alzheimer's. "Our preliminary findings suggest that the initial traumatic event that caused the concussion acts as a trigger for a sequence of degenerative changes in the brain that results in patient symptoms and that may be potentially prevented. Furthermore, these neurodegenerative changes are very similar to those seen in early Alzheimer's dementia," says Fakhran.

That doesn't mean that every concussion patient will develop Alzheimer's but the growing body of knowledge in each field could lead to improvements in diagnosing and treating both conditions. Recognizing that brain injury from concussions, for example, progresses long after the trauma, could heighten efforts to protect athletes at high risk of concussions from getting injured in the first place.

Source: http://healthland.time.com/2013/06/19/concussion-and-alzheimers-patients-show-similar-brain-changes/

What Impact Will Moderate or Severe TBI Have on Families, Caregivers, Providers and Survivors

The pre-conference workshop on March 13 will be focusing on best practices in working with individuals after a moderate to severe brain injury. This workshop will discuss effective ways of working with individuals to achieve positive outcomes in dealing with the long term effects of brain injury.

What are the typical long-term effects?

In considering the long-term effects of TBI on the individual, it is most important to emphasize that there is no "typical" person with TBI. People who have experienced a TBI vary on many dimensions: 1) severity of initial injury; 2) rate and completeness of physiological healing; 3) types of functions affected; 4) meaning of dysfunction in the individual's life, in the context of his/her roles, values, and goals; 5) resources available to aid recovery of function; and so forth. Thus, the most important point to emphasize is that the consequences will be different for each individual injured.

In discussing possible effects of TBI, the physiological recovery may continue over months and years. When the moderately or severely injured person has completed this initial recovery, the long-term functional deficits associated with TBI come to the fore. What areas of functioning may be affected by injury to the brain? Any or all of the functions the brain controls may be impacted. However, given that individuals differ greatly in their response to injury, any specific individual may experience only one, a few, or most of the possible effects. Further, a change in any of the possible areas of dysfunction, if it occurs at all, will vary in intensity across individuals — from very subtle to moderate to life threatening.

It is also important to be aware that not all functions of the individual are impacted by TBI. For example, feelings toward family, long-term memories, the ability to ski or cook, one's knowledge of the world, and so forth — all may be intact, along with numerous other characteristics of an individual, even one who has experienced a moderate to severe injury.

The possible long-term effects of moderate-to-severe brain injury are further discussed in the following three questions.

How are thinking and other aspects of cognition affected?

Individuals with a moderate-to-severe brain injury most typically experience problems in basic cognitive skills: sustaining attention, concentrating on tasks at hand, and remembering newly learned material. They may think slowly, speak slowly, and solve problems slowly. They may become confused easily when normal routines are changed or when the stimulation level from the environment exceeds their threshold. They may persevere at tasks too long, being unable to switch to a different tactic or a new task when encountering difficulties. Or, on the other hand, they may jump at the first "solution" they see, substituting impulsive responses for considered actions. They may be unable to go beyond a concrete appreciation of situations, to find abstract principles that are necessary to carry learning into new situations. Their speech and language may be impaired: word-finding problems, understanding the language of others, and the like.

A major class of cognitive abilities that may be affected by TBI is referred to as executive functions — the complex processing of large amounts of intricate information that we need to function creatively, competently and independently as beings in a complex world. Thus, after injury, individuals with TBI may be unable to function well in their social roles because of difficulty in planning ahead, in keeping track of time, in coordinating complex events, in making decisions based on broad input, in adapting to changes in life, and in otherwise "being the executive" in one's own life.

With appropriate training and other supports, the person may be able to learn to compensate for some of these cognitive difficulties.

How are mood and behavior affected?

With TBI, the systems in the brain that control our social-emotional lives often are damaged. The consequences for the individual and for his or her significant others may be very difficult, as these changes may imply to them that "the person who once was" is "no longer there." Thus, personality can be substantially or subtly modified following injury. The person who was once an optimist may now be depressed. The previously tactful and socially skilled negotiator may now be blurting comments that embarrass those around him/her. The person may also be characterized by a variety of other behaviors: dependent behaviors, emotional swings, lack of motivation, irritability, aggression, lethargy, being very uninhibited, and/or being unable to modify behavior to fit varying situations.

A very important change that affects many people with TBI is referred to as denial (or, lack of awareness): The person becomes unable to compare post-injury behavior and abilities with pre-injury behavior and abilities. For these individuals, the effects of TBI are, for whatever reason, simply not perceived — whether for emotional reasons, as a means of avoiding the pain of fully facing the consequences of injury, or for neurological reasons, in which brain damage itself limits the individual's ability to step back, compare, evaluate differences, and reach a conclusion based on that process.

With appropriate training, therapy, and other supports, the person may be able to reduce the impact of some of these emotional and behavioral difficulties.

What other changes are likely after moderate/severe TBI?

Any of the ways we have of sensing/perceiving may be affected by TBI. Vision may be affected in many ways: loss of vision, blurred visual images, inability to track visual material, loss of parts of the field of vision, reduced depth perception, and sometimes disconnection between visual perception and visual comprehension, so that the person does not know what he or she is seeing. Changes also may occur in the senses of hearing, smell, taste, and touch; the individual may become overly sensitive or insensitive. Further, the person may have difficulty sensing the location of his/her own body in space. Other individuals with TBI may have recurring problems with balance, vertigo, and ringing in the ears.

A relatively small % of individuals with TBI experience seizures. For most of these, the initial onset of seizures occurs soon after injury. For others, the onset may take place up to

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several years post-injury. Two types of seizures may occur. Major motor seizures what were once called grand mal seizures involve loss of consciousness and vigorous, uncontrolled movement of the major muscle systems. Local motor seizures do not lead to loss of consciousness and involve less muscle movement. Some individuals with TBI use anticonvulsive drugs to prevent seizures or stop them during the course of a seizure.

If motor areas of the brain are damaged, the person with TBI may experience varying degrees of physical paralysis or spasticity, affecting a wide variety of behavior from speech production to walking. Damage to brain tissue can also reveal itself in chronic pain, including headaches. Also, evidence is growing that hormonal, endocrine, and other body systems are affected by the brain injury. Consequently, the individual may lose control of bowel and bladder functions, may sleep poorly, may fatigue easily, may lose appetite for food or be unable to control eating, and/or may be unable to regulate body temperature within normal boundaries. Women with TBI often experience menstrual difficulties.

Why is it so difficult predicting outcome?

The severity of the injury and the resulting direct effects on the individual's body systems may not predict the amount of impact in a person's life. This follows, first and foremost, because each of us draws in different ways on differing parts of our brains. For example, a severe injury to the frontal brain area may have less impact on an agricultural worker's job performance than a relatively mild frontal injury would have on a physicist's work. In sum, the meaning of the various patterns of injury and the associated changes in any person's life will depend on preinjury lifestyle, personality, goals, values, resources, as well as the individual's ability to adapt to changes and to learn techniques for minimizing the effects of brain injury.

We know in general that the variability of patterns of change associated with brain injury are shaped by many factors: the severity of injury and age at injury, time in coma, time since injury, length of PTA, the resources and services available to the injured person, the barriers met or advantages offered within different social contexts, the social and role demands that exist within the individual's life, and so on. How these factors work, in what ways, and how often is not clear. We know that TBI affects people differently, but have less knowledge of the number of people that experience various types of consequences and the specific factors affecting this.

What can I do to help the process of recovery?

Immediately after injury, friends and family who want to help should focus on insuring that the injured person receives medical care that will minimize the effects of injury. This usually means that the person should be receiving care in a medical center that specializes in trauma care.

Once issues of life-and-death have been addressed, the person's functioning as a cognitive, emotional, and social entity comes to the fore. The individual is faced with many or a few of the possible changes described in preceding questions.

It has been suggested (by Kay and Lezak in 1990) that "recovery" is a misnomer and that "improvement" better describes what happens in the long run after TBI. The word recovery may, inappropriately, suggest that the effects of TBI will disappear, similar to symptoms vanishing when we recover from a cold. With TBI, some of the effects may truly dissipate after one year, two years, or more, but more frequently these long-term changes linger on, subtly or not so subtly, changing only slowly, if at all, over the life course.

What must be kept in mind at all times is that impairments that are due to injury of brain tissue can be helped through reeducation of the individual and through modification of the environment. Thus, for example, although the brain circuits involved in memory may never function in the ways and at the levels found before injury, remembering (a necessary skill in day-to-day life) may be improved by the individual's learning compensatory skills, such as using a daily diary to remember appointments, and by adjusting parts of the environment (alarm clocks, computer reminder programs, and family members) to jog memory.

The boundary of improvement is set by the individual's ability to learn new ways of doing things or to relearn formerly familiar skills. Since the brain mediates all learning and the brain is damaged, learning is often slow and/or incomplete.

The major role for friends and family at this stage of recovery is to help find resources that will help the injured person in addressing emotional, cognitive, physical, and behavioral challenges. A variety of resources are available on the BIAOR website: www.biaoregon.org, including publications, linkages to other Web sites and information about clinical trials that may help people with cognitive and emotional disorders as well as fatigue.

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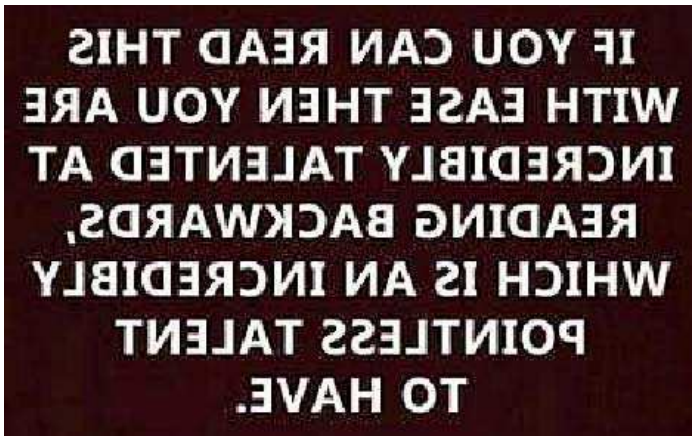
Some individuals with TBI largely move away from the notion of "recovering" the pre-injury self. They reach a point, instead, when they view the losses/changes/deficits as "simple facts" or even "opportunities." For these people, terms such as "devastation" and "loss" get redefined and no longer are seen as applying to them. Their injury has let them see other possibilities for their lives than what they saw before injury. These possibilities may be just as (or more) satisfying to the person with TBI than what was "in store" for them prior to injury.

Source: Brain Injury Research Mt Sinai



(DV Continued from page 15)

When working with a woman who is abused, it is crucial that appropriate questions are asked and a screening in done for possible TBI. Proper referrals for further screening, evaluation, and services should be given in the case that a TBI is suspected. The following is a brief screening tool that domestic violence program staff and advocates can use.

References:

Corrigan, J.D., Wolfe, M., Mysiw, J., Jackson, R.D., & Bogner, J.A. *Early identification of mild traumatic brain injury in female victims of domestic violence.* American Journal of Obstetrics and Gynocology, 188, S71 – S76.

The Empire Justice Center, Building Bridges: A Cross-Systems Training Manual for Domestic Violence Programs and Disability Service Providers in New York, 2006

Jackson, H., Philp, E., Nuttall, R.L., &Diller, L. (2002). *Traumatic Brain Injury: A Hidden Consequence for Battered Women.* Professional Psychology: Research and Practice, 33, 1, 39-45.

National Crime Victimization Survey (NCVS): http://www.bjs.gov/index.cfm?ty=pbdetail&iid=4536

The New York State Office for the Prevention of Domestic Violence, *Victims of Domestic Violence with Traumatic Brain Injuries* (Powerpoint presentation), 2003.

Monahan, K. & O'Leary, K. D. (1999). Head injury and battered women: An initial inquiry. Health & Social Work, 24, #4, 269 278.

Veterans Brain-Injury Benefits Expanded

Veterans who suffer from five ailments related to traumatic brain injury (TBI) now qualify for health care and benefits. Under new guidelines, the Department of Veterans Affairs will cover those TBI victims who also have Parkinson's disease, certain types of dementia, depression, or unprovoked seizures or diseases of the hypothalamus and pituitary glands. Affected service members and veterans can file a claim, or amend an existing claim, by using the eBenefits Web site at www.eBenefits.va.gov/ebenefits.

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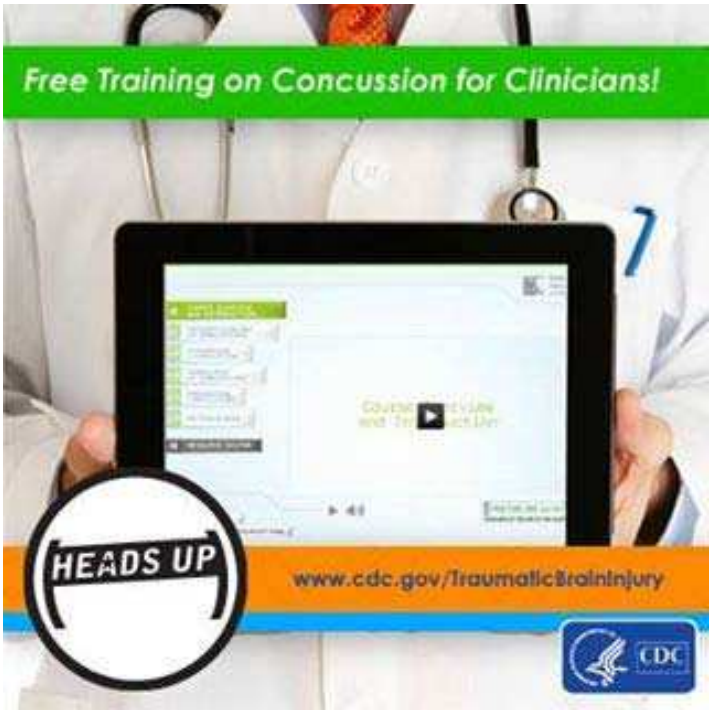
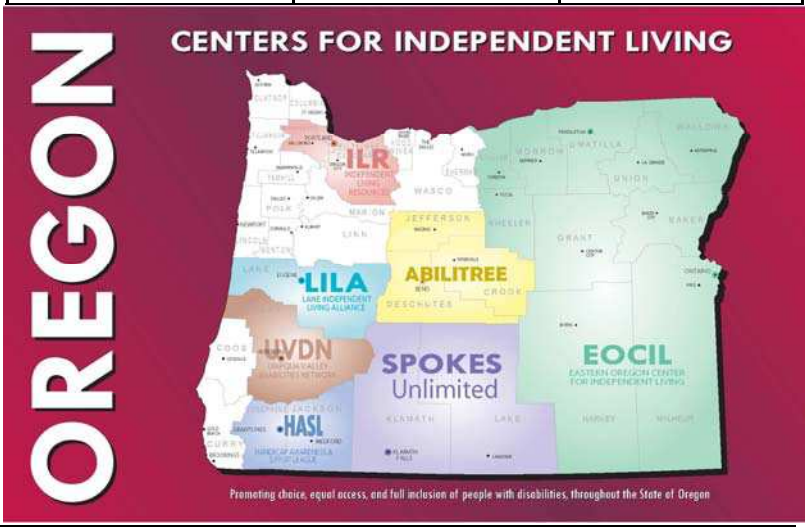
Why do men have more brain injuries??

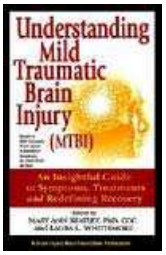


Oregon Centers for Independent Living

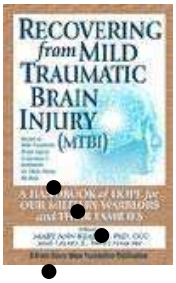
Contact List

CIL	LOCATION	COUNTIES SERVED
ABILITREE **Director: Tim Johnson**	2680 NE Twin Knolls Dr Bend, OR 97702 1-541-388-8103	Crook, Deschutes, Jefferson
EOCIL **(Eastern Oregon Center for Independent Living)** **Director: Kirt Toombs**	322 SW 3rd Suite 6 Pendleton, OR 97801 (541) 276-1037 1-877-711-1037	Gilliam,, Morrow, Umatilla, Union, Wheeler
	400 E Scenic Dr., Ste 2349 The Dalles, OR 97058 541-370-2810 1-855-516-6273	Columbia , Hood River, Sherman, Wasco
	1021 SW 5th Avenue Ontario, OR 97914 (541) 889-3119 *or* 1-866-248-8369	Baker, Grant, Harney, Malheur , Wallowa
HASL **(Independent Abilities Center)** **Director: Randy Samuelson**	305 NE "E" St. Grants Pass, OR 97526 (541) 479-4275	Josephine, Jackson, Curry, Coos , Douglas
LILA **(Lane Independent Living Alliance)** **Director: Sheila Thomas**	99 West 10th Ave#117 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:** **Christina Fritschi**	1006 Main Street Klamath Falls, OR 97601 (541) 883-7547	Klamath, Lake
UVDN (Umpqua Valley disAbilities Network) **Director: David Fricke**	736 SE Jackson Street, Roseburg, OR 97470 (541-672-6336	Douglas



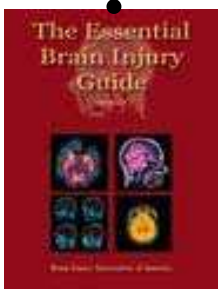


Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery
Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery
Edited by Mary Ann Keatley, PhD and Laura L. Whittemore $16.00



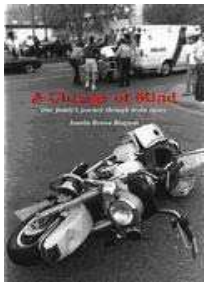
Recovering from Mild Traumatic Brain Injury A handbook of hope for military and their families. Edited by Mary Ann Keatley, PhD and Laura L. Whittemore
This clear and concise handbook speaks to our Wounded Warriors and their families and helps them navigate through the unknown territory of this often misunderstood and unidentified injury. It provides an insightful guide to understanding the symptoms, treatment options and redefines "Recovery" as their new assignment. Most importantly, the intention of the authors is to inspire hope that they will get better, they will learn to compensate and discover their own resiliency and resourcefulness. $18.00

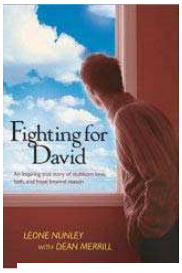
The Essential Brain injury Guide
The Essential Brain Injury Guide provides a wealth of vital information about brain injury, its treatment and rehabilitation. Written and edited by leading brain injury experts in non-medical language, it's easy to understand. This thorough guide to brain injury covers topics including: Understanding the Brain and Brain Injury; Brain Injury Rehabilitation; Health, Medications and Medical Management; Treatment of Functional Impacts of Brain Injury; Children and Adolescents; Legal and Ethical Issues; and MORE! Used as the primary brain injury reference by thousands of professionals and para-professionals providing direct services to persons with brain injury over the past 15 years. $60.00



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. $20

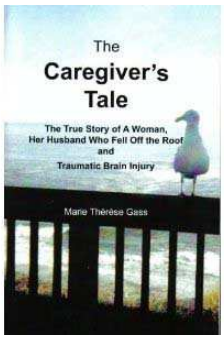
A Change of Mind
A Change of Mind by Janelle Breese Biagioni is a very personal view of marriage and parenting by a wife with two young children as she was thrust into the complex and confusing world of brain injury. Gerry Breese, a husband, father and constable in the Royal Canadian Mounted Police was 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. $15

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. $15



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Book Purchase ($2 per book for mailing):

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☐ Fighting for David $15 ☐ Ketchup on the Baseboard $20
☐ The Essential Brain Injury Guide $60
☐ Recovering from MTBI $18 ☐ Understanding MTBI $16

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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
www.cbirt.org/oregon-tbi-team/
Melissa Nowatske 541-346-0597
tbiteam@wou.edu or nowatzkm@cbirt.org
www.cbirt.org

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
Email: info@factoregon.org
http://factoregon.org/?page_id=52

Websites Parents & Educators

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

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:
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email: mail@returningveterans.org

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

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

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. All services are confidential and free of charge. (503) 243-2081 http://www.disabilityrightsoregon.org/

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

Lewis & Clark Legal Clinic is a civil practice clinic for the Northwestern School of Law of Lewis & Clark College. Representing low-income individuals experiencing a cariety of civil and administrate problems. 503-768-6500

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

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

Affordable Naturopathic Clinic in Southeast

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

Have you had an insurance claim for cognitive therapy denied?

If so call:
Julia Greenfield, JD Staff Attorney
Disability Rights Oregon

610 SW Broadway, Ste 200, Portland, OR 97205
Phone: (503) 243-2081 Fax: (503) 243 1738
jgreenfield@droregon.org

Financial Assistance

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

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. Subsized 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 that nurture and support personal transformation and recovery.
- 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.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.

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

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

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

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.braininjuryhelp.org Peer mentoring help for the TBI survivor in the Portland Metro/ Southern Washington area. 503-224-9069

www.phpnw.org *If you, or someone you know needs help-contact:* People Helping People Sharon Bareis 503-875-6918

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

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)

Brain Injury Support Groups

Astoria

Astoria Support Group
3rd Tuesday 6-7:30
Pacific NW Occupational Therapy Clinic
1396 Duane St. Astoria OR 97103
Kendra Ward 209-791-3092 pnwhigroup@gmail.com

Bend (3)

CENTRAL OREGON SUPPORT GROUP
2nd Saturday 10:30am to 12:00 noon
St. Charles Medical Center
2500 NE Neff Rd, Bend 97701
Rehab Conference Room, Lower Level
Joyce & Dave Accornero, 541 382 9451
Accornero@bendbroadband.com

Abilitree Thursday Support Group
Every Thursday 10:30 am-12pm
Survivor and Family/Caregiver Cross Disabilities
Abilitree, 2680 NE Twin Knolls Dr., Bend OR 97701
Contact Michelle Harper 541-388-8103 x 204
michelleh@abilitree.org or
Amanda Brittner francinem@abilitree.org

Abilitree Moving A Head
1st & 3rd Friday 5:30-7:30
Brain Injury Survivor and Family Group
Abilitree, 2680 NE Twin Knolls Dr., Bend OR 97701
Contact Francine Marsh 541-388-8103 x 205
francinem@abilitree.org

Corvallis

STROKE SUPPORT GROUP
1st Tuesday 1:30 to 3:00 pm
Church of the Good Samaritan Lng
333 NW 35th Street, Corvallis, OR 97330
Call for Specifics: Shawn Johnson, CCC-SLP
541-768-5157 smjohnson@samhealth.org

BRAIN INJURY SUPPORT GROUP
2nd Tuesday of each month, 5:30-6:30 pm
Good Sam. Regional Medical Cntr, Ancillary Blg
3580 NW Samaritan Dr., Corvallis, OR 97330
Call for Specifics: Rebecca Veltri, PT
541-768-5157, rveltri@samhealth.org

Coos Bay (2)

Traumatic Brain Injury (TBI) Support Group
2nd Saturday August 9th 3:00pm – 5:00pm
Kaffe 101, 171 South Broadway
Coos Bay, OR 97420 tbicbsupport@gmail.com

Growing Through It- Healing Art Workshop
Wednesdays, 9-10:30am
The Nancy Devereux Center
1200 Newmark Avenue, Coos Bay, Oregon
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
Monte Loma Mobile Home Rec Center
2150 Laura St;, Springfield, OR 97477
Susie Chavez, (541) 342-1980
admin@communityrehab.org

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@aol.com

Hillsboro

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 (2)

SPOKES UNLIMITED Brain Injury Support Group
2nd Tuesday 1:00pm to 2:30pm
1006 Main Street, Klamath Falls, OR 97601
Dawn Lytle 541-883-7547
dawn.lytle@spokesunlimited.org

SPOKES UNLIMITED BRAIN INJURY RECREATION
4th Tuesday
Contact Dawn Lytle for additional information:
541-883-7547 dawn.lytle@spokesunlimited.org

Lake Oswego

Family Caregiver Discussion Group
4th Wednesday of the month 7-8:30 p.m.
(there will be no group in August)
Lake Oswego Adult Community Center
505 G Avenue, Lake Oswego, OR 97034
Ruth C. Cohen, MSW, LCSW, 503-701-2184
www.ruthcohenconsulting.com

Lebanon

BRAIN INJURY SUPPORT GROUP OF LEBANON
1st Thursday 6:30 pm
Lebanon Community Hospital, Conf Rm #6
525 North Santiam Hwy, Lebanon, OR 97355
Lisa Stoffey 541-752-0816 lstoffey@aol.com

Medford

Southern Oregon Brainstormers Support & Social Club
1st Tuesday 3:30 pm to 5:30 pm
751 Spring St., Medford, Or 97501
Lorita Cushman @ 541-621-9974
BIAOregon@AOL.COM

Molalla

BRAIN INJURY SUPPORT GROUP OF MOLALLA
5:30 pm—7:00, Every Monday
Support group and Hydro-exercise - Molalla Pool
Sherry Stock sherry@biaoregon.org 503-740-3155
Must Be Pre-Registered

Newport

BRAIN INJURY SUPPORT GROUP OF NEWPORT
2nd Saturday 2-4 pm
Progressive Options, 611 SW Hurbert Street Ste A,
Newport, OR 97365
(541) 265.4674 or progop541@yahoo.com

Oregon City

3rd Friday 1-3 pm (on hiatus until Sept)
room 226 McLoughlin Hall
Clackamas Community College
Sonja Bolon, MA 503-816-1053 sonjabolon@yahoo.com

Portland (20)

BIRRDsong
1st Saturday 9:30 a. m. and 11 p.m.
Legacy Good Samaritan Hospital
1015 NW 22nd, Wistar Morris Room. Portland

Brain Injury Help Center
Call and meet with Brain Injury Advocate
Tuesdays & Thursdays: 10:00-12:00
Young BI Adult Technology & Game time
Wednesdays: 10:00-12:00
Family and Parent Coffee in café
Wednesdays: 10:00-12:00
"Living the Creative Life" Women's Coffee
Fridays: 10:00 – 12:00
Technology Time-adaptive tutoring (5/10)
Fridays: 1:00-4:00
1220 SW Morrison #433 Portland, Oregon 97205
braininjuryhelporg@yahoo.com Pat Murray 503-752-6065

BRAINSTORMERS I
2nd Saturday 10:00 - 11:30am
Women survivor's self-help group
Wilcox Building Conference Room A
2211 NW Marshall St., Portland 97210
Next to Good Samaritan Hospital
Jane Starbird, Ph.D., (503) 493-1221 drstarbird@aol.com

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

CROSSROADS (Brain Injury Discussion Group)
2nd and 4th Friday, 1-3 pm
Independent Living Resources
1839 NE Couch St, Portland, OR 97232
Sarah Gerth, 503-232-7411 sarah@ilr.org
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

FAMILY SUPPORT GROUP
3rd Saturday 1:00 pm-2:00 pm
Self-help and support group
Currently combined with
PARENTS OF CHILDREN WITH BRAIN INJURY
Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Pat Murray 503-752-6065

FARADAY CLUB
Must be pre-registered -
1st Saturday 1:00-2:30pm
Peer self-help group for professionals with BI
Emanuel Hospital, Rm. 1035
2801 N Gantenbein, Portland, 97227
Arvid Lonseth, (503) 680-2251 (pager)
alonseth@pacifier.com

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

HELP (Help Each Other Live Positively)
4th Saturday - 1:00-3:00 pm
TBI Survivor self-help group **(Odd months)**
TBI Family & Spouse **(Even Months)**
Cognitive Enhancement Center
604 SE Water Ave Portland 97214
Brad Loftis, (503) 760-0425 muse2002@yahoo.com
Please contact at least two days in advance

OHSU Sports Concussion Support Group
For Youth and Their Families who have been affected by a head injury
3rd Tuesday, 7:00-8:30 pm
OHSU Center for Health and Healing 3rd floor conf rm
3303 SW Bond Ave, Portland, OR 97239
For more information or to RSVP contact
Jennifer Wilhelm 503-494-3151 wilhelmj@ohsu.edu
Sponsored by OHSU Sports Medicine & Rehab

PARENTS OF CHILDREN WITH BRAIN INJURY
3rd Saturday 12:30 - 2:30 pm
self-help support group.
12:30-1 pm Currently combined with THRIVE SUPPORT GROUP *for Pizza then joins FAMILY SUPPORT GROUP*
Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Pat Murray 503-752-6065

Positive Brain Injury Support Group
(for career person's with a Brain Injury)
1st and 3rd Monday's 4:30- 6:00pm
4511 SE 39th Ave., Portland, 97202
Call: Nancy Holmes, PsyD, (503) 235-2466
MUST BE PRE-REGISTERED

THRIVE SUPPORT GROUP
3rd Saturday 12:30 - 2:30 pm
Brain Injury Survivor support group Ages 15-25
Emanuel Hospital, MOB West
Medical Office building West
Directly across from parking lot 2
501 N Graham, Portland, 97227
Amy Werry and Kimberly Skillicorn be the facilitators
ThriveGroupPDX@gmail.com or 817.602.8387
MUST BE PRE-REGISTERED

TBI Caregivers Support Group
4th Thursday 7-8:30 pm
8818 NE Everett St, Portland 97220
Karin Keita 503-208-1787
afripath@gmail.com
MUST BE PRE-REGISTERED

TBI SOCIAL CLUB
2nd Tuesday 11:30-3 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

Roseburg
UMPQUA VALLEY DISABILITIES NETWORK
2nd Monday 12 noon - 1:15pm
736 SE Jackson St, Roseburg, OR 97470
(541) 672-6336 udvn@udvn.org

Salem (3)
SALEM COFFEE & CONVERSATION
Fridays 11-12:30 pm
Ike Box Café, 299 Cottage St, Salem OR 97301

SALEM BRAIN INJURY SUPPORT GROUP
4th Thursday 4pm-6pm
Salem Rehabilitation Center, Conf Rm 2 A/B
2561 Center Street, Salem OR 97301
Megan Snider (503) 561-1974
megan.snider@salemhealth.org

SALEM STROKE SURVIVORS & CAREGIVERS SUPPORT GROUP
2nd Friday 1 pm –3pm
Salem Rehabilitation Center
2561 Center Street, Salem OR 97301
Scott Werdebaugh 503-838-6868
Ruby McEliroy 503-390-3372

Redmond (2)
Positive Brain Injury Support Group
1st and 3rd Wednesday's 4:30- 6:00pm
St. Charles Redmond Medical Center
1253 NW Canal Blvd., Redmond, OR 97756
(in the cafeteria conference room)
Call Nancy Holmes, PsyD 541 330-4428 or Cheryl Brown
Must be pre-registered

Coffee Social
2nd & 4th Wednesday 2-4 pm
Lavender Thrift Store
724 SW 14th St, Redmond OR 97756
Call Cheryl Brown 541-548-7358 or
Darlene 541-390-1594

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)
Valerie Wooten (360-387-6428)

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

STARS/Treasure Valley BI Support Group
4th Thursday 7-9 pm
Idaho Elks Rehab Hosp,Sawtooth Room (4th Fl), Boise
Kathy Smith (208-367-8962; kathsmit@sarmc.org)
Greg Meyer (208-489-4963; gmeyer@elksrehab.org)

Southeastern Idaho TBI support group
2nd Wednesday 12:30 p.m.
LIFE, Inc., 640 Pershing Ste. A, Pocatello, ID
Tracy Martin (208-232-2747)
Clay Pierce (208-904-1208 or 208-417-0287; clayjoannep@cableone.net)

Twin Falls TBI Support Group
3rd Tuesday 6:30-8 p.m.
St. Lukes' Idaho Elks Rehab Hosp, Twin Falls, ID
Keran Juker (keranj@mvrmc.org; 208-737-2126)

***Northern Idaho TBI Support Group**
For Veterans
3rd Sat. of each month 1-3 pm
Kootenai Med. Center, 2003 Lincoln Way Rm KMC 3
Coeur d'Alene, ID
Sherry Hendrickson (208-666-3903, shendrickson@kmc.org)
Craig Sicilia (509-218-7982; craig@tbiwa.org)
Ron Grigsby (208-659-5459)

The Brain Injury Alliance of Oregon
Formally the Brain Injury Association of Oregon
PO Box 549, Molalla OR 97038

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12th Annual Pacific Northwest Brain Injury Conference
March 13-15, 2014
Register Now!! See Page 11

How To Contact Us

Brain Injury Alliance of Oregon (BIAOR)

PO Box 549
Molalla, OR 97038
Toll free: (800) 544-5243

Email: biaor@biaoregon.org
Website: www.biaoregon.org
Fax: 503-961-8730

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BIAOR Advocacy Network
BIAORAdvocacy-subscribe@yahoogroups.com

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