What’s Inside?

Executive Director’s Corner
Page 2
Board of Directors
Page 2
Professional Members
Page 3-5
Bedside EEG Test Aids
Prognosis in Brain Injury Patients
Page 6
2021 Conference & Registration Form
Page 7
Zoom Support Groups
Pages 8
New TBI test is ‘game-changing,’ concussion experts say
Pages 10
ACBIS Certification Training
Page 11-12
TBI & Headaches
Page 13-15
Microvascular Injury of Brain, Olfactory Bulbs Seen in COVID-19
Page 15-16
Medications that can cause Mental Health Disorders
Page 16
10 Cognitive Exercises to Help Recover from TBI
Page 18
Brain Injury Fundamentals Certificate Training
Page 21
Books to Order
Page 22
Membership Form
Page 22
Resources
Page 22-25
Support Groups
Page 26-27

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

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

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

Join your colleagues for the 2021 Brain Injury Medical Conference presented virtually over four days. Modern medicine is advancing at break-neck speed and conferences are a fantastic way to stay on top of new practices that can aid in patient care and professional growth.

Presentation Highlights:
- The latest treatment using stem cell therapy
- The latest in Brain Imaging—Epic Imaging
- What are other states doing? Gavin Atwood
- Staff TBI Skill Builder: An On-Line, Interactive Training Program for Paraprofessionals Serving Adults with Moderate-Severe TBI - Laurie Ehlhardt Powell
- How to diagnosis and approach working with individuals—Dr. Nick Bomalaski, physiatrist
- Holistic Practitioner Panel - Kendra Bratherton and Claire Darling
- Family life after Brain Injury - Panel family members
- Music and the Brain—Matt Senn
- Dance, Tai Chi and Movement
- How a brain injury can affect your endocrine system
- Neuropeptide therapy
- Children and Concussion—Kayt Zundel, Think First Oregon
- Veterans issues
- NeuroStar Transcranial Magnetic Stimulation - Shauna Hahn, MS, PMHNP, CBIS – Neuromodulation is the new frontier in psychiatry and offers exciting and proven results for people with post-concussion syndrome, vertigo, migraines, depression, anxiety, post-traumatic stress disorder, chronic pain, OCD and other disorders.

Join us in bringing together speakers and attendees from all over the nation to Oregon. By providing this professional development opportunity, BIAOR strives to increase awareness and understanding of the latest research and innovation in the brain injury field.

Who should attend: Professionals in the field of brain injury such as medical and legal professionals, therapists (PT, OT, SLP), case managers, social workers, mental health professionals, caregivers who work with individuals with brain injury, family members and individuals with brain injury.

For more information please check the website at www.biaoregon.org Registration is on page 7
As we come into the winter months and holiday time—I want to wish everyone a wonderful holiday season. However, the holidays can be overwhelming for those with the added challenge of the effects of brain injury. With an injured brain, the holiday season can burden us with more fatigue, more stress and perhaps some sad emotions. Many remember how their lives used to be before the injuries but we have to move on and appreciate our lives today. We can look back with fond memories but we can also build new ones that don’t require us to overdo during the holidays.

We will be able to enjoy ourselves much more if you prepare yourselves for the holiday season.

**Pace yourself** – don’t commit to more than you can successfully handle. Don’t overdo the shopping, the cleaning, and the cooking or other activities. Give yourself a quiet day before going to that party or dinner. Take a nap or just lay down and rest. Do everything in moderation.

**Get organized in advance** – Write things down to help you remember what you need to do. Why burden your brain by trying to keep it all in your head?

**Prioritize** – only do what is important. There are probably things to do that you can put aside until after the holidays.

**Ask for help** – with the shopping, the cooking, the cleaning or whatever else it is.

---

**Keep things simple**
- simplify the decorations, the gift giving, the meals and everything else that is part of the holiday season.
- Eat properly throughout the day to nourish your brain so it can do a better job for you. Drink recommended amounts of water, our brains need it.

**Determine how to get where you have to go before you leave** – try Waze Google map which can help you **Determine how much time you need to get there**
- Determine what you need to take with you and what you are going to wear – Doing this well ahead of time saves that last-minute pressure that makes it difficult to function if you have a brain injury.

If you are in a restaurant, get a table in a quiet, less busy part of the restaurant. Maybe facing the wall so you don’t have to see the movement in the restaurant.

The idea is to save brain energy so you can have a good time. Enjoy! Thank you all for your continued support. We can’t do this alone—we need you to help us make a difference.

---

**Fall Sudoku**

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

```plaintext
8 3 7
1 5 6
6 7 8
8 4 2
9 6 5
7 1 3
5 4 2
1 7 3
8 1 9
```
When looking for a professional, look for someone who knows and understands brain injuries. The following are supporting professional members of BIAOR.

Names in Bold are BIAOR Board members

Attorneys

Need Help Finding and Attorney
Paul Braude, Find Injury Law, 888-888-6470
p@findinjurylaw.com  www.findinjurylaw.com

Nevada
Tim Titolo, Titolo Brain Injury Law, Las Vegas 702-869-5100
tim@titololaw.com  http://titololaw.com/

Oregon
Pauluson Coletti, John Coletti, Jane Pauluson
Portland 503.226.6361 www.paulsoncoletti.com
Tom D’Amore, D’Amore & Associates, Portland
Portland, 503.226.6361
Paulson Coletti, John Coletti, Jane Pauluson

Oregon
† Joe DiBartolomeo, DiBartolomeo Law Office, PC, Astoria
† Bill Gaylord, Gaylord Eyerman Bradley, PC, Portland
† Dr. Aaron DeShaw, Portland 503-227-1233
www.deshawlaw.com

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

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

Bend
Dwyer Williams Cherkoss Attorney’s LLC, Bend, 541-617-0555 www.DwyerWilliams.com

Eugene
Derek Johnson, Johnson, Clifton, Larson & Schaller, P.C., Eugene 541 484-2434
Don Corson, Corson & Johnsen Law Firm Eugene, 541-484-2825
Charles Duncan, Eugene, 800-347-4269
Tina Stupasky, Jensen, Elmore & Stupasky, PC, Eugene, 541-342-1141

Portland Area
Patrick Angel, Angel Law, P.C, Portland 503.862.8666 PI
William Berkshire, Portland 503-233-6507 PI
Jeffrey Bowersox, Lake Oswego, 503-452-8858 PI
Jery Dobbie, Dobbie & Associates, Portland, 503-226-2300
Wm. Keith Dozier, Portland 503-594-0333
Sean DuBois, DuBois Law Group, Portland 503-222-4411
† Brendan Dummigan, Pickett Dummigan, Portland 503-223-7770 www.pickettdummigan.com
Peggy Foraker, Portland 503-232-3753
Sam Friedenberg, Nay & Friedenberg, Portland 503-245-0894 Guardianship/Conservatorship
Timothy Grabe, Portland, 503-223-0022
Bart Herron, Herron Law, Lake Oswego 503-699-6496
Craig Allen Nichols, Nichols & Associates, 4504 S.W. Corbett Avenue, Suite 200, Portland, OR 97239 503-224-3018
Theresa Hollis, Fitzwater Law, Portland, 503.786.8191  fitzwaterlaw.com  Guardianship & Special Needs
Richard Rizk, Rizk Law, Inc., Portland 503-245-5677
Trucking Injuries, WC, Emmyt & LT Disability
J. William Savage, Portland 503-222-0200
Richard Syl, Portland 503-224-0436, SSI/SSDI/PI
Steve Smucker, Portland 503-224-5077
Scott Supperstein, The Law Offices of Scott M Supperstein, PC, Portland 503-227-6464
† Titchenor & Dziuba Law Offices, Portland 503-224-3333
Judy Wensousky, JD, Berkshire Ginsberg, LLC, Portland, 503-542-3000
Ralph E Wiser, Attorney at Law, wiserlaw.com
Portland, 503-620-5577 PI Long Term Disability

Oregon
† John Grimm, Skyline Country Living, AFH Philomath 541-929-7681
Herminia D Hunter, Trinity Blessed Homecare, Milwaukee, 503-653-5814, Dem/Alz 70 and over
IS Living Integrated Supports for Living, Chrislyn Prantl, Salem, 503-586-2300 www.isliving.org/
Kampfe Management Services, Portland, 503-788-3266 Apt
Terri Korbe, LPN, High Rocks Specialty Care, Clackamas 503-732-5043
Learning Services, Northern CA & CO, 888-419-9955
Joana Olaru, Alpine House, Beaverton, 503-646-9068
Premila Prasad, Portland 503-245-1605
Quality Living Inc (QLI), Kristin Custer, Nebraska, 402-573-3777
† Saphire at Ridgview Assisted Living Facility, Medford, 541-779-2208
WestWind Enhanced Care, Leah Lichens, Medford, 541-857-0700
Polly Smith, Polly’s County AFH, Vancouver, 360-601-3439  bonniepollysmith@gmail.com  Day Program and home
Ullhorn Program, Eugene, 541 345-4244 Supported Apt
† Windsor Place, Inc., Susan Hunter, Salem, 503-581-0393 Supported Apt

Medical Professionals

Chiropractic
Judit Boothby, DC, Third Way Chiropractic, Portland 503-233-0943
Gretchen Blyss, DC, Portland, 503-222-0551
Eric Hubbs, DC, 180 Chiropractic, Beaverton 503-646-2278

To become a professional member of BIAOR see page 22 or contact BIAOR, biaor@biaoregon.org.
No One Knows
TRAUMATIC INJURIES
Better Than A
GOOD DOCTOR

Now You Can Hire One As Your Lawyer

Auto Accident Injuries
Medical Malpractice
Wrongful Death
Drunk / Drugged Driver
Insurance Disputes
Traumatic Brain Injury

DR. AARON DESHAW, ESQ., P.C.
TRIAL LAWYER

2350 NW York St
Portland, OR 97210
503-277-1233
www.DoctorLawyer.net
866-843-3476

Major Donors and Supporters
Allison Cook
Muriel Lezak, PhD, ABPP, Portland
William Powers, Lake Oswego
Dr. Amy Ream, Portland
Major Donors and Supporters
Muriel Lezak, PhD, ABPP, Portland
William Powers, Lake Oswego
Dr. Amy Ream, Portland

Camping and Rafting Annual Trip Donors and Sponsors
All Care Management Services, LLC 1701 Ne 7th St, Grants Pass, 97526-1319, OR 541-471-4106
Insurance Lounge, Inc - 800-211-8660 https://insurancelounge.com
Southern Oregon Subaru 541-245-2000 - www.sosubaru.com/
Vape Guys Vapors, LLC 1024 Court St Medford OR 97501
Banner Bank www.bannerbank.com
Pam Dryer Lake Oswego
The Goldsmith’s, Medford

Names in bold are BIAOR Board members
† Corporate ‡ Gold ¥ Non Profit £ Silver ± Bronze ¥ Sustaining

The Headliner Fall/Winter 2020/2021 page 5

Look here for an Expert

Educators/Presenters
Gianna Ark, Linn Benton Lincoln Education Service District, Albany, 541-812-2746
Andrea Batchelor, Linn Benton Lincoln Education Service District, Albany, 541-812-2715
Allison Cook, 916-749-2487 bookallisoncook@gmail.com
Brain Logistics, LLC – providing Education, Training, Individualized Assessment and Implementation
Karen Campbell 971-227-4350 Sherry Stock ABD/PhD CBIST 503-740-3155 BrainLogisticsLLC@gmail.com
Heidi Island, Psychology, Pacific University, Forest Grove, 503-352-1538
Tyson Lancaster MS, MBA, Visions LLC, 541-683-6707 http://visionsllc.org
± McKay Moore-Sohllberg, University of Oregon, Eugene 541-346-2586

Counseling
† Collidedscopes, Heath Snyder & Renee Love, Eugene, www.collidedscopes.com, info@collidedscopes.com
Heidi Dirkse-Graw, Dirkse Counseling & Consulting Inc. Beaverton, OR 503-672-9858
Sharon Evers, Face in the Mirror Counseling, Art Therapy, Lake Oswego 503-201-0337
Jenny Ryan, MS, CRC, Oregon City, 503-348-6177
Elizabeth VanWormer, LCSW, Portland, 503-297-3803
Kate Robinson, MA, LPC, CADC1, Clear Path Counseling, LLC, 971-334-9899

Neuro Consulting
Brain Logistics, LLC – providing Education, Training, Individualized Assessment and Implementation
Karen Campbell 971-227-4350 Sherry Stock ABD/PhD CBIST 503-740-3155 BrainLogisticsLLC@gmail.com
Richard Stenson, Encompass Health
Robyn Weiss, Neuro Consult Group, LLC 425-890-1981 neuroconsultgroupllc@gmail.com

Expert Testimony
Brain Logistics, LLC – providing Education, Training, Individualized Assessment and Implementation
Karen Campbell 971-227-4350 Sherry Stock ABD/PhD CBIST 503-740-3155 BrainLogisticsLLC@gmail.com
Janet Mott, PhD, CRC, CCCM, CLCP, Life Care Planner, Loss of Earning Capacity Evaluator, 425-778-3707

Financial Planning
± Coldstream Wealth Management, Roger Reynolds roger@coldstream.com www.coldstream.com 425-283-1600

Recreational/Social Activities
Best Taekwondo Academy, Master Yeong-keun Jeong, Gresham 503-492-5522

Technology/Assistive Devices/ Construction

Trauma Nurses Talk Tough
Angela Aponte-Reid, Prevention RN, Trauma Nurses Talk Tough, Legacy Health System, Emanuel Medical Center, Portland 503-413-2340

Veterans Support
£ Returning Veterans Project, Portland, 503-954-2259
Vocational Rehabilitation/Rehabilitation/ Employment / Workers Comp
D’Autremont, Bostwick & Krier, Portland, 503-224-3550
Roger Burt, OVRS, Portland
Arturo De La Cruz, OVRS, Beaverton, 503-277-2500
† Marty Johnson, Community Rehabilitation Services of Oregon, Inc., Eugene, 541-342-1980
† SAIF, Salem, 503-373-8000
State of Oregon, OVRS, Salem, (503) 945-6201 www.oregon.gov/DHS/vr/
Katie Ross, OVRS, Salem, 503-378-3607

Names in bold are BIAOR Board members
† Corporate ‡ Gold ¥ Non-Profit £ Silver ± Bronze ¥ Sustaining

Bedside EEG Test Aids Prognosis in Brain Injury Patients

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

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

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

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

The study was published online December 23 in Annals of Neurology. Accurate, early prognostication is vital for efficient stratification of patients after a TBI, the authors write. This can often be achieved from patient behavior and CT at admission, but some patients continue to fail to obey commands after washout of sedation. These patients pose a significant challenge for neurologic prognostication, they note. In these cases, clinicians and families must decide whether to "wait and see" or consider treatment withdrawal.

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

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

For the paradigm, researchers constructed 288 English words using the male voice of the Apple synthesizer. The words required the same amount of time to be generated (320 ms) and were monosyllabic, so the rhythms of the sounds were the same.

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

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

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

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

Sokoliuk noted that brain activity in healthy

(Continued on page 17)
Registration Form
19th Annual Pacific Northwest Brain Injury Conference 2021 39th Annual BIAOR Medical Legal Conference
Living with Brain Injury, Stroke and Other Neurological Changes

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, ABIN, VA and DVS 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.

Zoom Webinar Dates and Times
March 13-14 10-11:30 am 12:15 pm 2:30 pm 4-5:30 pm
March 20-21 10-11:30 am 12:15 pm 2:30 pm 4-5:30 pm

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

<table>
<thead>
<tr>
<th></th>
<th>Member</th>
<th>Non-Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIP Special (CEUs) — 4 Days of Conference March 13-14-20-21</td>
<td>$200</td>
<td>$300</td>
</tr>
<tr>
<td>Professional (CEUs) 1 Class One Class March 13-14-20-21</td>
<td>$50</td>
<td>$75</td>
</tr>
<tr>
<td>Professional (CEUs) 2 Classes: March 13-14-20-21</td>
<td>$100</td>
<td>$125</td>
</tr>
<tr>
<td>Professional (CEUs) 2 Classes: March 13-14-20-21</td>
<td>$150</td>
<td>$175</td>
</tr>
<tr>
<td>One Class—Survivor/Family (no CEUs) March 13-14-20-21</td>
<td>$5</td>
<td>$10</td>
</tr>
<tr>
<td>Two Classes—Survivor/Family (no CEUs) March 13-14-20-21</td>
<td>$10</td>
<td>$20</td>
</tr>
<tr>
<td>Three or More Classes—Survivor/Family (no CEUs) March 13-14-20-21</td>
<td>$15</td>
<td>$30</td>
</tr>
<tr>
<td>Membership Professional $100 Family $50 Basic $35 Survivor $5</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Scholarship Contribution (donation to assist in covering the cost of survivors with limited funds)</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Credit Card Number __________ Exp Date / / Sec code __________

Signature ___________________________ Pre-conference, Registration Total $________

CC Address if different than above ___________________________ Zip Code Bill goes to ________________

(Please add totals from Conference Registration Fee, Membership and Scholarship Contribution for final total costs)

Make Checks out to BIAOR—Mail to: BIAOR, PO Box 549, Molalla OR 97038
or Fax: 503.961.8730 Phone: 800-544-5243 www.biaoregon.org annualconference.htm biaor@biaoregon.org

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

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

Agenda
Saturday/Sunday March 13-14-20-21
10 am - 10:30 am: Webinar
12 pm - 1:30 pm: Webinar
2 pm - 3:30 pm: Webinar
4 pm - 5:30 pm: Webinar
Women's Head Injury Support Group, 1st Tuesday of the month from 1-2:30 PM
Time: Every month on the First Tuesday 1:00—2:30 PM
Join Zoom Meeting
https://us02web.zoom.us/j/81461335597?pwd=dWYrZXVjSnNnOWpwTHBPcWJtRGVjQT09
Meeting ID: 814 6133 5597
Passcode: PNWgroup

evening Group for Survivor/family and caregiver, 1st Tuesday of the month from 7-8:30 PM
Topic: PNW Survivor/Caregiver Support Group
Time: Every month on the First Tuesday 7:00—8:30 PM
Join Zoom Meeting
https://us02web.zoom.us/j/86945968573?pwd=OW56RnBNWmZTbDIzba1ZqUTczNk00Zz09
Meeting ID: 869 4596 8573
Passcode: pnwhigroup
For more information please contact:
Kendra Bratherton 209-791-3092
pnwhigroup@gmail.com

Fred Meyer Community Rewards - Donate to BIAOR
Fred Meyer's program. Here’s how it works:
Link your Rewards Card to the Brain Injury Association of Oregon at www.fredmeyer.com/communityrewards.
Whenever you use your Rewards card when shopping at Freddy’s, you'll be helping BIAOR to earn a donation from Fred Meyer.

Trial Guides was established in 2004 as a legal media company that helps civil plaintiff's lawyers win. We provide professional educational materials and continuing education seminars, with a wide variety of books and media on the practice of law. Our print, digital, audio, and video titles are known for their accessibility, clarity, and unique focus on the practical aspects of legal practice, with proven tactics and strategy from many of the top lawyers and legal consultants from around the country.

In addition to the nation’s leading trial lawyers, Trial Guides products are used by the U.S. Department of Justice, the ACLU, the Global 100 (largest law firms in the world), the American Association for Justice, the Southern Poverty Law Center, and multiple law schools including Stetson’s LL.M. degree in Advocacy (ranked #1 in U.S. News & World Report for Advocacy 19 times).

Trial Guides offers products for lawyers, doctors, paralegals, students, and parties impacted by the legal system. Trial Guides also creates products for members of the public in the areas of insurance, product safety, and business practices.

Trial Guides
2350 NW York St, Portland, OR 97210
TEL: (800) 309-6845
FAX: (503) 206-6438
www.trialguides.com

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

BIAOR by the Numbers
BIAOR’s Fiscal Year runs from July 1-June 30.
What does your membership dues pay for?
Each year we provide:

Information & Referral
7200 calls, 32,000 emails
1520 packets mailed, 2550 DVDs mailed
1.2 million website visitors

Legislative & Personal Advocacy
85 Support Groups, Peer Mentoring and Support, Donations, Emergency Support

Awareness and Prevention
65 Awareness and Prevention Events

Education
3 day Annual Multi-State Conference
370 + Trainings/Conferences/Education/Classes
The Headliner, reaching 16,000 quarterly

Referrals to current Research Projects

We can’t do this alone, please send in your membership dues today or donations.
See page 22 for a membership form
Understanding traumatic brain injury in women

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

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

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

There are sex-based differences in TBI across the lifespan. For example, in children ages 0-4, boys are two times more likely to have a TBI than girls, but during the adolescent years, female athletes are likelier to experience concussions than male athletes. Among older populations, women who are 65 and older are most likely to experience mild TBI, and the majority of those result from falls.

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

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

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

"Discussions at the workshop identified a large gap in research efforts aimed at understanding the effects of violence-related TBI in women, in particular intimate partner violence," said Diana Cummings, Ph.D., NINDS scientific review officer.

Studies looking at the prevalence of brain injuries resulting from intimate partner violence are needed to understand how often they occur and could lead to identifying prevention strategies. More information about outcomes may result in improved treatment options.

Source: NIH/National Institute of Neurological Disorders and Stroke

Understanding traumatic brain injury in women (news-medical.net)

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

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

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

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

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

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

Current all trainings are by Zoom—call for dates

Cost of participation:

$750 - includes training, book, exam fee and one year BIAOR professional-level member pay online now.
$400 - for Participation CBIS training only (including book $550 - no Exam) pay online now.

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

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

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

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

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

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

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

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

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

**Certification Examination**

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

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

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

**Application Process**

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

Payment must be made to BIAOR at least 3 weeks in advance of the class. The process for submitting an individual CBIS Application can be confusing, please follow these directions provided at [https://www.biaoregon.org/services/training-education/cbis-training/](https://www.biaoregon.org/services/training-education/cbis-training/)
Traumatic Brain Injury Often Leads to Years of Painful Headaches

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

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

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

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

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

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

With a mild TBI, you may experience a change in mental status or consciousness, difficulty thinking, balance issues, head pain, mood issues, and difficulty sleeping. You do not have to lose consciousness to have a concussion. Less than 10% of people who have had a concussion actually lose consciousness (4).

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

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

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

Even a Mild TBI Can Result in Post-Traumatic Headache

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

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

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

Post-Traumatic Headache Doesn’t Always Appear Right Away

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

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

New research, however, suggests the 7-day interval may need to be revisited. “Regarding soldiers, in particular, only 37% report posttraumatic headache onset within 7 days of their injury,” said headache and concussion specialist Dr. Bert Vargas. “The rest of them presented up to several weeks later…This is compelling evidence that seven days is perhaps not the right timeframe (9).”

The Relationship Between PTH and Migraine

The symptoms and pathophysiology of PTH are similar to Migraine. A pre-existing history of Migraine is a risk factor for developing PTH. Even if a person doesn’t have a prior history of Migraine, but...
they have a family history of Migraine, the individual is still at risk for developing PTH after an injury (10). Evidence suggests that head trauma may trigger Migraine in someone with a genetic predisposition to Migraine. There is also evidence that pre-existing primary headache disorders like Migraine may significantly worsen or become chronic after TBI.

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

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

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

**Treating Post-Traumatic Headache**

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

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

Nonpharmacological therapies like cognitive behavioral therapy (CBT), biofeedback, progressive muscle relaxation, acupuncture, and physical therapy can help some people with PTH but more research is necessary to determine efficacy (14, 15, 16).

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

**3 Things to Know about Treatment**

The most important thing you can do for yourself is to seek the advice of a health care professional who can design an individualized treatment plan for you. This includes a plan for both active rehabilitation and recovery for the concussion, as well as an active treatment for post-traumatic headache (18). PTH may be complicated by coexistent headache disorders and comorbidities like depression.

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

**1 – Get Tested Promptly and Treated Immediately**

The most effective way to manage concussion and PTH is to seek medical attention right after any kind of head trauma: “Although a mild TBI is primarily a clinical diagnosis, meaning it is based on the healthcare provider’s history and physical examination, there are tools that can be used as supporting evidence including cognitive testing, vestibular or balance testing, and eye movement testing,” said Dr. Amaal Starling.

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

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

If you have a family history of Migraine, an injury can trigger Migraine Disease. If you have a personal history, along with worsening attacks after your injury, you may have developed a secondary headache disorder with Migraine features that may or may not respond to the medications you take for your attacks, like triptans.

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

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

**3 – Prevent, Prevent, Prevent**

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

**The Take-Away**

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

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

Written by Sharron Murray, MS, RN | Mar 2, 2020 | Medical Review by: Amaal Starling, MD
Source: Traumatic Brain Injury Often Leads to Years of Painful Headaches (migraineagain.com)

**Footnotes**

1- TBI: Get the Facts. CDC.gov.

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

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

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

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

The findings were published online December 30 in a "correspondence" piece in the New England Journal of Medicine.

Interpret With Caution

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

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

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

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

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

The punctate hyperintensities found on magnetic resonance microscopy were also found on histopathological exam. Collagen IV immunostaining showed a thinning in the basal lamina of endothelial cells in these areas.

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

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

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

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

Finally, five patients showed activated microglia next to neurons. This is "suggestive of neuronophagia in the olfactory bulb, substantial nigra, dorsal motor nucleus of the vagal nerve, and the..."
pre-Bötzinger complex in the medulla, which is involved in the generation of spontaneous rhythmic breathing," write the investigators.

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

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

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

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

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


Source: Microvascular Injury of Brain, Olfactory Bulbs Seen in COVID-19 (medscape.com)
people only synchronizes with the rhythm of phrases and sentences when listeners consciously comprehend the speech. The researchers assessed the level of comprehension in the unresponsive patients by measuring the strength of this synchronicity or brain pattern.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

But she stressed this is a prognostic tool, not a diagnostic tool, and it should not be used in isolation. "It’s important to know that no clinician should only use this paradigm to prognosticate a patient; our paradigm should be part of a bigger battery of tests," she said.

But it could go a long way toward helping families as well as physicians. "If they know that the patient would be better in 3 months’ time, it’s easier for them to decide what should come next," she said.

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

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

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

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

One should bear in mind, though, that the paradigm "makes one essential assumption: that patients can understand speech," said Blume. "For example, an aphasic patient might not understand but still be conscious."

In this context, she added, "it’s essential to note that while the presence of a response suggests consciousness, the absence of a response does not suggest the absence of consciousness."

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

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

(Continued on page 18)
Every year, traumatic brain injuries (TBIs) account for about 2.8 million emergency situations. This serious injury is more common than you might think — and the consequences can be hard to recover from. If you or someone close to you has had a TBI, you know just how difficult the recovery can be. It may take months or even years for someone to heal. However, cognitive exercises can go a long way toward speeding up the healing process.

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

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

One great way to get started on the path to recovery is simply to try something new. This doesn’t have to be anything major, like exploring a new city or learning a new language. Instead, start even simpler. Try a new food, or walk home using a different path than usual. Play a game you’ve never played before. Take a new exercise class. Doing new things gives you the motivation to keep moving forward on the recovery path, even when it’s difficult. Not only that but when you have new experiences, your brain actually starts making new neurons.

Pay Attention to Your Food
As you try new foods or even things you’ve had before, try to name specific ingredients that you taste. Start with the obvious ones, and work your way into the subtle tastes. This will help you tap into your senses and build your way up.

Seek Out Sensory Experiences
The more of your senses you can activate at once, the more your brain gets engaged. You can start with a single sense, like taste, as described above. But you should also start to add in experiences that invigorate multiple senses at once.

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

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

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

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

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

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

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

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

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

Read Out Loud
Reading, speaking and listening all engage different parts of the brain, so this is a great way to get your brain feeling challenged. You can read out loud to a child, a pet, or even yourself. If reading out loud poses too much of a challenge, start simply by listening to a book on tape first.

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

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

Keep a Journal
Journaling is a great way to use your fine motor skills, memory, senses, and more all at once. You don’t have to write about your day, like a diary. You can simply jot down all of the things you’re experiencing with your various senses. For example, try sitting outside and writing what you see, smell, hear, feel, or taste. This exercise might feel relaxing, but it will also help improve your cognitive abilities!

Do Mental Math
As you get better at these tasks, challenge yourself by doing some mental math. Even simple addition or subtraction is valuable. Do easy problems first, then work your way toward harder ones.

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

Source: Exercises to Help With Traumatic Brain Injury | Great Speech

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

(Continued from page 17)
For more Medscape Neurology news, join us on Facebook and Twitter.
Source: Bedside EEG Test Aids Prognosis in Brain Injury Patients (medscape.com)
Collaboration, Cooperation, Compassion….

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

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

Building Futures

ARE YOU A MEMBER?

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

Proud members of the Brain Injury Association of Oregon, we have over 50 years experience providing legal services to traumatic brain injury victims

Johnson Johnson & Schaller, P.C.
975 Oak St., Suite 1050
Eugene, OR 97401

541-484-2434
800-783-2434
www.justicelawyers.com

* Free Consultation

You Have a Right to Justice
At Windsor Place, we believe in promoting the self-confidence and self-reliance of all of our residents.

Fred Meyer Community Rewards - Donate to BIAOR

Fred Meyer’s program. Here’s how it works:
Link your Rewards Card to the Brain Injury Association of Oregon at www.fredmeyer.com/communityrewards. Whenever you use your Rewards card when shopping at Freddy's, you’ll be helping BIAOR to earn a donation from Fred Meyer.

Susan Hunter
Executive Director

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

Windsor Place, Inc.
3009 Windsor Ave. NE Salem Oregon 97301
www.windsorplacesalem.org
New ACBIS Program Announcement: Brain Injury Fundamentals

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

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

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

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

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

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

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

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

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

*Fundamentals Application fees are non-refundable. Additional Costs of Trainings may apply for trainer outside the greater Portland area may apply covering per diem and travel costs.
Fighting for David
Leone Nunley was told by doctors that her son David was in a "persistent coma and vegetative state"—the same diagnosis faced by Terri Schiavo's family. Fighting for David is the story how Leone fought for David's life after a terrible motorcycle crash. This story shows how David overcame many of his disabilities with the help of his family. $20

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

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

The Caregiver's Tale: The True Story Of A Woman, Her Husband Who Fell Off The Roof, And Traumatic Brain Injury
From the Spousal Caregiver's, Marie Therese Gass, point of view, this is the story of the first seven years after severe Traumatic Brain Injury, as well as essays concerning the problems of fixing things, or at least letting life operate more smoothly. Humor and pathos, love and frustration, rages and not knowing what to do--all these make up a complete story of Traumatic Brain Injury. $20

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

Brain Injury Alliance of Oregon
- Name:
- Street Address:
- City/State/Zip:
- Phone:
- Email:

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

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

Additional Donation/Memorial: $________________
In memory of: ______________________________________ (Please print name)
Member is:
- Individual with brain injury
- Family Member
- Other:_________
- Professional. Field: _______________________________

Book Purchase (includes S&H):
- The Caregiver’s Tale $20
- A Change of Mind $25
- Fighting for David $20
- Ketchup on the Baseboard $25
- Recovering from MTBI $23
- Understanding MTBI $23

Type of Payment
- Charge my VISA/MC/Discover Card $ __________________
- Card number:  ________________ ________________ ________________ ________________
- Expiration date:  ________________ Security Code from back
- Print Name on Card: __________________
- Signature Approval: __________________
- Date:  ________________

Please mail to:
BIAOR PO Box 549
Molalla, OR 97038
800-544-5243 Fax: 503-961-8730
www.biaoregon.org • biaor@biaoregon.org
501 (c)(3) Tax Exempt Fed. ID 93-0900797
Oregon Developmental Disabilities (DD)
For individuals whose disability manifested before age 22 and resulted in lifelong conditions that affect a person's ability to live independently, this state agency arranges and coordinates services to eligible state residents. http://www.oregon.gov/DHS/dd/Pages/index.aspx  (800)-282-8096

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

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

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

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

Fall Sudoku
(Answer from page 2)

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>8</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>7</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>8</td>
<td>1</td>
<td>4</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>23</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

Oregon Centers for Independent Living
Contact List

<table>
<thead>
<tr>
<th>CIL</th>
<th>LOCATION</th>
<th>COUNTIES SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABILITREE IL</td>
<td>2680 NE Twin Knolls Dr Bend, OR 97702 1-541-388-8103</td>
<td>Crook, Deschutes, Jefferson</td>
</tr>
<tr>
<td>EOCIL (Eastern Oregon Center for Independent Living)</td>
<td>322 SW 3rd Suite 6 Pendleton, OR 97801 (541) 276-1037 1-877-711-1037</td>
<td>Gilliam, Morrow, Umatilla, Union, Wheeler</td>
</tr>
<tr>
<td>HASL (Independent Abilities Center)</td>
<td>400 E Scenic Dr., Ste 2349 The Dalles, OR 97058 541-370-2810 1-855-516-6273</td>
<td>Columbia, Hood, Sherman, Wasco</td>
</tr>
<tr>
<td>LILA (Lane Independent Living Alliance)</td>
<td>1021 SW 5th Avenue Ontario, OR 97914 (541) 889-3119 or 1-866-248-8369</td>
<td>Baker, Grant, Hamey, Malheur, Wallowa</td>
</tr>
<tr>
<td>ILR (Independent Living Resources)</td>
<td>305 NE &quot;E&quot; St. Grants Pass, OR 97526 (541) 479-4275</td>
<td>Josephine, Jackson, Curry, Coos, Douglas</td>
</tr>
<tr>
<td>SPOKES UNLIMITED</td>
<td>201 SW 13th Ave Eugene, OR 97401 (541) 607-7020</td>
<td>Lane, Marion, Polk, Yamhill, Linn, Benton, Lincoln</td>
</tr>
<tr>
<td>SPOKES Unlimited (Spokes Lakeview Network)</td>
<td>1839 NE Couch Street Portland, OR 97232 (503) 232-7411</td>
<td>Clackamas, Multnomah, Washington</td>
</tr>
<tr>
<td>SPOKES Unlimited</td>
<td>1006 Main Street Klamath Falls, OR 97601 (541) 883-7547</td>
<td>Klamath</td>
</tr>
<tr>
<td>SPOKES Unlimited</td>
<td>100 North D St, Lakeview, OR 97630 541-947-2076 (voice)</td>
<td>Lake</td>
</tr>
<tr>
<td>SPOKES Unlimited</td>
<td>736 SE Jackson Street, Roseburg, OR 97470 (541-672-6336</td>
<td>Douglas</td>
</tr>
</tbody>
</table>

Resources

The Headliner Fall/Winter 2020/2021 page 23
The Oregon TBI Team

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

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

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

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

Websites
Mayo Clinic www.mayoclinic.org/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
Home-Based Cognitive Stimulation Program http://main.uab.edu/tbi/show.asp?duri=49377&site=2988&return=9505
Sam’s Brainy Adventure http://faculty.washington.edu/chudler/flash/comic.html
Neurobic Exercise www.neurobics.com/exercise.html
Brain Training Games from the Brain Center of America www.braincenteramerica.com/exercises_am.php

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

For more information or assistance call: 1-877-824-1766 9 am – 5 pm
www.BrainInjuryWA.org
Vancouver: Carla-Jo Whitson, MSW CBIS 360-991-4928 jarlaco@yahoo.com

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

Want to Return to Work? - Pathways to Independence, Oregon
Kathy Holmquist, 503-240-8794  Kathy@pathwaysto.net

Center for Polytrauma Care-Oregon VA
Providing rehabilitation and care coordination for combat-injured OIF/OEF veterans and active duty service members.
Contact: Ellen Kessi, LCSW, Polytrauma Case Manager Ellen.Kessi@va.gov
1-800-949-1004 x 43029 or 503-220-8262 x 43029

Addiction Inpatient help:
Hazelden Betty Ford Foundation, 1901 Esther St, Newberg, OR 97132 (503) 554-4300 www.hazeldenbettyford.org
Serenity Lane, 10920 SW Barbur Blvd Ste 201, Portland, OR 97219 (503) 244-4500 www.serenitylane.org

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

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

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

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

Oregon Health Connect: 855-999-3210 Oregonhealthconnect.org Information about health care programs for people who need help.

Project Access Now 503-413-5746 Projectaccessnownow.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/PHA/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.idaholbi.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.

http://activecoach.orcasinc.com: Free concussion training for coaches

ACTive: Athletic Concussion Training™ using Interactive Video Education

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

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

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

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

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

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

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

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

### Zoom Support Groups

**Women’s Head Injury Support Group**
1st Tuesday of the month from 12:30 pm

**Women’s Head Injury Support Group**
Join Zoom Meeting https://us02web.zoom.us/j/8146133597?pwd=dWYrZXVjSnNnOWpwTHBPCjJTRGxjQT09
Meeting ID: 814 6133 5977
Passcode: PWNGroup
More information on page 8

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

**Topic:** PNW Survivor/Caregiver Support Group
**Time:** Feb 2, 2021 07:00 PM Pacific Time (US and Canada)

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

**Community Rehabilitation Services of Oregon**
3rd Tuesday, Jan., Feb., 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
Curstis Brown, (541) 998-3951
BCCBrowu@gmail.com

**Hillsboro Concussion Support Group**
Tuality Healthcare
1st Thursday 3-4pm
TCH Conference Room 1, Main Hospital
335 SE 8th Avenue, Hillsboro, OR 97123
linda.fish@tuality.org 503-494-0885

**Westside SUPPORT GROUP**
3rd Monday 7-8 pm
For brain injury survivors, their families, caregivers and professionals
Tuality Community Hospital
335 S 8th Street, Hillsboro, OR 97123
Carol Altman, (503) 640-1980

**Klamath Falls**
**SPOKES UNLIMITED BRAIN INJURY SUPPORT GROUP**
2nd Tuesday 1:00pm to 2:30pm
1006 Main Street, Klamath Falls, OR 97601
Jackie Reed 541-883-7547
jackie.reed@spokesunlimited.org

**Lake Oswego (2)**
**Family Caregiver Discussion Group**
4th Wednesday, 7-8:30 PM
Lake Oswego Adult Community Center
505 G Avenue, Lake Oswego, OR 97034
Shemaya Blauer, 503-816-6349
hemaya_toyou@yahoo.com

**Functional Neurology Support Group**
On hiatus
Market of Choice, 5639 Hood St, West Linn

**Medford**
**Southern Oregon Brainstormers Support & Social Club**
1st Tuesday 3:30 pm to 5:30 pm
Lion’s Sight & Hearing Center

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

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

**Oregon City**
**Brain Injury Support Group**
3rd Friday 1-3 pm (Sept - May) - summer potlucks
Pioneer Community Center - ask at the front desk for room
615 5th St, Oregon City 97045
Sonja Bolon, 503-816-1053
brainyou2@gmail.com

**BIRDDsson**
1st and 3rd Fridays: 10:00 – 12:00 - currently full
Family and Parent Coffee in café
Wednesdays: 10:00-12:00
braininjuryhelporg@yahoo.com
Call Pat Murray at 503-598-1833
Brianl@bic-nw.org info@braininjuryconnectionsnw.org

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

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

**Must Be Pre-Registered**

**DOORS OF HOPE**
**Spanish Support Group**
3rd Tuesday 5:30 - 7:30pm
Providence Hospital, 4805 NE Glisan St, Portland, 97213
503-524-3942

**OHSU Sports Concussion Support Group**
For Youth and Their Families who have been affected by a head injury
2nd Tuesday, 7:00-8:30 pm
OHSU Center for Health and Healing
3303 SW Bond Ave, 3rd floor conference room
Portland, OR 97239
For more information or to RSVP contact Jennifer Wilhelm
(503) 494-3151 or email: wilhelm@ohsu.edu

**Sponsored by OHSU Sports Medicine and Rehabilitation**

**PARENTS OF CHILDREN WITH BRAIN INJURY**
Wednesdays: 10:00-12:00
Currently combined with THRIVE SUPPORT GROUP/FAMILY SUPPORT GROUP
Contact for further information braininjuryhelp@yahoo.com Pat Murray 503-752-6065
MUST BE PRE-REGISTERED

TBI Caregiver Support Meetings
4th Thursday 7-8:30 PM
8818 NE Everett St, Portland OR 97220
Call Karin Kaita 503-208-1797
email: afrships@gmail.com MUST BE PRE-REGISTERED
THRIVE SUPPORT GROUP
Family and Parent Coffee in café
Wednesdays: 10:00-12:00
Brain Injury Survivor support group ages 15-25
Currently combined with FAMILY SUPPORT GROUP/PARENTS OF CHILDREN WITH BRAIN INJURY SUPPORT GROUP
Contact for further information braininjuryhelp@yahoo.com Pat Murray 503-752-6065
or Call Michael Jensen 503-804-4841
happieheads@gmail.com
MUST BE PRE-REGISTERED

TBI SOCIAL CLUB
2nd Tuesday 11:30 am - 3 pm
Pietro’s Pizza, 10300 SE Main St, Milwaukie OR 97267
Lunch meeting- Cost about $6.50
Michael Flick, 503-775-1718
MUST BE PRE-REGISTERED

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

Roseburg
UMPUQA VALLEY DISABILITIES NETWORK
on hiatus

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

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

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

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

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

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

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

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

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

Stevens County TBI Support Group
1st Tuesday of each Month 6-8 p.m
Mt Carmel Hospital, 962 E. Columbia, Colville, WA
Craig Sicilia 509-216-7982; 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, 7-9 p.m.
Pullman Regional Hospital, 835 SE Bishop Blvd, Conf Rm B, Pullman, WA Alan Brown (509-338-4507)

Pullman BI/Disability Advocacy Group
2nd Thursday of each month, 6:30-8:00 p.m.
Gladiol 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, #L11, Spokane, WA
Craig Sicilia (509-216-7982; craig@tbiwa.org)
Michelle White (509-534-9380; mwhite@mwhite.com)

Spokane Family & Care Giver BI Support Group
4th Wednesday of each month, 5 p.m.
St Luke’s Rehab Institute
711 S. Cowley, #L11, Spokane, WA
Melissa Gray (melissagr.cmhc@live.com)
Craig Sicilia (509-216-7982; craig@tbiwa.org)
Michelle White (509-534-9380; mwhite@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 (509-216-7982; 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 (509-688-5388)

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 jarloco@yahoo.com 360-991-4928

IDAHO TBI SUPPORT GROUPS
Boise Area

STARS/Treasure Valley Brain Injury Support Group
When: 4th Thursday of the month from 6-8 pm
Where: St Luke’s Rehabilitation-Elks Conference Room-4th Floor
600 N Robbins Rd. in Boise
Greg Meyer (208-385-3013); meyerge@slhs.org
Kathy Smith (208-387-8962; kathy.l.smith@saintalphonsus.org)

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

Meridian Area
Stroke Support Group
When: 3rd Thursday of each month 2-3:30 pm
Where: St Luke’s Meridian
Contact: 208-381-5383; stroke@slhs.org

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

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

Survivor Support Line - CALL 855-473-3711
A survivor support line is now available to provide telephone support to those who suffer from all levels of brain impairment. 4peer11 is a survivor run, funded, operated and managed-emotional help line. We do not give medical advice, but we DO have two compassionate ears. We have survived some form of brain injury or a we are a survivor who is significant in the life of a survivor.

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

The Headliner Fall/Winter 2020/2021 page 27
Thank you to all our contributors and advertisers.

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

Brain Logistics, LLC
Education - Training -
Individualized Assessment
and Implementation

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

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

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

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

How To Contact Us

Brain Injury Alliance of Oregon (BIAOR)
Mailing Address:
PO Box 549
Molalla, OR 97038
Toll free: 800-544-5243
Fax: 503-961-8730
biaor@biaoregon.org
www.biaoregon.org

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

Jeri Cohen, JD, Assistant Director, 503-732-8584
Resource Facilitator—Peer Mentor
Becki Sparre 503-961-5675

Meetings by Appointment only
Call 800-544-5243

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

Protecting the Rights of the Injured

Personal Injury Practice Areas:

Brain Injury Accidents
Automobile Accidents
Maritime Accidents
Construction Accidents
Trucking Accidents
Medical Malpractice
Wrongful Death

Dangerous Premises
Defective Products
Bicycle Accidents
Motorcycle Accidents
Sexual Harassment/Abuse
Aviation Accidents
Legal Malpractice