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The amount of work and the expectation to fully understand the complexities of multiple disabilities can be daunting. In speaking with teachers, I hear their desire to help the kids in the classroom be the best they can be, though it is coupled with the frustration of not enough supports available for students with special needs.

By Ruth Wilcock
Executive Director, OBIA

RUTH’S DESK

See You in September

Each day on my way home from work, I drive past a school with a sign reading “See You in September.” In addition to evoking the memory of the song, it also brings me back to when I was a child. September meant that summer holidays were over and it was indeed “back to school.” When the month of August is drawing to a close and school is around the corner, children often experience a variety of emotions. For some, it is the excitement of preparing to go back and connecting with friends. Others may experience apprehension and fear of what the new school year holds for them. Perhaps they are attending a new school, with new classmates and teachers. For children and youth who have sustained brain injuries, the thought of having to concentrate, problem-solve, organize their work and socialize with classmates creates great anxiety.

A brain injury can change a child’s life in an instant, and those tasks and interactions once performed with ease are now troubling and difficult. A new teacher may not fully understand their injury and challenges may be overwhelming.

That being said, in my experience, teachers are some of the most dedicated professionals I know. However, the amount of work and the expectation to fully understand the complexities of multiple disabilities can be daunting. In speaking with teachers, I hear their desire to help the kids in the classroom be the best they can be, though it is coupled with the frustration of not enough supports available for students with special needs.

In order to respond to the needs of the students living with brain injuries and the educators who support them, OBIA developed a resource, Educating Educators about ABI. The manual was authored by the following: John Kumpf (former Executive Director of OBIA), who spent 38 years as a special education classroom teacher; Dr. Dawn Good (a clinical psychologist and professor at Brock University); and Dr. Sheila Bennett (Brock University special education department). The authors spent three years researching and developing the manual. The Educating Educators manual is a valuable resource not only for teachers, but also parents and professionals in the rehab community who support children and youth with ABI.

The purpose of the manual is to provide information about the function of the
brain, cultivate understanding of ABI from a developmental perspective, and introduce specific strategies for working with students with ABI.

A brain injury can happen anywhere. I am reminded of the case study about Adam who was five years old when he fell down the basement stairs while trying to catch up with his seven-year-old brother. He was dazed and lay motionless for a few minutes at the bottom of the stairs until his mother came to help. After a few tears, Adam seemed to be back to his old self and eagerly followed mom into the kitchen for a cookie. Later that day he began to vomit and his mother was concerned enough to take him to the hospital where he was initially diagnosed with a concussion. Over the next few weeks and months, Adam’s personality seemed to change. He was more obstinate and easier to anger; he was slower than usual, even appeared to be lazy when asked to do simple things like get ready for school. His kindergarten teacher noticed a change in his social behaviour with others. By the end of the year, the school’s recommendation was for Adam to retry kindergarten. His parents, at the suggestion of the school team, took Adam for a full physical exam which, after a referral to a neurologist, resulted in further testing. Adam was finally diagnosed with a mild brain injury (Case Study, Educating Educators).

Adam and many others like him need to be in an educational environment that is informed and supportive. OBIA’s Educating Educators Manual is a powerful tool to bring support into the classroom. For a free download of the manual go to www.abieducation.com, or to purchase a hard copy visit OBIA’s Online Bookstore at: www.obia.ca.
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IN THE NEWS

OBIA Hospital Clinician Educational Bursary

Congratulations to our May 31, 2016 Recipients

Hannah Esmaili

Hannah Esmaili M.S.W., R.S.W., M.Ed (C.Psych) specializes in individual and youth counselling. She has been employed in the health-care sector since 2008, primarily doing psychotherapy in an outpatient neurocognitive program at Toronto Rehab Institute. She is committed to assisting her clients explore, challenge and face their difficulties following an acquired brain injury, so they can lead a happier and more productive life. She focuses extensively on individual/relationship counselling to support individuals as they challenge and change negative adjustment patterns that may be preventing their happiness following a brain injury. In addition, she has been highly active in the community, facilitating workshops and seminars. Hannah’s latest interest has been in using emotion-focused therapeutic modalities along with mindfulness-based cognitive therapy for program development with vulnerable sectors, especially in working with families and couples.

Bursary to be used for Level 3 Practicum Training

Laura Thompson

Laura is an occupational therapist at Holland Bloorview Kids Rehabilitation Hospital, in both the Concussion Centre and the Child Development Program. She has extensive experience working in a range of outpatient, inpatient and community programs, providing assessment, treatment and consultation to children and youth with a variety of diagnoses including acquired brain injury. Laura completed her Master of Science in Occupational Therapy (MScOT) degree at the University of Toronto and is a lecturer (Status Appointment) within the Department of Occupational Science & Occupational Therapy. Laura is known for her dedication to lifelong learning. She is driven to use best practices and provide client care based on current evidence. As an occupational therapist, Laura has a keen interest in using a variety of intervention approaches to enable children and youth to engage in the meaningful daily activities that they need and want to do.

Bursary to be used for OISE I Continuing Education & Professional Learning

The purpose of this bursary, sponsored by PIA Law, is to support and encourage hospital clinicians working within the brain injury field to continue to pursue professional development in the areas of brain injury rehabilitation. Providing educational opportunities is a key part of the OBIA mission, which is “to enhance the lives of Ontarians living with the effects of ABI through education, awareness and support.” The next bursary will be announced following the November 30, 2016 deadline. Check www.obia.ca for details.
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Brain Fast Facts

DID YOU KNOW?

- Approx. 27,000 school-aged individuals in Ontario have sustained a brain injury.
- Twice as many boys than girls sustain a brain injury.
- The majority of cases of ABI in children result from a fall.

- Educating Educators About ABI
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Paving the Road to ABI Recovery, 21.1 km at a Time
Running With a Purpose

By Heather Dart

On June 6, 2015, as I crossed the finish line of the Whistler Half Marathon (21.1 km), I received a phone call about my dad’s accident. He had sustained a severe brain injury from an un witnessed fall and was on his way to Sunnybrook Hospital via helicopter where he would spend the next three months. We are all extremely grateful for the advanced surgical technology and team of highly skilled professionals who helped our dad recover from critical care. He made leaps and bounds, so long as it was on his own terms, in the next eight months at Bridgepoint and Hamilton Health Sciences’ in-patient ABI programs.

Now, with a fancy new 3D-printed bone flap replacement, my dad is looking and feeling better than ever! He is now in a hospital in Burlington where he will wait at least a year to be moved to a long-term care facility and, though it is great to have him closer to his family and friends, he no longer has access to ABI-appropriate services, treatment or care providers.

We are extremely fortunate for both the relatively quick access and duration of the rehabilitation services our dad received. Due to being given this opportunity, he made initial and continuous gains in recovery, far surpassing the prognosis compared to not receiving these services. Still, we see the potential of continued recovery but are met with the struggle to access continued support, a challenge we share with the vast and growing ABI community and their families.

I wanted to use this opportunity to run for a cause: in support of ABI survivors like my dad who are living within all our communities, in need of our help! Proceeds will help fund the much-needed support services for the ABI community.

I ran the Whistler Half Marathon on June 4 of this year; this time in honour of the progress my Dad has made in one year of living with Acquired Brain Injury. I ended up second overall woman and first in my age category and won a gold medal, which I had engraved with the OBIA logo. I also used my online platform to collect donations in honour of my father for the HBIA 5k by the Bay this year.

Note: If you have plans for a fundraising event with proceeds going to OBIA, please contact Terry Bartol at the OBIA office and she will help you set up an official donation page. Thank you so much to Heather for thinking of OBIA while honouring her father.

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You Don’t Know How Strong You Are Until it’s the Only Choice You Have

By Nadine Vermeulen

My son, Andrew, suffered a brain injury in February 2015 caused by a ruptured Arteriovenous Malformation (AVM). We are happy to say that he is, in our opinion, 100% recovered.

I just wanted to let you know about a few things Andrew has been doing to raise awareness for brain injury. In June 2015 he started a website to share his story and help raise awareness. This year we are raising money for a Sick Kids Walk and decided that he was going to sell Brain Injury Awareness bracelets.

We wanted to spread awareness and were talking one night over dinner about how cool it would be for someone famous to show their support of this project. Andrew and I wrote a letter to Marcus Stroman of the Toronto Blue Jays explaining what happened to Andrew, and why raising money for Sick Kids and bringing awareness to brain injury was so important for him. This was his way of giving back to the hospital that saved his life. All he asked was that Marcus give out the bracelets to the other members of the team and maybe post a picture on Instagram wearing the bracelet.

We have seen Marcus, Marco Estrada and J.A. Happ all wearing the bracelets, during their warm-ups over the last few games or when the camera pans to the dugout during the game.

Marcus was kind enough to post a picture on Instagram. Andrew was excited to see the notification he posted but was even more excited when he saw that almost 17,000 people liked the photo. He also had a chance meeting with Roberto Alomar and gave him a bracelet which he wore during the Hall of Famer event at the Rogers Centre that Sunday.

I just wanted to let you know what my incredible 12 year old is doing to help bring awareness.

To find out more about pediatric stroke and get support, contact the Canadian Pediatric Stroke Association (www.cpssa.org). The Heart and Stroke Foundation has a resource guide for parents of pediatric stroke survivors. And be sure to check out Andrew’s website: www.iloveyourbrain.com
Pathways to Independence specializes in providing services and supports to adults with an acquired brain injury (ABI). These services could be a place to call home or day services designed to support a person living with a brain injury to reintegrate into their community.

Pathways Service Plan supports a person’s rehabilitation and reintegration to the community following a brain injury. In addition to assisting with activities of daily living, Pathways employees actively work with the person to access social networks and community partners to develop and support the implementation of a person’s individualized service plan.

Pathways ABI programs and services are tailored to accommodate individual needs and provide a continuum of care.

1 in 26 Canadians are living with a brain injury

Brain injuries can be a non visible disability

There will be 18,000 new brain injuries this year

Men experience brain injuries twice as often as women

ABI is damage to the brain that occurs after birth

ABI is not a developmental disability or autism

ABI affects cognitive, emotional, behavioral, & physical functioning

Pathways ABI Services:
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Depending upon the nature of the brain injury, these supports may include:

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- Adult Education, Vocational Training or Upgrading
- Legal Services
- Family support

Reach out to us to find out more about Pathways ABI Services:
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It was a bright sunny day and I was enjoying a beautiful ride on my dirt bike. It was just a month after starting 10th grade and this ride was all it took to relieve my stress. All it took was five seconds for a bright, happy day, to turn dark and frightening.

On October 4, 2015 I was riding my dirt bike in an open field. I was practicing my skills, gained some confidence and took it up a notch. I sped up, clicked it into fourth gear and for a few seconds everything was fine. Next thing you know, I hit a groundhog hole and flew over the handlebars across the field. I was knocked out and unconscious for what I felt like was a couple of seconds. I woke up covered in blood and completely out of it.

My dad grabbed me, placed me in the back of the truck (from what he tells me, I can’t remember) and he drove me as quickly as he could to our local hospital. They couldn’t do much for me there so they sent me by ambulance to our local hospital. They couldn’t do much for me there so they sent me by ambulance to the children’s hospital in the city.

A result from this accident was a shattered & fractured elbow, a broken nose for the second time, a neck injury, damaged nerves in my mouth, a broken tooth and the most crucial injury, my sixth concussion. This started the beginning of a very long and scary recovery.

Nobody knew how bad my brain injury really was. They knew I had a concussion obviously from the second I crashed, but the added stress of my other nasty injuries was what everybody figured was prolonging my concussion symptoms. I had surgery on my elbow and due to my anxiety it was considered that the fear of surgery was worsening my symptoms.

After months and months of symptoms not improving, I ended up being diagnosed with post-concussion syndrome. It was a sense of relief to get a diagnosis, but it was really hard to deal with. Since my accident took place at the beginning of the school year, it affected my entire work ethic. My mom was at my high school every single day. She tried to explain to them what I was going through and how I could barely get anything done. They didn’t believe me. We gave them various doctors’ notes, personal notes, we had meetings, I talked to them myself and nothing worked. Trying to do well in school along with feeling horrible 24/7 was one of the hardest things I’ve ever had to do. It’s been a hard year, my teachers don’t like me and they’re going to give me a hard time from here on out.

After nine months, I’m so much better. I’m not going to say I’m 100% recovered and healed because I don’t believe we ever are. Today, my doctor told me that starting September, I can get back to full activities. Obviously I’m always going to have to take extra precautions because I can’t afford to hit my head again, but I’m so thankful that I survived this brain injury and accident. I was born with brittle bone disease, so it made my recovery and chances of surviving much more difficult.

Every day I’ve been running and exercising. I have my good and bad days. These past couple days have been hard for me because I know I’m different from the person I was before my brain injury. I get misunderstood and the aftermath of brain injuries never goes away, and it is hard to deal with sometimes (headaches, fatigue, memory loss). I also get a lot of negativity towards me. I struggle, but I fight too.

My doctor once told me that 10% of our happiness comes from having money, what kind of house we live in and what we wear. But more importantly, the other 90% comes from how we look at something. Our perspective defines our happiness, not material items. That being said, as hard as this recovery has been, I’m looking at this as a positive thing. I got to live to see this day, and that’s all that really matters.

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support@obia.on.ca
Kimberly joined the OBIA team in September 2012. Her role at OBIA as the Communications & Program Assistant provides the opportunity to work with various teams and programs within the organization. Kimberly spends much of her day answering our 1-800 support line and responding to requests for information, providing support to people and families living with the effects of brain injury and professionals working in the field. Kimberly also manages OBIA's multiple websites, and is responsible for creating collaterals and marketing materials for various programs and events.

Kimberly came to OBIA after working as a Rehabilitation Therapist with a local brain injury service provider for five years and brings a high level of understanding and experience in the field of brain injury. She has completed many of the OBIA ABI training programs and continues to attend conferences and workshops to increase her knowledge and understanding of ABI. Her frontline experience in community outreach, compassion and empathy are an asset when supporting those calling OBIA.

Kimberly enjoys spending quality time with her four children and can often be found cheering them on at a sporting event, or just spending time enjoying their company. Kimberly is also very active playing sports and enjoys running in her free time.

#IAmTheFaceOfBrainInjury

Do you have a story of survival? Do you have coping strategies to share? Are you a caregiver to someone with ABI?

Have you dedicated your life to helping people living with the effects of brain injuries?

To help spread the awareness of how brain injury impacts our lives, OBIA is pleased to share stories from our readership.

The goal is simple:

Share • Inspire • Support

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Auditory Processing Disorder: 
The Link Between TBI and Auditory Processing 
Difficulties


The Link Between Traumatic Brain Injuries and the 
Central Nervous System:

According to Brain Injury Canada, there are more than a 
million Canadians who live with the effects of a brain injury 
and another 160,000 Canadians who sustain brain injuries 
each year. It has been estimated that more than 50% of these 
individuals will experience auditory processing difficulties 
(Bergemalm & Lyxell, 2005).

A traumatic brain injury is defined as an insult to the brain 
that could have been caused by the head being struck by an 
object, acceleration or deceleration without the head striking 
anything, penetration of the brain from a foreign object, or 
forces generated by a blast or explosion (Dennis, 2009). 
Damage to the central auditory nervous system can also be 
caused by a stroke, a tumour or an infection. Traumatic brain 
injuries vary in severity from mild to severe, yet all cases risk 
damage to the central nervous system. The auditory cortex is 
located in the temporal lobe of the central nervous system, and 
it is therefore suggested that a full evaluation of the central 
auditory nervous system be taken into consideration following 
a head injury.

What is Auditory Processing Disorder?

Auditory Processing Disorder (APD) is a neural processing 
disorder where the auditory system cannot bring the auditory 
information to the brain, even though hearing levels are 
normal. When this occurs, the brain cannot process what is 
being said. Simply put, auditory processing can be described 
as “what the brain does with what the ear hears” (Katz & 
Wilde, 1994. p. 490). While this deficit can be associated 
with difficulties in reading, writing, spelling, speech, language 
skills and learning, APD is specific to the auditory system and 
is not due to higher-order language, cognitive difficulties or 
related factors (Chermak & Musiek, 2014).

There are three different categories of APD. The first category 
is called “Developmental APD” and presents in childhood 
with normal hearing and no other known etiology. The second 
category of APD is called Acquired APD. Acquired APD occurs 
later in life or after a neurological trauma, such as a traumatic 
brain injury, a stroke, a tumour, or an infection. The last 
category of APD is known as “Secondary APD.” Secondary 
APD occurs in the presence or as a result of a peripheral 
hearing loss.
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- Access to current information and resources about ABI
- Support/Advocacy as you navigate the often complex system of ABI
- Online mTBI/Concussion support group

Call our toll free Support Line 1.800.263.5404 or eMail: support@obia.on.ca

---

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While one of the biggest challenges for individuals diagnosed with APD is listening, not all listening difficulties are due to APD. There are also many other disorders that can coexist or look like APD and while there are many questionnaires and checklists available that could lead you to believe you have an APD, it is very important that if you feel you are experiencing auditory processing difficulties, you seek an audiologist for a full diagnostic assessment (Bellis, 2002).

Symptoms and Characteristics of APD:

The symptoms of APD are often very similar to the symptoms of hearing loss. This individual may have difficulty understanding what is being said and may be unsuccessful in receiving and understanding the verbal message. Due to initial symptoms, these individuals are typically referred for a hearing test, where they are told that their hearing levels are within normal limits. Despite normal hearing, individuals with APD may have significant difficulty hearing in the presence of background noise, experience difficulty following instructions, difficulty knowing where sound is coming from, difficulty understanding fast talkers, difficulty remembering spoken information, difficulty taking notes, and have difficulty dividing, sustaining or directing their attention (Bellis, 2002).

Diagnosing APD:

A correct diagnosis of APD is essential for appropriate and effective management. There are very few clinics in the GTA that offer diagnostic testing for Auditory Processing Disorder. At those clinics that do, the audiologist will obtain a detailed case history and full diagnostic hearing test that examines the peripheral auditory system before performing any tests of auditory processing. Once a comprehensive evaluation is completed and hearing loss is ruled out as the cause of difficulty, the audiologist must perform a battery of tests that will assess multiple auditory processes. It will be important for the audiologist to assess multiple auditory processes that occur in the left hemisphere, the right hemisphere and between the hemispheres of the brain (interhemispheric). Some of these tests will require the individual to listen to stimulus presented to both ears, listen to speech that has been distorted/degraded, listen to different tonal patterns, listen for gaps in a stimulus, and possibly other tests (Bellis, 2002).

Once auditory processing testing is completed, the audiologist should know whether or not this person presents with APD and what type APD they have. Understanding the individual deficit based on these test results will allow for the best management recommendations. A simple diagnosis of APD is not enough, as each individual with APD may present differently and have their own challenges. An individual who is diagnosed with APD must understand where they will have difficulties and what can be done to overcome or compensate for those difficulties.

Auditory Processing Disorder Deficit Types:

According to the Bellis/Ferre model of APD there are three primary types of APD and two subtypes of APD (Bellis, 2002). Appropriate testing will help lead to the type of APD an individual has; however, it is important to note that not all cases fall perfectly into one of these categories and that there is no universally accepted model of APD at this time.
<table>
<thead>
<tr>
<th>Primary Types of APD</th>
<th>Deficit Location/Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory Decoding Deficit</td>
<td>• Left hemisphere dysfunction.</td>
</tr>
<tr>
<td></td>
<td>• Symptoms resemble hearing loss (difficulty hearing in background noise, mishearing</td>
</tr>
<tr>
<td></td>
<td>words, difficulty understanding fast talkers).</td>
</tr>
<tr>
<td>Prosodic Deficit</td>
<td>• Right-hemisphere dysfunction.</td>
</tr>
<tr>
<td></td>
<td>• Misunderstands the meaning of the message, difficulty understanding sarcasm, difficulty</td>
</tr>
<tr>
<td></td>
<td>understanding changes in intonation, difficulty humming a tune.</td>
</tr>
<tr>
<td>Integration Deficit</td>
<td>• Interhemispheric (communication between the right and left hemisphere).</td>
</tr>
<tr>
<td></td>
<td>• Misunderstands the content of the message, trouble hearing with background noise.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Subtypes of APD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory Associative Deficit</td>
<td>• Auditory Association Cortex (site of dysfunction).</td>
</tr>
<tr>
<td></td>
<td>• Difficulty with linguistics and rules of language.</td>
</tr>
<tr>
<td></td>
<td>• Struggles with language as a whole.</td>
</tr>
<tr>
<td></td>
<td>• Shows symptoms of a receptive language disorder.</td>
</tr>
<tr>
<td>Output Organization Deficit</td>
<td>• Involves outgoing information from the auditory system.</td>
</tr>
<tr>
<td></td>
<td>• Difficulty doing more than one task at a time.</td>
</tr>
<tr>
<td></td>
<td>• Difficulty following through on information that is verbally presented.</td>
</tr>
<tr>
<td></td>
<td>• May show symptoms of an expressive language disorder.</td>
</tr>
</tbody>
</table>

**Management and Treatment of APD:**

Management and treatment plans for APD should include three primary principles. The clinic should provide a treatment plan that offers recommendations for all three of these principles: direct therapy (remediation), environmental modifications and compensatory strategies. Management plans are based on the individual deficit that is diagnosed. An individual diagnosed with Auditory Decoding Deficit will need very different recommendations than the individual diagnosed with a Prosodic Deficit, which is why it is important that you are given an individualized treatment plan, and not a pre-made list of recommendations for a general diagnosis of APD.

Direct therapy may include therapy by a speech-language pathologist or therapy through computer-based programs that aim at retraining the brain. Environmental modifications include manipulation of the learning or working environment in order to ensure that information that is presented verbally is maximally accessible for the individual with APD. In some cases, an assistive listening device may be prescribed to help increase the signal-to-noise ratio. Lastly, compensatory strategies are necessary for individuals diagnosed with APD to implement, even after direct remediation. These compensatory strategies will help individuals learn lifelong strategies to help live with the disorder.

If you have sustained an acquired brain injury, and feel that you are experiencing symptoms outlined in this article, please take the first step by booking a diagnostic hearing test.

**References:**


My Child Has a Brain Injury - What do I do now? $2

Author: Frank Toral

When a child has a brain injury, everyone in the family is affected in some way. Parents, siblings, grandparents, aunts, uncles and cousins—they will worry, have questions and try to help you through this difficult time. The amount of information you are hearing as you talk with doctors, nurses, specialists and therapists can feel overwhelming. You have entered into the world of Brain Injury and it is filled with unfamiliar medical terms, treatment procedures and specialists.

TIP Cards (various) $3

Authors: Various

Brain injury affects children and adults differently, so we offer more than 500 different cards on different topics related to acquired brain injury. They are called TIP Cards because of the emphasis on checklists and suggestions for what to do. All are written in clear language for families, educators, advocates and clinicians.

The Road Ahead: The Next Exit Hope! $10

Author: Jodie Millward

When someone in our family gets hurt, the first question is often, “are they going to be okay?” When everything seems like it will be fine, a sense of relief overwhelms the family.

Acquired brain injury affects the whole family. There are many questions and not enough answers. This booklet doesn’t have all the answers. It’s designed to help families understand what might be ahead and to let them know they are not alone.

For a list of available resources, visit OBIA’s Online Bookstore:
www.obia.ca/bookstore/

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This year’s Mix & Mingle, held on June 8, 2016 at the Steam Whistle Brewery in Toronto, was a huge success, with more than 700 people in attendance (see photos on next page). Plans are already underway for the 13th Annual Mix & Mingle event!

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Keep the Tank Full: Promoting Well-Being and Recovery After Concussion

By Dr. Nick Reed, Co-director and Clinician Scientist at Holland Bloorview Kids Rehabilitation Hospital’s Concussion Centre and Assistant Professor at the University of Toronto

One of the most common questions I receive from kids and families after a concussion is, “what can I do to start feeling better?” And, what I tell them is that it’s important that you give your brain and body what it needs to recover—energy!

What is a concussion?

A concussion is a brain injury that can affect how your brain works. Concussions may happen because of a hit to the head, face, neck or somewhere else on the body. When a hit takes place, the brain moves back and forth inside the skull. If it moves hard enough, the brain can become injured. This injury can make your brain and body work and feel different.

Everyone’s concussion experience is different and not everyone reacts the same way. Did you know that you can have a concussion without losing consciousness? Or that a child’s brain reacts differently to concussions than an adult brain?

Symptoms of a concussion can vary from person to person. Kids can experience symptoms that are physical (headaches, nausea, sensitivity to light), cognitive (difficulty thinking, concentrating and remembering), emotional (sadness, anger, nervousness) or sleep-related. For some people, concussions heal quickly, and for others, the road to recovery is longer. It’s hard to predict how long a concussion will last.

Keep the tank full!

When you have a concussion, what results is a lot of activity inside the brain. Ions begin to move in and out, brain cells and neurotransmitter activity changes and this leads to a big need for lots of energy in order to allow brain cells to work the way they are supposed to and for the concussion to heal.

Everything we do in our day requires energy – physical activities like exercise, walking up the stairs or sitting for prolonged periods; and cognitive activities like listening to teachers or coaches, remembering things and responding to things that happen in front of you. In order to do all of these things, we rely on the fuel in our gas tank.

When you have a concussion, you need a great deal of energy to allow the brain to heal which means your “gas tank” is already only half full. This doesn’t leave much fuel in the tank to do all of the things you normally would do in your day. When your gas tank hits empty two things can happen: 1. your concussion symptoms can get worse (e.g. worse headaches, more difficulty concentrating etc.); and, 2. your tank doesn’t have any fuel left over to be used help heal your injury which can result in feeling unwell for longer.

Here are some general wellness strategies that we all can use to keep our tanks full and promote feeling well and improve

Table 1

<table>
<thead>
<tr>
<th>Prioritize (#1 What is important?)</th>
<th>Plan (#2 What are you going to do?)</th>
<th>Pace (#3 How are you going to do it?)</th>
<th>Position (#4 Where are you going to do it?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decide: What is important?</td>
<td>Organize what you need to do.</td>
<td>Take breaks if you don’t feel well.</td>
<td></td>
</tr>
<tr>
<td>What are you able to do based on how you currently feel?</td>
<td>Do tasks that use more energy at times in the day when you feel best.</td>
<td>After a concussion, your brain is less able to do tasks that were once automatic (i.e. tasks you have a lot of practice doing). It may take more time to complete tasks as you recover.</td>
<td></td>
</tr>
<tr>
<td>Break daily activities into:</td>
<td>Make rest breaks part of your routine.</td>
<td>Complete the task over stages (you may not be able to finish everything all at once).</td>
<td></td>
</tr>
<tr>
<td>• Urgent: must be done today.</td>
<td>Planning saves mental energy and helps you avoid trying to remember what to do and when to do it during the day.</td>
<td>Plan tasks throughout the day so you aren’t doing too much at one time.</td>
<td></td>
</tr>
<tr>
<td>• Important: must be done in the next few days.</td>
<td>• Help needed: can someone do it for you?</td>
<td>• Noisy, busy and distracting environments make it hard to concentrate and will use up more energy.</td>
<td></td>
</tr>
<tr>
<td>• For later: must be done this week or month.</td>
<td></td>
<td>• Think about your environment and how you stand/sit in it.</td>
<td></td>
</tr>
<tr>
<td>• Don’t need to/can’t do: can it wait until you are feeling better?</td>
<td></td>
<td>• Your environment can make a difference in how you feel.</td>
<td></td>
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<td></td>
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</tbody>
</table>

1. Energy Conservation: One way to give your brain the break it needs during the recovery process is to practice energy conservation. This approach helps you determine what you do, how you do it and where you do it across the days and weeks following a concussion using the “Four Ps” – Prioritize, Plan, Pace and Position. (see Table 1 on page 28)

2. Sleep: After you’ve had a concussion, getting enough, and ensuring good quality sleep is one way to help your brain recover so you can return to your daily life and go back to the activities you want or need to participate in. Creating a relaxing and regular sleep routine that you can stick to can go a long way to promoting a good sleep—some suggestions include: go to sleep and wake up at the same time each day; use your bedroom for sleeping only; avoid caffeine; and keep a sleep diary to write down why you can’t sleep and avoid what is keeping you awake.

3. Nutrition: The food we put in our body helps give us the energy we need to get through our day and to keep the gas tank full. Simple strategies like maintaining a balanced diet, having regular meals and snacks, including healthy carbohydrates in your diet and drinking lots of water can help you feel better each day and put in your diet and drinking lots of water can help you feel better each day and put

4. Relaxation: Taking time out of our day to relax and think of things that make you happy is something we should all do, concussion or not. Building relaxation practice (deep breathing, visualization etc.) into your daily routine can help give yourself a break to focus on you, address feelings of anxiety, frustration and nervousness and can be a great opportunity to allow the brain to refuel.

5. Gradual Return to Activity: When returning to activity it is important to return to school, work, social and family life before returning to sport. It is essential that your brain and body are able to handle the demands of daily life before returning to environments where you are at risk for sustaining another concussion. It is important that you approach returning to activity in a gradual way so you aren’t taking on more physical and cognitive activity than you can handle. Return-to-activity guidelines can be a great place to start and provide support during the return-to-activity process (see below for additional resources and links). Identifying a contact person that can support you at school (guidance counselor, teacher, principal), at work (boss, manager) and on your sports team (coach, trainer) and help you modify your tasks and environments to best support your recovery can go a long way in keeping the gas tank full and promoting safety and recovery.

Following a concussion, keep in mind that it is essential that your body has enough energy to help you feel well and to progress towards recovery. Identifying wellness strategies that you can and will use in your daily life can help support you in getting back to the things that you need, want and love to do in your life.

For more information on strategies that you can use to “keep your tank full” after a concussion or to attend Concussion & You family education and support sessions that can help you make a recovery plan, visit the website for Holland Bloorview Kids Rehabilitation Hospital’s Concussion Centre (www.hollandbloorview.ca/concussionhandbook and www.hollandbloorview.ca/concussionservices). For more information on return-to-activity guidelines, please visit the following webpages for useful information that you can apply to your concussion recovery process:


Contact the Editor: editor@obia.on.ca

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March 2017
Substance Abuse
June 2017
Brain Injury Awareness Month

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OBIA Advisory Council (OAC) Report

There was no workshop at the June meeting; however, topics for upcoming meetings were discussed.

The four current OAC representatives to the OBIA Board agreed to serve for another full-year term: Wendy Charbonneau, Dr. Mary-Ellen Thompson, co-chairs; Mary Lou Dalaire and Tim Slykhuis, OAC representatives.

Regularly scheduled meetings resume in September.

BIS Toronto

The Brain Injury Society of Toronto is very excited to announce we have a new executive director, Melissa Vigar, who joined BIST in July. Melissa is a registered social worker with years of experience in both the non-profit and private sectors. Welcome to the team Melissa!

June was a very busy month for fundraising at BIST! More than 650 people attended our 12th Annual Mix & Mingle joint fundraiser with OBIA at the Steam Whistle brewery. We are also pleased to say that we held our second Birdies for Brain Injury golf tournament at Lionhead Golf and Country Club on June 24th, raising more funds than last year with around 100 golfers registered.

It goes without saying, our biggest challenge was operating without an executive director, but our golf committee and staff pulled through with extra help from Diana Rockbrune at Oatley Vigmond - thanks so much everyone for pulling off a great day!

BIA North Bay & Area

The Brain Injury Association of North Bay and Area (BIANBA) kicked off Brain Injury Awareness Month with our most successful fundraiser to date! We partnered with RainBarrel.ca, who provided the rain barrels and some great marketing support. In late April we began advertising this event – a local radio station provided community service spots, we distributed hundreds of flyers, we had a Facebook campaign, and we advertised a draw for a free rain barrel that was on display at a local business. On June 1st we received a shipment of 186 rain barrels, all pre-ordered through the RainBarrel.ca/BIANBA website. By 9 p.m. all but six barrels had been picked up (five for people who forgot, and one extra, which we had no trouble selling).

On June 8th we held our Annual General Meeting. We have four board members who are stepping down – Susan Topham, Bradley Gordon, Teena Curtiss and Beth Ward. We thank all of these volunteers for their dedicated service to BIANBA and we welcome our new board members – Kyla Venturini, Christal Ladouceur, Dave Vezina, Carole Gour and Tracey Poole. A special thank you goes to Beth Ward, who has served as President of BIANBA for many years, and has provided the Board and our clients with direction, guidance and her expertise. After a short period of transition, Tracey Poole will be stepping in as our new president.

On June 11th we set up a Community Booth at the Northgate Shopping Centre in North Bay. BIANBA board members manned the booth for the day, answering questions, handing out pamphlets and taking contact information for people who wanted to know more about the supports and services we provide.

On June 14th BIANBA hosted a Lunch and Learn session at the North Bay Regional Health Centre about concussion. The guest speaker was Wendy Crowther-Rokachy who presented via video conference from Sudbury. Participants attended in person as well as via Ontario Telemedicine Network (OTN) at two other sites.

Throughout the month of June, we used our Facebook page to share all of the OBIA Brain Injury Awareness Month materials we received.

Moving forward, BIANBA will be resuming our monthly caregiver and consumer support groups in September. We plan to start hosting quarterly social gatherings in September, each with a unique theme and venue. In October, December and March we will offer a “Speaker Series,” which will feature people living with the effects of brain injuries who want to share their stories. These will be held in the auditorium at the North Bay Public Library. Finally, we will be offering an eight-week educational workshop on brain injury. This is a workshop for individuals living with the effects of acquired brain injury and we plan to hold two sessions per month starting in October. BIANBA is looking forward to an exciting year ahead!

BIA Windsor & Essex County

On June 3rd members of BIAWE gathered at Canada’s first Brain Injury Memorial to
OBIA REVIEW

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raise awareness of brain injury and the effects it has on individuals and their families.

Seizure & Brain Injury Centre
(Timmins)
To kick off Brain Awareness Month the Seizure & Brain Injury Centre held their Annual Colour It Up Run/Walk! on June 11th. More than 300 participants came out that day to walk or run and get covered in coloured powder. There was also face painting, music and a barbecue. Funds raised from this event help us to deliver the many programs and services we offer.

We also participated in a number of bike rodeos throughout the month of June in partnership with Ontario Provincial Police and local public health units. In Timmins we are a part of the Helmets On Kids Campaign with the Timmins Police Service.

It was a busy month bringing awareness of the Centre and the importance of the issue of acquired brain injury.

BIA Sault Ste Marie & District

For Brain Injury Awareness Month we had a table set up at City Hall, answered questions and handed out pamphlets to people who wanted to know more about the supports and services we provide.

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The PABICOP Model of School Reintegration for Students with ABI:
A Unique and Individualized Approach

By Mary-Ellen Kendall, OT Reg (Ont), Occupational Therapist / School Liaison, Pediatric Acquired Brain Injury Community Outreach Program

The Pediatric Acquired Brain Injury Community Outreach Program (PABICOP) is an outreach program for children and youth with acquired brain injury (ABI) serving the Ontario counties of Middlesex, Elgin, Oxford, Huron, and Perth. It is designed to complement services already available in the community. Severity of injury of clients ranges from mild (e.g. Post-Concussion Syndrome) to severe. Regardless of the severity of the injury, the client’s ability to manage at school is usually impacted significantly. When a client is referred to PABICOP, a meeting with a PABICOP Social Worker, School Liaison, and Occupational Therapist is arranged. The client’s symptoms and current challenges are discussed, initial recommendations are made by team members and education is provided to the family about brain injury, both verbally and with a written information packet which is provided to the family. A plan to support the client is made in collaboration with the client and family. A large part of this support is usually centred on supporting the client at school; the PABICOP School Liaison is involved in this process.

Children and youth with ABI experience a wide range of challenges that impact their ability to manage at school. Physical issues include headache (often exacerbated by physical and cognitive activity), fatigue (often compounded by sleep problems), dizziness, vision and balance disturbances, sensitivity to light and noise, and in more severely injured children, spasticity and weakness. Cognitive issues include cognitive fatigue, slower processing of information, impaired attention and memory, difficulties with organization, planning and problem-solving and difficulties with language. Emotional/behavioural issues include impulsivity, hyperactivity, emotional lability, anxiety, depression and difficulties with peers. The above-noted issues impact clients’ ability to attend class for the whole school day, read, copy notes, move through busy environments, sustain attention through a whole class while filtering out irrelevant stimuli, multitask, keep up with workload, and tolerate stimulating environments.

The recommendations made to support PABICOP clients at school are customized to each client. For clients who are unable to tolerate the school environment at all and who can...
tolerate a very limited amount of cognitive activity, PABICOP School Liaisons advocate for home instruction for a limited time. When they are able to tolerate being at school but only for a limited time, a modified school day is recommended with a gradual increase in time until they are able to tolerate a whole school day. The time it takes each client to return to a full school day is highly variable. For clients who have sensory sensitivities, permission to be excused from music class and noisy assemblies and to leave class five minutes early to avoid noisy hallways may be recommended. Having notes provided is recommended for clients who process information slowly and can’t keep up with the pace of note-taking, who have visual difficulties causing headache due to repeated gaze shifts and who have dizziness when turning their heads. Another common recommendation is that clients have extended deadlines to complete projects and assignments. This accommodation is useful for clients who have cognitive fatigue, difficulty sustaining attention and those who develop headaches with prolonged cognitive activity. The above-noted accommodations are those commonly recommended by PABICOP School Liaisons but it is by no means an inclusive list.

The ways in which school recommendations are shared with school personnel is based on the preference of the client and family. Information is shared via a letter and/or through a school meeting involving a PABICOP School Liaison, the client’s parents, the client (depending on age and preference) and appropriate school personnel. Education of school personnel about ABI is also provided in a more general way by PABICOP Team members in the form of presentations and in-services delivered to individual schools and school boards, thereby building the capacity of educators to support students.

Children and youth with ABI often have difficulties with meeting homework demands due to the above-mentioned challenges of cognitive fatigue, reduced ability to sustain attention and the fact that cognitive activity is often headache-provoking. It takes clients longer to complete cognitive tasks than it did prior to the injury. The PABICOP OT teaches fatigue management strategies to clients who are interested in learning ways to do schoolwork without increasing symptoms; to “work smarter, not harder.” The analogy of a gas tank is often used with these clients: i.e. “Before your injury you had a big gas tank that could get you through your whole day without needing to refuel. Now you have a much smaller gas tank so you have to stop to refuel a lot more often. The way that you refuel is to rest and to eat healthy nutritious food.”

The key principles in managing fatigue are planning, pacing and prioritizing. The planning process is to work from “big picture to small picture.” A monthly calendar is used to write down test and assignment due dates, work, volunteer and extracurricular activities, as well as social and family activities. Larger tasks (e.g. projects) are “chunked” into smaller tasks and time estimates are made for each chunk. The client then decides which step(s) of the bigger jobs will be done each week. A weekly schedule is used to plan each chunk and to plan other academic activities (e.g. nightly homework, tests) as well as the work, volunteer, family, extracurricular and social activities that were entered on the monthly calendar. Consideration is given to spreading the tasks out as evenly as possible throughout the week to maximize what can be accomplished without provoking symptoms.

Daily checklists are used to assist in the pacing of the activities for each day. Pacing refers to alternating activity with rest and periodically switching activities. It is more productive to take short breaks more often instead of working longer and taking longer rests. The client estimates how long they are able to work on a cognitive activity without provoking or increasing symptoms and the time limit for a work period is established at five minutes before the onset of symptoms. For example, if the client can work for 25 minutes before s/he gets a headache, the work period is established as 20 minutes. The tasks that the client has identified for completion that day are then divided into 20-minute chunks. Work chunks are then written on the daily checklist alternating with 10-minute rest chunks, repeating until the tasks identified for that day have been completed. Part of the planning and pacing process is to identify potential rest breaks. It is important to note that rest does not need to mean sleeping or lying down; a rest break can be any activity which is not cognitively demanding. It can be a social activity, like calling a friend, a self-care activity, like taking a shower or applying a coat of nail polish, or simply a non-cognitively demanding activity which has to be done anyway, like putting away laundry or making lunch for the next day.

Prioritizing means deciding which tasks are the most important to do and when they need to be done. Having fatigue means that sometimes difficult decisions must be made about how one’s time and energy is spent. For example, if the client has a part-time job and s/he wants to keep their grades up to get into the university program of their choice, work hours may need to be limited or in some cases put on hold. It may be feasible to attend a birthday party on the weekend, but not to sleep over. In some cases, it means dropping one course so that limited cognitive energy can be effectively focused on fewer activities.

Social functioning in and out of school is often impacted by ABI. Since there are often no visible signs of brain injury, peers are often unaware of the issues clients struggle with. Friends don’t understand why the client doesn’t go to parties, or why s/he gets extra time to do projects. The PABICOP team runs a group for teenage girls with Post-Concussion Syndrome to help with strategies to manage these (and other) issues and perhaps more importantly, to help clients make new social connections with others who “get it.”

In summary, it is important to recognize that children are not “mini adults” and that the demands they face at school are unique. The PABICOP team uses an individualized client-centred multifaceted approach to support clients via individualized recommendations, advocacy, education, individual teaching and group support with the many school-associated challenges they face.
Students with Pediatric Traumatic Brain Injury

By Roberta DePompei, Ph.D., The University of Akron

Returning to school after a TBI can be complex. In order to be prepared to deal with the variety of challenges that these students face, periodic updates of recent thinking can be useful. This article is an update about returning to learning after concussion and partnering with parents.

Returning to Learning After Concussion

In youths, concussions are serious and many occur without a loss of consciousness. Many concussions clear without intervention and some require periods of time for rest and intervention. There is considerable information about working with the child immediately after the concussion and there are many protocols for returning the athlete to play.

Recently there has been information provided (Halstead et al., 2010) about a longer-term concern—returning to learning. That is, being able to participate in the classroom successfully following concussion.

It is important to be able to recognize the challenges of learning after a concussion and to enact proactive solutions to assist the student during the time of concussion. There are many websites (see listing that follows in last segment) that provide complete information about signs and symptoms, classroom modifications and teacher and parental guides for return to learn. The following charts are a short list of challenges of learning and possible proactive classroom solutions.
<table>
<thead>
<tr>
<th>Area of Concern After Concussion</th>
<th>Possible Classroom Behaviour that Indicates Difficulty</th>
<th>Proactive Solution for Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Headaches in school</td>
<td>Allow for rest breaks</td>
</tr>
<tr>
<td></td>
<td>Dizziness</td>
<td>Provide calm environment without multiple distractions</td>
</tr>
<tr>
<td></td>
<td>Fatigue: Sleeping more or less than usual</td>
<td>Allow for rest breaks; plan daily schedule with variety of difficult then less-difficult classes interspersed</td>
</tr>
<tr>
<td></td>
<td>Vision problems with sensitivity to lights</td>
<td>Avoid fluorescent lights when possible; decrease brightness on computers, smartphones, tablets; limit time on computers; electronic gaming devices</td>
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<tr>
<td></td>
<td>Hearing issues with noise (gyms, concerts, or music causing irritability)</td>
<td>Avoid loud activities, including gym classes</td>
</tr>
<tr>
<td>Cognitive-Communication</td>
<td>Unable to concentrate</td>
<td>Provide information in smaller chunks</td>
</tr>
<tr>
<td></td>
<td>Forgetting recently learned information or conversations</td>
<td>Allow for written and verbal cues; use note-taker or provide written notes for reference</td>
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<tr>
<td></td>
<td>Slow to process information (verbally or written)</td>
<td>Allow additional time for response; provide alternative methods for test-taking</td>
</tr>
<tr>
<td></td>
<td>Asks for repeats</td>
<td>Provide written and verbal cues and notes</td>
</tr>
<tr>
<td></td>
<td>Word finding/naming (vocabulary) difficulty</td>
<td>Pre-teach new vocabulary; cue using categorization and association</td>
</tr>
<tr>
<td></td>
<td>Poor social interactions with others (easy to anger, rude, interrupts with irrelevant information)</td>
<td>Do not punish unacceptable behaviours; work on social skills one on one</td>
</tr>
<tr>
<td></td>
<td>Confused about recent activities/experiences</td>
<td>Use technology (tablets, smartphones) to record cues as activities occur; use day organizer for reference</td>
</tr>
<tr>
<td></td>
<td>Unable to attend to task completion</td>
<td>Break tasks into smaller pieces so each portion is successfully completed</td>
</tr>
<tr>
<td>Emotional-Behavioural</td>
<td>More irritable in the classroom</td>
<td>Provide clear schedule for the day; recognize beginning of irritable behaviour and provide alternative activity</td>
</tr>
<tr>
<td></td>
<td>Feeling anxious or tense</td>
<td>Provide time for rest during the day; provide clear schedule of activities for the day</td>
</tr>
<tr>
<td></td>
<td>Feeling depressed</td>
<td>Point out strengths and successes during each day</td>
</tr>
<tr>
<td></td>
<td>Easily overwhelmed by school requirements or activities</td>
<td>Diminish schedule to reasonable load that can be successfully accomplished; add activities only when success is demonstrated; decrease or eliminate homework</td>
</tr>
</tbody>
</table>

Concussion Implications for the Classroom (with permission DePompei and Tyler, 2016)

It is essential to recognize that children other than athletes can sustain concussions and these young people also should have the same protocol for returning to daily functioning. Most importantly, all students should be prepared for returning to learning.
Partnering with Families after TBI

Family members and friends are essential to successful educational and social participation after TBI. There already are a number of resources for families and friends that exist so families can understand more about the challenges and solutions after TBI. Following is a segment (DePompei, 2016) that can be used to help families work through many issues that can occur after TBI.

A Message to Parents and Friends of a Student with Traumatic Brain Injury

Your family member/friend has sustained a traumatic brain injury (this includes concussion) and you are now seeking information about the language, learning, behavioral and social challenges that could be an obstacle for him/her. There is much information to share. Here are some problems that your child may have now or could begin to show in the future:

Health: headaches; dizziness; bothered by smells, lights, noise; blurry vision; fatigue.

Behaving and Feeling (changes in personality, mood or behaviour): irritable; impulsive; easily upset; mood swings; sadness; can’t “get started;” wants to be alone; overreacts—cries or laughs too easily.

Thinking: Can’t remember; can’t pay attention; trouble learning new information; can’t organize; does not make decisions; can’t plan, start and finish an activity; takes remarks too literally—does not get jokes; shows poor reasoning skills.

Communicating: Changes the subject; does not stay on topic; trouble thinking of the right word; poor listener; does not pay attention to conversations; makes rude remarks; uses socially unacceptable language; talks too much; has difficulty reading.

Please note that your family member may not exhibit all of these symptoms and may appear to have none of them at the present time. As the brain of a child/adolescent continues to develop and grow, it is possible that some of these symptoms will not emerge for several months or years. It is also possible that there will not be any learning or social issues for your child. However, if your child shows any of these changes and they do not go away, it is time to consult with the doctor and school officials.

It is important to know the symptoms that could develop and be prepared to find assistance before serious problems emerge. Talking with your school principal, teacher and speech-language pathologist, will assure that everyone is observing your child so that the best supports can be in place for academic and social success.

A brain injury affects not only the child/adolescent but also the entire family. Families can feel like they have no information or guidance as to how to help their child. Families can experience financial, legal, behavioral, social or academic challenges with their child. A number of well written summaries about issues and suggestions that can help families already exist. Rather than recreating pages of information that you would need to read through here, I am choosing to send you to a number of websites where this basic information is well presented already. Based on the topic, please follow the website to find important messages for you.

1. OBIA Resource, Educating Educators About ABI: www.abieducation.com

The above resources are free and downloadable. In some instances you may have to register on the site, but there is no charge to do so. These resources are based on federally funded projects that help families be better connected to resources that exist.

DePompei (2016 OMNIE/OCALI, in production)

Using the above information with families, friends and schools can be useful when the student is reintegrated to academic and social activities.

References:


DePompei. R. Pediatric Traumatic Brain Injury (www.omnie.ocali.org) ◊◊◊
SUPPORT

Improving the Organization of Concussion Services in Ontario

By Corinne Kagan and David Caplan

Through several studies and surveys, Ontario Neurotrauma Foundation (ONF) has found a lot of variability in concussion care and clinics that provide services for people with concussions. ONF has taken a leading role in attempting to address this and held a summit on April 15th with the goal of “Developing Standards of Concussion Care in Ontario.”

Bringing together 65 experts (clinic providers, traumatic brain injury experts, OBIA, people and family members with lived experience of concussion and organizations with an interest in concussion from around the province), we worked towards developing a consensus as to what the standards for concussion clinics should be in Ontario. The goal of this process is to ensure Ontarians who sustain a concussion have access to, and get the right care from, the right providers at the right time. Patients and families have made very clear to us the difficulties in getting the right care when there are persistent symptoms following a concussion. We are working to make care more consistent and provide education to patients and families on what they should look for in a concussion clinic.

At the summit the talks focused on developing standards for the following:

- What is a concussion clinic and what elements should be in place?
- What are the core services that a concussion clinic should offer?
- What defines a concussion expert and what training should be required?
- What do patients and families need to know and ask of their providers?
- What are the ways that we can assess and measure the standards and coordinate this?

Concussions represent a significant public health problem in Ontario, with almost 150,000 concussions diagnosed in Ontario in 2013 (ICES Bayley et al., 2016). Concussion is the most common form of brain injury. We know that most people will recover, whether it takes one or several weeks, and that 15-20% of people who sustain a concussion will have longer, potentially difficult and persistent symptoms that interfere with their functioning and daily lives. A recent study found that 30% of children and youth who sustain a concussion continue to experience symptoms at one month post-injury (Zemek 2016).

In response to the increased public health concern about concussions, there are numerous facilities in Ontario that have identified themselves as concussion clinics and there has been an increase in the number of health-care practitioners involved in concussion care to match this demand. At the same time, there are no guiding standards as to what is the optimal care or clinic composition, which has resulted in inconsistent management of concussion and confusion for patients and
families. There is a lack of access for individuals in some areas and a long wait time to see specialists.

The Ontario Neurotrauma Foundation (ONF) is a non-profit government-funded organization dedicated to supporting research and practice in the field of neurotrauma. We have taken a leadership role in the development of a provincial concussion strategy, which has included the rigorous development of concussion guidelines for both adult and pediatric populations. A recent survey by York University shows that ONF’s concussion guidelines are the single most common guidelines used in clinics in Ontario, being used in 77% of the clinics surveyed. This particular project to develop standards of practice is not about the guidelines themselves, it is about making sure that the right people are providing the right care. It’s about how and when the care is organized and provided and by whom.

It also means improving the understanding of providers in what they offer, what others offer, who is best to offer it and what the evidence says is best.

Working towards standards of practice involves many approaches to be taken. There is a saying “we are more than the sum of our parts.” What is needed is more collaboration of different clinical experts, each realizing that they play an important role in addressing the needs of the person with concussion. Sometimes appropriate care means that the care someone is receiving is not needed, or not the best at the time for them. They might need something else. Consumers/patients who are desperate to get help are sometimes willing to try new things that are not supported by evidence, from people who are not truly experts in concussion and traumatic brain injury. We need to develop improved networks for regional care, including how and when to refer patients and to ensure that patients aren’t waiting too long to see the specialists they require. In addition to the concussion clinics, patients and families require improved knowledge and information regarding what they can expect as optimal concussion services. Finally, we need to develop methods to assess, coordinate and measure the standards that are developed.

Moving forward from the summit, we have a lot to do and it will not be done overnight. ONF and its partners will be working to educate both the public and health-care providers as to what appropriate concussion care consists of. It is our goal to work alongside organizations that develop and oversee standards of practice, to improve concussion care and the outcomes of people who have persistent symptoms that affect their recovery and daily life.
AGM award winners - June 18, 2016

More than 75 people attended this year’s AGM.

Ruth Wilcock presented the following annual AGM and staff awards:

Professional Award

Fellowship Award

Dr. Carolyn Lemsky, C.H.I.R.S.

Beau Rooney, The Celtic Brotherhood MC

OBIA Board President, Barbara Claiman
These wonderful people and their colleagues treated us with respect, dignity, and accountability...we also gained the help of kind, honest and able professionals that restored our faith in justice and humanity.

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Corporate Fellowship Awards

Jean-Marie Fiala, MRI Marketing & Business Development Inc.

Staff Awards

Carla Thoms, 15-year award

Volunteer Award

Melissa Freeman, Rene Climans and Susan Barron (absent), OBIA’s Online Support Group Facilitators

Volunteer Award

Taylor Shappert, OBIA Review Proofreader
Events Calendar

For more listings, check: www.obia.ca/events

September 16, 2016 (new date)
OBIA and PIA Law present:
Back to School 2016 Conference and the OBIA Awards of Excellence
Location: Shangri-La Hotel, Toronto, ON
Contact: Terry Bartol
Phone: 905-641-8877 ext. 234
Email: tbartol@obia.on.ca
Website: www.obia.ca

September 23-24, 2016
OBIA and Brock University present:
Children & Youth with Acquired Brain Injury (Level One)
Professor: Dr. Roberta DePompei
Location: Holiday Inn & Suites, St. Catharines, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

September 27-29, 2016
Brain Injury Canada:
Annual Conference
Location: Chestnut Conference Centre, Toronto, ON
Contact: Brain Injury Canada office
Phone: 306-530-8703
Email: torontoconference2016@braininjurycanada.ca
Website: www.obia.ca

October 20-21 2016
OBIA and Brock University present:
Neurobehavioural Disorders: Their Origin, Nature and Rehabilitation (Level 2)
Professor: Dr. Andrew Worthington
Location: Holiday Inn & Suites, St. Catharines, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

October 27, 2016
BIAN presents the 2016 Conference:
Demystifying Brain Injury
Keynote Speakers: Dr. Abe Snaiderman and Charles Gluckstein
Location: Americana Conference Resort & Spa, Niagara Falls, ON
Contact: Pat Dracup
Phone: 905-984-5058
Email: pat@bianiagara.org
Website: www.bian.org

November 10-11, 2016
Toronto ABI Network presents:
2016 Toronto ABI Network Conference
Location: Toronto Marriott Downtown Eaton Centre Hotel, Toronto, ON
Contact: Christine Turenko, Conference Services
Phone: 416-597-3422 ext. 3242
Email: conferences@uhn.ca
Website: www.abinetwork.ca

February 21-24, 2017
OBIA and Brock University present:
Neurorehabilitation: Assisting Recovery & Function in Everyday Life Following Brain Injury (Level 1)
Professor: Dr. Dawn Good, Dr. Sherrie Bieman-Copland and Deidre Sperry.
Location: Brock University, St. Catharines, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

Save the Date: November 1-3, 2017
OBIA and Participating Community Associations present:
2017 Acquired Brain Injury Provincial Conference
Details to follow.
Gender Challenges in Rehabilitation

Friday, September 16, 2016
Shangri-La Hotel
188 University Ave., Toronto

Keynote Speaker:
Dr. Angela Colantonio
Associate Professor, University of Toronto
Dept. of Occupational Science and Therapy

Featured Speakers:
Barbara Baptiste
President, Rehabilitation Management Inc.

Dr. David Rosenbloom
Professor, McMaster University Medical Centre

Dr. Tina Trudell
CEO/Principal, Northeast Evaluation Specialist
(New Hampshire, USA)

Register online at OBIA.ca
Cost $150

All proceeds will be donated to Ontario Brain Injury Association
Community Associations

Follow on Social Media:  

Ontario Brain Injury Association  
(Mail) PO Box 2338,  
St. Catharines, ON L2R 7R9  
(Courier) 3550 Schmon Parkway, 2nd Floor,  
Thorold, ON L2V 4Y6  
Phone: 905-641-8877 or 1-855-642-8877  
Toll-free support 1-800-263-5404  
Fax: 905-641-0323  
Email: obia@obia.on.ca  
Website: www.obia.ca  
Facebook: www.facebook/OntarioBIA  
Twitter: www.twitter/OntarioBIA  
LinkedIn: www.LinkedIn.com/company/Ontario_Brain_Injury_Association

Belleville  
BIA of Quinte District  
223 Pinnacle Street, Core Centre  
Belleville, ON K8N 3A7  
Phone: 613-967-2756 or toll free: 1-866-894-8884  
Fax: 613-967-1108  
Email: info@biaqd.ca  
Website: www.biaqd.ca  
Contact: Jennylee Swallow, Executive Director

Chatham-Kent  
New Beginnings ABI & Stroke Recovery Association  
(2 Locations - Chatham and Sarnia)  
9 Maple Leaf Drive  
Chatham, ON N7M 6H2  
Phone: 519-351-0297  
Fax: 519-351-7600  
Email: info@newbeginnings-cksl.com  
Website: www.newbeginnings-cksl.com  
Contact: Bob Rawlinson, Executive Director

Dufferin County  
Headwaters ABI Group (HABI)  
Orangeville, ON  
Phone: 519-215-1519  
Contact: Volunteer Intake Coordinator

Durham  
BIA of Durham  
#24 - 850 King Street West  
Oshawa, ON L1J 8N5  
Phone: 905-723-2732 or toll free: 1-866-354-4464  
Fax: 905-723-4936  
Email: information@biad.ca  
Website: www.biad.ca  
Contact: Jeff Chartier, Executive Director

Fort Erie  
HIA of Fort Erie and District  
649 Niagara Boulevard  
Fort Erie, ON L2A 3H7  
Phone: 905-871-7789  
Fax: 905-871-7832  
Email: hiafeadmin@bellnet.ca  
Contact: Donna Summerville, Program Coordinator

Hamilton-Wentworth  
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822 Main Street E.  
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Phone: 905-538-5251  
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Email: info@hbia.ca  
Website: www.hbia.ca  
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Email: info@braininjurylondon.on.ca
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Contact: Donna Thomson, Executive Director

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BIA of Niagara
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Contact: Pat Dracup, Program Director

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280 Oakwood Ave.
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Contact: Tracey Poole, Board President

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211 Bronson Avenue, 3rd Floor
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Fax: 613-233-8422
Email: contact@biaov.org
Website: www.biaov.org
Contact: Wendy Charbonneau, Board President

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BIA of Peel & Halton
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Sheridan Mall PO
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Phone: 905-823-2221
or 1-800-565-8594
Fax: 905-823-9960
Email: biaph@biaph.com
Website: www.biaph.com
Contact: Jorun Rucels, Executive Director

Peterborough Area
Brain Injury Association Peterborough Region
158 Charlotte St.
Peterborough, ON K9J 2T8
Phone: 705-741-1172
or 1-800-854-9738
Fax: 705-741-5129
Email: biapr@nexicom.net
Website: www.biapr.ca
Contact: Teryl Hoefel, Executive Director

Sarnia-Lambton
BIA of Sarnia-Lambton
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Fax: 519-337-1024
Email: info@sarniabiasl.ca
Website: www.sarniabiasl.ca
Contact: Chantal Prasad, Board President

New Beginnings ABI & Stroke Recovery Association
Lochiel Centre
180 College Avenue North, 2nd Floor
Sarnia, ON N7T 7X2
Phone: 519-491-2668
Fax: 519-491-2632
Email: info@newbeginnings-cksl.com
Website: www.newbeginnings-cksl.com
Contact: Bob Rawlinson, Executive Director

Sault Ste. Marie
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PO Box 22045 McNabb PO
Sault Ste Marie, ON P6B 6H4
Phone: 705-971-1050
Fax: n/a
Email: braininjuryssmd@gmail.com
Website: www.soobraininjury.com
Contact: Tamara Soltys, Board President

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2750 Bancroft Drive
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Phone: 705-670-0200
Fax: 705-222-2427
Email: info@biasd.ca
Website: www.biasd.ca
Contact: Joe-Ann Vandeligt, Board President
Thunder Bay
BIA Thunder Bay & Area
#217 – 1100 Memorial Ave.
Thunder Bay, ON  P7B 4A3
Phone: 807-621-4164
Email: biatba@yahoo.ca
Website: www.bisno.org/brain-injury-association-of-thunder-bay
Contact: Karen Pontello, Board President

Timmins
Seizure & Brain Injury Centre
733 Ross Ave. E.
Timmins, ON  P4N 8S8
Phone: 705-264-2933
Fax: 705-264-0350
Email: sabicrl@eastlink.ca
Website: www.seizureandbraininjurycentre.com
Contact: Rhonda Latendresse, Executive Director

Toronto (GTA)
Brain Injury Society of Toronto
#205-40 St. Clair Ave. East
Toronto, ON  M4T 1M9
Phone: 416-830-1485
Email: info@bist.ca
Website: www.bist.ca
Contact: Melissa Vigar, Exec. Director

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Contact: Doug Wetherill, Board President

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PO Box 22070
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Website: www.biawe.com
Contact: Mary-Ann Fuduric, Executive Director

York Region
Brain Injury Association of York Region
11181 Yonge St., 3rd Floor
Richmond Hill, ON  L4S 1L2
Office Voicemail: 905-780-1236
Fax: 905-780-1524
Email: n/a
Website: www.biayr.org
Contact: Adam Halioua, Board President

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Brain Basics- eLearning
A Training Program for Health Care Workers, Caregivers and Survivors of Acquired Brain Injury

The Brain Basics Program:
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- Home support
- Accessing education
- Community re-integration
- Experts in complex care
- Experts in cognitive rehabilitation
- Experts in behavioural rehabilitation

225 King William St., Suite 508, Hamilton, ON L8R 1B1, 905-523-8852 Ext. 117
Provincial Associations

Brain Injury Canada/Lésion Cérébrale Canada
200 - 440 Laurier Ave. West
Ottawa, ON K1R 7X6
Phone: 613-762-1222, Toll-free Line: 1-866-977-2492
Fax: 613-782-2228
Website: www.braininjurycanada.ca
Email: info@braininjurycanada.ca

British Columbia Brain Injury Association
Sea to Sky Meeting Management Inc.
Suite 206, 201 Bewicke Avenue
North Vancouver, BC V7M 3M7
Phone: 604-984-1212
Fax: 604-984-6434
Website: www.brainstreams.ca
Email: info@brainstreams.ca

Central Alberta Brain Injury Society (CABIS)
#202, 4805 - 48 Street
Red Deer, AB T4N 1S6
Phone: 403-341-3463
Fax: 403-346-1035
Website: www.cabis.info
Email: cabis@telus.net

Saskatchewan Brain Injury Association
Mail: P.O. Box 3843
Regina, SK S4P 3Y3
Office: #322 - 310 Main St. N.
Moose Jaw, SK S6H 3K1
Phone: 306-373-1555 or
Toll-free (in Sask) 866-373-1555
Fax: 306-373-5655
Website: www.sbia.ca
Email: info_sbia@sasktel.net

Manitoba Brain Injury Association
204 - 825 Sherbrook St.
Winnipeg, MB R3A 1M5
Phone: 204-975-3280 or
Toll Free: 866-327-1998
Fax: 204-975-3027
Website: www.mbia.ca
Email: info@mbia.ca

Ontario Brain Injury Association
PO Box 2338
St. Catharines, ON L2R 7R9
Phone: 905-641-8877 or 800-263-5404 (support)
855-642-8877 (admin)
Fax: 905-641-0323
Website: www.obia.ca
Email: obia@obia.on.ca

Newfoundland and Labrador Brain Injury Association
PO Box 21063
St. John’s, NF A1A 5B8
Phone: 709-579-3070
Fax: n/a
Website: www.nlbia.ca/index.php
Email: nlbia2011@gmail.com

Regroupement des associations de personnes traumatisées cranio-cérébrales du Québec
220, avenue de Parc
Laval, QC H7N 3X4
Phone: 450-575-8227
Fax: 514-274-1717
Website: www.raptccq.com
Email: info@raptccq.com

Brain Injury Association of Nova Scotia
PO Box 8804
Halifax, NS B3K 5M4
Phone: 902-473-7301
Fax: 902-473-7302
Website: http://braininjuryns.com/
Email: info@braininjuryns.com

Brain Injury Association of Canada (New Brunswick)
Phone: 506-721-8003
Website: www.biacnb.org
Email: biacnb@icloud.com

Brain Injury Association of P.E.I.
#5 - 81 Prince Street
Charlottetown, PE C1A 4R3
Phone: 902-314-4228 or 902-367-3216
Website: www.biapei.com
Email: info@biapei.com

Alberta Brain Injury Association
Website: www.biaa.ca
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480 University Avenue, Suite 1401, Toronto, Ontario M5G 1V2
OBIA Training

The Ontario Brain Injury Association in conjunction with Brock University has developed a Certificate Training Program to provide professionals with the tools and knowledge to assist clients with recovery and function in everyday life following acquired brain injury.

**Brock Certificate Training Programs:** The program is currently composed of two separate levels and features guest faculty. Both levels are directed primarily at personnel working in community and home-based rehabilitation programs that serve individuals with acquired brain injury.

**Children and Youth with Acquired Brain Injury (Level 1)**

Approved by VRA Canada for 11.75 Continuing Education Hours

September 23 to 24, 2016

This Certificate Training Program will focus on providing information about behaviours after ABI that relate to learning and community participation. Emphasis is on describing the cognitive-communicative problems that affect classroom learning, behaviour and community participation. Group problem-solving activities will develop methods for assessing and treating educational and social challenges for these individuals from a functional perspective.

Some topics covered during this training program include:

- Characteristics that impact learning and behaviour
- Environmental scans and communication partners and treatment strategies
- Transitions, functional outcomes and collaborations

**Details**

<table>
<thead>
<tr>
<th>Location</th>
<th>Holiday Inn Suites &amp; Conference Centre 327 Ontario Street, St. Catharines, ON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>September 23 to September 24, 2016</td>
</tr>
<tr>
<td>Hotels</td>
<td>Holiday Inn &amp; Suites - 905.688.2324</td>
</tr>
<tr>
<td>Professors</td>
<td>Roberta DePompe, Ph.D</td>
</tr>
</tbody>
</table>

For more information about this and/or other Certificate Training Programs, visit: [www.obia.ca](http://www.obia.ca)

905.641.8877 1.855.642.8877

training@obia.on.ca
Providing Quality Rehabilitation Support Services

At Lawlor, our business is providing rehabilitation support services to children and adults with an acquired brain injury or spinal cord injury in Central and South Western Ontario.

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**For more information:**
Dale Brain Injury Services
815 Shelborne Street, London, ON N5Z 4Z4
Tel: 519.668.0023 ext. 319
admissions@daleservices.on.ca
www.daleservices.on.ca

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advocacy that makes a difference

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PERSONAL INJURY LAWYERS
Meet Adam. This type A personality gets up before dawn every morning to run and competes in marathons and road races at every opportunity. Whether running outdoors or running to a courtroom, Adam is in a constant competition. A runner’s focus and a well-defined plan ensure that even the smallest aspects of a complex personal injury case are done exactly right.

Before he joined Oatley Vigmond, Adam practiced with a prominent Toronto litigation firm, defending physicians in malpractice claims. With this valuable experience and insight into the way Canadian doctors are defended, Adam now uses that understanding on behalf of clients injured at the hands of the health care profession.

Successfully settling a case and seeing the smiles on his clients’ faces while he helps them to move on with their lives is gratifying for Adam. To him, it’s the same feeling as crossing the finish line in a race, knowing he has given it his all.

To learn more about Adam visit www.oatleyvigmond.com/adam