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INSIDE THIS ISSUE

Substance Use and Brain Injury 16
Bridging Project: How to Catch a Hot Potato

OBIA Holds Public Consultations for Access and Inclusion 7

#IAmTheFaceOfBrainInjury
How to Be a Good Friend to a Survivor 21

Also Inside
Ruth’s Desk ................................................................................................ 4
In the News - ............................................................................................. 7
#IAmTheFaceOfBrainInjury - Preventing Alcohol and Risk-Related Trauma in Youth 10
#IAmTheFaceOfBrainInjury - Between the Lines .................................................. 12
Meet the OBIA Staff - Virginia Hack ............................................................ 23
Alcohol and Substance Abuse ..................................................................... 27
Across the Province ................................................................................... 31
Community Partnerships ............................................................................ 35
#IAmTheFaceOfBrainInjury - The Celtic Brotherhood: Making a World of Difference 37
#IAmTheFaceOfBrainInjury - My Life with a Brain Injury ............................... 39
Events Calendar ........................................................................................ 44
Community Associations ............................................................................. 46
Provincial Associations ............................................................................... 50
OBIA Training: Advanced Brain Injury Rehabilitation (Level 2) ............... 52

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Thanks to: Taylor Shappert,
Copy Editor, OBIA Review
Adjusting to life after brain injury can be stressful, as survivors are coping with so many losses, including the loss of self. Other losses can include their job, their friends, their community and sometimes their family. Turning to substances is often an attempt by the survivor to somehow make themselves feel better.

By Ruth Wilcock
Executive Director, OBIA

RUTH’S DESK

Brain Injury and Addiction Through a Lens of Compassion

Prior to working in the brain injury field, I was the executive director of a long-term residential drug and alcohol rehabilitation facility. In retrospect, I worked with a number of clients who had the concurrent disorders of addiction and brain injury. I saw firsthand the impact that addiction can have on the lives of both those living with the addiction and their families. I have great empathy for those in this struggle. In my previous work, I was fortunate to see how one’s life could be changed and turned around when appropriate supports, counsel and guidance were put in place.

Addiction, in and of itself, is a very complicated issue. As many know, brain injury is also very complex with many variables. Therefore, a person who has sustained a brain injury and is also struggling with addiction, has a number of challenges that she or he faces and these can sometimes feel insurmountable.

Studies have shown there is a strong correlation between substance use and abuse and brain injury. Approximately one-third of (traumatic) brain injury survivors have a history of substance abuse prior to their injury. Some studies show this number as high as 55%. Also, alcohol or other drugs are directly involved in more than one-third of incidents that cause brain injury. Furthermore, 20% of people who do not have a substance abuse problem become vulnerable to substance abuse after a brain injury.

For some survivors of brain injury, substance abuse or addiction is an existing problem carried forward and for others it becomes a new challenge. It is important to note that there are increased challenges and risks for someone who has a brain injury and uses substances, including impeding recovery following a brain injury. Recovery means relearning by making new connections between neurons. Using alcohol and other drugs after brain injury can be problematic as it may interfere with these new connections.

Substance use can also exacerbate problems with balance, walking, talking, and it decreases inhibitions. Furthermore, the use of alcohol or drugs can negatively interact with prescribed
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.

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If you are a survivor or a family member of a survivor who is struggling with substance abuse, please know that you are not alone.

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In spending time with people who have sustained brain injuries, loss is a common thread that is often interwoven into their stories. The losses may vary from person to person, but often include a loss of jobs, friends, community, family and loss of who they were prior to their injury. These losses can be devastating. However, survivors of brain injury are resilient, and many, soon into their journey of recovery, courageously begin to discover who they have become. Part of the discovery is adapting to new and different ways of participating in their communities and society in general. Unfortunately, during this discovery process and adaptation, many survivors of brain injury encounter unexpected barriers. Although our government has made positive headway through initiatives such as the Accessibility for Ontarians with Disabilities Act, many impediments still exist. This is why OBIA, along with 28 other organizations across Canada, are participating in the Canadian Access and Inclusion Project.

The Canadian Access and Inclusion Project (CAIP) asks you “to imagine a Canada where it is easy to get around. You can hop on a bus; grab a coffee; flag down a cab; get to work on time; meet friends in the evening for dinner, and zip off on the weekend for a last-minute getaway. It’s a Canada where you have a job that matches your skills. You can get an education that matches your dreams, and you have an income that supports your independence. You feel included and valued by your community and you can easily communicate with your neighbours.”

The CAIP has stemmed from Prime Minister Trudeau directing the Minister of Sport and Persons with Disabilities, Hon. Carla Qualtrough to introduce new federal accessibility legislation to ensure access and inclusion for all individuals in Canada.

As a result, Minister Qualtrough has asked for input from people in Canada living with a broad range of disabilities to share their ideas on how to improve access and inclusion for all people in Canada.

As a result of this initiative, OBIA has held public consultations with persons who have sustained brain injuries (and also their family members) to gather input into their ideas of what would help make an accessible and inclusive Canada. It is worth noting that OBIA is the only organization in Canada where the voice of persons living with brain injuries will be heard when it comes to this federal initiative.

OBIA is proud to be a part of this project and we sincerely hope that the insights and solutions given will be taken into account when the Government of Canada moves forward to transform Canada into a fully accessible and inclusive society. A special thank you to all who took the time to participate in our public consultations; it was so appreciated. For further information, contact Tanya Jewell at the OBIA office.
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I have always enjoyed working with children and young adults and at the time of my injury, I was a newly certified teacher. My story is very topical of late, as texting and driving was a contributing factor. As I was coming to grips with the cold realities of life post-injury, my occupational therapist (OT) shared my story with Sarah Gallsworthy, whom at the time was head of the Prevent Alcohol and Risk-Related Trauma in Youth (PARTY) program, who expressed interest in meeting me.

Sarah, my OT, and I first met at Sunnybrook Health Sciences Centre which is PARTY’s global headquarters. Sarah set about informing me of the specifics of the program, which started in 1986 and is now licensed in six countries and more than 100 sites including Canada, the United States, Brazil, Australia, Japan and Germany. PARTY reaches an impressive 500,000 youth in a year. Every Tuesday and Friday throughout the school year, Ontario students age 15 and older visit Sunnybrook to experience a one-day, reality-education injury prevention experience. They hear from police, paramedics, physicians, nurses, and injury survivors, all with the goal of encouraging students to think before they act. I was introduced to speaking on a gradual basis, beginning with spending the day observing the tour as a participant.

At Sunnybrook the students are based out of a classroom, from which they depart at various intervals to witness the Trauma Room, the Critical Care Unit and other important sections of the hospital. A series of professionals present the students with facts and arguments on risk-related activities; there is a pizza lunch, and the students then travel down the street to the Toronto Rehabilitation Institute’s Lyndhurst Campus.

Generally, the tour of Lyndhurst starts with an introduction of survivors, myself included, and a brief tour of the main floor, stopping to have a couple chats about the importance of physical fitness in injury prevention and how physical fitness played a role in each of our survivals. We tell the students about the realities of life and costs associated with disability, as well as the role of an OT. The day ends in a lecture room downstairs where the other trauma survivors and I speak of how
our injuries occurred, our ongoing stories of recovery and our message for the students to go home with. My own message is centred on the fallacy of feeling invincible, which often comes with youth, and that no good driver should touch their phone while driving—ever. Inevitably, the students seem to be affected by our talks, and the questions they ask us following the talks often reveal a depth that requires the listener's rapt attention.

My Speech-Language Pathologist (SLP), who helped me prepare for my role as a speaker, tells me that there are many additional benefits to my participation in PARTY from a rehabilitation perspective. Throughout the seasons, I have relied on my OT and SLP for tools such as energy conservation, which I have found vital for me to feel successful in the delivery of my talk, and learning to monitor the sound of my voice as I deliver my message. This therapeutic process of purposefully contemplating a successful delivery is known, so my SLP tells me, as meta-cognition, and apparently plays an important role in the rehabilitation of executive functioning. I found my experience of being introduced to public speaking in an intimate environment about my injury and recovery in a way that can help save lives as highly rewarding therapy.

It didn't take long for speaking with PARTY to become the highlight of my week; the intrinsic benefits are many, and I find myself craving the feeling of belonging that comes with spending time with my PARTY friends. Generally, I speak with another brain injury survivor, Sarah, a lovely girl whose life was forever altered in a car crash. She and I commiserate about the many symptoms that we share as we are telling the students about the lingering effects of brain injury. Sarah and I usually speak with Bill, whose alcoholism played a role in his quadriplegia. Bill's story of redemption from alcoholism and regaining the use of his legs is an invaluable lesson in the strength of the human spirit and family bonds. Rounding out the foursome is Nancy, a paraplegic girl injured in an attempt to end her own life. Nancy's story about the battle with, and eventual triumph over, mental illness is vital for students to hear and is incredibly eye-opening to the realities of mental illness. I, myself, was skeptical of mental illness before I experienced the sudden, physiological symptoms of an anxiety attack, and Nancy's story goes a long way in opening the eyes of anyone in doubt, while offering solace and hope for anyone touched by mental illness. I could tell Nancy's whole story, but she tells it better herself in “Leap: Into the Mind of a Suicide,” issued by Page Publishing.

The rewards for me in speaking with a team of survivors at PARTY are immense at a personal level and, critically, I'm told that students themselves describe the experience as “eye-opening and positive” and “a must for all young people.”

People interested in finding out more should contact:

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Fax: 416.480.6865
www.sunnybrook.ca/preventinjury

◊◊◊
“Once you’re a pickle, you can’t go back to being a cucumber.” Such were the words of a very wise doctor at my second attempt at drug rehabilitation at a place called Bellwoods on the outskirts of Toronto in the summer of 2013. The remark sounded curious and questionable at the time but turned out to be prophetic, as time has moved on from then to the present. I have been on a journey of deep personal exploration while going through the discovery of what addiction really means, as opposed to the popular notions or the made-for-TV versions. Also, and more importantly, has been the constant and equally ever-evolving journey of what it means to be authentically “sober” in the reality of this chaotic, modern world which I am in but aim to not be a part of.

The road toward becoming a “pickle,” or more specifically an addict, took root in identifiable terms in June of 2010. I was in what turned out to be a catastrophic hit-and-run accident which involved me, a bicycle, and another unspecified vehicle and driver that landed me unconscious in St. Michael’s hospital in downtown Toronto. The doctors, of course, did what they had to in order to maintain my stability after the discovery of both brain and spinal cord damage. The treatment involved a cocktail of painkillers and other medicines. Though necessary, these substances were not ones my system was familiar with and, if I had been conscious enough to give consent, I am not certain I would have. I believe now those powerful medicines were the catalyst for getting me used to being in a sedated state, a situation commonly referred to in addiction circles as the “kiss of death” or “crossing the line.” In the hospital, of course, this is all standard procedure and to me at the time, would have been no cause for alarm. Addiction was not a situation I had any hands-on knowledge of. I was still in the reality of being a “cucumber,” as it were.

I cannot say I was a saint or a “rookie” in terms of exposure to or consumption of chemicals previous to this hospitalization. Amongst my circle, this type of activity could indeed have been seen as a right of passage. No one I knew was “clean” or “straight” and it all was accepted as part of the scene, simply a part of the process of evolvement. There were no interventions, talk of rehab, drastic consequences or detox centres. In fact, I did not even know what these were. Basically, the party still ended on Sunday night.

The post-accident story would prove to be quite different indeed. The aforementioned stay at St. Michael’s lasted approximately 10 days and, by most estimations, would be deemed a success. I went in there unconscious, most likely on a stretcher, but left well enough to go to Toronto Rehab Lyndhurst location for spinal cord treatment. The effort there was to reclaim as much recovery as possible from what I learned was an incomplete spinal cord injury in the lower thoracic region which affected the lower half of my body. There was also the head trauma to be dealt with but the focus there was strongly on the physical side. I was fortunate enough, through rigorous effort, to be able to walk out of there after a period of three months, perhaps slightly more. There still had to be some adjustment to medications during that stay so there was still a chemical soup running through my head. I can’t say that I noticed any adverse effects at that time, but of course it was another controlled environment so it was not too problematic to stay focused and to keep outside influences at bay. That was all to change.
After Lyndhurst came a move back to the community. This was a challenging transition, as any move can be. The initial move was to a short-term supported-living place called Bellwoods in downtown Toronto. The physical and mental rehabilitation continued and increased progress was made. There was also reintegration with my social circle. The other side of life at the time was my involvement in a legal case surrounding my accident which involved endless haggles with an insurance company and interactions with lawyers and constant talk of a settlement and focus on financial matters. This was all routine and smooth until at some point after relocating downtown, the sterility and unfamiliarity of this lifestyle became a burden. So I decided to take a weekend off. A mental vacation if you will.

This holiday literally did not stop for the better part of two years. One typical weekday for whatever specific reason, I decided to take a detour into the world of narcotics. The plan was for all this to end on Sunday night and return to Monday as usual. My brain had other ideas. On Monday, I developed what I now know to be cravings, or a deep need to re-experience the events of the weekend. Before I knew it, the cycle became literally daily for two years, give or take. The problem is “once you’re in it, you’re in it.”

I can attest to all this because during this whirlwind of consumption, drugs were only the most obvious indulgence. There were the shopping binges mainly for the thrill of acquisition and outward appearance and the resulting hoarding. Endless hours of internet fixations, attachment to people, random outbursts of rage. The list goes on and on. The common factor in all these behaviours was that the reason for them had nothing to do with their intended purpose. There was no real need for any of them—they all began with the motif of pleasure-seeking on some level and then progressed into some sort of necessary regimen, as any addiction does. It all begins with bright lights but quickly devolves into having to find ways and means to keep those lights turned all the way up once they go dim. You see, when one is in active addiction—mode the volume is always turned up to 10. There is no mid-ground, no balance. The counter to that is if the volume is stuck at 10, the speakers are going to blow.

Such was my crash and burn existence at that point. Awake for three days, sleep for three days. Procure funds one way or another, spend it as quickly as possible, find more, press repeat; the finer details are not necessary. It is not about the amounts, it is about the reasons and the fact that when you truly want to stop, you cannot, despite consequences. I did not hit a typical “rock bottom” in an alleyway someplace. It was a series of events leading me to believe that I was becoming something I was not. I came perilously close to doing things I would never previously have contemplated, certain methods of acquiring necessary funds. I will spare the details but it was not a road I was willing to travel any further down. In addition, I was getting close to jeopardizing my entire legal case surrounding the car accident which had essentially put my life on hold for a period of years. That was, literally and figuratively, a price I could not pay. So at some point in that haze, I started to see “the space between the lines.”

The journey back to some version of sanity officially began in the spring of 2013 with the obligatory trip to rehab. The first attempt was at Homewood in Guelph, Ontario. After a week, I felt things were progressing quite well; the powers that be shared my opinion.

On Monday morning, I was shown the door. I headed back to Toronto, immediately made the arrangements and was off on the mother of all binges, or a “run,” as it’s known. I was firmly entrenched in the haze once again. There was once again no space between the lines. I decided to give it another shot. The next destination was Bellwoods, just on the outskirts of Toronto in the summer of the same year. Perhaps I was “ready” this time around. Or maybe it was the ever-increasing urgency of the situation. Who can really say for certain? Anyway, after a few bumps in the road, this was a success. I ended up staying there for 80 days. The journey of sobriety had begun.

**Sobriety**

The initial post-Bellwoods period was quite an enjoyable time. I was on the “pink cloud,” as some describe the first steps back into the “real” world when freshly sober. The feeling of a newborn comes to mind; it felt as though I had new eyes. I began living at a facility on the opposite end of the city where I was able to focus solely on staying clean while undergoing further neurological assessments to determine any deficits still remaining from my car accident. I began to immerse myself in the world of Cocaine Anonymous or CA. This group has evolved from the iconic Alcoholics Anonymous, and is focused more specifically on those who have gone down the more narrow paths of addiction. Both use the 12-step approach to achieving and maintaining sobriety.

My stay at the neurological facility lasted six months and I started to learn about the difference between a contented sobriety and a more strained version, based more on avoidance or willpower. The main factor here is finding a way to lose the desire or the craving altogether. At this time, I also found out how important structure was to the new version of myself. It turns out that this is a powerful tonic for the complex combo of spinal cord and brain injuries with addiction thrown into the mix. Going forth with that insight, I dove headfirst into the 12-step program, along with aftercare at Bellwoods. These consisted of many sharing sessions or meetings where I and other addicts would speak of our struggles in the past and our new sober journeys. This was all quite a fascinating new world for me and there was, and still is, a sense of unity and accomplishment from these and similar groups which I have gone on to join. The rest of my daily routine consisted of various brain and spinal cord therapies such as regaining practice in everyday activities like cooking, laundry and budgeting, which of course all go out the door when one is living an illicit lifestyle, as well as spending extended periods in institutions. Essentially, learning how to live a “normal” life. This is an issue to this day and most ex-addicts I know would say the same. We do not do “normal” well.
The next phase for me was moving to a living situation within the same neuro-rehabilitation program but with more independence. I vaguely remember this beginning well but it definitely didn’t end well. I believe I was sticking to my routines in the beginning but as time for a full discharge from the program approached somehow I couldn’t handle it. I suppose it was once again the impending threat of “normalcy” that did it. Whatever the reason, I found myself being admitted to the Mount Sinai psychiatric ward. If memory serves, this was the winter of 2014. At that point, hospitals were a known entity to me. I always seem to find my place in them and extend the stays as long as possible, strange as that may sound. As I said, addicts don’t do normal.

When the inevitable end came there, it was back downtown to the scene of the haze. The initial adjustment was rocky as I recall, with many nights of coping with intense drug cravings and visions of those past experiences. Fortunately, I was firmly rooted in my 12-step program by that time, doing what is known as bookwork, which is a process of studying the steps with a sponsor. This had the feeling of going back to school. In this course of study, the goal is to find freedom through a spiritual system. In my opinion, this is the most important thing that anyone could learn. But that’s another story.

Things downtown were progressing; there was the 12-step study which was ultimately successful and led to more responsibilities in the CA family; volunteering at Bellwoods and Lyndhurst in various capacities; continued physical and mental progress, along with further reintegration in the community at large. I had been involved with personal support workers. I had gotten to a point where I felt these services were no longer necessary. My lawyer did not agree. You have to understand I was living in a bachelor apartment at the time, so the almost-constant presence of another grown man was a burden I wasn’t willing to bear. Perhaps they meant well but I shut down, literally. I didn’t leave my apartment for the better part of the winter of 2015. I went outside possibly 10 times in total. Sometime previous to that period was the setback of being hospitalized for a back injury. In addiction language, this is known as “isolating” and though not technically a relapse, it possibly has even more dire consequences and definitely goes against all core principles of sober living. This is a behaviour in the “dry drunk category.”

I ultimately moved uptown after my case settled and, though continuing to stay sober, it didn’t solve much. In addict talk, this is known as the fallacy of a “geographical cure.” Wherever you go, there you are. There were other factors and some improvements but essentially, the isolation continued and the winter of 2016 was another virtual wasteland. I was now fully expected to become a participating member of society in some fashion. My case had settled and I was without any support from an insurance company and all that comes with it. Be careful what you wish for, I suppose. Perhaps on a deep level I was struggling with how to rediscover myself in an environment like Toronto while having real limitations. My greatest accomplishment through all this was number one, staying alive and somehow staying clean. I was not willing to give that up, no matter what. At times, going to one CA meeting every two weeks or so would be my only interaction with the outside world. But it kept me going. Eventually I gave into it all and sought treatment at the Centre for Addiction and Mental Health (CAMH) in downtown Toronto in the summer of 2016. I was on the waiting list for a facility called Ontario Shores in Whitby, Ontario which specializes in brain injuries. The time at CAMH was useful but real change didn’t start to happen until I was admitted to Ontario Shores later that same summer. I was an inpatient there for six months and as a matter of fact, I am writing this from there as an outpatient. So, the journey continues. I have maintained sobriety through all this and am currently doing 12-step study once again in combination with the practice of yoga and mindfulness.

To sum up, if I could turn back time and alter the events in June of 2010 which led to an incomplete spinal cord injury and a traumatic brain injury, with the primary symptom being impaired executive function which plays a critical role in decision-making as well as mood regulation, I would. Can I turn back time? Certainly not. The eventual outcome of addiction? I could do without that also, to tell the truth. The only constant is change; radical acceptance is something I have come to know all too well. Without addiction, I would not have been forced to go further down the path of true knowledge. When you’re a true addict there is no choice; it’s either evolve or die.

As a matter of fact, I have discovered far more about the deeper levels of my addict nature since quitting hard drugs. The true test is facing up to the responsibility and being accountable for your own actions. This is a lifelong quest. Back at Bellwoods, it was also said to me that sobriety is about “becoming comfortable with being uncomfortable.” I can say with confidence that today I am on the road to mastering that concept.

Even while writing this piece I have had to do battle with urges to quit the process and run for cover, which is what addiction in many ways is. Finally, on approaching four years of sobriety, am I certain of anything? Well, not much. However, this I am certain of:

**Number one, true sobriety is not about quitting drugs; rather, finding ways to maintain balance within yourself.**

**Number two, don’t get run over by a car, it’s messy.**

**Finally, what is the easiest way to stop using drugs? That is simple—don’t start. Keep reading the space between the lines.◊◊◊**
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The Substance Use and Brain Injury Bridging Project:

How to Catch a Hot Potato

Carolyn Lemsky, Ph.D., C.Psych ABPP-CN
Clinical Director, Community Head Injury Resource Services (CHIRS)

A previous version of this article appeared in the Brain Injury Professional, and is reprinted with permission of the publisher HDI Publishers. For more information go to www.braininjuryprofessional.com

This research was funded by the Ontario Neurotrauma Foundation.
The Substance Use and Brain Injury Bridging Project (SUBI) grew out of the need to increase the capacity of the health-care system in Ontario to better manage a group of clients who were falling into the great divide that existed between community-based brain injury and addiction services. At first glance, the SUBI partners, Community Head Injury Resource Services of Toronto (CHIRS) and the Centre for Addictions and Mental Health (CAMH), is an odd pairing, a community-based brain injury provider with only a couple of health-care professionals and a large, academic medical centre dedicated to addictions and mental illness. The important thing about our first meetings in 2004 was that everyone around the table wanted to end the game of referral hot potato that begins when a complex client is identified as having both a brain injury and problematic substance use. The challenge was to figure out what we could do to create meaningful change without the need for new resources for specialized programming.

The first Ministry of Health and Long-Term Care funded project allowed the SUBI team to develop cross-training materials and a brain injury friendly adaptation of the CAMH inpatient treatment program. The Ohio Valley Centre for Brain Injury Prevention and Rehabilitation was generous enough to allow us to include adapted versions of their materials in our 178-page manual. These materials were expanded somewhat to include introductory information on harm reduction, relapse prevention, stages of change, motivational interviewing, 12-step programs (AA), and suggestions for case management and goal setting. We also included information about brain injury that was geared towards people working in addictions settings. This information was provided in tabular format, organized according to: presenting issues; information about cognitive compensation; cognitive and behavioural difficulties and suggestions for their management. The treatment program adaptation was documented in the form of a client workbook. The workbook is not intended as a program in and of itself, but rather, in the absence of evidence-based practices suitable for use in the community, it was our attempt to give specific examples of how existing practices in addictions could be modified for people with neurocognitive impairment. For example, most chapters include self-assessment questionnaires as a means of supporting clients who have difficulty responding to open-ended questions and each section encourages the client / provider partnership to create individual notes to document the session.

The knowledge transfer project, funded by the Ontario Neurotrauma Foundation, supported the actual cross-training workshops. We understood that our first challenge was to encourage partnerships between brain injury providers and addictions providers. As it turns out, it was in our first workshop presentations that the real learning began. We conducted training, both using telehealth distance options and in-person, and, as of this writing, reached roughly 3,000 frontline providers over the course of five years. In the early years, 85% of our attendees were from the field of ABI. More recently, the majority are from the addictions and mental health sectors.

Lessons learned

The first step in training is to encourage trainees to examine their thoughts and feelings about substance use and about brain injury. The first groups of providers we trained acknowledged they had very negative images of the ‘other’ population. We found that openly discussing stigma and incorporating video and live presentations of clients telling their stories helped break down stereotypes that were remarkably similar in groups of addictions and brain injury providers—that the unknown population would be dangerous, aggressive, unpredictable and unable to make a change. We believe our clients and our program development benefitted from the opportunity for self-advocacy.

Screen first, and then they will come to training. Another significant barrier seemed to be a belief on the part of brain injury providers that people with brain injury and substance use were not already in their caseloads. The year or two of abstinence that often follows moderate to severe injury means that rehabilitation services have faded before the real difficulties with substance use actually appear. Instead of referral to brain injury services, clients who began to use substances in a harmful way were more likely to be referred to addictions services. Despite education regarding international studies, it wasn’t until the screening project began in their home programs that frontline brain injury and addictions providers began to take more interest in the training we were providing. Having homegrown data seems to have done the trick. Our preliminary findings at CAMH are very much in keeping with similar research conducted in the states, indicating that approximately 22% of people presented for care related to their substance use reported one or more brain injuries with loss of consciousness. Our preliminary analyses also suggest that these individuals are at significantly greater risk for repeated episodes of addictions care and exhibit more psychiatric symptoms.

The SUBI client workbook is straightforward enough to enable brain injury workers to have useful discussions with clients who would not accept referral to addictions treatment, but it isn’t a treatment program. The workbook provides specific examples of how to present information in a manner that is easier for people with ABI to digest. We continue to emphasize that the workbook is a way to get started, but individualized treatment plans that include an emphasis on the development of meaningful life goals, skill building and environmental supports seem to be essential elements of treatment.

Feedback from an initial survey of 60 ABI and addictions providers indicated that, since the client workbook illustrates how to provide cognitive compensation, it would potentially be useful in working with clients who have cognitive impairment directly related to substance use as well as those with identified ABI. They also reported that the manual ‘demystifies’ working with ABI and, as a result, that they are now more willing to accept these individuals into their practice. ABI providers commented that the provider manual was useful in providing
guidance about policies to help retain in their services people who are actively using drugs. They also reported that the provider manual and workbook had proved useful in attracting addictions partners and encouraging working with (rather than dismissing or referring) people with active addictions issues.

Conducting workshops for a full-day or more, in person, seemed to be a worthwhile investment. Those providers who attended full-day or two-day workshops reported more change in their practice than downloaders, conference presentation attendees, or those who received one- or two-hour distance training.

Progress

When we started in 2006, we knew of two programs that provided services to people with brain injury and substance use other than the nascent efforts at CHIRS. By 2010 when we re-surveyed the providers who had participated in a train-the-trainer event there were six local area health networks in the process of developing group programming and partnerships, and one had actually hired an addictions counselor. Two new formal treatment partnerships were developed during the course of the project, and five informal partnerships that allowed for cross-referrals in consultation were identified. The pattern we observed was that the smaller jurisdictions (with the lowest number of providers) were most likely to find a partner and report actual shared care occurring with individuals. In smaller communities, it was clear that all of the social services were working with the same group of complex individuals. Partnership made sense. For the mid to large urban centres, the two biggest barriers to service development that were identified were attracting addiction providers as partners and getting sufficient attendance at group programming. An example of one of the better-reported outcomes from the project was the partnership that developed between a methadone clinic and a supported housing provider in a rural municipality about two hours from Toronto.

Before training, the housing provider had refused to accept people with brain injury if they were still using. They also had a policy of kicking people out if they were known to be using, at which point many became homeless, without intervention, and often returned to shelters and the court system. Beginning on the day of SUBI training, the principals at each agency (including a local physician and judge) began to talk about how they might support each other with harm reduction and intervention. She reported that since the training, “we’re more aware and more tolerant. People will tell us what they’re really doing because they know we’ll try to help anyway.” In my discussion with the local supportive housing provider three years later, they continue to use the SUBI materials to start the discussion about substance use with clients who need it. They are surprised that the character of their residences has not changed, despite the fact that they continue to engage with some active substance users. The local addictions provider and methadone clinic continue to collaborate—offering individual and group based intervention—together.

Our most recent funded project was designed to meet three challenges: To develop and pilot a programming model that can be implemented within existing resources, develop psycho-educational materials for family members and continue to support training across Ontario.

CHIRS now has an outreach team that is designed to support clients with co-occurring mental health and substance use disorders. Our Neurobehavioural Intervention Program (NBIP) provides outreach services as well as group programming in
partnership with other agencies in Toronto such as the Fred Victor Centre, which provides services for people who are homeless or unstably housed.

Our NBIP treatment plans may include attending the SUBI Group (described in the following paragraph), individual counseling, shared care with CAMH or any combination. Clients set goals related to their engagement in the intervention, their substance use and their life. Intensive case management and access to a variety of CHIRS services, including volunteering and mentoring opportunities, recreational programming and supported employment, can be included in care plans. There is also a group based on the principles of structured relapse prevention offered once per week as well as an open-step meeting conducted by AA, but with the support of an ABI worker as needed.

The SUBI group is limited to only seven participants. Meta-cognitive routines, cognitive compensation, mindfulness and other specific coping strategies are integrated into the presentation of materials. Participants receive a wooden bead for each group attended; a strategy that the first participants indicated directly influenced their attendance during the early weeks of the program. The content of the groups is described in Figure 1. The clinical objectives are described in Figure 2.

Our early outcomes suggest our clients are making significant changes in their substance use, with a minority choosing to pursue abstinence and going on to engage in AA as a long-term support system. All of the initial six participants in the intensive group program had previously participated in mainstream addiction programs and reported that they found the SUBI group’s format increased their participation and retention of information. All of the clients demonstrated reduced harms associated with their substance use, increased amount of time spent in productive activity, reduced social isolation and expressed satisfaction with the care they received. We believe we have a model we can sustain within our resources. Our future plans are to continue with the pilot, study the program’s outcomes and economics and then look for opportunities to scale the intervention to the varied conditions in the rural and urban settings in Ontario.

Our family manual, which will be ready for piloting in the spring, provides information about brain injury, mental health and substance use disorders after ABI, along with information for family members about strategies for family interaction, supporting integrated care for family members and self-care. Family members interested in helping us to review these materials are welcome to contact us through our website: www.SUBI.ca

About The Author

Dr. Carolyn Lemsky is a neuropsychologist with more than 20 years of experience working in rehabilitation settings in the U.S. and Canada. For the past 18 years, she has been the Clinical Director at Community Head Injury Resource Services of Toronto—a Ministry of Health and Long-Term Care funded agency designed to promote community reintegration of persons living with the effects of acquired brain injury. CHIRS is also home to an active clinical research program related to co-morbid mental health and problematic substance use. Dr. Lemsky has contributed book chapters and juried articles to the brain injury rehabilitation literature and is a frequently invited speaker at conferences and workshops in Canada and the US. For the past eight years, she has been the director of the Substance Use and Brain Injury Bridging Project, a partnership with the Centre for Addictions and Mental Health and CHIRS. In that role, she has provided leadership on the SUBI Research to Practice Network, and for the past year the mental health and brain injury partnership—projects funded by the Ontario Neurotrauma Foundation.
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#IAmTheFaceOfBrainInjury

How to be a Good Friend to a Survivor

By: Alison Foo

The following guidelines for how you can be a good friend are based on what my friends did well, what I found effective, and how I’ve supported others through the loss of loved ones, major life changes, and other serious health problems. These would also be helpful in supporting a caregiver. Keep in mind that everyone needs different types of support and that those needs change circumstantially. When you’re with someone who’s struggling, don’t hesitate to ask them directly what they want you to say and do.

During my recovery process, I distanced myself from friends, avoided social situations, and became quite isolated. Every time I heard an insensitive comment (albeit without any malicious intent) or felt pressure to meet an unrealistic expectation, I felt more and more unheard, invalidated, and misunderstood. This caused me to feel emotionally unsafe to share honest and detailed accounts of my struggles and experience. The impact of social isolation was especially hard on me, considering my previously extroverted and lively social life. I went from craving high-energy interactions and profound conversations to avoiding eye contact and all forms of communication. However, I was lucky enough to have a few people in my life who knew how to be supportive, what not to say, and how to adjust to the changing dynamics. These people were not only incredibly helpful during my most difficult times, but they also made it possible for me to reassimilate to my social life when I felt better.

Set your own emotions aside.

Empathy allows us to understand and feel other people’s physical and emotional pain. Hearing about someone else’s struggles can make us feel uncomfortable, because we are reminded of our own fears and worries. So our initial reaction is to reduce our discomfort by disengaging from what we find upsetting. In conversation, we do this by fidgeting, looking away, or changing the subject. Even statements like, “I’m sure everything will work out”—when used too early in the conversation—clearly sends the message, “please stop talking about this.” That person is then much less likely to speak openly about what’s really going on, even when asked down the line.

After my injury, one particular long-term friend asked me about my symptoms, but when I started describing the severe issues, his eyes glazed over, he avoided eye contact, and he froze up. I immediately changed the subject and never answered that question in detail outside of a health-care professional’s office again. Disappointingly, even my brief and sugar-coated progress updates triggered similar avoidance reactions in most people. For years, I avoided talking about my injury, feared rejection, felt alone in my suffering, and lost faith in the relationships that I had. This had detrimental effects to my confidence. So the next time you’re listening to someone’s problems, brush your own emotions aside and remind yourself that in that moment, it’s not about you.

Listen actively.

To show that you care and that you’re willing to listen to someone’s problems, hear what they have to say, be patient by giving them enough time to finish their thoughts, and acknowledge and respond to what they’ve said using verbal or non-verbal cues (e.g. nodding your head). Then, ask some clarifying or thoughtful questions. Considering how unhappy
topics make most people uncomfortable, I could always tell whether or not someone was genuinely concerned about me and/or interested in learning about brain injury by the number and types of questions they asked.

Finally, end the interaction by making plans for the next call or get-together, or by asking the person to update you on any major changes (positive and negative) to their situation. This implies that they can reach out to you if they need to talk to someone and that you want to celebrate their wins with them.

Don’t do or say nothing.

When someone we care about is going through a difficult time, we might feel like we don’t know what to say or do. Out of fear that we might do something wrong, sometimes we end up doing nothing or avoiding interaction with that person altogether. However, doing nothing makes the person feel like you don’t care, which is probably the furthest thing from the truth. So when you don’t know what to say or do, don’t be afraid to admit that. You could say, “I am so sorry that this is happening to you. I don’t know what to say, please tell me how I can help.” I always tell my friends and family to be honest with me if something I’m saying or doing is not helpful, so that I can change my approach and try something else. Everyone has different needs that change depending on the situation. So be sure to ask, “what would be helpful right now?” and “is this helping? If not, I can try something else.” Also, it’s never too late to reach out. A simple, “I was thinking about you. How are you doing?” can mean the world to someone who feels alone in their sadness. Just don’t take it the wrong way if they don’t respond.

Don’t take it personally.

Throughout my recovery process, I wanted to be alone but I didn’t want to feel lonely. When I didn’t have the energy or confidence to talk to or see my friends, it made all the difference when they tried to get in touch with me. I loved hearing from people, but I felt too much anxiety and grief to reply. My most helpful friends were the ones that didn’t make me feel guilty for hiding and didn’t give up on me. These special people left voicemails or sent text messages and emails every few weeks to see how I was doing, to offer to visit, or to invite me to their homes for a quiet dinner or get-together. Despite my infrequent responses and frequent declined invitations, they never gave up on me and, more importantly, they never took it personally. This reduced my fear of being misunderstood, made me feel genuinely cared for, and let me know that I had good friends to return to when I was ready. Coming out of isolation was one of the most difficult, fear- and anxiety-laden aspects of my recovery, but thanks to those friends and their maintained connections, it was easier for me to bounce back and rejoin society as my symptoms subsided. So the next time you check up on someone, don’t wait to hear from them before you get in touch again. Your efforts are more appreciated than you know.

Be considerate.

One of my barriers to socializing after a concussion had to do with limitations that healthy people would never think twice about. For example, brightly lit, crowded or noisy places wore me out and made it difficult for me to focus on conversations. Also, driving or traveling by public transit was exhausting, so I had few workable meet-up locations and times. My most understanding friends didn’t always know or understand my barriers, but they always asked. For example, they would suggest an outing and then they would follow it up with, “Would that be okay for you?” They were also willing to offer other suggestions. While hanging out, they would check in and ask me how I was feeling. At their homes, they would say, “Let me know if you want to take a nap.” Those questions and statements sound so simple, yet so few people that I know ever thought to ask them. In social situations, I was hesitant to speak up when I was approaching my limits, but thanks to my friends’ proactive thoughtfulness and willingness to accommodate, I had fun and I wasn’t made to feel embarrassed while vocalizing my needs.

Support long-term.

Whether it’s the death of a loved one, a cured cancer, or a brain injury, all traumas have long-term, sometimes life-long, effects. The more time that passes after a tragedy or accident, the less support the survivors receive and the less likely they are to ask for help. Just because someone appears to be fully recovered doesn’t mean that they don’t have lingering issues. Even years after the incident, be sure to check in with them to open a line of communication so they can get the support they need.
In November 2016 OBIA had the pleasure of welcoming Virginia Hack as the newest member of our NEO Advocacy Services team. Virginia has been a community advocate in North Bay for more than ten years, working with individuals in crisis and survivors of domestic violence.

Through this work she developed strong advocacy, crisis management and conflict resolution skills. Combined with her passion and dedication to community work, Virginia brings a strong skill set and enthusiasm to our NEO Advocacy Services program.

The NEO Advocacy Services program provides services to children and adults living with acquired brain injuries, their families and caregivers and professionals working in the field. Conceived to fill the need for individual advocacy and holistic transitional support, the assistance provided has ranged from identifying and facilitating appropriate community referrals, appealing denials for services and educating treatment team members.

This pilot program was launched in February 2015 to enhance the lives of people living with the affects of acquired brain injuries in the north east Ontario area. The success of the program is demonstrated by our many collaborations with more than 30 community partners across the region. With the generous support of our funder, the Aqueduct Foundation, OBIA has been able to extend this project beyond the two-year pilot project.

Virginia Hack, North East Ontario Advocacy Services

**Community Engagement Coordinator**

OBIA would also like to welcome Tanya Jewell into a new position as its Community Engagement Coordinator. Previously a member of OBIA’s NEO Advocacy Services, Tanya will focus on identifying, initiating, and deepening relationships with various community stakeholders, working with and supporting community brain injury associations and engaging the brain injury community as it may relate to provincial and federal initiatives. Tanya will also be working on bringing education and awareness to other organizations where the primary services are not specific to brain injury but whose clients may have brain injuries, in addition to other concerns or needs. This includes mental health agencies, long-term care facilities, police services, substance abuse programs, children’s aid societies and women’s shelters, to name a few. OBIA’s goal is to raise greater awareness about brain injury, and identify and engage stakeholders in meaningful ways to ultimately enhance the lives of those living with brain injury.

**OBIA’s Concussion Booklets**

Information includes:

- What is a concussion?
- Anatomy of a concussion
- Symptoms
- What should I do?
- How long will it take to feel better?
- When can I go back to work, school, play, activity?
- What is Second Impact Syndrome?
- Where can I get help?
- Resources

To receive a copy of this brochure, order online at: [www.obia.ca](http://www.obia.ca)
or if you need further information on concussion, contact:

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Brad Cantwell, President of EPS Settlements Group, and Bob Nigol are pleased to announce a partnership through the launch of EPS Settlements Group of Canada.

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Save the Date
OBIA Annual General Meeting
Saturday, June 17, 2017
Details will be posted to the OBIA Website in May.

2017 BIST/OBIA Mix & Mingle
June 14, 2017
Steam Whistle Brewery

Sponsorship Opportunities:

**Platinum Sponsor $6,000.00**
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You will receive 15 tickets to the Mix and Mingle, verbal acknowledgement at event, your company logo on all email marketing, on a banner and the next OBIA Review and BIST Website; in addition to a full page ad in the event program and a full page digital ad on the AV screen and acknowledgement of sponsorship through OBIA & BIST social media.

**Gold Sponsor $4,000.00**
($4,350.00 after May 15, 2017)
You will receive 10 tickets to the Mix and Mingle, your company logo on a banner, the program and the OBIA Review and BIST Website and acknowledgement of sponsorship through OBIA & BIST social media.

**Food Station Sponsor $2,500.00**
($2,750.00 after May 15, 2017)
You will receive 5 tickets to the Mix and Mingle, signage on food stations, your logo on a banner, program and acknowledged in OBIA Review and BIST Website.

**Silver Sponsor $1,500.00**
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You will receive 5 tickets to the Mix and Mingle and your company name on a banner, in the program and the OBIA Review and BIST Website.

Contact Terry Bartol for more sponsorship information:
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Alcohol and Substance Abuse

Facts

Here are some important facts for you to know about the effect of alcohol and drugs (substances) on your brain.

You will not recover as quickly or as much as people who do not use substances

- Following a brain injury, brain cells are lost and the remaining cells have to work harder to do the same activities as before your injury.
- If the remaining cells are compromised by substances they are not able to take over duties of the dead cells.
- Skills that could be regained are lost to you.

Problems with balance, walking or talking get worse

- Even without a brain injury, substances impair functioning in these areas.
- If balance and walking are further impaired this will put you at greater risk of falling and additional injury.

Problems with saying and doing things without thinking are made worse

- Disinhibition is a common problem as a result of brain injury and substance abuse.
- Not being able to control what you say or do can lead to problems such as increased risk taking, arguments and other socially inappropriate behaviour.
- It will be hard for you to use strategies to control your behaviour when under the influence of substances.

Problems with thinking (e.g. concentration, problem solving, memory) are made worse

- You may have to learn new skills, or relearn old ones, following a brain injury.
- Substances interfere with the ability to think and learn new information.

After your brain injury, substances have a more powerful effect

- There are fewer brain cells after your brain injury; the substances you take go to fewer cells, thereby reducing your ability to function.
- You become intoxicated more quickly and the effect is greater.
- Substances also interfere with the effectiveness of prescribed medications.
Substances worsen your feelings of being low or depressed

• Depression is common following a brain injury
• Alcohol is a depressant
• Your mood will be worsened and even harder to cope with

Substances can cause a seizure

• You have an increased risk of seizure following a brain injury and may be taking seizure medication
• Substances prevent medications from doing their job, increasing your risk of seizure even more
• Even if you are at low risk for seizure, substances will increase your risk of seizure

Substances put you at greater risk of having another brain injury

• If you have difficulty thinking clearly, walking smoothly or reacting quickly you are at greater risk for another injury
• Second injuries cause more harm than the initial injury
• The destruction of more brain cells after a second injury will leave even fewer cells to do the same jobs, and even more abilities will be lost

Is Your Substance Use a Problem?

Being aware that you have a problem is an important first step

• Are you using substances to cope with being lonely, tired, bored and depressed?
• Are you using substances for pain and sleep problems?
• Have you always used substances, even before your injury?
• Do all your supports drink?
• Have you used substances every night this week?

Getting help is the next step

Here are some resources—12-step groups—where you can get help.

Alcoholics Anonymous:
www.aa.org

Narcotics Anonymous:
www.na.org

Cocaine Anonymous:
http://ca.org

Crystal Meth Anonymous:
http://crystalmeth.org

Gamblers Anonymous:
www.gamblersanonymous.org

Sexaholics Anonymous:
www.sa.org

Sex Addicts Anonymous:
http://ssa-recovery.org

Codependents Anonymous:
www.codepenents.org

16 Step Groups (Alternative to 12 Step Groups):
LifeRing Secular Recovery (Alternative to AA models): http://lifering.org

SMART Recovery (Alternative to AA and NA):
www.smartrecovery.ca

Alcohol and Drug Helpline:
Website: www.drugandalcoholhelpline.ca
1-800-565.8603, open 24/7

Reducing the Risks of Alcohol Use

If you decide you want to use alcohol you may find the following suggestions useful in reducing the risks:

Keep track of how much you drink. Know the quantity of alcohol in your drink.

Stay alert to prevent accidents or falls. If you have had nothing to drink for a number of weeks, or your medications have changed, be particularly careful: you may become impaired by a much smaller amount of alcohol than before.

Don’t use alcohol on a daily basis. Drinking daily gradually builds up your body’s resistance to alcohol, which can lead to heavier use.

As an alternative to alcoholic drinks, try alcohol-free or low-alcohol beer or wine.

Remember to eat when you are drinking.

Don’t use alcohol as a medication for pain or sleep disturbance.

Don’t use it to cope with problems or worries. Talk to your doctor or a counsellor for help with these concerns.
10 Dos and Don’ts

If Your Loved One is Addicted To An Unhealthy Behaviour

1. Do become informed about addiction and recovery. Don’t regard this as a family disgrace or write the person off as a “loser”.

2. Do acknowledge what is going on (e.g. the drinking, the gambling) and the consequences (e.g. missing family get-togethers). Don’t nag, preach, lecture or scold, just acknowledge the facts.

3. Do acknowledge your feelings (“I’m concerned about you,” “I’m uncomfortable being with you when you’re drinking.”). Don’t blame or use the “if you loved me” appeal.

4. Do set limits (e.g. “I’ll only talk with you when you’re sober.”) and care for yourself (get on with your life). Don’t make idle threats or attempt to control their addictive behaviours (drinking, drug use, gambling).

5. Do allow your loved one to take responsibility for their addiction and its consequences. Don’t try to protect them from drinking/using situations or “pick up the pieces” if they drink or use.

6. Do get professional help for yourself (Alcohol & Drug Referral Service, Addictions Counsellors, Support Groups – AA, GA, OA, Al-Anon, etc.)

7. Do encourage your loved one to get help with their problem. Don’t drink, gamble or use with them and don’t think that “willpower” is enough.

8. Do be supportive of your loved ones’ method of recovery. Don’t put down AA, counseling, etc. if it’s helping them stay clean/sober. Don’t expect to be the one they turn to for help.

9. Do have realistic expectations. Recovery is an up and down process and doesn’t happen overnight.

10. Do offer love, support and understanding in your loved ones’ recovery process. Don’t be surprised if you have to make some changes as well!!

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PROUD SPONSOR OF SPINAL CORD INJURY ONTARIO AND THE ONTARIO BRAIN INJURY ASSOCIATION
OBIA Advisory Council (OAC) Report

The OBIA Advisory Council (OAC) has had the opportunity to have outstanding speakers at our last two OAC meetings.

In November, we had 17 representatives from the community associations in attendance and five attending via webcast. We were fortunate to have a presentation by Tina Tehranchian, Planned Giving Consultant with the Donor Motivation Group. Ms. Tehranchian is a published author, financial educator, keynote speaker, wealth planner and planned giving consultant to leading charities. Her presentation focused on Legacy Giving: How to Attract the Right Prospects. Planned giving is becoming the leading focus for sustainable funding for charities. To further assist with helping associations understand what this entails, the presentation was followed by as a Legacy Giving group exercise.

On January 14th there were 19 representatives in attendance and six via webcast. In keeping with our goal of helping build sustainability in community associations across the province, this meeting focused on Fundraising 2017: Tips, Trends and Strategies. We were grateful to have Paul Nazareth, Vice President of Community Engagement from Canada Helps contribute. Mr. Nazareth understood the challenges of operating charities that may be smaller or do not have a specific fund development staff. His many years of working in the not-for-profit sector enabled him to give practical strategies and insights into how associations can keep up with current trends in fundraising initiatives.

If you missed these highly informative presentations, they can been seen on OBIA’s Vimeo page.

The second half of the January 14th meeting focused on the OBIA’s participation in the Canadian Access and Inclusion Project (CAIP). Tanya Jewell facilitated this consultation. There were three discussion questions about our struggles, barriers, frustrations and fixes, good ideas and solutions. The participation from the OAC in this project, by representing those people who have sustained a brain injury, will help to make this change happen. For more information, see “In The News” article on page 7.

Seizure & Brain Injury Centre (Timmins)

The Seizure & Brain Injury Centre hosted their annual Christmas Luncheon on December 22. Everyone enjoyed a delicious Chinese buffet with more than 15 clients attending. Quite good, considering the cold weather that we were having.

Our weekly cooking/nutrition class continues. Clients prepare a full-course meal and are able to take a healthy hot meal home. The class continues to grow and several of our clients appreciate having a hot homemade meal.

BIA Ottawa Valley

What many might consider to be a small gesture to open up a time slot for a support group has proven to be an invaluable asset to our community. Our Concussion Support Group is already two years old. A surprise party was held to thank Wendy Charbonneau for her ongoing support in providing the time and space for the opportunity to share with others living with the long-term effects of concussion. In return, Wendy would like to thank everyone for the beautiful bouquet of flowers.

Archived videos of past workshops can be found on OBIA’s Vimeo page:

https://vimeo.com/obia
and memory book. A special thank you to the organizers and Stephanie for the wonderful artwork entitled *Wendy’s Tree of Life*. Due to demand, we have added a third Concussion Support Group on Monday afternoon from 1:00 p.m to 2:30 p.m.

Our Family Support meetings will now be held on the third Wednesday of each month from 7:00 p.m to 9:00 p.m.

The Brain Injury Association of the Ottawa Valley members embraced winter with an outing to Winterlude at Confederation Park to see the snow sculptures and devour the famous Beavertails and hot chocolate. Eight of the members tried snow shoeing.

Thanks to the support of OBIA, a Brain Basics Course will be held at the RA Centre on March 22 and 23. You can register online for this program: [http://obia.ca/brain-basics/](http://obia.ca/brain-basics/).

**SAVE THE DATE!** June 22 is the Fourth Annual Golf Tournament sponsored by Fleming Fitness. The tournament will be held at Loch March Golf and Country Club. For more information or to register please contact: pattfleming48@gmail.com.

For more information regarding any of our programs, or to get involved as a volunteer, please contact Wendy at (613) 233-8303 or contact@biaov.org.

**BIS Toronto**

BIST hopes that 2017 has been off to an amazing start for all.

We had a great 2016 and are looking forward to an even better new year!

BIST capped off last year by hosting our first annual Thrift Shop on Giving Tuesday. We had a lot of great items donated to us by community members, which we were able to sell at amazing prices and leftover items were given away at our Holiday Party. It was a great fundraising and shopping venture for all.
At the end of 2016, we were also fortunate enough to make two appearances on Accessible Daily Living’s show on The Disability Channel which was a wonderful experience and a great opportunity to educate and provide awareness around ABI.

Also at the end of 2016, Sal Guzzo and Associates organized a BIST fundraiser at The Rockpile in Etobicoke, where we were treated to some amazing live performances by a variety of bands, including a special guest appearance by Sal himself!

Looking forward to 2017 we have partnered with CHIRS for a monthly “Around the World” program and we are thrilled that we can offer this activity to our members.

We are also trying to grow our virtual platform and are currently working on developing a new support group, which members will be able to access both in person and virtually - stay tuned for more details!

We are also looking forward to hosting our next workshop on Self Care and Communication for ABI Caregivers, which was held on February 11, 2017. Our goal is to offer highlights from this workshop in a video for members and families who are unable to make it out that day.

**BIA York Region**

We will be hosting the Mindful Mediation and Mindful Art for members of the BIAYR in April and June. Please contact the BIAYR office to sign up. These workshops are free to survivors. If there are any vacancies in sessions, they would be opened up to other survivors outside the association.

Plans are underway for BIAYR and March of Dimes to organize the June candlelight vigil recognizing survivors with brain injury. Watch our website for details.

**Hamilton BIA**

The HBIA will be hosting the 12th Annual “5k by the Bay” road race on Saturday June 17, 2017, with registration beginning at 3 p.m. There will also be the Blake Heyes Memorial 1 km Walk, Kids Run and a 5x1k Team Relay race as part of the event. Come out and be a part of this day, helping rebuild and redefine lives, celebrating success—one day at a time. ♦♦♦

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**#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**

To share your journeys with our readers, email us at: stories@obia.on.ca
NRS is pleased to announce that we now have rehab coaches with expertise in brain injury who speak Cantonese, Mandarin, Taiwanese, Spanish, Slovak, Polish, Russian, German, Greek, Hindi and Punjabi, and this list is continuously expanding. These dedicated coaches provide culturally sensitive programming, act as interpreters for the team, and are available to work under the supervision of NRS or non-NRS therapists.

For more information, please contact:
Phone (416) 667-3422 or 1-800-898-3422
Email nrs@neurorehab.ca
Website www.neurorehab.ca

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Multi-Cultural Rehabilitation Services for Adults and Children with Brain Injury

NRS offers many brain injury rehabilitation services in languages other than English, including Cantonese, French, Greek, Gujarati, Hebrew, Hindi, Italian, Mandarin, Persian, Polish, Punjabi, Russian, Serbo-Croatian, Spanish, Tagalog, Tamil, Turkish and Urdu.

All of our caring and experienced Case Managers, Therapists and Rehabilitation Coaches are committed to the provision of client and family focused, culturally sensitive programming. Let us help you achieve your personal goals.

For more information, please contact:
Phone: (416) 667-3422 or 1-800-898-3422
Email: nrs@neurorehab.ca
Website: neurorehab.ca

Comprehensive community-based programming for adults and children
Nate and Tay Gourmet Food Sales

In January, OBIA was visited by two very young entrepreneurs wishing to make a donation. Accompanied by their mother Patricia, Nate and Tay delivered a $300 cheque to OBIA.

Nate has an acquired brain injury, which he sustained in 2011 as a result of a car crash. To assist with working on Nate’s fine and gross motor skills, the family had Nate use measuring cups to add various dry soup ingredients into a mason jar. The family soon realized the benefit this was having on Nate’s cognitive and motor skills.

Nate, along with his little brother Tay, started their gourmet food sales, making and selling homemade dry soup mixes and various flavours of hot chocolate. With a goal of raising enough to go to Disney, all the proceeds went back to Nate and Tay with the exception of $1 from each jar sold, which they donated to OBIA.

Nate and Tay’s story is a tribute to the importance of giving back to your community and awareness of the world around them and the desire to change it.

Smitiuch Injury Law Matches Giving Tuesday Donations

During OBIA’s Giving Tuesday donation program, the firm of Smitiuch Injury Law matched all donations up to $1,500. With support from this law firm, and the donations of so many others, OBIA more than doubled last year’s amount raised through the Giving Tuesday program. A huge thank you to Smitiuch Injury Law for showcasing its support for our organization.
Accessible Daily Living and Gluckstein Lawyers

John Groe (centre) from Accessible Daily Living (ADL), and Dianne Henderson (right) from Gluckstein Lawyers presented Ruth Wilcock (left) with a cheque for $500. Gluckstein Lawyers won a $500 prize from ADL and, in turn, donated the proceeds to OBIA. Thank you to all! ☀️
A year ago, I wrote an article outlining some of the history of The Celtic Brotherhood (TCB), a motorcycle club that devotes much of its time to traumatic brain injury awareness. I described the Busted Bucket Challenge (BBC) we created about nine years ago, an interactive demonstration intending to provide participants with some of the symptoms of head trauma. At the same time, the audience sees the difficulty the riders are having while manoeuvring the course on the chopper trikes. While this is taking place, we describe some of the difficulties and the stigma brain injury survivors and their families have to deal with on a daily basis.

Much has taken place since that article came out in the OBIA Review, from both within the Brotherhood and from outside our organization, and while some is a little overwhelming, all of it is exciting and positive.

Not long after, we had the opportunity to have a display booth at the Toronto Spring Motorcycle Show. By using social media, we reached out to some of the brain injury survivors and associations who follow us on the internet to come and meet us. We brought one of our custom chopper trikes we use in the actual BBC and the specialized eyewear we use for simulation purposes. The response was amazing! We made many new friends and were able to direct people to OBIA for assistance in gathering further information and guidance. We are very grateful to the law firm who, as one of our sponsors, was kind enough to provide the booth and our accommodation while at the show.

In May, we learned that we had been nominated for OBIA’s prestigious Fellowship Award. We were honoured even to be considered and, while we have always worked outside the regular boundaries of brain injury awareness, we have relied on OBIA for information about brain injury and local community

#IAMTheFaceOfBrainInjury

The Celtic Brotherhood: Making a World of Difference

By Beau “Motorcyco” Rooney
association contacts. You can then imagine our surprise to find out we were chosen as the recipient of this award and could come to Toronto for the AGM in June to accept the award.

What a surreal experience to remember the three of us from TCB sitting in the back of the hall while the annual meeting took place. Many in the audience were wondering who we were and why we were there. Then, to have Ruth Wilcock, Executive Director of OBIA, talk about our program and our efforts to create more brain injury awareness—it was unbelievable.

After the meeting, a number of audience members came over to introduce themselves. Many were interested in more details of what we do and some expressed wanting to help us in any way. Between Ruth’s introduction, OBIA staff wearing our Busted Bucket Challenge T-shirts during the meeting, and the reception by our peers in the brain injury awareness community, we came away just a little taller and more determined to expand our efforts. Up until this time, we have always worked on our own and with support from local motorcycle businesses and the biker community. Now we realized we could also work in concert with other organizations to reach a larger audience.

On our way home we came to the realization that OBIA had not just given us an award to be proud of, they had also given us something we had never considered before—authentication.

Thanks to our many kind sponsors, we were able to improve the quality of the props we use in our demonstrations. We began to build different styles of ‘chopper’ trikes in order to encourage members of the biker/motorcycle community to participate in the demonstrations. Their participation is the attraction for the spectators and provides the opportunity to make the audience aware of some of the hardships and the huge cost, both human and financial, on the survivors, their families and the community at large.

After the actual demonstrations themselves, the second most powerful tool for us is the humble T-shirt, which, among bikers, is often a sounding board to promote the type of motorcycle they ride or just to tell people the mood they are in.

The T-shirts have become pivotal for us and, to those who were willing to endure the laughter of their friends as they dealt with the difficulty of the course, they were their reward. Our shirt became a sought-after item and made it easier to get people at the motorcycle events involved. At the same time, it become quite popular on our social media. Soon, we began to get requests from all over the world from other bikers asking how they might get a shirt and how could they support us. We couldn’t send one to everybody but when we could, we asked them to send us pictures of them wearing the shirt with either the thumbs up sign or have their friends ‘photo bomb’ the picture so we can post them on social media and our website. The first international picture was of my brother-in-law Eric. He sent us some pictures of him wearing the shirt in China. Not long after that, bikers in places such as Ireland, Israel, New Zealand and Australia joined in and each picture, when posted, becomes a huge hit on social media. We now are discussing developing the BBC in some of those same countries. We are in awe of how it is growing and how just a few guys could make this happen with the help of their friends and, most certainly, the positive support of OBIA.

This past January, with the help of one of our sponsors, a law firm in Toronto, we took part in the biggest motorcycle show in Canada. Like last year, we posted on social media that we would set up at the show. We encouraged all our old friends and any new ones to please come by and say hello. The result was that we were busy all weekend talking with members from various brain injury associations from Toronto, Hamilton, Oshawa, Kitchener and London. Riders also dropped by for information on how to create rides in their area to promote brain injury awareness and we are organizing a list of helpful tips to assist these groups.

The Celtic Brotherhood continually tries to have as many events as possible in June as it is Brain Injury Awareness Month in Canada. We have support from clubs in eastern Ontario to take part in our own Awareness Ride on June 10th this year. We hope to have a number of local celebrities take part. Of course, the public is more than welcome!

One last thing I would like to mention. Early on, The Celtic Brotherhood/Busted Bucket Challenge became active in posting our activities on social media. We hoped to see a bunch of bikers, characters, call us whatever you want, trying to make something positive out of what is, for all of us, a personal struggle. This might be the beginning for some in the group to focus away from who they once were to who they can be. Brotherhood!
It all started after a payday at work in my northern Ontario town in 1974. Five crews brought in three cases of beer, which we all drank at the shop until they were finished. Most of the guys went home and my friend and I hit the bars until they closed. My friend drove home, as I was too drunk to drive. The next thing I remember I was wandering around the ditch wondering what had happened. We had hit a tree, totalled the car and I ended up under the dashboard. My friend went for help and the next thing I knew my dad, the police and a neighbour were all there. The police wondered how I had survived the crash.

I spent the next three days in bed. Although I did not have any visible injuries, I did sustain a closed head injury. I was having anywhere from three to 10 seizures daily so my family doctor sent me to a hospital in Toronto for further testing. The doctors tried various medications but nothing would work. I was offered a disability pension at the time but I was stubborn and wanted to be independent and work for what I did.

I came home after being in hospital and was in a number of car crashes. I lost my license and could not hold a job. I grew angry and very short-tempered and as a result, friends fell by the wayside. I ended up going back to work with my father as a bricklayer assistant and was paid cash every week, which I ended up spending at the bar.

I met a lovely woman who changed my life. She had two small children. After two years, we were married. She was going to be a nurse and I was going to enter a mechanics course at Sault College. She managed to get into her nursing course but they cancelled my course. After her graduation, she couldn’t get a job in our area as she did not have experience, and I couldn’t get a job as I didn’t have a mechanics license. We decided to move south to St. Catharines as she had family there and was able to find a job at a local hospital.

I was able to find a good doctor in the Niagara area. I regained my health and ended up getting a construction job tying steel together (rebar) and got my driver’s license back. With proper medications and a job in my favour, I worked all over southern Ontario. Life was good! Following that, I took a two-year job on an oil platform in Newfoundland. Being away from my family for such a length of time was not good for our marriage and after a few years of fighting and disagreements, we split up. She went her way and I was left with the cat and her 95-year-old grandfather, who had been living with us. I remained there until he passed away at age 98.

In 2001, I moved back north to my family homestead. I met another woman who had two children and we were together for eight years. I moved around for work, Calgary, Fort McMurray and back home. By then, years of car crashes and rebar work had taken its toll on my body. I could not work and I was home 24/7. Again, this caused stress on our relationship and disagreements with her children, so we parted ways.

I now live alone and have a few good friends in the community, volunteer my time at a local soup kitchen, which makes me feel good. I see many in the community that are less fortunate than I. They live on the street, under bridges, in homeless shelters...
etc. I, on the other hand, have a good home, food, heat, TV and so on. I am very blessed to make it as far as I have with help of a few good friends and God.

To those who say they cannot succeed following a brain injury, go and prove to the doctors, therapists, hospitals and others that you can do it.

I had a motto when I helped run a brain injury survivors support group in St. Catharines:

Please believe me, it does work. You will find many people who will tell you that you cannot do that. Go and prove them wrong. When you accomplish good things for yourself, it makes you feel better every day.

Take it from someone who has been there, please don’t ever give up.

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Support Services for Brain Injury

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Brain Fast Facts

DID YOU KNOW?

• 57% of respondents indicated that they have trouble with mood swings.
• 34% of respondents do not have access to family counselling/support services.
• 79% of caregivers admit that the brain injury has impacted their family finances.

- 2012 OBIA Impact Report

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You crawl,
You walk,
You run...
Then You Fly.

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- 2012 OBIA Impact Report
Destroying health and wealth:  
The broader implications of substance abuse

By Daniel Carroll, Financial Security Advisor, Freedom 55 Financial

Many of us are aware of the physical ramifications of substance abuse, but its impact on our overall, long-term financial health can often be overlooked.

Throughout my career, I’ve worked with a number of recovering addicts, almost all of whom have said the same thing: it wasn’t just the drugs that led them to the brink of financial ruin, it was the lifestyle they led and the secondary effects of their addiction. When they recall the depths of their drug use, many addicts will tell you they’ve used more than one type of drug and drank large amounts of alcohol as well. For example, in the time that followed a car accident, one particular client told me he was spending more than $800 per month on intoxicants, just to get through the day. Fortunately for him, he realized the addiction was hindering his ability to cope with the aftermath of the accident. He also realized it was making everything in his life much worse.

This is where the secondary effects of addiction come into play and where things can easily go off the rails. Addicts often neglect their day-to-day obligations, which can result in serious financial difficulty. In many cases, they place more importance on feeding their habit than they do on feeding themselves (literally), paying their rent or mortgage and squaring up on their bills. This usually results in heavy penalties and interest charges. In more dire cases, it can also lead to eviction or foreclosure.

Secondary effects can also be revealed and manifested in an addict’s relationships. I have one client who says the most expensive aspect of his addiction was his divorce. After nearly three years of excessive drinking—to the point he passed out almost every day—his wife left him. They sold their house and split the proceeds, which he basically drank away. Fortunately, he managed to break the cycle and sobered up before finalizing the settlement with his insurer. He’s now living clean, owns a modest condo and has an investment portfolio that’s growing day-by-day. Best of all, he can see a brighter future now that some of his money has been put towards a secure retirement.

I’m not suggesting that financial ruin is the worst outcome of addiction. It goes without saying the toll drug and alcohol abuse takes on a person’s physical health is of the utmost concern. That in itself can have financial ramifications, if not immediately then likely at some point in the future when it comes time to pay for costly medications or face the uncertainties (and expenses) that can stem from a lack of insurability.

The use of most hard drugs automatically renders a person uninsurable. That’s a given through the eyes of most insurance companies. If we put this in hypothetical perspective, it means using cocaine just a few times could eliminate someone’s chances of benefitting from various life insurance products. It would also preclude them from taking out a critical illness insurance policy. Ultimately, this opens up an incredible amount of risk, not only for the users themselves, but for their loved ones as well.

In the grand scheme of things, it’s important to remember the prominent role goal-setting can play when trying to move from financial hindrance to financial health. Business-development guru Brian Tracy has said, “a goal does not become real until it is written down.” Statistically speaking, people tend to remain more focused on achieving their goals when they write them down on paper. This often helps develop strong saving strategies that lead to overall accumulation of wealth.
By no means am I suggesting that goal-setting is a cure for addiction. However, it makes sense that people who don’t see bright futures for themselves can benefit from goal-setting exercises that may help shift their mindset and give them something to focus on and work towards.

Most financial security advisors will tell you they’re one part investment advisor, one part risk manager and one part life coach. It’s the sum of all these parts that allows us to help our clients move towards—or get back on track to—a comfortable lifestyle, a secure retirement and a brighter financial future.

About the author:

Daniel Carroll is a financial security advisor with Freedom 55 Financial and an investment representative with Quadrus Investment Services Ltd. He has eight years of experience working with people with disabilities—particularly those who have endured motor vehicle accidents. He’s based in Burlington, Ontario but services the entire province. Daniel is a long-time supporter of the Ontario Brain Injury Association as well as many community-based brain injury associations.

The information provided is accurate to the best of our knowledge as of the date of publication, but rules and interpretations may change. This information is general in nature, and is intended for informational purposes only. For specific situations you should consult the appropriate legal, accounting or tax advisor.

Note: In keeping with OBIA’s editorial policy, portions of the above article were modified in the print version to make the client gender non-specific and in doing so, changed the intent of the author. The author did receive permission from his clients to use gender identifiers in the article, so the original format has been used in the online version.
March 29-April 1, 2017
International Brain Injury Association presents:
IBIA 2017 World Congress
Location: New Orleans, LA
Contact: Colleen LoGrande
Phone: 703-960-6500
Email: clogrande@internationalbrain.org

April 6-7, 2017
Holland Bloorview Kids Rehabilitation Hospital presents:
Brain Injury Family Intervention Workshops for Professionals
Location: Holland Bloorview Kids Rehabilitation Hospital, Conference Centre, Toronto, ON
Contact: Sue Moffatt
Phone: 416-424-6851
Email: smoffatt@hollandbloorview.ca

May 4-5, 2017
Hamilton Health Sciences presents:
24th Annual Conference on Neurobehavioural Rehabilitation in Acquired Brain Injury: From Evidence to Practice: Concussion - Catastrophic
Location: Hamilton, ON
Contact: Joyce Lambert, ABI Conference Coordinator
Phone: 905-521-2100 ext. 40833
Email: jlambert@hhsc.ca

May 24-26, 2017
OBIA and Brock University present:
Advanced Brain Injury Rehabilitation (Level 2)
Professor: Dr. Dawn Good and Dr. Sherrie Bieman-Copland
Location: Brock University, St. Catharines, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

June 14, 2017
OBIA and BIST present:
2017 Mix and Mingle
Location: The Steam Whistle Brewery, Toronto, ON
Contact: Terry Bartol

June 17, 2017
OBIA presents:
Annual General Meeting
Location: Miles Nadal Jewish Community Centre, Toronto, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: ddakiv@obia.on.ca
Website: www.obia.ca

September 27, 2017
OBIA and BIA Sudbury & District present:
Brain Basics
Instructor: John Kumpf
Location: The Caruso Club, Sudbury, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

September 29-30, 2017
OBIA and Brock University present:
Children and Youth with Acquired Brain Injury (Level 1)
Professor: Dr. Roberta De Pompei
Location: Holiday Inn, St. Catharines, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

November 1-3, 2017
OBIA and Participating Community Associations present:
2017 Acquired Brain Injury Provincial Conference “Making a Difference”
Location: Sheraton on the Falls Hotel, Niagara Falls, ON
Contact: Terry Bartol
Phone: 905-641-8877 ext. 234
Email: conference@obia.on.ca
Website: www.ontarioabiconference.ca
See call for abstracts on page 45.
Providing frontline Health Care Workers, Caregivers and others with an understandable introduction to the world of Brain Injury.

For details, contact Diane Dakiv, Training Program Coordinator
training@obia.on.ca
Community Associations

Call OBIA
1-855-642-8877
Toll Free Support Line
1-800-263-5404 (HELPLINE)

Follow on Social Media:  

Ontario Brain Injury Association
(Mail) PO Box 2338, St. Catharines, ON L2R 7R9
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(North Bay Office) PO Box 2500, North Bay, ON P0H 1P0
Phone: 905-641-8877 or 1-855-642-8877
Toll-free support 1-800-263-5404
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Website: www.obia.ca
www.facebook.com/OntarioBIA
www.twitter.com/OntarioBIA
www.instagram.com/OntarioBIA
www.LinkedIn.com/company/Ontario_Brain_Injury_Association

Belleville
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223 Pinnacle Street, Core Centre
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Fax: 613-967-1108
Email: info@biaqd.ca
Website: www.biaqd.ca
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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

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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

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Fax: 905-871-7832
Email: biafeoffice@gmail.com
Website: http://braininjuryfe.wixsite.com/biafe
Contact: Donna Summerville, Program Coordinator

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Website: www.braininjurylondon.on.ca
Contact: Donna Thomson, Executive Director

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Contact: Pat Dracup, Program Director

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BIA of North Bay and Area
c/o PHARA
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Phone: 705-840-8882
Email: contact@bianba.ca
Website: www.bianba.ca
Contact: Tracey Poole, Board President

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211 Bronson Avenue, 3rd Floor
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Phone: 613-233-8303
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
PO Box 47038
Sheridan Mall PO
Mississauga, ON L5K 2R2
Phone: 905-823-2222
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
#1048 - 1705 London Line,
Sarnia, ON N7W 1B2
Phone: 519-337-5657
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
BIA of Sault Ste. Marie & District
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 Solty, Board President

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BIA of Sudbury & District
2750 Bancroft Drive
Sudbury, ON P3B 1T9
Phone: 705-670-0200
Fax: 705-222-2427
Email: info@biasd.ca
Website: www.biasd.ca
Contact: Joe-Ann Vandelligt, 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, Executive Director

Waterloo-Wellington
BIA of Waterloo-Wellington
700 - 55 King Street West
Kitchener, ON  N2B 4W1
Phone: 519-772-7768
Email: info@biaww.com
Website: www.biaww.com
Contact: Sheena Robert, Executive Director

Windsor-Essex
BIA of Windsor and Essex County
PO Box 22070
11500 Tecumseh Road East
Windsor, ON  N8N 5G6
Phone: 519-981-1329
Email: info@biawe.com
Website: www.biawe.com
Contact: TBA, 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:
- is an introductory training program on acquired brain injury
- consists of seven modules that outline types of ABI, consequences and strategies for living and working with survivors of ABI
- is designed for both professionals and family members
- offers a certificate of completion given by OBIA to all persons who successfully complete the program

“I am a registered Psychiatric Nurse and have worked in the field of brain injury for almost two years now. I found this course extremely helpful and feel that it will allow me to fine tune the care that I provide to my clients. As a whole, the course was amazing!”

“I have been working as a PSW for 30 years and I wish there was a course like this when I started.”

For more information or to register for the course visit www.obia.ca 1-855-642-8877

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Why we are the preferred agency for Acquired Brain Injury rehabilitation

Accreditation Canada has awarded us its highest – and rarest – rating: Accreditation with Exemplary Standing. That standing signifies that the designated agency has greatly surpassed rigorous standards in quality care and service and is at the very pinnacle of programming excellence. It is an “exemplar” to others of how things should be done.

A full range of proven, exemplary, ABI services

- Transition from hospital
- Group homes
- Transitional living apartments
- Outreach services program
- Group activities program
- Adolescent program
- Therapeutic groups
- Daily living skills
- Vocational training
- Workplace support
- 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

<table>
<thead>
<tr>
<th>British Columbia Brain Injury Association</th>
<th>Newfoundland and Labrador Brain Injury Association</th>
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<tbody>
<tr>
<td>Sea to Sky Meeting Management Inc.</td>
<td>PO Box 21063</td>
</tr>
<tr>
<td>Suite 206, 201 Bewicke Avenue</td>
<td>St. John's, NF A1A 5B8</td>
</tr>
<tr>
<td>North Vancouver, BC V7M 3M7</td>
<td>Phone: 709-579-3070</td>
</tr>
<tr>
<td>Phone: 604-984-1212</td>
<td>Fax: n/a</td>
</tr>
<tr>
<td>Fax: 604-984-6434</td>
<td>Website: <a href="http://www.nlbia.ca/index.php">www.nlbia.ca/index.php</a></td>
</tr>
<tr>
<td>Website: <a href="http://www.brainstreams.ca">www.brainstreams.ca</a></td>
<td>Email: <a href="mailto:nlbia2011@gmail.com">nlbia2011@gmail.com</a></td>
</tr>
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<tr>
<th>Central Alberta Brain Injury Society (CABIS)</th>
<th>Regroupement des associations de personnes traumatisées cranio-cérébrales du Québec</th>
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<tbody>
<tr>
<td>#202, 4805 - 48 Street</td>
<td>220, avenue de Parc</td>
</tr>
<tr>
<td>Red Deer, AB T4N 1S6</td>
<td>Laval, QC H7N 3X4</td>
</tr>
<tr>
<td>Phone: 403-341-3463</td>
<td>Phone: 450-575-8227</td>
</tr>
<tr>
<td>Fax: 403-346-1035</td>
<td>Fax: 514-274-1717</td>
</tr>
<tr>
<td>Website: <a href="http://www.cabis.info">www.cabis.info</a></td>
<td>Website: <a href="http://www.raptccq.com">www.raptccq.com</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:cabis@telus.net">cabis@telus.net</a></td>
<td>Email: <a href="mailto:info@raptccq.com">info@raptccq.com</a></td>
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<tr>
<th>Saskatchewan Brain Injury Association</th>
<th>Brain Injury Association of Nova Scotia</th>
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<tbody>
<tr>
<td>Mail: P.O. Box 3843</td>
<td>PO Box 8804</td>
</tr>
<tr>
<td>Regina, SK S4P 3Y3</td>
<td>Halifax, NS B3K 5M4</td>
</tr>
<tr>
<td>Office: #322 - 310 Main St. N.</td>
<td>Phone: 902-473-7301</td>
</tr>
<tr>
<td>Moose Jaw, SK S6H 3K1</td>
<td>Fax: 902-473-7302</td>
</tr>
<tr>
<td>Phone: 306-373-1555 or</td>
<td>Website: <a href="http://braininjuryns.com/">http://braininjuryns.com/</a></td>
</tr>
<tr>
<td>Toll-free (in Sask) 866-373-1555</td>
<td>Email: <a href="mailto:info@braininjuryns.com">info@braininjuryns.com</a></td>
</tr>
<tr>
<td>Fax: 306-373-5655</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.sbia.ca">www.sbia.ca</a></td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:info_sbia@sasktel.net">info_sbia@sasktel.net</a></td>
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<tr>
<th>Manitoba Brain Injury Association</th>
<th>Brain Injury Association of Canada (New Brunswick)</th>
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<tbody>
<tr>
<td>204 - 825 Sherbrook St.</td>
<td>Phone: 506-721-8003</td>
</tr>
<tr>
<td>Winnipeg, MB R3A 1M5</td>
<td>Website: <a href="http://www.biacb.org">www.biacb.org</a></td>
</tr>
<tr>
<td>Phone: 204-975-3280 or</td>
<td>Email: <a href="mailto:biacb@icloud.com">biacb@icloud.com</a></td>
</tr>
<tr>
<td>Toll Free: 866-327-1998</td>
<td></td>
</tr>
<tr>
<td>Fax: 204-975-3027</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.mbia.ca">www.mbia.ca</a></td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:info@mbia.ca">info@mbia.ca</a></td>
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<tr>
<th>Ontario Brain Injury Association</th>
<th>Brain Injury Association of P.E.I.</th>
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<tr>
<td>PO Box 2338</td>
<td>#5 - 81 Prince Street</td>
</tr>
<tr>
<td>St. Catharines, ON L2R 7R9</td>
<td>Charlottetown, PE C1A 4R3</td>
</tr>
<tr>
<td>Phone: 905-641-8877 or 800-263-5404 (support)</td>
<td>Phone: 902-314-4228 or 902-367-3216</td>
</tr>
<tr>
<td>855-642-8877 (admin)</td>
<td>Website: <a href="http://www.biapei.com">www.biapei.com</a></td>
</tr>
<tr>
<td>Fax: 905-641-0323</td>
<td>Email: <a href="mailto:info@biapei.com">info@biapei.com</a></td>
</tr>
<tr>
<td>Website: <a href="http://www.obia.ca">www.obia.ca</a></td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:obia@obia.on.ca">obia@obia.on.ca</a></td>
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<tr>
<th>Alberta Brain Injury Association</th>
<th>n/a</th>
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(416) 599-8080

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2 County Ct. Blvd.
Suite 400
Brampton ON
L6W 3W8
(905) 595-6760

**Hamilton**
1 Hunter St. E.
Ground Floor
Hamilton ON
L8N 3W1
(905) 777-8002

**Kitchener**
55 King St. W.
Suite 700
Kitchener ON
N2G 4W1
(519) 772-7659

**Oshawa**
21 Simcoe St. S.
Oshawa ON
L1H 4G1
(289) 634-5554
OBIA Training

Featured course

Advanced Brain Injury Rehabilitation (Level 2)

Approved by VRA Canada for 17.5 Continuing Education Hours

This Certificate Training Program is designed to increase your knowledge of brain injury across the lifespan and to appreciate factors, which make brain injury rehabilitation more challenging. The training program will provide insight into important aspects of advanced Neurorehabilitation, including:

- Brain Injury and the Lifecycle including the Aging Brain
- Brain Injury and Emotional Dysregulation, Dual Diagnosis and Suicidal Behaviour
- Issues and Interventions for Mild to Moderate Brain Injury

This program is an extension of OBIA’s Neurorehabilitation: Assisting Recovery & Function in Everyday Life Following Brain Injury program.

DETAILS

Location: Brock University
1812 Sir Isaac Brock Way, Thistle 325
St. Catharines, ON

Date: May 24-26, 2017

Hotels: Holiday Inn & Suites 905.688.2324
Best Western 905.934.8000

Professors: Sherrie Bieman-Copland, Ph.D, C.Psych
Dawn Good, Ph.D, C.Psych

For more information about this and/or other Certificate Training Programs visit: www.obia.ca
905.641.8877 1.855.642.8877
training@obia.on.ca
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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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- Behavioural Therapists
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admissions@daleservices.on.ca
www.daleservices.on.ca

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Troy Lehman loves football. When he isn’t working on personal injury cases involving municipal liability and other complex issues, this busy lawyer plays quarterback on the flag football field. Playing quarterback is all about strategizing, getting the ball to your teammates and working to get to the goal line.

As a litigator, Troy knows that careful planning, teamwork and focusing on his clients’ goals is the key to success. Troy is a litigation quarterback, planning the plays and involving the right experts to work in a tight formation. This approach keeps the case moving to the end zone.

There is one other thing you should know about Troy. Whether it is on the football field or in the courtroom, he can’t stand to lose. In football, winning is about who scores the most points. In personal injury law, winning is about exceeding your clients’ expectations. As a personal injury lawyer, Troy wins the game when he obtains compensation for his clients that will help them rebuild their lives in a meaningful way.

To learn more about Troy visit www.oatleyvigmond.com/troy