“McKellar provided peace of mind for the rest of my life.”

LEANDRE CASSELMAN
Development Coordinator

Now you’re sure.
The McKellar Structured Settlement™

Financial security. Guaranteed payments. 100% tax free.
Some decisions are easy.

GUELPH 1.800.265.8381  EDMONTON 1.780.420.0897
HALIFAX 1.800.565.0695  UNITED STATES 1.800.255.2789
www.mckellar.com
INSIDE THIS ISSUE

Survivor Stories
Finding My Life Again

10

Feature Article
ABI and Mental Health Survey Winter 2011: Summary

Brain Injury Awareness Month
D.O.N.T. Campaign Launch

12

Also Inside
Ruth’s Desk ................................................................. 4
Public Policy: Brain Injury and Canada’s National Strategy to Transform Mental Health........................................ 7
Survivor Stories: A Reason to Get Up in The Morning .......... 17
In the News: Traumatic Brain Injury: The Impact on Our Younger Vulnerable Population .................. 19
BIST/OBIA 9th Annual Mix and Mingle .......................... 21
OBIA’s AGM Award Winners Honoured ....................... 24
Across the Province .................................................... 27
Community Leaders Foundation Donates $25,000 ............ 36
Acquired Brain Injury and Mental Health Issues:
Are we really ready to help? ........................................ 39
Does Your Blood Sugar Affect Your Mood, Sleep & Concentration?...... 41
Event Calendar ................................................................ 42
Community Associations .............................................. 44
Provincial Associations ............................................... 48
Research Projects ...................................................... 49
OBIA Training ............................................................ 50
Occupational Therapy, Mental Health and ABI ................ 52

VISIT
www.obia.ca

Connect with us!

EMAIL
obia@obia.on.ca

Copyright 2013, PUBLICATIONS MAIL AGREEMENT NO. 40005485
RETURN UNDELIVERABLE CANADIAN ADDRESSES TO:
Ontario Brain Injury Association, PO Box 2338 St. Catharines, ON L2R 7R9
Ph: 1-800-263-5404 or 905-641-8877 Fax: 905-641-0323
E-mail: obia@obia.on.ca
Registered as a Canadian Charitable Organization Reg. #10779 7904RR0001
In speaking with many survivors of acquired brain injury (ABI) one thing is certain, sustaining a brain injury is a life-changing event affecting almost every aspect of a person’s life. Due to the injury, many people living with an ABI experience dramatic and permanent changes in their work status, income, roles, family life and support network which can inevitably impact their quality of life.

Given these many changes and struggles it is not surprising that at least 44% of people at a given time who have sustained a brain injury also experience mental health issues. The OBIA Impact Report further substantiates this as 80% of our respondents reported having trouble with anxiety some or most of the time and 76% had trouble with depression some or most of the time.

There are numerous factors that may influence the mental health of a person who has sustained a brain injury. Some direct effects of ABI include cognitive, physical, emotional and behavioural challenges which may result in changes in a person’s capabilities and competencies post injury. The things that they were certain of before, such as going to work, being active in their communities and family roles all become unknowns. In other words, their whole life is turned upside down.

It is no wonder that all of these changes and challenges may predispose survivors of brain injury to significant depressive reactions and feelings of social isolation, helplessness and hopelessness. However, at times it can be hard to distinguish what is a mental health issue and what is the brain injury, as many of the symptoms are the same.

Some of the symptoms that brain injury and mental health have in common are memory problems, unpredictable behaviour, being very emotional, seemingly low motivation, impaired capacity for insight and failing to acknowledge having a problem. So again, it can be difficult to determine if the symptoms are related to the brain injury, a mental health issue or both. Nonetheless, regardless of what the determining factor is we do know support is paramount to the survivor who is navigating these tumultuous waters.

However, a major challenge we face is finding appropriate support so that survivors of brain injury who are experiencing mental health issues...
do not fall through the cracks. In addition to an overburdened system, part of the difficulty lies in the provision of services as some providers work only with people with brain injuries others only with mental health. The good news is that service providers in the mental health sector have been reaching out to OBIA requesting educational sessions about ABI, in order to better serve their clients with this dual diagnosis.

Furthermore, we recognize the importance of service providers working together collaboratively where possible, as this brings together the most comprehensive level of support.

If you or a loved one is struggling with a mental health issue and an ABI please feel to call our Helpline at 1-800-263-5404 or email support@obia.on.ca and we will work to connect you to the appropriate resources.
With a longstanding record of successes, combined with a genuinely caring attitude, the personal injury team at Thomson, Rogers will always make sure that you and your loved ones are protected.

At Thomson, Rogers we have been protecting the rights of people who have suffered serious injuries for more than 75 years.

Put our experience to work for you.

To find out more about how we can protect you or someone you love, visit: www.thomsonrogers.com/personal-injury-litigation.
Or call us today for a free consultation and a copy of our Personal Injury Information Kit.
In 2012, “Changing Direction, Changing Lives” was announced. It is our first national mental health strategy and it is aimed at improving mental health and well-being and creating a mental health system that can meet the needs of all individuals living with mental health problems.

Why is a national mental health strategy important to people living with acquired brain injury (ABI)?

Many people live with mental health challenges long before acquiring a brain injury. According to the Centre for Addiction and Mental Health (CAMH) over 70 % of mental health issues have their onset in childhood. However, for many individuals mental health needs develop following their brain injury with major depression and anxiety disorders being most prevalent. According to the 2011 ABI and Mental Health Survey conducted through the Toronto ABI Network, over 93% of ABI service providers reached in the study identified working with clients having both an acquired brain injury and mental health issues. (see Feature Article, page 12)

Irrespective of when or how mental health difficulties present themselves in a person living with ABI, these changes in a person’s mood, behaviour and cognition can result in a profound negative impact on the individual. It can also be detrimental to family interactions, social interactions and vocation, without proper intervention and support. Recognizing and properly addressing mental health related issues associated with ABI is integral to the recovery process. Equally important is recognizing existing or developing mental health related issues in the families and caregivers of individuals with ABI.

According to the Changing Direction, Changing Lives strategy document (available at: http://strategy.mentalhealthcommission.ca/pdf/strategy-summary-en.pdf), “The strategy will help to ensure that people living with mental health problems and illnesses—especially those with the most severe and complex mental health problems and illnesses—are treated with respect and dignity and enjoy the same rights as all Canadians.” This strategy is designed to be a “blueprint for change” within the mental health system. Accordingly, there are six key strategic directions to facilitate this change:

1. Promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible.
2. Foster recovery and well-being for people of all ages living with mental health problems and illnesses, and uphold their rights.
3. Provide access to the right combination of services, treatments and supports, when and where people need them.
4. Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and Northerners.
5. Work with First Nations, Inuit, and Métis to address their mental health needs, acknowledging their distinct circumstances, rights and cultures.
6. Mobilize leadership, improve knowledge, and foster collaboration at all levels.

Further to the key directions in the strategy, *Changing Direction, Changing Lives* provides 106 recommendations for improvement related to both health care and to social determinants of health including affordable housing and the justice system.

“The over-representation of people living with mental health problems and illnesses in the criminal justice system highlights the importance of respecting their right to the same level of services and supports that are available to all Canadians. Efforts to reduce the numbers of people living with mental health problems and illnesses in the criminal justice system must be strengthened and the shortfalls in mental health services, treatments and supports within this system must be addressed.” page 35

Canada’s first national Mental Health strategy is broad. The recommendations embrace the salient aspects of a system in need of transformation and are intended to provide a very specific framework for change.

“Each individual’s journey to recovery and well-being is unique and the right combination of services, treatments and supports will depend on what people want and need, as well as the nature of their condition.” page 53

Certainly, the positive outcomes related to the reduction of the stigma associated with Mental Health and ABI and improved access and delivery of services benefit everybody. It is incumbent upon all of us to do our part to turn this strategy into action.

Sources

- [http://www.hclinkontario.ca/index.php/blog/entry/swimming-upstream-a-mental-health-promotion-strategy-for-canada-.html](http://www.hclinkontario.ca/index.php/blog/entry/swimming-upstream-a-mental-health-promotion-strategy-for-canada-.html)
- [http://onf.org/system/attachments/60/original/Guidelines_for_Mild_Traumatic_Brain_Injury_and_Persistent_Symptoms.pdf](http://onf.org/system/attachments/60/original/Guidelines_for_Mild_Traumatic_Brain_Injury_and_Persistent_Symptoms.pdf)
DIFFERENT ROLES. ONE GOAL.
TOGETHER WE CARE FOR THEIR FUTURE.

Through your skill and compassion, you help them to heal. Through our legal expertise, and relentless drive, we ensure clients receive the financial support they need now, and in the years to come.

If you or someone you know has suffered a critical injury, or would benefit from a legal second opinion, call McLeish Orlando today at 1-866-685-3311 or visit www.mcleishorlando.com
Saturday, December 1, 1984, I had a cerebral hemorrhage. I was an office manager for a plastics firm where I had gone in that morning to catch up on paperwork. Combined with already having a facial difference, it has been a long road to “finding my life again.”

I remember my reflexes becoming “slow” when reaching for the filing cabinet drawer, but I shrugged it off, and took files to my boss. I was climbing the steel stairs in the factory when I suddenly felt severe pain as if a bowling ball had bounced from one side of my head to the other.

The plant manager saw me and sensed something was wrong. He immediately came up behind me and I fell into his arms. If it wasn’t for him, I would not be here today.

I was rushed to hospital where doctors would eventually install a shunt to relieve fluid on my brain. I remained in intensive care for two weeks and eventually on December 31st, was released to the care of my parents to continue recovery.

Over the next several years, I relearned how to walk, talk, comprehend, think, eat and drive. I did not receive any rehabilitation so had to devise my own methods. I would, with God’s help, master what skills I could.

My journey of self-rehabilitation would test me thoroughly. I would play “mind games” with myself such as counting the number of houses I would pass, one today, two tomorrow and so on.

The employment sector was a challenge. I remember putting on a façade to prospective employers to make them believe I was capable of performing the job with my credentials. However, once in the position, it became clear that I was unable to continue due to depression and low self-esteem.

I would go home, pull up the covers, block out life for a few days and then continue to apply for jobs. I wanted SO MUCH to be like everyone else. I knew I was smart and nothing was going to stop me!

During my rehabilitation I sought out counselors but they convinced me that working and night school would help. Despite their good intentions, nothing could erase the years of mental anguish and not being “mentally healthy”—it took nearly 20 years and a myriad of job coaches, job placements and night school.

A government program became available to me that had “counseling” as a component. It was this counselor who picked up on all that I had been through. He “walked with me” through those many years of the physical and emotional effects of not only the cerebral hemorrhage, but also living with a facial difference caused by a birth defect called Klippel Feil Syndrome.

In the mid 80’s I became involved with what is now known as the Brain Injury Association of Windsor and Essex County. Eventually I become a member of Chrysalis, a day club for adults with brain injury, formed by ALSO (Assisted Living of Southwestern Ontario). Even though I may not be an active member, I support what the day club stands for, allowing individuals to attain social skills, finding a “niche” in computer,
employment, cooking, or maintenance and feeling as productive as possible. I only wish this had been available to me early on.

I am now semi-retired. The only lingering effect of my cerebral hemorrhage is a problem with staggering that I have from time to time and I have simply learned to accept it. I am now taking time to finally get to know what makes up “ME” along with realizing that I have a passion for writing non-fiction.

Today, I concentrate on writing and some of my writings have been published. I consider myself mentally healthy now. I am a strong advocate for getting one’s emotions in order, especially following the ravages of a brain injury. I would like to become a Motivational Speaker and can only hope that I am an inspiration for others who have a brain injury and can help all individuals realize the power of the human brain. I look forward to what God has in store for my life.

This is a picture myself (far right with red top) and other members of my AboutFace adult group (for adults 22 yrs and older who have a facial difference, taken at our 3rd annual Adult Retreat, earlier this month – in Huntsville, Ont. I attended the first retreat in 2011. It is here, that I have learned that “I am not alone” and that there are others like me who want to be contributors to a productive life.
The following is a summary of the data collected in 2011 by the Toronto ABI Network.

In 2011, ABI and Mental Health service providers were surveyed to gather input about their respective experience supporting clients with ABI and mental illness and to better understand and address the challenges that persist when complex clients become involved with the justice system.

Two separate surveys were developed to tailor the questions to the different audiences and objectives. The primary objective for the ABI service providers was to understand the challenges they experience in supporting individuals with mental illness in addition to the ABI and the challenges they experience accessing mental health services for their clients.

Here are some of the key findings of the surveys.

**KEY FINDINGS:**

This section summarizes the key findings and themes that were highlighted by respondents. A more comprehensive summary follows.

1. The vast majority of respondents (92.6%) reported working clients with ABI and Mental Health issues.
2. Both groups reported that the biggest challenge they face in supporting these clients is **being able to access needed community resources.** For Mental Health service providers the most frequently cited concern was around **access to housing.** ABI service providers were most concerned about being able to consult with MH specialists as needed.
3. Concern was expressed about the tendency for their clients to be expressly excluded from organizations due to restrictive eligibility criteria.
4. Increased awareness and education is needed for all involved:
   a. ABI service providers could benefit from education about screening, assessing and managing MH issues.
   b. MH services providers could benefit from education about screening, assessing and managing ABI related issues.
   c. Service providers need to better understand how the Justice system works.
   d. Those that work in the court and justice system need to better understand the challenges associated with individuals with ABI and complex mental health issues.
   e. Education for everyone about resources available in the community. This is particularly important for lawyers and judges and other court workers to ensure there is an understanding of available resources and challenges accessing those resources so court orders are feasible.

There are existing education initiatives that were cited as good models (e.g., LEAD stands for: Local, Emergency, Ambulance, Diversion and the training is geared towards our community first responders such as police, EMS, mental health crisis team, hospital based, ER physicians and hospital schedule 1 facility staff.)

5. There is a need for increased collaboration across sectors and a hope that the system can work towards improved sharing of resources and expertise. Ideally, service providers should work in unison to share the care of clients with both the ABI and Mental Health issues, rather than the current practice of referring from one sector to another and back again.

6. Recommendation for enhanced clinical outreach/consultation models across the sectors to support service providers in working with complex clients.

7. The Mental Health Courts and the Court Diversion programs were frequently cited as efficient and effective programs that support clients well.

8. Recommended initiatives for the Toronto ABI Network include:
   a. Develop resource guide (especially for resources available outside of Toronto area).
   b. Support development of outreach/clinical consultation models to support service provision for clients with MH and ABI diagnoses.
   c. Coordinate a service resolution table (to be webcasted in order to enable service providers from outside of Toronto to participate).
ABI AND MENTAL HEALTH SURVEY RESULTS

- 93.7% of ABI service provider respondents reported working with clients with both ABI and mental illness:
  - 48% of respondents estimated that more than 26% of their clients had a mental health diagnosis.
  - 20% of respondents estimated that more than 50% of their clients had a mental health diagnosis.

- 91.6% of MH service provider respondents reported working with clients with both ABI and mental illness:
  - However, only 12% of respondents estimated that more than 26% of their clients had an ABI.
  - 54.5% of respondents estimated that less than 5% of their clients had an ABI.

- ABI service provider respondents indicated that the type of mental health diagnoses seen most frequently by this group of service providers include:
  - Anxiety (58.1%);
  - Mood Disorders (54.7%);
  - Addiction (44.7%).

- 43.3% of ABI service provider respondents indicated that the main factor for not working with a client with a documented or suspected mental illness is a concern about being able to adequately support clients with a mental illness. 80% of these individuals indicated that their specific concern centered around being able to manage the behavioural/psychosocial issues of this group.

- 23.1% of MH service provider respondents indicated that clients with ABI were not considered eligible for services. No one reported concern about being able to adequately support clients with ABI but there was a lot of concern reported in the qualitative data about lack of access to needed community ABI services (specifically housing).

- ABI service provider respondents indicated that the most significant challenges encountered when supporting individuals with a mental illness are:
  - Challenges with accessing appropriate community mental health resources (86.1%);
  - Challenges with treatment (77.4%);
  - Challenges accessing urgent mental health support when needed (59.1%).

- MH service provider respondents indicated that the most significant challenges encountered when supporting individuals with an ABI are:
  - Challenges with accessing appropriate community mental health resources (79.2%);
  - Challenges with treatment/intervention (73%);
  - Challenges with housing placement (55.3%);
  - Challenges with screening/assessing (51.6%).

- ABI service provider respondents reported that the ability to consult mental health service providers as needed was the most significant opportunity to enhance their ability to support individuals with mental illness (84.4%), followed by increased use of resources already developed (e.g. Substance Use Brain Injury...
Intervention) (65.2%), and education about mental illness (56.0%).

- While 85.9% of MH service provider respondents reported that access to community ABI services would provide the most significant opportunity to enhance their ability to support individuals with ABI. Within that:
  - 65.4% reported that housing was the most significant need, followed by access to behaviour therapists (58.8%), and access to psychiatrist with ABI expertise (56.9%). Access to day programming and case management were also identified as being most needed by 53.6% of respondents.

- 86.2% of ABI service provider respondents indicated that they would like the Toronto ABI Network to explore opportunities for outreach/clinical consultation models to support ABI/Mental Health partnerships and enhanced capacity to support complex clients.

The percentage of ABI Service Provider respondents that reported having worked with a client who also had a suspected or documented mental illness.
Chart 1b

The percentage of Mental Health Service Provider respondents who reported having worked with a client with a suspected or documented ABI.

Chart 2

Themes:

1. Suggested that agencies work in unison to support clients with both the ABI and Mental Health issues.
2. Case management must be long term, not time limited.
3. Medical resources do not seem to know what to do with ABI patients.
4. Psychiatry with ABI expertise to provide consultation to our psychiatrists.

As Toronto’s largest ethnic personal injury law firm, speaking 24 languages, we are dedicated to ensuring our clients receive the rehabilitation and fair compensation they deserve, in a language they understand. At Carranza, many of us are first or second generation Canadians who are able to provide expert legal representation in multiple languages. Not only can we help overcome the language barrier, but we can also assist with many of the cultural issues that may arise throughout treatment and recovery.

No matter how you say it, “we can help.”

carranza LLP
416.633.1065 • 1-877-633-1065
www.carranza.on.ca
It was 45 years ago when an ABI changed my life. My then husband and I were driving along, with my husband at the wheel and me in the passenger seat, when another car went through a stop sign and hit us. We were in London, Ontario at the time and I was taken to hospital where I was in a coma for 8 weeks. After the coma I was not able to walk or to talk, I had no vision or coordination. I spent 14 weeks in the hospital where I received some rehabilitation. Once I was discharged home I continued with my rehabilitation and learned how to do everything all over again.

Two years after my injury, my husband and I decided that we would adopt a child as we were unable to conceive our own. In 1970, we brought our son home and couldn’t be happier. In 1977, a ‘miracle’ happened when we found out I was pregnant with our daughter. Unfortunately during my pregnancy, my husband could no longer manage a life with our family and left us. At that time, I began to feel very isolated and alone. I now had two children to care for with limited access to support.

My family lived in the Niagara area so I picked up and moved with my kids to be closer to them. We tried living in apartments for a while, but the financial burden was too great and had to move to subsidized housing. Even though I was closer to my family, I still continued to feel isolated. I didn’t have a strong network of people around me to give me a sense of purpose, “I felt angry that I couldn’t do the things that I wanted to do.” I used to be ambitious and felt that I was being held back by my brain injury. There was a short time where I felt angry, but quickly moved past that by focusing my attention on my children.

In 1991 I was introduced to a local service provider and this is where my life began to change. I had found the supports that I required to feel as though I was not alone and they provided me with a network of people who gave me encouragement and support along the way. Since then, I have learned to drive and am now employed part time as a greeter at a local Walmart. This job opportunity has given me a sense of accomplishment, makes me happy and “helps me get up in the morning.”

While the journey has been long and full of twists and turns leaving me feeling isolated and angry, I am now in a place in my life where I can happily say that my family is doing very well and I am happy. I owe this to my support networks—both my family and service providers—without having the right people in my life at the right time, I fear that I could not have made it to this point. ☀️
Concussions amongst teens in Ontario are much more common than what was originally thought. Recent research led by Dr. Gabriela Ilie at St. Michaels Hospital in conjunction with the Center for Addiction and Mental Health (CAMH) has found that one in five teens between grades 7 to 12 have sustained a concussion. Further to this, students who suffered these concussions are more likely to have lower grades and to use drugs and alcohol. Students were found to be four and a half times more likely to drink alcohol regularly and three times more likely to use marijuana than to avoid it entirely after they have experienced a head injury.

This study used data collected from the 2011 Ontario Student Drug Use and Health Safety Survey which is one of the longest ongoing surveys in the world. They collected responses from almost 9,000 students from grades 7-12. While this survey historically has focused on addictions, traumatic brain injury questions were added to the survey in 2011.

This part of the population is vulnerable. Their brains are still developing and there is evidence to suggest that those who have sustained one concussion are at greater risk for future concussions, ongoing cognitive issues, potential for mental health concerns and possibly substance abuse. It is important to note that, while there is a statistical correlation between alcohol and drug use and traumatic brain injury, there is still more work to do to understand if it is a direct result of the injury or a coping mechanism utilized by students who are struggling with the effects of the injury.

It is not only the individuals that are affected by a TBI, but also their loved ones. Often when a child is impacted directly by a TBI the family has to take on further responsibilities to care for the child during recovery. Recent legislation has been passed to assist with families who are trying to manage work life and home life when caring for someone who is critically ill or injured. The Helping Families in Need Act (Bill C-44) was passed to provide benefits to parents who need to provide direct care to their critically injured/ill child. The act allows eligible parents an opportunity to take an unpaid leave of absence and provide them with up to 35 weeks of temporary income support through Employment Insurance (EI) in a 52 week period. In order to qualify, a parent must have had six consecutive months of employment and have a medical specialist issue a certificate confirming the child is critically ill and requires the parent to care for them.

While the ABI community is very aware of the potential for someone with an ABI to experience mental health difficulties and/or substance use. This is an area which requires more research and thorough understanding. The OBIA Impact Report identifies that 73% of people with an ABI struggle with depression and 77% are dealing with varying degrees of anxiety. Some level of support is emerging for families and survivors but more work needs to be done to bring the mental health/addictions community and the ABI community together. The goal is to find a solution and create stronger support for those who are faced with not only the challenges of an ABI, but also addictions and mental health.

*Source: OBIA Impact Report 2012*
We are here to help,
you are not alone.

Spinal Cord Injuries
Traumatic Brain Injuries
Motor Vehicle Accidents
Orthopaedic Injuries
Long Term Disability
Slip & Fall Accidents

Call us for a free consultation.
Pay no fees unless we are successful.

Neinstein & Associates LLP
Personal Injury Lawyers

1200 Bay Street, Suite 700 Toronto, Ontario, M5R 2A5 416 920 4242 • neinstein.com
The 9th Annual BIST/OBIA Mix and Mingle was held on June 12 at the Steam Whistle Brewery in Toronto and was attended by over 600 people. To-date, this event has has been a huge success for the two organizations and plans are underway for next year’s event.

Organizing chair, Greg Neinstein was pleased to announce that the 10th Annual BIST/OBIA Mix and Mingle will be held on Wednesday, June 11th, 2014, again at the Steam Whistle Brewery in downtown Toronto. Please mark your calendars and we hope to see you there!

An event like this takes many people to make it a success. We would like to acknowledge the following planning committee members for making it such a wonderful event: Chair, Greg Neinstein, Aaron Stiller, Ann Grozier, Darcy Merkur, Deena Ginsberg, Ellie Lapowich, Jason Katz, Joanne Driscoll, Nick Gurevich, Ruth Fernandes, Stefanie Linton, Terry Wilcox, Jennifer Norquay and Wendy Dueck.

For additional information on this event, please see the BIST’s report in the Around the Province section, page 30.

Silver Sponsors:
Access Rehab Inc.
Advance Physiotherapy Clinic
AgTa Home Health Care
Aimee Hayes & Associates Inc.
Balikowski Leone
Balance Physiotherapy
Bartimeaus Inc.
Baxter Structures
Beard Winter LLP
Beverlee C. Melamed & Associates
Bluepoint Valuations
Catastrophic Injury Management

Gold Sponsors
AGP
HSH
Mazin Associates PC
Singer Kwinter

Platinum Sponsors
Adapt-able Design Group
BridgePoint Financial Services Inc.

Lead Sponsor:
McKellar STRUCTURED SETTLEMENTS

OBIA and BIST Wish to Thank...

Claudia Maurice Occupational Therapy
Colangelo Greenhow Inc.
Collins & Jones Physiotherapy
Community Solutions Ltd.
David Antflick-Centre for Educational Development
DeRose Barristers & Solicitors
Diamond & Diamond
FunctionAbility Rehabilitation Services
Galit Lifshitz & Associates
Hanson Duby Lawyers
Henderson Structured Settlements
Innovative Case Management Inc.
Kerr Lawyers
Lawlor Therapy Support Services Inc.
Lee & Associates Personal Injury Lawyers
Michelle Cohen & Associates
Neuro Rehab Services
Neurocore Physiotherapy & Pilates Centre
Neurologic Rehab Institute of Ontario
Omega Medical Associates
Pace Law Firm
Physio-Logic Rehabilitation Services
Preszler Law Firm LLP
The Social Work Consulting Group
Vertex Solutions Corporation
Thank you to Stacey Shopowicz and his jazz band for providing the musical entertainment for the evening.

Additional Sponsors

Steam Whistle

Fielding Estate Winery
Restoring Hope. Building Futures.

Comprehensive rehabilitation services from providers you can trust.

Specializing in rehabilitation for those who have been seriously injured in motor vehicle collisions.

case management | discharge planning | occupational therapy
speech-language pathology | rehabilitation therapy | home assessments
vocational counselling | personal counselling | life care planning
medical & psychological assessments | funding arrangements

www.rehabfirst.ca
1-888-REHAB-90
OBIA’s AGM Award Winners Honoured

Professional of the Year
Veronica Pepper

Fellowship Award
Imants Leitis

Corporate Fellowship Award
Alliance of Community Medical and Rehabilitation Providers, accepted by Nick Gurevich, Board President

Volunteer of the Year
Carolyn Sim

Unable to attend, Media Award winner, Cheryl Clock, St. Catharines Standard.
We Can Help.

OBIA’s Support Services Program can offer:

• Quick linkage to your local Brain Injury Association and to other needed ABI services
• Connection to our Provincial ABI Peer Support Program
• Access to current information and resources about ABI
• Support/Advocacy as you navigate the often complex system of ABI

Call our toll free Helpline 1.800.263.5404 or email: support@obia.on.ca

Brain Basics Training Program

UPCOMING DATES/LOCATIONS:
SEPTEMBER 26-27, 2013 - SAULT STE MARIE, ON
OCTOBER 1-2, 2013 - ORANGEVILLE, ON
OCTOBER 7-8, 2013 - OTTAWA, ON
OCTOBER 24-25, 2013 - NORTH BAY, ON
NOVEMBER 7-8, 2013 - SARNIA, ON
MAY 8-9, 2014 - TORONTO, ON

Providing frontline Health Care Workers, Caregivers and others with an understandable introduction to the world of Brain Injury.

For details, contact Diane Dakiv, Training & Administrative Assistant. training@obia.on.ca
You Will Never Be Alone

Mazin & Associates PC fights for the care you deserve. Our experienced and compassionate lawyers will work tirelessly to ensure that your rights are protected.

With us on your side, you will never be alone.

TO LEARN MORE VISIT OUR WEBSITE: MAZINLAWYERS.COM OR CALL US FOR A FREE CONSULTATION ANYWHERE IN ONTARIO

1.800.432.HURT • 416.250.1234

5 PARK HOME AVENUE, SUITE 120, TORONTO, ONTARIO M2N 6L4
Across the Province

**OBIA Advisory Council (OAC):**

We are very excited to announce that, at the June 22 meeting, elections were held to fill two vacancies on the Executive of the OBIA Advisory Council. With pleasure, we announce that Cheryl Ann Hassan, Executive Director of Four Counties Brain Injury Association, and Tim Slykhuis, of the Brain Injury Association of Ottawa Valley are the new Co-Chair and Survivor Representatives to the OBIA Board of Directors. We extend our heartfelt thanks and appreciation to Melanie Gardin of the Brain Injury Association of Windsor Essex and to Greg Noack of the Brain Injury Society of Toronto for their contributions to the OAC in their respective roles.

**Community Programs and Events:**

In this segment of Across the Province we are delighted to be able to highlight many of the activities that occurred throughout Ontario as part of the successful Drive Only Never Text (D.O.N.T) Campaign that began in June for Brain Injury Awareness Month in Ontario.

**D.O.N.T. Campaign Launch**

**June 6 at Queen’s Park, Toronto**

During the month of June, a coalition of injury prevention advocates is asking Ontarians to pledge to Drive Only... Never Text, or D.O.N.T. The D.O.N.T. campaign was launched June 6 at a special event at Queen’s Park, attended by the Honourable Glen Murray, Minister of Transportation and Infrastructure, and the Honourable Teresa Piruzza, Minister of Children and Youth Services, and MPPs from across the province. The campaign will remind drivers of all ages that distracted driving, which includes driving while texting or talking on a cell phone, can lead to car crashes and brain injuries.
Tax-free, guaranteed structured settlements are all we do, and we pledge to do it right.

Henderson Structured Settlements is licensed with all major federally-licensed life insurance companies underwriting structured settlements in Canada.

A structured settlement produced by Henderson Structured Settlements will always be brokered without regard to the commissions payable to Henderson for its brokerage services and with the intent of producing the best structured settlement income/cost attainable in the marketplace at the time of final brokerage.

Ceteris paribus (other things being equal), Henderson Structured Settlements will always be able to match or better any structured settlement income/cost attainable in the structured settlement marketplace at the time of final brokerage.

Henderson Structured Settlements will, with every structured settlement annuity contract, produce a written guarantee of tax law compliance and ongoing service and responsibility.

www.henderson.ca
1.800.263.8537
Our thanks to everyone who came out to support the launch of the D.O.N.T. Campaign. Pictured on page 27 are: L-R: John O’Toole, MPP (Durham); Inspector Andre Phelps, Ontario Provincial Police; Christine Elliott, MPP (Whitby-Oshawa); Gail Robertson, spokesperson, Southland Insurance; Rob Milligan, MPP (Northumberland-Quinte West); Jeff Yurek, MPP (Elgin-Middlesex-London); April Ferguson, FAIR Association; Ruth Wilcock, Executive Director, OBIA; Melanie Gardin, Chapman Grodon Gardin Stewart LLP, chair of the D.O.N.T. committee and OTLA member; Linda Langston, Executive Director, OTLA; Laura Kay, Executive Director, Brain Injury Association of Windsor-Essex County; Russell Davies, Director, Brain Injury Association of Peel and Halton; Tammy Dumas, Associate Director, OBIA; John Dumas, Rehabilitation Management Inc; Wendy Dueck, Fund Development & Public Engagement Officer, OBIA; Michael Prue, MPP (Beaches-East York).

Not pictured: The Honourable Glen Murray, Minister of Transportation and Minister of Innovation; the Honourable Teresa Piruzza, Minister of Children and Youth Services; Linda Jeffrey, MPP (Brampton-Singleton); Peter Tabuns, MPP (Toronto-Danforth).

June 2013 - D.O.N.T. Billboards

We had billboards located at following seven locations throughout the province:

- Marentette/Tecumseh Road East, Windsor
- Dixie Road/Derry Road, Mississauga
- Eglinton Ave W/Dufferin Street, Toronto
- Park Street/Lake Street, Peterborough
- St-Laurent Blvd/Belfast, Ottawa
- Victoria Ave/Simcoe Street, Niagara Falls
- Yonge Street/Johnston Street, North York

BIA of Sault Ste Marie & District

Mr. Danny Viotto Principal of St Mary’s College with Carmen Scarfone (grade nine student) and Kristy Scarfone (grade twelve student) wearing D.O.N.T. Campaign t-shirts and rings during one of the June education and awareness presentations to teachers and high school students in Sault Ste. Marie.
Brain Injury Society of Toronto

BIST is proud to have held two successful events on the same day! Our Brain Injury Awareness Event was held on June 12 at Nathan Phillips Square. There was a live Beyoncé/Rihanna singer and dancers, interactive sports and hockey celebrities including former Toronto Maple Leaf Wayne Primeau, former Boston Bruin Cam Stewart and Para-Olympic Gold Medalist Paul Rosen. Our Mix & Mingle sponsors and local partners had booths set-up and it was a steady stream of people throughout the event. BIST was honoured and pleased to be the recipient of a $2000 donation on behalf of Paul Gilkinson and the staff at WSIB. Thank you to the Committee members who made this event possible: Tonya Flaming, Darcy Merkur, Colleen Boyce, Michelle Diamond, Chris Brown, Alex Piotti, Vivian Ng, Anne Sovari, Deb Winick, Ian Bowles, Julie Mauceri, Kerry Goulet, Miranda Hong, Nicholas Morihovitis.

The 9th Annual BIST OBIA Mix & Mingle was held on later on that evening. This was our most successful Mix & Mingle to date! We surpassed last year’s results—the event raised over $100,000 and we were thrilled to have hosted over 600 attendees for a second year at the Steam Whistle Brewery at the foot of the CN Tower. A very special thank you to our Lead Sponsor McKellar Structured Settlements, our Platinum Sponsors: Bridgepoint Financial Services Inc.; Adapt-able Design Group; Personal Injury Alliance; as well as our Gold and Silver Sponsors. We would also like to take this opportunity to thank the tireless efforts of our Mix & Mingle Planning Committee: Greg Neinstein, Ruth Fernandes, Nick Gurevich, Anya Tamir, Ellie Lapowich, Joyce Chiang, Milan Unarket, Aaron Stiller, Joanne Driscoll and Stefanie Linton.

We are looking forward to our 3rd Annual BIST 5K Run, Walk & Roll on Saturday September 21 in Sunnybrook Park. Lace up your running shoes and come join us! Register at www.bistrun.ca.
BIA of Quinte District

“Drive only, never text!”

These were the words being shouted by volunteers of the city’s Brain Injury Association in downtown Belleville on Friday, June 7.

A number of volunteers lined Front Street handing out information cards and thumb rings to help drive home the message.

“Reaction from the public was mixed,” said volunteers Ken Johnson and Melinda Cairns. There were a few drivers honking in support but, some people ignored them. However, Johnson was happy to find that nobody was driving while texting.

BIA Sarnia-Lambton

Brain Injury Association Sarnia Lambton has been very busy during the past months. BIASL hired a part-time administrator in June and received a Summer Student grant that allowed our organization to plan more social leisure activities for our members throughout the summer months.

Our 3rd Annual Golf Tournament and Silent Auction was held on May 31.

BIASL hosted a Brain Basics training in June and we have received positive feedback on it. All of the attendees wore their DON’T t-shirts to support the DON’T campaign (see photo below). The next Brain Basics date has been scheduled for November 7 and 8, 2013.

On July 13 the BIASL staff and members held a BBQ and garage sale and then on July 14, a local family which has been affected by ABI held a Home Show Fundraiser in Forest and donated the proceeds to Brain Injury Association Sarnia Lambton. A big thank you goes out to the Lithgow family and all the sponsors.

BIA Windsor and Essex County

June 2013 - D.O.N.T. Launch Queen’s Park

Melanie Gardin (BIAWE President), Laura Kay (BIAWE Executive Director), Thearsa Puruza (MP Windsor/Essex) and Gail Robertson (Southland Insurance) attended the launch at Queen’s Park for D.O.N.T. Drive Only Never Text. All four ladies signed the provincial banner and took the pledge to stop distractive driving.

The event was sponsored by: OTLA, Southland Insurance and MTO

Photo (Left to Right) – Melanie Gardin, Teresa Piruzza, Gail Robertson and Laura Kay
Bartimaeus Rehabilitation Services
Because Experience Matters

Bartimaeus provides rehabilitation services to people who have experienced a severe trauma or brain injury due to a motor vehicle accident.

For more information please visit our website at www.bartimaeus.com or call us at 905-634-8903.

SINCE 1988
Knowledge • Experience • Choice

nrio
Neurologic Rehabilitation Institute of Ontario

- Rehabilitation for Children and Adults with Neurologic Impairment
- Assessment and Treatment
- Residential and Supported Living
  o Etobicoke
  o Hamilton
  o Mississauga
- Community Rehabilitation

Information: 1-800-561-9158
www.nrio.com
email: info@nrio.com

Outcome Oriented, Cost Effective and Innovative
June 2013 - Windsor Regional Hospital & Hotel Dieu Hospital

Staff and visitors at two local hospitals participated in D.O.N.T. Drive Only Never Text awareness campaigns. T-shirts were sold and staff were encouraged to wear the shirts to promote safe driving. Messaging and the popular thumb rings were given out at information booths. Local survivors and BIAWE board members wore their shirts every Friday in the month of June to promote the province wide campaign. In addition, Green Shield Canada handed out D.O.N.T rings and encouraged staff to take the pledge at iDONTpledge.com.

This banner was created by Hotel Dieu Grace Hospital and staff and those passing by have been signing the banner to take the pledge to help stop distracted driving.

June 12, 2013 - Atonement Hall, Windsor

BIAWE hosted its Annual General Meeting (AGM) and supporters were encouraged to take the pledge to help stop distracted driving. Two volunteers that have been key to injury prevention were honoured at the AGM for their help initiating D.O.N.T. (Drive Only Never Text) in Windsor & Essex County, which led to the province-wide campaign.

Photo: Heather Wilson (left) & Elsie Galbraith (right)

Coming soon...

Online Brain Basics Course
If you’ve had a serious injury *who* will stand up for you?

**TIMMINS**  
24 Pine St., S.  
(705) 264-3100

**SUDBURY**  
1730 Regent St., S.  
(705) 522-0661

**NORTHBAY**  
133 Main St., W.  
(705) 472-7300

**NEW LISKEARD**  
11 Armstrong St. N.  
(705) 647-6330

**OTTAWA**  
Chateau Laurier (by Appointment)  
(613) 234-1866

**TOLL FREE 1-866-856-6197**

www.wallbridgelaw.com

**WALLBRIDGE WALLBRIDGE**  
*Trial Lawyers*

*Bilingual Service - Free Consultation - Contingency Fees*

**NEUROTRAUMA** - **CATASTROPHIC INJURIES** - **WRONGFUL DEATH**  
**MOTOR VEHICLE ACCIDENTS** - **DISABILITY INSURANCE** - **MEDICAL MALPRACTICE**
Support Services for Brain Injury

Helping individuals living with the effects of brain injury achieve a better quality of life

Head Office
312 Rubidge Street
Peterborough, Ontario K9J 3P4
Phone: 705-741-3412
Fax: 705-741-4098

Toronto Office
1543 Bayview Avenue, Suite 522
Toronto, Ontario M4G 3B5
Toll Free: 1-800-559-8323

www.mindworksgroup.ca

OUR SERVICES
- Rehabilitation Assistants
- Community Support Staff
- School Support Staff
- Recreational Programming
- Vocational Planning, Programming and Coaching

Providing Quality Rehabilitation Support Services

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

OUR REHABILITATION THERAPIST INCLUDE:
- Occupational Therapy Assistants
- Physiotherapy Assistants
- Developmental Service Workers
- Kiniesiologists
- Educational Assistants
- Behavioural Therapists
- Social Service Workers
- Recreation Therapists

1550 South Gateway Road Suite 328 Mississauga On L4W 5G6
Phone: 905-451-1772  Toll Free: 1-877-451-1772  Fax: 905-451-5960
Visit www.lawlortherapy.com for more information!
The Community Leaders Foundation has made a generous donation of $25,000 to the Ontario Brain Injury Association (OBIA). The donation was presented at the Foundation’s 40th Annual Invitational which took place on August 12, 2013.

On behalf of the many people living with the effects of acquired brain injury whom we support, the staff and Board of Directors of the Ontario Brain Injury Association extends heartfelt thanks to the Community Leaders Foundation. This gift will help OBIA continue to provide the much needed services to improve the quality of life for survivors of brain injury, and help us support their family members and caregivers.

“We hope our gift will inspire others to help fund the important work OBIA does for people living with acquired brain injury, said Mr. Jan Cook, Co-chair of the Community Leaders Foundation. “I have personally had several friends who sustained brain injuries and I understand how devastating it can be both to the individual and their families. Our hope is that our gift will help someone in need get the support they require and encourage others to support the Ontario Brain Injury Association.”

The Community Leaders began as a group of community-minded businessmen who organized and established the Fred Stanfield Invitational Golf Tournament in 1973. Since then, the Invitational has undergone a number of changes, seeking new ways to raise funds to meet the constantly changing healthcare needs in the community, including hosting a major Gala in 2008. However, the majority of the funds are raised when over 300 businessmen gather each year at a local golf course for the exclusive tournament, which includes silent and live auctions during dinner.

The successful businessmen who have served with Community Leaders and supported the tournaments over the years have contributed significantly to the local economy, as well as to the Foundation’s 40 years of fundraising, making a significant impact in their community.

Since its inception, through the generosity of sponsors, volunteers and golfers, the Foundation has raised over $6 million and supported many very worthwhile charities. In 2012, the organization celebrated a philanthropic milestone with a $1-million donation to the Niagara Health System’s new acute-care hospital and Walker Family Cancer Centre located in St. Catharines, Ontario – the culmination of seven years of fundraising efforts.

Today, the Community Leaders Foundation continues to work towards the achievement of the same goal it did 40 years ago: The Betterment of Healthcare in Niagara.

“We extend our heartfelt congratulations to the Community Leaders Foundation on 40 successful years of providing financial support to so many very worthwhile healthcare charities,” said Wendy Dueck, Fund Development & Public Engagement Officer with the Ontario Brain Injury Association. “We are thrilled to now count OBIA among them, as one of two organizations that are the recipients of the Foundation’s charitable funding for this year.”

The Ontario Brain Injury Association is grateful to the Community Leaders for caring and helping individuals who in many cases are unable to help themselves due to the devastating impacts of brain injury. Their generosity makes our community a better place to live.
OBIA Fund Development & Public Engagement Officer Wendy Dueck (4th from right) was in attendance to accept the donation from the Community Leaders Foundation Directors, L–R: Jonathan Bullivant, Steve Rochfort, Mike Karagias, Neil Dixon, (Wendy), Archie Katzman, Jan Cook and Terry Waud.
CHANGING THE LIVES OF THOSE WITH TRAUMATIC BRAIN INJURIES FOR CLOSE TO 40 YEARS

WHAT HAPPENS AFTER A TRAUMATIC BRAIN INJURY?

Singer Kwinter will be your legal advocate every step of the way through treatment and rehabilitation. We help individuals and their families rebuild their lives.

Widely respected by the legal profession, Singer Kwinter has obtained record-setting awards and achieved groundbreaking decisions that have changed the law in Canada.

With Singer Kwinter you can be confident you are represented by a team that will work tirelessly and compassionately to ensure the outcome is the very best for you and your family.

Your first phone call is paramount to successful recovery. Call 1 866 285 6927 today.

REPRESENTING ACCIDENT VICTIMS SINCE 1974  I  OUR CLIENTS PAY NO FEES UNTIL WE SETTLE OR WIN

SINGER KWINTER | Leaders in Personal Injury Law

1033 Bay Street, Suite 214 Toronto, ON M5S 3A5  I  1 866 285 6927  I  referrals@singerkwinter.com  I  singerkwinter.com
More than half of brain injury survivors experience some kind of psychiatric disorder. The most common pre-injury problems in adolescents and adults are substance use disorders. Post-injury, depression and anxiety are the most commonly developed new diagnoses. Having a pre-injury psychiatric diagnosis increases the risk of post-injury diagnoses. Taken together, there’s good evidence to suggest that more than half of the people served in community-based brain injury programs have one or more psychiatric diagnoses—and for between 20 to 30 percent, one of the problems they are experiencing is with substance abuse. Are we ready to provide addictions supports to two or three out of every 10 clients we serve?

Where clients present for addictions care seems to be largely (but not entirely) dependent on the severity of their brain injury and the age at which it occurred. People who were injured younger and had less severe injuries seem to present more often to mainstream addictions services. In fact, there is a growing body of evidence that approximately half of all people presenting for addictions care have some history of head trauma, with nearly one third reporting loss of consciousness. These studies have also found that having a brain injury is associated with more psychiatric symptoms. Having injuries in childhood are associated with an increased risk of psychiatric diagnoses and more severe problems with addictions. Are addictions and mental health providers ready to serve the two or three out of 10 clients with co-occurring brain injury, mental illness and substance abuse?

Unfortunately, the answer to both of these questions about capacity to serve people living with co-morbid brain injury, substance use and mental health problems is more often than not ‘no’. We have found that Addictions and Mental Health providers often do not screen for ABI. In the absence of a proper history, these providers may mistake neuro-cognitive impairment for a lack of motivation to participate in treatment. ABI providers may rely on Addictions and Mental Health services that are not well-equipped for the special needs of ABI clients. Fortunately, we are finding that the needs of this complex group of clients can be met through partnerships, collaboration and access to ABI-specific services.

With the support of the Ontario Neurotrauma Foundation and The Toronto ABI Network, Community Head Injury Resource Services (CHIRS) has been a part of two initiatives to address the unique needs of people living with co-occurring ABI and mental health issues. The primary goal was to raise awareness in partner agencies regarding the number of people living with brain injury who they are currently serving. To that end we provided support for the Center for Addiction and Mental Health’s (CAMH) Addictions Programs to integrate screening for ABI into its intake process. We also began a formal partnership with a community based mental health provider—Reconnect Mental Health Services—and have taught them to screen for ABI as well.

Our findings were something of a surprise to our partners. All referrals for Substance Use programs at CAMH were screened over a 16-month period (N=1348). Our preliminary findings indicate that 50% have a history of ABI with ¼ who have an injury with loss of consciousness. We also found that having an ABI seems to increase the incidence of lifetime drinking to intoxication and history of cocaine use and cannabis use. Brain injury was also associated with increased likelihood of psychiatric symptoms including depression, anxiety and aggression. Finally, having a history of brain injury seemed to double the risk of repeated episodes of treatment. People with multiple mild injuries or less severe moderate injuries may be most at risk because their impairments are less likely to be recognized.

Clients of Reconnect Mental Health Services were screened over a 6-month period (N=160). Just over 50% have a history that might suggest an ABI. On
closer examination 31% (N=50) of the sample have a brain injury with a loss of consciousness. Thirteen individuals had a moderate or severe brain injury and none of these individuals are receiving any ABI-specific support. When age-at-incidence was examined we found that the average age of the most serious injury was approximately 25 years (the current age was approximately 47 years). Forty-two percent of those who had a brain injury with loss of consciousness sustained their injury before the age of 15 years. Sixty-five percent of those who screened positive for brain injury were seen in ER and Hospital for at least one injury.

Findings from both screening projects are consistent with other studies with regard to incidence of ABI. In the general population it has been suggested that about 6% have visits to ER and Hospital for a brain injury. In these samples more than 30% were seen in ER and Hospital for their most serious brain injury. This tells us that individuals with ABI are over-represented among people with mental health issues and that ABI-specific services and knowledge need to be brought to mental health service providers.

CHIRS and Reconnect Mental Health Services have entered into a pilot project examining the feasibility of developing a collaborative partnership. Five clients have participated who have an ABI and a mental health diagnosis with a history of repeated hospitalizations that would qualify them for service by the ACT Team (Assertive Community Treatment Team). Each individual was not being well-served by either the ABI sector or the Mental Health sector alone. Each client was thoroughly assessed by both the ABI and ACT Teams and team leadership was flexible over time and determined based on areas of greatest need. Community support was provided by both teams as needed and the strengths of each team were maximized for each client. The ACT team had 24-7 crisis support, access to a greater pool of supported housing, access to a psychiatrist and nursing support and supervision of medication administration. The CHIRS team provided neuropsychological assessment, cognitive compensation strategies and community support.

Initially the teams were reluctant to serve the population that they perceived was new to them. The screening projects made it clear that both teams were already providing service to clients who have both an ABI and a mental health issue. Cross-training was used to breakdown stigma and increase capacity on both teams.

What do we know so far? It is possible to develop such a working collaboration. As we work through the details of the care provided we are reaching the conclusion that the ABI and Mental Health sectors need to work together more closely, providing joint triage and shared assessment. Now that the collaboration has been started it will continue as the connections between different service sectors have been forged and staff members have been provided with training and support so that they feel that they can serve this dually diagnosed population.

Where do we go next? We are hoping to expand the collaboration concept to other mental health service and ABI providers. We are hoping to provide training to the CAMH Addictions staff so that resources and programmes can be developed that can be delivered in other settings as well.

Do you feel tired? Can’t concentrate? Have a poor memory? Experience mood swings? Are irritable and can’t sleep, get dizzy? Well you’re probably thinking... I must have a brain injury!

But, did you know this is also how someone feels when their blood sugars drop?

Our blood sugars rise every time we eat a meal or snack containing carbohydrates. Our body then breaks down carbohydrates into its simplest form of sugar called glucose. To get glucose into the cells we need the help of the hormone insulin which opens up the cell door to let the glucose in. Your cells require this glucose to have enough energy to help us do the things we need to do during the day.

Unfortunately, when we eat carbohydrates in the form of white bread, sugar, cookies, white rice and white pasta, our body processes this type of carbohydrate too quickly, flooding our bloodstream with glucose at a rapid rate. This in turn causes huge surges of insulin to be released to help try and get the glucose out of the blood and into our cell. Unfortunately with these huge spikes in blood sugar comes a huge fall. Having a coffee with a doughnut will ensure this kind of energy surge, but also a massive drop in energy leaving you feeling depressed, irritable, moody and having difficulty concentrating. It also makes us crave more carbohydrates, sugary food or coffee to help raise the blood sugars back up again after the drop. Hence, a vicious cycle begins.

In fact a person with unstable blood sugars is three times more likely to have difficulty losing weight than a person with stable blood sugar. If a poor diet continues and the surges and drops persist, it can cause insulin resistance because the cells start to ignore the insulin knocking on their door to let the glucose in.

A typical Canadian breakfast can consist of a bagel cream cheese with a coffee, or toast and jam, or some kind of sugar laden cereal disguised as a healthy breakfast choice. Unfortunately, these food choices start us off on the wrong track in the morning by raising our blood sugars too high and set the stage for another cycle of peaks and valleys, and poor food choices back for the rest of the day.

So how do we get our blood sugars back on track?

First, EAT REGULARLY. This includes 3 meals and 2-3 snacks a day. You should not go more than 3-4 hours before eating. Eating regularly helps steady the rate at which the glucose enters the blood stream, goes in to the cells and tempers the rate of insulin production. If you wait too long between meals, your blood sugars start to drop and your body in turn has to produce cortisol to help raise the sugar levels back up into normal range. Too much cortisol production can lead to that rubber tire around your belly.

Next, each meal should include some kind of PROTEIN such as eggs, fish, nuts, legumes or a protein powder, along with complex carbohydrates such as vegetables and whole grains. These are slower burning fuels which help to keep blood sugars in normal range.

AVOID refined carbohydrates, sugar and processed foods such as cookies, muffins, white bread, white rice and white pasta. These are all guilty culprits in raising your blood sugars too high too quickly.

AVOID STRESS and reduce intake of stimulants such as coffee, nicotine and alcohol. Stress and stimulants cause insulin to be released and blood sugars to rise just as they would if eating sugary foods. Stimulants will contribute to the yo-yo effect on your blood sugar.

If you follow those simple rules you might be pleasantly surprised to find

1. You sleep better
2. You concentrate better and your mind stays focussed
3. You’re not as irritable or moody
4. Reduced carbohydrate and coffee cravings
5. Weight loss

Food for thought.
Event Calendar

September 18-20, 2013
OBIA (in conjunction with Brock University)
Neuropsychological Assessments - Level 2 (Certificate Course)
Location: Holiday Inn & Suites Parkway Convention Centre, St. Catharines, Ontario
Details: Presented by Dr. Dawn Good, Dr. Sherrie Bieman-Copland
Contact: Diane Dakiv
Phone: 1-800-263-5404 or via email: training@obia.on.ca.
Please go to www.obia.ca to register.

September 25-27, 2013
Brain Injury Association of Canada
Annual Conference of the Brain Injury Association of Canada
Location: Ambassador Conference Resort, Kingston, Ontario
Contact: Barb Butler, Conference Committee Chair
Phone: 306-584-9419
Email: barbbutler@biac-aclc.ca
For conference registration, visit the website: http://biac-aclc.ca/2013/01/30/biac-annual-conference-2013/

October 25-26, 2013
OBIA (in conjunction with Brock University)
Children and Youth with Acquired Brain Injury - Level 1 (Certificate Course)
Location: Holiday Inn, St. Catharines, Ontario
Details: Presented by Dr. Roberta DePompei
Contact: Diane Dakiv
Phone: 1-800-263-5404 or via email: training@obia.on.ca.
Please go to www.obia.ca to register.
See page 46 for course details.

November 13-15, 2013
OBIA and Participating Community Associations presents:
2013 Conference: Hope - Enhancing Lives After Brain Injury
Location: Sheraton on the Falls, Niagara Falls, Ontario
Contact: Jennifer Norquay
Phone: 1-800-263-5404 ext. 234
Email: jnorquay@obia.on.ca
See conference registration brochure insert or register online at: www.ontarioabiconference.ca.

January 31, 2014
UHN - Toronto Rehabilitation Institute presents:
Rehab Following Mild to Severe Traumatic Brain Injury
Location: Sheraton Centre Toronto, 123 Queen Street West, Toronto, Ontario
Our annual conference, formerly The Mild Traumatic Brain Injury Conference, will now incorporate TBI of all ranges of severity, from mild to severe.
An invitation for abstracts is extended to all researchers, physicians, physiotherapists, occupational therapists, speech language pathologists, nurses, social workers, and other clinicians and administrators who practice in the Traumatic Brain Injury environment.
Abstract deadline, September 20, 2013.
Contact: Conference Services
Phone: 416-597-3422 ext. 3866
Email: conferences@uhn.ca

February 18-21, 2014
OBIA (in conjunction with Brock University)
Neurorehabilitation: Assisting Recovery and Function in Everyday Life Following Brain Injury - Level 1 (Certificate Course)
Location: Brock University, St. Catharines, Ontario
Details: Presented by Dr. Dawn Good, Dr. Sherrie Bieman-Copland and Diedre Sperry
Contact: Diane Dakiv
Phone: 1-800-263-5404 or via email: training@obia.on.ca.
Please go to www.obia.ca to register.
Do you have questions about brain injury?

To show our commitment to helping you get answers to the questions you have, we are launching a new ABI Q&A feature in each edition of the OBIA Review.

We will ask the experts the questions you have!

We want to hear from you!
questions@obia.on.ca

DISCLAIMER:

Articles may be reproduced from the OBIA Review provided credit is given to the authors wherever possible. Note: the opinions expressed herein are those of the respective authors and advertisers and not necessarily those of the Ontario Brain Injury Association (OBIA). OBIA will not be liable for any damages or losses howsoever sustained, as a result of the reliance on or use by a reader or any other person of the information, opinion, or products expressed, advertised or otherwise contained herein. Where appropriate, professional advice should be sought.

Has an ABI affected your life? Are you willing to share your story with others in the OBIA REVIEW?

If you are a person who is living with the effects of an acquired brain injury, we want to hear from you!

We want to help you share your story with others, because your story may be the inspiration needed by another person living with ABI.

To talk to us about sharing your story
Please contact Katie Muirhead at 1-800-263-5404 ext.229
or email kmuirhead@obia.on.ca

ABI COMMUNITY SERVICES
A PROGRAM OF HAMILTON HEALTH SCIENCES

ABI Community Services is an independent Community-based fee-for-service program within Hamilton Health Sciences’s Acquired Brain Injury Program. ABI Community Services has been providing functional assessment and treatment for adolescents and adults with acquired brain injury for over 20 years. Rehabilitation professionals teach clients practical functional skills in their own environments. Clients are assisted with returning to meaningful roles within their family, community and/or work settings.

To Contact Us / Referrals
Direct 905-521-2100 ext: 40866
Fax 905-577-8231
E-Mail tavaress@hhsc.ca
Community Associations

All recent changes to information marked in orange.

<table>
<thead>
<tr>
<th>Ontario Brain Injury Association</th>
<th>Fort Erie</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Mail) PO Box 2338, St. Catharines, ON L2R 7R9</td>
<td>HIA of Fort Erie and District</td>
</tr>
<tr>
<td>(Courier) 3550 Schmon Parkway, 2nd Floor, Thorold, ON L2V 4Y6</td>
<td>649 Niagara Boulevard</td>
</tr>
<tr>
<td>Phone: (905) 641-8877 or Toll-free (800) 263-5404, Fax: (905) 641-0323</td>
<td>Fort Erie, ON L2A 3H7</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:obia@obia.on.ca">obia@obia.on.ca</a></td>
<td>Phone: 905-871-7789</td>
</tr>
<tr>
<td>Web Site: <a href="http://www.obia.ca">www.obia.ca</a></td>
<td>Fax: 905-871-7832</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:hiafevents@bellnet.ca">hiafevents@bellnet.ca</a></td>
</tr>
<tr>
<td></td>
<td>Contact: Donna Summerville</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Belleville</th>
<th>Hamilton-Wentworth</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIA of Quinte District</td>
<td>Hamilton BIA</td>
</tr>
<tr>
<td>281 Front Street Belleville, ON K8N 2Z6</td>
<td>PO Box 57603 Jackson Station</td>
</tr>
<tr>
<td>Phone: 613-967-2756 or toll free: 1-866-894-8884</td>
<td>Hamilton, ON L8P 4X3</td>
</tr>
<tr>
<td>Fax: 613-967-1108</td>
<td>Phone: 905-538-5251</td>
</tr>
<tr>
<td>Email: <a href="mailto:biaqd@bellnet.ca">biaqd@bellnet.ca</a></td>
<td>Fax: 1-866-611-1977</td>
</tr>
<tr>
<td>Website: <a href="http://www.biaqd.ca">www.biaqd.ca</a></td>
<td>Email: <a href="mailto:info@hbia.ca">info@hbia.ca</a></td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.hbia.ca">www.hbia.ca</a></td>
</tr>
<tr>
<td></td>
<td>Contact: Adria Repp</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chatham</th>
<th>London and Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Beginnings ABI &amp; Stroke Recovery Association</td>
<td>BIA of London and Region</td>
</tr>
<tr>
<td>9 Maple Leaf Drive Chatham, ON N7M 6H2</td>
<td>560 Wellington St., Lower Level</td>
</tr>
<tr>
<td>Phone: 519-351-0297</td>
<td>London, ON N6A 3R4</td>
</tr>
<tr>
<td>Fax: 519-351-7600</td>
<td>Phone: 519-642-4539</td>
</tr>
<tr>
<td>Email: <a href="mailto:lgall@newbeginnings-cksl.com">lgall@newbeginnings-cksl.com</a></td>
<td>Fax: 519-642-4124</td>
</tr>
<tr>
<td>Website: <a href="http://www.newbeginnings-cksl.com">www.newbeginnings-cksl.com</a></td>
<td>Email: <a href="mailto:info@braininjurylondon.on.ca">info@braininjurylondon.on.ca</a></td>
</tr>
<tr>
<td>Contact: Lori Gall, Exec. Director</td>
<td>Website: <a href="http://www.braininjurylondon.on.ca">www.braininjurylondon.on.ca</a></td>
</tr>
<tr>
<td></td>
<td>Contact: Donna Thomson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dufferin County</th>
<th>Niagara Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headwaters ABI Group (HABI)</td>
<td>BIA of Niagara</td>
</tr>
<tr>
<td>Orangeville, ON</td>
<td>Office: 10 - 261 Martindale Road,</td>
</tr>
<tr>
<td>Phone: 519-215-1519</td>
<td>St. Catharines, ON</td>
</tr>
<tr>
<td>Website: n/a</td>
<td>Mail: PO Box 20019</td>
</tr>
<tr>
<td>Contact: Volunteer Intake Coordinator</td>
<td>Thorold, ON L2V 5B3</td>
</tr>
<tr>
<td></td>
<td>Phone: 905-984-5058</td>
</tr>
<tr>
<td></td>
<td>Fax: 905-984-5354</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:pat@bianiagara.org">pat@bianiagara.org</a></td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.bianiagara.org">www.bianiagara.org</a></td>
</tr>
<tr>
<td></td>
<td>Contact: Pat Dracup</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Durham Region</th>
<th>North Bay Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIA of Durham Region</td>
<td>BIA of North Bay and Area</td>
</tr>
<tr>
<td>24 - 850 King Street West Oshawa, ON L1J 8N5</td>
<td>c/o PHARA</td>
</tr>
<tr>
<td>Phone: 905-723-2732 or toll free: 1-866-354-4464</td>
<td>280 Oakwood Ave.</td>
</tr>
<tr>
<td>Fax: 905-723-4936</td>
<td>North Bay, ON P1B 9G2</td>
</tr>
<tr>
<td>Email: <a href="mailto:information@biad.ca">information@biad.ca</a></td>
<td>Phone: 705-840-8882</td>
</tr>
<tr>
<td>Website: <a href="http://www.biad.ca">www.biad.ca</a></td>
<td>Fax: n/a</td>
</tr>
<tr>
<td>Contact: Frank Murphy, Exec. Director</td>
<td>Email: <a href="mailto:contact@bianba.ca">contact@bianba.ca</a></td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.bianba.ca">www.bianba.ca</a></td>
</tr>
</tbody>
</table>
Ottawa Area
**BIA of Ottawa Valley**
211 Bronson Avenue, 3rd Floor
Ottawa, ON K1R 6H5
Phone: 613-233-8303
Fax: 613-233-8422
Email: BrainInjuryOttawaValley@bellnet.ca
Website: www.biaov.org
Contact: Wendy Charbonneau

Peel-Halton
**BIA of Peel & Halton**
204 - 2155 Leanne Blvd.
Mississauga, ON L5K 2K8
Phone: 905-823-2221
or 1-800-565-8594
Fax: 905-823-9960
Email: biaph@biaph.com
Website: www.biaph.com
Contact: Jorun Rucels

Peterborough Area
**Four Counties BIA**
158 Charlotte St.
Peterborough, ON K9J 2T8
Phone: 705-741-1172
or 1-800-854-9738
Fax: 705-741-5129
Email: fcbia@nexicom.net
Website: www.fcbia.org
Contact: Cheryl Ann Hassan

Sarnia-Lambton
**BIA of Sarnia-Lambton**
1032 - 1705 London Line,
Sarnia, ON N7W 1B2
Phone: 519-337-5657
Fax: 519-337-1024
Email: info@biasl.ca
Website: www.biasl.ca

Sault Ste. Marie
**BIA of Sault Ste. Marie & District**
PO Box 272
Richards Landing, ON P0R 1J0
Phone: 705-943-0424
Fax: n/a
Email: braininjuryssmd@gmail.com
Website: www.braininjuryssm.ca
Contact: Elizabeth Eddy

Sudbury and District
**BIA of Sudbury & District Branch**
c/o ICAN
765 Brennan Road
Sudbury, ON P3C 1C4
Phone: 705-670-0200
Fax: 705-222-2427
Email: info@biasd.ca
Website: www.biasd.ca
Contact: Sean Parsons

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/BrainInjuryAssociationofTBAY/tabid/197/Default.aspx

Timmins
**Brain and Seizure Association**
733 Ross Ave. E.
Timmins, ON P4N 8S8
Phone: (705) 264-2933
Fax: (705) 264-0350
Email: sabicrl@eastlink.ca
Website: www.seizurebraininjurycentre.com
Contact: Rhonda Latendresse
HILL Program
Home for Independent Living and Learning
We strive to promote optimal functional independence in children and adults with an acquired brain injury through a continuum of active therapeutic intervention, quality service and ongoing support.
Our rehabilitative services include:
- Comprehensive Functional Assessments
- Residential, Semi-Independent, and Outreach Services
- Occupational Therapy
- Skilled Lifeskills Coaches
- Additional Professional Services via contract
Consulting Psychologist:
Dr. Ken Dunn, Ph.D., C. Psych.
Please contact us at
Tel: 905-521-1484 or
Fax: 905-522-7466
Anna Green at annagreen@me.com
or Jim Kennedy at
jkennedy@hillprogram.com
www.hillprogram.com

Rehabilitation Inc.

✓ Occupational Therapy ✓ Speech Therapy
✓ Physical Therapy ✓ Therapy Assistant Program

Brain Injury Rehabilitation
www.interactionrehab.com

Individually designed programs to improve ADL, life skills, prevocational skills, walking and balance, arm/hand function, vestibular, perceptual cognitive and cognitive communication abilities.

Visit our website for all programs.
We offer Constraint Induced Movement Therapy (CIMT) and E.Stim (Bioness) for the arm, and are trained in Saeco.

“Stacking the Odds for Function”

New Referrals: (416) 445-5125 1 (800) 216-0488
www.interactionrehab.com

In Home or Clinics in Toronto, Mississauga, & Whitby

Toronto (GTA)
Brain Injury Society of Toronto
252 - 40 Orchard View Blvd.
Toronto, ON M4R 1B9
Phone: 416-830-1485
Email: info@bist.ca
Website: www.bist.ca
Contact: Michelle McDonald

Waterloo-Wellington
BIA of Waterloo-Wellington
450 Westheights Drive, Unit 18
Kitchener, ON N2N 2B9
Phone: 519-579-5300
Fax: 519-579-0118
Email: biaww@bellnet.ca
Website: www.biaww.com
Contact: Patti Lehman, Exec. Director

York Region
York Region Brain Injury Association
11181 Yonge St., 3rd Floor
Richmond Hill, ON L4S 1L2
Office Voicemail: 905-780-1236
Fax: 905-780-1524
Email: kelly@bartimaeus.com
Website: www.yorkabi.ca
Contact: Kelly Wohlert
Accreditation Canada has just 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.

We have the highest Canadian rating you can get!

Rehab that works!

Accreditation Canada has just 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 sample list of our brain injury services and expertise

- 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

When only the best will do. Contact us at:

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

**British Columbia Brain Injury Association**
Box #143, 11948 - 207 Street
Maple Ridge, BC, V2X 1X7
Phone: 604-465-1783 or
Toll Free: 877-858-1788 (outside Greater Vancouver)
Fax: 888-429-0656
Website: www.bcbraininjuryassociation.com
Email: info@bcbraininjuryassociation.com

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

**Regroupement des associations de personnes traumatisées cranio-cérébrales du Québec**
911, rue Jean-Talon Est
bureau 106
Montreal, QC H2R 1V5
Phone: 514-274-7447 (poste 224)
Fax: 514-274-1717
Website: www.aqtc.ca
Email: info@aqtc.ca

**Brain Injury Association of Alberta**
4916 - 50th St
Red Deer, AB T4N 1X7
Phone: 403-309-0866
Fax: 403-342-3880
Website: www.biaa.ca
Email: admin@biaa.ca

**Newfoundland and Labrador Brain Injury Association**
PO Box 21063
St. John’s, NF A1A 5B2
Phone: 709-579-3070
Fax: n/a
Website: n/a
Email: viviangulliver@hotmail.com

**Manitoba Brain Injury Association**
204 - 825 Sherbrook St.
Winnipeg, MB R3A 1M5
Phone: 204-975-3280 or
Toll Free: 866-327-1555
Fax: 204-975-3027
Website: www.mbia.ca
Email: mbia@mts.net

**Brain Injury Association of Nova Scotia**
Office: 13th Floor, Victoria Bldg,
VG Site, QEII Health Sciences Centre
Halifax, NS B3H 2Y9
Mailing: PO Box 8804
Halifax, NS B3K 5M4
Phone: 902-473-7301
Fax: 902-473-7302
Website: www3.ns.sympatico.ca/bians1
Email: bians1@ns.sympatico.ca

**Central Alberta Brain Injury Society (CABIS)**
#301, 4805 - 58 Street
Red Deer, AB T4N 1S6
Phone: 403-341-3463
Fax: 403-346-1035
Website: www.cabis.info
Email: cabis@telus.net

**Brain Injury Association of New Brunswick**
Office: 13th Floor, Victoria Bldg,
VG Site, QEII Health Sciences Centre
Halifax, NS B3H 2Y9
Mailing: PO Box 8804
Halifax, NS B3K 5M4
Phone: 902-473-7301
Fax: 902-473-7302
Website: www3.ns.sympatico.ca/bians1
Email: bians1@ns.sympatico.ca

**Brain Injury Association of New Brunswick**
P.O. Box 1532
Charlottetown, PE C1A 7N3
Phone: 902-314-4228
Website: www.biapei.com
Email: info@biapei.com

**Brain Injury Association of Canada/Association Canadienne des lésés Cérébraux**
200 - 44 Laurier Ave. West
Ottawa, ON K1R 7X6
Phone: 613-762-1222
Toll Free Line: 1-866-977-2492
Fax: 613-782-2228
Website: www.biac-aclc.ca
Email: info@biac-aclc.ca

Through your participation in our Research Study, you provide us with the information needed to report on brain injury statistics across the province, allowing us to better inform policymakers, government officials, service providers and the general public.

For information about our Research Study or to request an OBIA Research Questionnaire, please contact: Katie Muirhead at 1.800.263.5404 ext. 229 or kmuirhead@obia.on.ca
OBIA Training

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

Brock Certificate Training Programs:

The program is currently composed of two separate levels and feature guest faculty. Both levels are directed primarily at personnel working in community and home based rehabilitation programs that serve individuals with acquired brain injury.

Featured course

Children and Youth with Acquired Brain Injury (Level 1)

Date: October 25-26, 2013

This course covers issues in the paediatric population affected by acquired brain injury and will be most valuable to therapists, rehabilitation workers, special education staff, and in some cases, family members. Group problem solving activities will develop methods for assessing and treating educational and social challenges for these individuals from a functional perspective. Participants are encouraged to share information about clients on their case-load and to actively question and provide input throughout the training program.

Day 1

- Who are they? Injury, incidence, prevalence and developmental concerns
- What is it like? Characteristics that impact learning and behaviour
- How can we apply what we know? A video exercise
- How should we plan? Assessment of the individual

Day 2

- How should we plan? Environmental scans and communication partners
- How should we plan? Treatment strategies
- How can we help? Transitions, functional outcomes and collaborations

Faculty

Roberta DePompei, Ph.D. is a Distinguished Professor and Director of the School of Speech-Language Pathology at the University of Akron. Her major area of research and interest is in cognitive-communicative challenges to the individual with brain injury and the impact of brain injury on the family system. An advocate for the needs of youths with brain injuries and their families, she is on numerous national task forces and committees, as well as co-chair of the Special Interest Group on Children and Adolescents with Brain Injuries for the Brain Injury Association of America. She has helped to develop support groups and a community based collaborative of agencies to problem solve issues for this population. Widely published, and a national and international presenter, Dr. DePompei is recognized for her unique and innovative approaches for functional community inclusion. Her specialty is the impact of brain injury upon speech, language, communication, and learning.

Please direct all inquiries to:

Diane Dakiv, Training & Administrative Assistant
Ph: (905) 641-8877 ext. 231 or 1-800-263-5404
Email: training@obia.on.ca

For details and registration information on these and other upcoming training programs please check the website - www.obia.ca
Help When You Need it Most

“Canadians deserve the best legal representation and highest standard of healthcare available to them. At Himelfarb Proszanski LLP, we fight for your rights to secure the professional care and full compensation you deserve.”

David Himelfarb

Over 100 years of experience specializing in all areas of personal law

Motor Vehicle Accidents | Spinal Cord Injuries | Long Term Disability
Slip & Fall Accidents | Traumatic Brain Injuries | Orthopaedic Injuries

Contact us for a FREE consultation from anywhere in Ontario
Tel: 416-599-8080  Toll Free: 1-855-446-7765  Email: david@himprolaw.com  www.personalinjurylawyersintoronto.ca
480 University Avenue, Suite 1401, Toronto, Ontario M5G 1V2
Occupational Therapy originated in the field of mental health after World War I. It began in 1918 at the University of Toronto (U of T), in the Faculty of Applied Science and Engineering. The goal was to rehabilitate Veterans in military hospitals, so they could lead independent lives.

There was grave concern for the Veterans who were confined to bed or who were not able to leave the ward. There was a need for some type of “bedside occupation” for these men. The training of Occupational Therapists, then called “Occupation Aides”, focused on instructing the Veterans in a wide range of activities, both mental and manual/physical. The activities were used during treatment and they were used to assess interests and aptitude prior to selecting the type of vocational training to be given to the Veteran. For example, an activity such as woodworking was used to help the Veteran focus his attention on a task, rather than the events of the War. This also assisted the Veteran in determining if he would enjoy a job “working with his hands.”

Occupational therapy in mental health is best described by the Canadian Association of Occupational Therapists:

**What is the current role of an Occupational Therapist in mental health?**

Currently, an Occupational Therapist (OT) is a member of a multidisciplinary team that helps people who experience mental health illnesses (i.e. schizophrenia, bipolar mood disorder, concurrent disorders, or another condition) or mental health illnesses symptomatic of ABI (i.e. depression, anxiety, memory issues) to live full, active and more hopeful lives. Occupational therapists work collaboratively with people of all ages; empowering them to determine their goals, lead their care, and work towards recovery.

**How does a mental illness affect day-to-day activities?**

A mental illness can affect taking care of yourself and/or your family, participating in paid or unpaid work, enjoying your leisure time e.g. hobbies, sports, spending time with friends.

**Can a person learn to live with a mental illness?**

Recovering from, and or learning to live with mental illness is possible. The degree to which your illness affects your activities will vary from day to day, and everyone is affected differently. Whether you are a student, homemaker, parent and/or worker, an OT can help you to develop strategies to deal with these changes and to still lead a fulfilling life.

**How can an Occupational Therapist help?**

An OT can help you with decision making, setting priorities and identifying your strengths and limitations. You can then judge whether you are ready for certain activities or not. This may be necessary on a daily basis and also when making longer term commitments such as returning to work or school.

Angela DeSantis is an Occupational Therapist. To find out more or to make an appointment, Angela provides a free 15-minute phone consultation. She can be reached at 905-902-7097 or angela@desantisot.com Contact her today!
Community Solutions is offering a specialized ABI assessment that provides lawyers, life care planners, and other professionals critical information for the future care of their clients.

Utilizing a team of specially trained ABI professionals, our 6-week program has been designed with the utmost attention to assessing the community integration and independent living skills, abilities and needs of acquired brain injury survivors. Quite simply, we provide professionals with the information that is required to maximize the person’s independence post injury.
highest level of support

For those facing brain injury,

the life-long challenges and barriers

associated with serious personal injury

can make day to day existence

an overwhelming struggle.

We help rebuild lives . . .

with dignity, respect and trusted expertise.

Guiding our clients and their loved ones safely,

with the best of care, along life’s new journey.

Advocacy that makes a difference

www.gluckstein.com
After a catastrophic injury, people don’t always see the whole story.

At Oatley, Vigmond, we understand that we’re part of something larger. Part of a network of experts, working to get the best results for seriously injured patients. After arguing hundreds of cases, securing record settlements – and even shaping Canadian law – we have never lost sight of what matters most: the lives we help through our representation.