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From both a professional and personal perspective we must speak up and support people who have sustained brain injuries due to domestic violence. We need to continue to educate the general public, the government and those who support victims of domestic violence that concussion/brain injuries are not restricted to the hockey rink, the football, soccer or rugby field.

By Ruth Wilcock
Executive Director, OBIA

RUTH’S DESK

Concussion Hits Home

He is always sorry, cries and begs me to forgive him. I can’t help but feel sorry for him when he feels so bad after the fact. As a young child, I overheard these words spoken by Sharon*, a friend of the family. I didn’t quite grasp what it all meant and it wasn’t until I was much older that I came to understand the tragedy of those infamous words. Sharon was a victim of domestic violence and later revealed the trauma she endured. It included being pulled up and then off the floor by her hair, slammed against walls and being knocked unconscious on numerous occasions. In Sharon’s case, she had multiple concussions that have left her with numerous challenges including cognitive difficulties. Sharon is now in her early 60s and has been in a long-term care home for several years.

During Brain Injury Awareness month, OBIA will be launching several campaigns that have strong messages bringing awareness to brain injury, including concussions and domestic violence. Since Sidney Crosby’s (Canada’s star Olympic hockey player and NHL’s leading scorer) injury in 2011, attention to concussion was brought to the forefront. However, concussions are not solely exclusive to sports injuries. One of the areas that gets very little media attention is concussion/brain injuries resulting from domestic violence.

Domestic violence is a common cause of brain injury in women and yet remains a family or even societal secret. A study conducted in the United States of women in domestic violence shelters found that 92% reported their partners hit them in the head more than once, up to 83% reported being both hit in the head and severely shaken and approximately 8% surveyed said they were hit in the head more than 20 times in the past year (source Sojourner Centre). Unfortunately, for many victims of domestic violence the injuries go unreported and the victims do not receive medical care. Many do not even realize that they have sustained a brain injury.

Another factor to consider is that a person who is living in a volatile situation may have a difficult time recovering from a brain injury, as multiple assaults may occur within a relatively short time frame. Also, due to the nature and cycle of abuse, the partner who is carrying out the abuse may try to prevent the victim from accessing services, including...
medical care. Furthermore, even if medical help is sought, the brain injury may still go undiagnosed as the practitioner might attribute symptoms of the brain injury as solely mental health issues (which often present in the same way). To be fair, at times it can be difficult to determine if the person has a brain injury, a mental health issue or both. It is important to note that an estimated 44% of people living with a brain injury also have mental health issues. When we are specifically looking at victims of abuse it is very common that mental health issues are present, such as depression and anxiety. That being said, it is still so important that the brain injury is not overlooked so that it can be appropriately treated.

Many challenges can still come into play even if and when a person has been able to extricate themselves from the violent situation. As a result of the brain injury, cognitive impairments may interfere with criminal court testimony or child custody proceedings. Cognitive skills such as recalling incidences of abuse that require details including date, time and place may prove to be difficult. As a result of the deficits from the brain injury, this unfortunately may diminish the survivor’s credibility in the courtroom, thereby having a devastating effect on the outcome of the proceedings, including losing custody of their children.

There are many losses that victims of domestic violence experience. From both a professional and personal perspective we must speak up and support people who have sustained brain injuries due to domestic violence. We need to continue to educate the general public, the government and those who support victims of domestic violence that concussion/brain injuries are not restricted to the hockey rink, the football, soccer or rugby field.

It is our goal that through increased awareness and education about brain injury related to domestic violence that victims will be able to receive the appropriate treatment and support.

*name changed

Sources:

- New York State office for the Prevention of Domestic Violence, Sojourner Centre
A study of women in domestic violence shelters found that:

- An estimated 92% reported their partners hit them more than once

- Up to 83% reported being both hit in the head and severely shaken

- Approximately 8% surveyed said they were hit in the head over 20 times in the past year (Jackson, 2002)

* [https://www.sojournercenter.org/about-us/our-programs/sojourner-brain-program/](https://www.sojournercenter.org/about-us/our-programs/sojourner-brain-program/)
IN THE NEWS
Cuts to Impact the Most Seriously Injured Accident Victims - June 1, 2016
Changes to the Statutory Accident Benefits Schedule

By Charles E. Gluckstein, Gluckstein Personal Injury Lawyers

On June 1, 2016 cuts to the coverage available under the Statutory Accident Benefits Schedule (SABS) will come into effect.

As a result of the changes funding available to catastrophically injured accident victims will be reduced. This round of changes eliminates the medical, rehabilitation and attendant care benefits available to the catastrophically injured by 50%. In 2012, only 1% of the Ontarians injured in car accidents were catastrophically injured.

As of June 1, 2016 catastrophically injured accident victims will have $1,000,000.00 for both medical and rehabilitation expenditures and attendant care as opposed to the $1,000,000.00 available under each heading now. Further, non-catastrophic accident victims will have $65,000.00 for both medical and rehabilitation expenditures, and attendant care as opposed to the $50,000.00 medical and rehabilitation benefit and $36,000.00 attendant care benefit that is available now.

When attendant care coverage is merged with medical and rehabilitation coverage, medical and rehabilitation coverage expenses will likely take priority. It is not uncommon for both catastrophic and non-catastrophic accident victims to reach their coverage limits. When the two categories of damages are forced to compete for significantly reduced funding, we are likely to see the option of attendant care completely eliminated for seriously injured Ontarians.
Changes to coverage

<table>
<thead>
<tr>
<th></th>
<th>Now</th>
<th>June 1, 2016</th>
<th>Change</th>
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<tbody>
<tr>
<td><strong>Non-CAT</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Medical and rehabilitation benefit</td>
<td>$50,000.00</td>
<td>Combined benefit of $65,000.00</td>
<td>-$21,000.00</td>
</tr>
<tr>
<td>Attendant care benefit</td>
<td>$36,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of medical, rehabilitation benefits</td>
<td>10 years</td>
<td>5 years</td>
<td>-5 years</td>
</tr>
<tr>
<td>Duration of attendant care benefit*</td>
<td>2 years</td>
<td></td>
<td>+3 years</td>
</tr>
<tr>
<td><strong>CAT</strong></td>
<td></td>
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<tr>
<td>Medical and Rehabilitation Benefit</td>
<td>$1,000,000.00</td>
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<tr>
<td>Attendant Care Benefit</td>
<td>$1,000,000.00</td>
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Non-Earner Benefits

- Not entitled to benefits before the earlier of the applicant turning 16, or 26 weeks after the onset of the complete inability to carry on a normal life.
- Benefits are payable for life.
- Duration is limited to 2 years following the accident.
- Duration is significantly limited depending on the age of the injured party.

Other Goods and Services

- Medical benefits shall pay for all reasonable and necessary expenses incurred directly as a result of the accident, and for goods and services of a medical nature that the insured person requires.
- Insurer must agree the goods and services are essential for the treatment or rehabilitation of the insured person.
- Insurer must agree the goods and services are essential.

* These time limits also do not apply if the insured person sustains a catastrophic impairment, or has purchased the additional optional $1,000,000 medical, rehabilitation and attendant care benefit.

Changes to the Definition of Catastrophic Impairment

In addition to coverage reductions, June 1, 2016 marks a change to the definition of “catastrophic” under the SABS. The revisions are purported to “make the process more accurate, consistent and objective” and to “speed up determinations and reduce transaction costs and disputes.” The effect of these changes, however, is likely to narrow the designation and limit benefits available for injured accident victims.

The highlights of the changes are as follows:

- The definition of paraplegia and quadriplegia is updated with new criteria and diagnostic tools;
- The GOS-E instead of the GCS will be used to assess Traumatic Brain Injury;
- Automatic CAT designation will be available for children in certain situations;
- The definition of mental and behavioural impairments is updated with new criteria and diagnostic tools; and
- The 6th Edition of AMA Guides to the Evaluation of Permanent Impairment will be used to quantify mental and behavioural impairments for the purpose of assessing a combination of impairments.
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Everyone knows someone who has been seriously injured in a car accident and has had difficulties with the car insurance system. Pay close attention as the complicated Ontario car insurance system is about to change again to your family’s detriment.

You should have received or will soon receive a letter from your car insurer or insurance broker advising that effective June 1, 2016 there are significant changes to your car insurance. The letter also lets you know that they will be in touch with you about these changes. These changes and many others have drastically impacted car insurance over the past 20 years, making it more important than ever that you take the time to understand and respond to these changes. It is quite common for us to ignore our car insurance and only obtain the cheapest benefits. However, you may not be acting in your family’s best interests to do so.

The pending and past changes have drastically reduced the benefits available to anyone injured in a car accident, allowing the Ontario government to meet its goal of keeping car insurance premiums as low as possible.

Ontario has a hybrid type of car insurance in that there are fault and no-fault components. In the fault part, that being the claim against the driver that caused the accident, there are two very significant challenges to an injured person. The first is the deductible of over $36,000. This means that if your claim for pain and suffering is valued at $50,000, you only get $14,000.

The second is a threshold where you do not get any money for your pain and suffering unless you can establish by medical evidence that you have sustained a serious and permanent injury.

In the no-fault part, you are allowed to claim against your own car insurer for rehabilitation benefits and some income loss. This is the most important part of the pending insurance changes as, at a cost, you can choose option benefits to lessen the impact. For example, recent changes to the no-fault insurance have reduced the amount of money available for rehabilitation benefits from $100,000 to as little as $3,500. A relatively inexpensive option can be purchased to significantly increase the amount of rehabilitation money available.

There are many other changes that have reduced the available benefits and there are options available to counter those reductions.

You may want to contact your car insurance representative and obtain information from them and discuss the changes to car insurance so you can make an informed decision when choosing which option to buy.
Drivers aged 30 - 39 are most likely to be distracted by CELL PHONES prior to CRASHES.

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Brain Fast Facts

DID YOU KNOW?

• Nearly 80% of all respondents indicated they have trouble with group conversations some or most of the time.

• 63.8% of the respondents indicated having trouble with pain some or most of the time.

• 90.2% indicated having trouble learning new information some or most of the time.

- 2012 OBIA Impact Report

HOSPITAL CLINICIAN Educational Bursary Recipients 2015

Denise Johnson

Kristin Wanless

Congratulations to our 2015 winners!
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.

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The Ontario Brain Injury Association along with the Personal Injury Alliance (PIA Law) are pleased to announce the 2016 Awards of Excellence in Brain Injury Rehabilitation.

These awards are meant to recognize exceptional service to the brain injury community in the following categories:

- Hospital Social Worker
- Case Management
- Health Care Provider
- Community Brain Injury Association
- Rehabilitation Company

Nominations for the Awards of Excellence can be made online between June 1st and July 15th, 2016.

Voting for the selected nominees will take place online between August 8th and September 2nd, 2016.

Awards of Excellence will be presented to recipients at the Awards Ceremony on September 15th, and formally announced at the Back to School Conference on September 16th at the Shangri-La Hotel.

To nominate, vote or for more information about the Awards of Excellence, visit:

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- 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.http://obia.ca/brain-injury-information/concussion-resources/
or if you need further information on concussion, contact:
1.800.263.5404
support@obia.on.ca
Meet the OBIA Staff
Carla Thoms, Provincial Peer Support Coordinator

Carla joined OBIA’s support services department 15 years ago (on January 1, 2001). She moved into working specifically with the Peer Support Program five years ago and serves as OBIA’s Provincial Peer Support Coordinator (PPSC). As the PPSC, Carla actively engages in the day-to-day delivery of the program, trains and supports coordinators, organizes and provides mentor training and is involved in ongoing program promotion and development. Also when required, Carla assists with the OBIA Support Services department.

Prior to working at OBIA she worked at a local brain injury services program for five years where she worked with a variety of survivors and their families. Coming to OBIA, Carla had a good understanding of brain injury but the biggest learning curve came from dealing with systemic issues affecting persons with lived experience with brain injury.

She is a graduate of University of Western Ontario with a BA in Psychology, and a native of the Niagara area of Ontario. Her interests are reading and travelling. Good thing she enjoys travelling as her job takes her to various locations throughout the province.

To read more on the Peer Support Program, please see the article on page 19. You can reach Carla at the OBIA office at: 905-641-8877 ext. 227 or eMail: cthoms@obia.on.ca.

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Connecting persons with lived experience of brain injury to those living with the effects of brain injury and who require support. This program is available FREE to survivors, family members and/or unpaid caregivers.
The success of the Peer Support Program can be attributed to working collectively and collaboratively with the local Associations and the continued investments from the Ministry of Health via the LHIN.

OBIA’s Peer Support Program Celebrates 10 years of Making a Difference

**Program Development**

It’s hard to believe it has been 10 years since the launch of the Peer Support Program in Ontario. I spent some time looking at the history of the program and reaching out to former OBIA staff members who were instrumental in developing this program. From the beginning, the program was provincial in nature, thus “bringing closer together OBIA and the 22 community associations, thereby strengthening the brain injury awareness movement across the province of Ontario” (John Kumpf, former Executive Director of OBIA).

Initially OBIA was looking for a program to fill the critical gaps in the treatment of acquired brain injury and highlight the lack of educational programs for survivors and family members who faced the numerous challenges that life with a brain injury can present. The idea of developing a program that provided support to survivors and family members that could be offered regardless of location was highly appealing.

Michele Meehan (former Community Association Liaison and Provincial Peer Support Coordinator for OBIA) had some prior experience with a Peer Support Program. Michele shared that by OBIA engaging the local community associations in a province-wide shared program, “it would capitalize on the collective experience and wisdom of survivors and family members.”

Jim Wegg (former Fund Development Coordinator for OBIA) began to research if such a program already existed and found some information about an upcoming presentation being hosted by the BIAUSA organization in New York and New Jersey on a Peer Support Program that had demonstrated success with survivors and families. Jim attended the presentation and saw
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*The Health Information Management program is not CHIMA accredited at this time.

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- Online mTBI/Concussion support group

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the potential in replicating this program in Ontario. The New York and New Jersey presenters were delighted to share their program with OBIA.

Back in Ontario, Jim had his work cut out for him to find sponsors to fund the development of the Ontario version of the Peer Support Mentoring Program. OBIA is very grateful to our Development Sponsors: Gluckstein Personal Injury Lawyers; Sibley & Associates Disability Management Consultants; and Henderson Structured Settlements LP for the initial funding to adapt the Peer Support Mentoring Program.

In the spring of 2006, the Minister of Health at the time, George Smitherman, announced $13.1 million funding in support of community-based health care projects. Included among the many projects were funds for OBIA to implement the Peer Support Mentoring Program.

“This program will allow Mentors who have experience dealing with specific challenges connected to brain injury to share their experience of what works and what doesn’t with persons who are relatively new to the complexities of dealing with brain injury” said John Kumpf (June 2006 Issue of the OBIA Review).

In 2011, OBIA received further funding from the Ontario Neurotrauma Foundation (ONF) for the evaluation of the program.

**Community Association Participation**

OBIA was pleased that 10 Community Associations signed onto the Peer Support Program in the beginning. Each association selected a Peer Support Coordinator (PSC) locally to be able to recruit Mentors and Partners and to promote the new program in their own area.

**Mentor Training**

The very first Mentor Training Workshop was held at the Brain Injury Association of London in March 2006. It has been our experience that Mentor Training (following a comprehensive screening process) has been found to be a critical key to the program’s success. The Mentors benefit from the structured training experience, especially because the Mentors’ responsibilities and the program limits are carefully described and delineated. The Mentor Training is co-facilitated by the local PSC and the Provincial Peer Support Coordinator from OBIA. This co-facilitation allows for consistent delivery of program information to each and every Mentor across the province.

Over the years, Mentor Training has evolved into a streamlined curriculum that utilizes multi-modal teaching methods including handouts, PowerPoint slides, role-playing and group discussions to ensure all participants are able to learn in a style that suits their needs.

**PSC Annual Workshop**

The First Annual PSC Workshop was held in Toronto on March 29, 2007, where the local PSCs had an opportunity to meet and discuss all the aspects of the program. The local PSCs worked collectively with OBIA to improve and enhance the Peer Support Program to the benefit of all involved.

I reached out to the two remaining “original” PSCs for their insights on how the Peer Support Program has evolved over the past 10 years. Here is what they had to say:

“The Peer Support Program has certainly been a journey! When I first was involved it was, ‘how can I possibly get this program going throughout our vast northern region?’ It was also a whole new program idea that one had to wrap their heads around. Well it has survived and I learned to become very familiar and comfortable with it. It is the perfect program for those affected by ABI living in rural communities where health services may be limited or even non-existent. It has all been worth it; we now have an outstanding streamlined program that really does provide a much-needed and important service to our clients. The positive feedback is tremendously humbling because it’s the wonderful and committed people that we connect together that has made the program such a success.” Rhonda Latendresse, PSC from the Seizure and Brain Injury Centre (Timmins)

From Carole Vincent, PSC Brain Injury Association of Quinte District. “The Peer Support Program has evolved greatly since its conception 10 years ago. Numerous new survivors and family members living with acquired brain injuries are aided...
by the support (via the telephone or in rare cases, email) from Mentors who have ‘been there—done that.’ They have been guided through a very difficult time in their lives. Life experiences from the Mentors aid the new survivors with the tools and strategies to navigate through the trials and tribulations of their ‘new me.’ The program allows new survivors to understand they are not alone and there is light at the end of the tunnel.”

From the experiences of the PSCs, they have seen great improvements in the lives of not only the Partners, but also the Mentors who get so much out of participating in the Peer Support Program.

The success of the Peer Support Program can be attributed to working collectively and collaboratively with the local Associations and the continued investments from the Ministry of Health via the Local Health Integration Network (LHIN). We now have 14 Associations (and counting) signed on to deliver the program, and even interest from other provinces looking at the Peer Support Program as an option to help educate and support others living with brain injury. However, the greatest success of the program comes from the lives it has touched not only in the past 10 years but from today onward.

Here’s to the next 10 years of the Peer Support Program continuing to make a difference! ◊◊◊

**Mentors’ Experiences**

“My experience in the Peer Support Program as a Mentor was/is very positive and rewarding. As much as I look forward to speaking with my Partner every week and helping them out with things they are going through, it is very beneficial for me to have someone to speak with regarding similar issues. It is a true partnership in that regard.”

Mentor from Quinte

“My experience in the Peer Support Program as a Mentor has been rewarding and challenging. The reward is having the opportunity to support another in their journey through what can be a very emotionally charged and confusing situation. Being a caregiver to a person with a brain injury can be overwhelming and challenging from a caregiver perspective but add to that the personal emotional turmoil one experiences. The Partners are as much a support to me as I try to be to them.”

Mentor

“I believe helps you to continue your healing process as well.”

“The education and support I received when I was first in the program was so helpful. Now that I’m a mentor I’ve continued to learn from the experience of the woman I’m mentoring.”

Mentor

“It gives you a great opportunity to help improve someone else’s life, which I believe helps you to continue your healing process as well.”

“The whole experience of joining and participating in the Peer Mentor Program has helped me feel less isolated as a person with an ABI. During my partnership and the training, I felt an understanding with the others involved that I do not feel with anyone else. This program has raised my awareness of the numbers of people with an ABI in the general public. It has made me feel less isolated and ostracized from the public sphere and part of an important community.”

**Partners’ Experiences**

“I am forever grateful to my Mentor for understanding what I need and for creating a good environment and safe space in which to grow and try to recover abilities—some of which I may have lost, and others just misplaced temporarily. My post-aneurysm life is very different from the world I knew, and I’m still exploring it and learning what does and does not work; what I can and cannot do. My Mentor shares his wisdom and encouragement and helps me to believe this is possible; that I can make it.”

Partner from Peterborough

“It helped to have someone on the other end of the phone who knows what you’re feeling; they truly know what you’re going through. It gave me a good understanding of my recovery day-by-day, step-by-step.”

Partner

“Knowing someone who went through something similar was enough to reassure me that there could be a life after an injury. It was a place where I felt like I could relate to someone. Experience is invaluable.”

Partner
New at the OBIA Bookstore

#IAmTheFaceOfBrainInjury

Starfish Sky: Journeying Back From Brain Injury $20

Author: Timothy A. Slykhuis:

This is an emotionally driven true story that starts after Timothy awakens from a bicycle accident-induced coma. The reader walks hand-in-hand with Timothy as he discovers his newly acquired world of disabilities. After hospitalization, therapies and a legal trial, he looks to discover his new world and jumps back on his bike.

Baseballs Don’t Bounce: Random Thoughts From an Injured Brain $15

Author: Forrest Willett

This is a book of short stories, random thoughts and ideas to help people with acquired brain injury on the road to recovery. Just as the subject of this book suggests, random thoughts have become a way of life for me. When I “think it,” I “ink it.” You may know how important it is to write things down while they are fresh in your mind, and so I make no apologies for the stories being random and not following a specific story line. This is me and this is life.

Making Sense Out Of Nonsense: Models of Head Injury Rehabilitation $5

Author: Ruth A. Whitham

My book began as a hand-written journal to save my sanity as I lived alone. Jennifer related to my plight as a result of a family member who had sustained a similar injury. I invested in a reciprocal relationship. I verbally taught her how to understand TBI and she returned my hand-written chapters organized, sequenced and typed with three copies. I felt strongly the material presented to her would evolve into two lengthy articles. She returned all of my notes and said, “Here is your book.”

For a list of available resources, visit OBIA’s Online Bookstore:

www.obia.ca/bookstore/

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Prior to my brain injury I never realized how quickly and fiercely life could change in a split second; how I could go from a successful new homes sales representative with a healthy six-figure salary, to practically being homeless. I was utterly trapped in a foggy haze, a new-found world I had been consumed by. The person I was once fought relentlessly to find its way back to who I was before my accident. Although there are things I wish had never happened, I am grateful for the journey I've had to struggle through. Colours have never been brighter, flowers never smelled lovelier and life has never held so much joy.

On March 21, 2009 mid-way down a ski slope at Blue Mountain, my life and the life of my twelve-year-old daughter changed forever. We had been racing down the hill when my ski ran across an unplowed patch of ice. Time seemed to stop and speed up all at the same time. Within those split seconds, I watched as my one ski grazed the ice causing it to drag behind me and force my ski boot to leave the comfort of its latches and fall off. There was an excruciating pain, as if there was a sledge hammer crushing the back of my skull.

After an ambiguous amount of time, I awoke face down in the snow, some 20-odd feet down from where I had last been. Before my state of obscurity had lifted, I heard a voice asking me “What are you doing with your life?” Some might say the voice was my unconscious mind, others might say it was an angel; but to me it was a soft voice bringing me back to life and reminding me how precious every moment is. From time to time I remember these words as a reminder to live with zest and purpose. To not let fear of the unknown hold me back.

However, years passed after my accident before I could feel or think of life in this way again. All I could do at the time was try to get through the hour, the day, the week, the month, the years. I spent six months in bed sleeping more than 20 hours a day. I had gone from encompassing all the levels of Maslow's hierarchy of needs to bottom of the pyramid in just the blink of an eye. I was down to the bare physiological level; even then, the basics I found challenging to remember.

Being unable to keep my job due to post-concussion symptoms was just the start. The rest of my life had crumbled around me and I didn’t have the mental ability to navigate the complications of everyday life.

Two years after the accident, I still lived in something I can only describe as a fog. My memory and mental capability were not functioning at a fraction of my old self. I would have to pick a daily activity. If the laundry needed to be done, then the dishes had to wait until the next day. At this time I was fortunate enough to have a friend who cared enough about me that they sought out the help of a naturopathic doctor; the doctor then prescribed me an abundance of supplements. I’ll admit I did not have much faith in the supplements; I figured if doctors couldn’t do anything for me, how could a bag full of natural products do anything to help? I took them more in gratitude to my friend than in hopes of what would happen next. Two weeks after taking them, I woke up one wonderful morning and the fog had lifted. I looked around my room and everything seemed clearer and my mind was more focused. I had healed more in those two weeks than I had in the two and a half years.
As time kept passing, I was able to do more, sleep less and think more clearly. It was still years of recovery and even now, seven years later, I struggle as I try to fully recover to the person I once was. However, every day brings me that much closer. Although I had lost the ability to do a lot of things after my accident, I inexplicably found comfort in writing. If I ever forgot what I was writing, the words were right there in black and white for me to re-read. I ended up writing a book titled Concussion to help those who are facing the same struggles as I did. The book is about letting concussion victims and their families know they are not in this alone, that together we can help each other and bring awareness to the stigma behind concussions.

A few months ago I was looking at my attempts at painting; they were more like finger paintings than what I had once been able to do. After a tearful prayer asking to be able to paint once again, I lifted my paint brush and like magic I was able to paint a beautiful portrait. The painting is of my daughter when she was younger; snuggled safe in my arms before the accident that left her with only the shell of the mother she had once known.

However, the celebration of being able to paint didn’t last long. A month later the rollercoaster of this healing journey I am on took a dip. I was cleaning out some old papers and I found a student card from the University of Toronto with my photo on it. The problem I was facing is that I went to York University, not U of T. The world seemed to spin again; my father later filled in the missing pieces of my memory and explained to me that I had been accepted into the Forensic Psychology department prior to my accident. If I could forget this, what other memories have I lost, what other events have disappeared into the fog?

So what am I doing with my life? I am helping others find a natural path to recovery, as I have. Although I have come a long way, I have found that healing from a brain trauma is a lifelong journey and there are times even now that I fall into despair and frustration. Yet even with every little setback I wake up every day thankful just to be alive. I realize now how beautiful life is and how fortunate I am. Some do not have it as easy as I. Others are still lost and scared in the dark, not knowing what is going on in their heads. We need to find a solution. We need to change the stigma behind brain injuries, to find compassion and understanding for those who are in need of it. Because no matter how minor a brain injury may seem, it is a lifelong recovery. A recovery that should not be faced alone, lost in the fog, but surrounded by people and loved ones, helping them find their way back to themselves. I would like those still struggling through recovery to know that there is still hope. Have faith, be patient with yourself and time will help you heal.

To purchase a signed copy of Wendy’s book for $14.95 plus shipping, email her at: wendyclawsey@hotmail.com.

Ebooks are also available at:
https://www.chapters.indigo.ca/en-ca/books/concussion-based-on-a-true/9990045514338-item.html
http://www.amazon.com/dp/B00PKRFG7K?ref_=pe_2427780_160035660
Happy birthday Julia Pippo! I promised I would write about our story, so here is the beginning. I will get back to you when we reach our final destination!

“Hey mom. It’s me Vic…Jules isn’t feeling all that well, so I am just going to bring her home a bit early.”

“Hey mom. It’s me Vic…it looks like the border officers are going to call an ambulance for Julia.”

“Sadly Mrs. Pippo I have nothing good to say to you; your daughter Julia has suffered a fractured skull and the neurosurgeon will be around immediately to discuss what options there are with her brain bleed.”

“You saved your sister’s life Victoria…you did good.”

And just like that our life changed in an instant. Life as we knew it, that we were most comfortable with, had changed in the blink of an eye. No one would ever feel the same, think the same, act the same or react the same way to anything ever again. To me, I pretty much stopped listening when I heard that my Julia had sustained a brain injury. This eldest daughter of mine, who played every sport, who worked three jobs, who laughed the loudest and fiercely embraced all that was fun in life, was laying in the emergency room, strapped to a board, multiple tubes coming from her, laying motionless right in front of me and I was helpless to help her. Our life was now a waiting game. Want to learn patience the hard way? Have someone you love sustain a brain injury…you’ve now got “nothing but time, Momma….nothing but time.”

The people around you may not understand the traumatic brain injury journey. They don’t need to. It’s not their journey. It is Julia’s. The balance of that privilege belongs to your closest circle of family and friends…those you trust the most to stand by you and trust in your choices.

I have had a lot of opportunity to speak with my middle brother, reaching out to him on various issues regarding Julia. The best advice I have ever been given was from him: “You’ve got one job, Ruth, and that is Julia. Are we clear?” With that advice in hand, we began the long arduous task of getting to know the new Julia. Here’s the problem: in many cases survivors of brain injury look exactly the same. Exactly. It is not until you spend some time with them that you realize just how fragile and complex the brain truly is. So in keeping with giving out advice, I have some words of wisdom I would love to share.

Lay down your anger. It’s not their fault this has happened to you. That’s right. The family goes through an awful stage of rage where they cannot process how their lives have changed so dramatically and think, “what do you mean my daughter/sister/loved one has a brain injury?” Your life is going to be disrupted with fear, anxiety, and depression—a whole myriad of completely uncontrollable feelings. So let the anger go. It’s pointless and you cannot begin to heal if you are angry. Julia is angry because she cannot comprehend on some level what’s actually happening inside of her. Alan is angry because he thinks he is being misunderstood when, in fact, it is just a lack of understanding. Victoria is angry because her sister is completely different and lacks filters and emotions. Gram is angry because of the injustice of it all.

Accept the fact you will be grieving. You are going to grieve loudly and sadly and most often in the most inappropriate places. I, not once but several times, just completely lost my mind in the middle of one of our grocery stores. It can come over you at the most random times and can be triggered by anything. Why? Because you are grieving the complete loss of one person and their replacement is standing in their spot looking exactly the same. Physically, she is my Julia. Cognitively, she is not. Which leads me to my next piece of advice.

Stop telling them they look fine. They all look FINE. TBI is rooted in the dark recesses of the brain and is often misunderstood. The thinking is that the brain is just so complex, that we cannot truly put a time limit on how long it will take to heal.
the brain. For the most part, a person with a brain injury gets up in the morning and looks in the mirror and sees a much-familiar face to them and then quickly realizes they truly have no clue who that person is in the mirror. It is very difficult for them to have others telling them “they look fine” and then they look at themselves and say “well I must be fine because so-and-so said I looked fine.” For some, this may cause them to spiral into anxiety, depression, bad thoughts…the list is endless actually. This happens because somewhere in there lives a person who knows they are not fine. Which naturally leads to this …. 

Say goodbye. Say goodbye to the old Julia and say hello to the new Julia. You have to. If you insist on hanging on to the old Julia you will just grieve that loss too. Waste of time. Embrace the new Julia. Take the time to walk with your loved one as they learn who they are. You will get left behind if you don’t embrace the new person. This is a whole new process for them. It’s a whole new process to you.

Listen when they speak. Quite often the thought process is limited so if I miss hearing what Julia said the first time, I pretty much lose out. In the early days, I missed out on a lot of conversation with Julia because I wasn’t listening. My listening skills have improved so much that Julia now says I am “everywhere” and we can comfortably sit in the shed for hours and just chat about whatever pops up….because that’s what happens. Julia has lost her filter. Whatever Julia is thinking pretty much just comes out as quickly as it pops in. It can range from something important she needed to share, it could be a joke, it could be a vulgarity, it could be about a feeling, it could be absolutely nothing, but if I don’t listen, I will never learn anything about her.

They won’t hate you forever. It just feels like it. Somehow they decide that you are public enemy number one and this house is a prison. Recognize it is them who is trapped by their limitations, and continue to be everywhere and smother them with unconditional love. Eventually they will come to recognize that this is actually their haven and you are actually okay. TBI survivors often trust no one. We had to earn Julia’s trust. Imagine that! We had to earn her trust so she would feel comfortable in her own home—loved and protected and sharing a journey. This is a big deal! If Julia does not like you, if you are negative, if you possess any quality she does not like in a human, you are gone. That’s it. She can effectively and without emotion remove you from her life. Trust is huge!

Embrace the opportunity to live again as a stronger family unit and become more grateful for the triumphs. Respect today because tomorrow will always be different. Help your loved one overcome losses and bask in the glorious opportunity of getting a second chance. Support their decisions when they weed out negative family members. Applaud their efforts because every day they do come out to play; some days more effort is required but they always make an effort. Acknowledge it.

And lastly, learn from our experiences. We have lost more material things than most people and have gained extraordinary humbleness in the fight. We have rebuilt an entire family foundation of only those people who believe and share in our journey. We have stood strong in our faith and learned that time and patience are really the key to acceptance of everyone’s new roles. This family has become not only TBI survivors but proud TBI survivors and THRIVERS.

Happy 24th Birthday Julia, Love Momma Bear ♥️
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OBIA Advisory Council (OAC) Report

Members of the OAC took part in the final workshop of the “Sustainability Series.” Ruth Fernandes from Neinstein and Associates presented on Special Events and Fundraising Strategies. Following the presentation, the group discussed successes and failures of fundraising initiatives.

Ruth Wilcock, Executive Director of OBIA, presented on a recently successful fundraising presentation.

The next presentation by Ad Lewis, OBIA Financial Controller, was on United Way fundraising successes and tips for applying for funding. Prior to working for OBIA, Ad worked for the United Way Niagara.

Following Ruth and Ad’s presentation, the group exercise was based on Ruth Wilcock’s presentation. Each group received an outline of a company’s profile and the company’s goals and missions. Each group was to discuss the questions:

- Why is this company and Brain Injury Association a good fit?
- What is the value of the partnership for this company?
- What promotional considerations would this company receive?

All of the OAC workshops can be viewed on Vimeo through the OBIA website:

http://obia.ca/obia-advisory-council-oac-educational-workshops

During June, Brain Injury Awareness Month, let us be one voice and promote the three OBIA campaigns: I Am The Face of Brain Injury, Concussion Awareness and the Drive Only… Never Text (www.idont.ca).

BIA York Region

The Brain Injury Association of York Region (BIAYR) has started a seminar series for interested community members, industry professionals and survivors. On February 17, 2016, BIAYR hosted Julian Amchislavsky, occupational therapist. He candidly spoke about his own experience as a brain injury survivor and how it has impacted his approach to patients. On March 23, 2016, Kevin Wong, chartered professional accountant, presented on tax topics for families with acquired brain injury survivors. Both seminars were well attended by survivors, professional providers and other interested community members.

Recently, BIAYR re-launched its website for community members and others to learn more about its activities and stay in touch with the organization. The website can be found at http://www.biayr.org.

Save the Date: BIAYR’s annual Brain Injury Awareness Month – Mix & Mingle will be held on June 15, 2016. The location for the event will be announced shortly. The Annual General Meeting (AGM) will take place earlier in the day. In addition, BIAYR is participating in hosting a candlelight vigil for survivors and their families on June 3, 2016, which is to take place at the Loyal True Blue & Orange Home (LTBO) in Richmond Hill, Ontario. On August 8, 2016, there will be a summer barbecue at the LTBO. All are welcome to attend these wonderful events!

If you are interested in becoming a member of BIAYR and receiving our emails and/or other publications, please leave a message for Adam A. Halioua, BIAYR Board President, at the BIAYR office, Ph: 905-780-1236.

BIA Sarnia-Lambton

A fundraiser “Cocktails with a Purpose – Spring & Summer Fashion Show” was held May 2; women wore their cocktail dresses and a fun night was had by all. BIASL would like to thank all the sponsors: Sarnia Riding Club; Victoria’s Décor, Floral, & Gifts; Lux Butik; Garbos Fashions; Lenox Athletix; and Sara Chowderay (Mary Kay).

BIASL will hold their annual golf tournament on Friday, May 27 at Greenword Golf Course. Cost is $125 per participant or $500 per foursome or $75 for survivors. For more information, contact Event Coordinators: Chantal Pereira at 1-800-561-4136 ext. 238.
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Kick off to ABI Awareness Month - On Wed. June 1 at 7 pm, BIASL will host their Annual Candlelight Vigil under the Bluewater Bridge. There will be free Tim Hortons coffee and timbits, and ABI information handed out.

**BIA Windsor & Essex County**

On April 9, BIAWE held its third annual Sports & Sparkle: The Main Event gala which raised much-needed funds for programs and services. More than 250 people attended this event.

**BIA Ottawa Valley**

Members of the Step Up Work Centre (BIAOV) have started a new once-a-month cultural luncheon experience with the aim to experience traditions and food of each country studied. In April they celebrated Her Majesty’s 90th birthday on April 20 with High Tea and a fun Royal Ascot horse race. If you have ever attended the Royal Ascot race you will most certainly know there is a dress code. Well, we were no different. The ladies wore hats and gloves and the men wore top hats and pea caps. Thank you to our volunteers, Hélène, Kathy, Laurie and Cheryl for preparing a wonderful traditional assortment of sandwiches, small cakes and scones.

Our spring education series for survivors and families was held on April 27. Due to the interest of this series we moved to a larger venue in the Bronson Centre. Our “Taking Care” series included sessions on budgeting, nutrition and the use of yoga and meditation. Thank you to our guest speakers from KC3 Credit Counselling Ottawa, Ottawa Public Health and Brandi from the Ottawa Athletic Club.

The BIAOV, Children’s Hospital of Eastern Ontario (CHEO), Ottawa Public Health and the law firm of Burn Tucker Lachaîne LLP were at Alta Vista Public School on April 28 to hand out helmets and officially launch the Ontario Trial Lawyers Association (OTLA) Helmets on Kids prevention and awareness campaign by wearing a helmet. Thank you to all participants.
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In support of the Provincial Campaign, Brain Injury Awareness Month will be marked with a booth at the Triple “A” Ottawa Champions Baseball Game on June 3. Members will be wearing their “I D.O.N.T.” T-shirts while selling the 50/50 tickets to promote the “No Texting Campaign.”

The 3rd Annual Pat Fleming Golf Tournament will be held on June 8 with all proceeds coming to the BIAOV.

On June 15, 2016 please drop by our booth at Brain Injury Awareness Day at the Hampton Inn. The day is organized by Vista Brain Injury Services. Four members of our Concussion Support Group will be speaking on strategies and navigating the maze in one of the breakout sessions.

Our Annual General Meeting will be held on June 21 in Suite 300, 211 Bronson Avenue. Nominations are open for board members. For more information please contact, Dave Walls or Wendy Charbonneau at (613) 233-8303.

Information regarding programs or any of the above please contact our offices at (613) 233-8303.

Seizure & Brain Injury Centre (Timmins)

The Seizure & Brain Injury Centre held their 11th Annual Fish Hut Raffle in March. Pictured are the owners (in red) of Timmins Home Building Centre, who donated all the materials for this fish hut and in previous years. To the right is the teacher and a few of the students who constructed the hut as part of their woodworking program at O’Gorman Catholic Secondary School. The students have been building a fish hut for the centre for more than eight years as part of the curriculum. The Seizure & Brain Injury Centre is very fortunate to have these kinds of partnerships in the community.

BIA Quinte District

BIAQD is excited spring has finally arrived! Members have been busy with a variety of spring and summer crafts. Rec group has woodworking projects of birdhouses, and art group has been quilting summer pillows and table runners.

BIAQD is gearing up for a great June is Brain Injury Awareness month. We will be kicking off June with our annual candlelight vigil on June 1. We also have the 10th Anniversary of Celebrating Success, our local art displays at the Belleville Public Library. Lastly, we are looking forward to our annual survivor golf tournament being held on June 28 at a local golf course.

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Success, our local art displays at the Belleville Public Library. Lastly, we are looking forward to our annual survivor golf tournament being held on June 28 at a local golf course. 
Two years ago, I started gardening. I started gardening because a concussion left me with lingering debilitation, anxiety, and depression; I wasn’t able to do anything else and, serendipitously, a community garden opened up on my street. At the time, I had no idea that gardening would soon be responsible for a very positive turning point in my recovery process. I later learned that garden therapy, also known as horticultural therapy, is an effective supplemental therapy for all sorts of health problems. In the hopes that you will consider adding gardening to your therapeutic regimen, I’ve shared my personal experience, some research to explain the benefits of gardening, and a few tips for how you can get started. Note that although this article focuses on fruit and vegetable gardening, flower gardening can be just as beneficial.

**Gardening and my Recovery**

Living in a neighbouring condominium, I was able to tend to our vegetable garden nearly every day. Going to the community garden gave me a daily purpose and an achievable goal. Walking to and from the garden, lifting watering cans, and squatting while pulling weeds and harvesting vegetables helped build my tolerance to physical activity. The fresh air and sunlight was energizing, too. Gardening also encouraged me to socialize again. I met new people from the community and had a new topic to contribute to conversations with family and friends. I was surprised by how many of my friends and acquaintances already shared my love of gardening. I loved figuring out the ideal growth conditions for different types of plants and I learned a lot from conversing with others. Each day brought a new challenge (e.g. weeds, pests, weather conditions) and surprise (e.g. sprouts, flowers, new growth), and I derived much joy from watching the plants change and respond to my care. All my hard work and patience paid off when I was finally able to harvest the vegetables. Then I had even more fun sharing and trading them, and finding creative ways to cook them. But above all, gardening gave me a sense of accomplishment and progress I had been desperately missing since my injury. With that came lifted spirits, change in perspective, genuine happiness, and reduced physical symptoms.

**Proven Benefits of Gardening**

Note: I’ve tailored the list of benefits for fruit and vegetable gardening, but most of them apply to flower gardening, as well.

**Food, Nutrition, and Cost**

The simplest and most obvious benefit of fruit and vegetable gardening is in the edible product. Since you’re allowing your produce to ripen on the vine before harvesting, your homegrown fruits and vegetables will be fresher and will taste better than the produce sold in grocery stores. But besides being delicious, the produce you grow yourself will have more nutrients, contain fewer pesticides, and cost you less money
than the store-bought equivalent. You can get several harvests from a single planting of vegetables such as kale, spinach, swiss chard, and lettuce. These types of plants will grow back after you cut them, so you can enjoy them all season long. Also, growing your own vegetables means you can enjoy all of the edible parts of your plants, hence allowing you to stretch your crop yield much further. Here are some examples of common produce that have edible components that aren’t often sold in grocery stores: the green stalks (called scapes) of certain types of garlic; young snow pea shoots; coriander roots; and the leaves of broccoli, brussel sprouts, sweet potato and beet plants. Furthermore, gardening makes eating organically affordable. Organic produce is often considerably more expensive than non-organic produce, whereas organic seeds are only a little bit more expensive than non-organic seeds.

**Mental Health Benefits**

It is well known that there are physical health benefits to all forms of exercise, including gardening. But it may surprise you to learn that horticultural therapy has profound mental health benefits as well. In fact, it has been effective at treating addiction, depression, anxiety, aggression, post-traumatic stress disorder, and low self-esteem. It turns out that soil contains a bacteria, Mycobacterium Vaccae, that causes our brains to release serotonin, which helps fight depression. Working the soil with your hands and eating home-grown food will increase your exposure to this non-harmful bacteria. In general, using our hands to perform tasks stimulates the parts of our brain that make us feel good. Another possible explanation for the healing effects of gardening may be related to mindfulness.

**Mindfulness**

Practicing mindfulness means to be present in the moment. When you focus on a single, hands-on task such as gardening, you can quiet your many thoughts and engage in something creative, productive, and rewarding. Being mindful breaks the cycle of ruminations, allows you to think more clearly and less negatively, and makes your problems feel less overwhelming. Mindfulness - mindful gardening included - can help relieve stress, reduce chronic pain, improve sleep, and help with the treatment of depression, addiction, eating disorders, anxiety, and obsessive compulsive disorder.

**Physical Health Benefits**

The physical health benefits of gardening, especially when gardening outdoors, far exceed those of other forms of exercise. To start, gardening can improve strength, muscle tone, flexibility, blood circulation, and physical endurance, which in turn reduces your risk of diabetes and heart disease. Studies have also shown that being among plants and nature can decrease levels of the stress hormone cortisol, lower your heart rate, and lower your blood pressure. Simply exposing your skin to sunlight increases vitamin D levels, which is important for bone health and preventing osteoporosis. More surprisingly, research has shown that just being exposed to plants can improve your immune system. It is hypothesized that plants release phytoncides to protect themselves from bacteria and fungus, and that these chemicals are also beneficial for humans. Lastly, a lot of people have difficulty staying motivated and sticking to an exercise routine, but according to one study, people who exercise outside are more likely to exercise consistently.

**Environmental**

Growing your own food is not only good for your health and budget, it’s good for the environment, too! Since 81% of the fruits and vegetables used in Canada are imported, you can reduce your carbon footprint by buying fewer imported goods.
You’re also producing less garbage by growing your own food, because grocery stores often sell their produce with non-recyclable packaging (e.g. plastic bags, styrofoam, elastic bands, twist ties).

Creativity

Gardening is actually a great outlet for your creativity. If you grow flowers, you can choose complementary colours and design a beautiful landscape/container using different types of plants. You can also create floral arrangements using flowers cut from your garden. If you grow fruits or vegetables, you can get creative with different recipes. You could also experiment with different food preservation methods such as freezing, canning, pickling, and drying.

Social and Community

Gardening encourages social interaction with the community, friends and family, and people with common interests. Inviting friends and family to enjoy a meal cooked with your home-grown vegetables is another great way to bring people together. In particular, becoming part of a community garden opens up opportunities to meet new people, give back to society, and become more involved in the neighbourhood.

Patience and Acceptance

Lastly, gardening teaches us to practice patience. We can’t make plants grow faster any more than we can make our health problems recover more quickly. When we learn to accept the things we cannot control, we can move past disappointment, let go of judgment, and feel peaceful in the midst of any storm.

How to Get Started With Gardening

A plant’s basic needs are simple: a medium from which it can grow (e.g. soil or water), light (e.g. sunlight or plant growth-promoting lights), and water. Added nutrients help plants grow, too. When caring for your plants, remember that they all have different needs for optimal growth. If you have any questions, you can always get help from staff at gardening stores, gardening books from the library, online searches, and talking to people that have gardening experience. Below are some simple guidelines to help you get started.

The first step is to decide where you’d like to grow your plants. Your options may include: front yard, backyard, community garden, balcony, or indoors in front of a window that gets a lot of sunlight.

Figure out the conditions you’ll be working with. Determine whether your plants will be planted in the ground/raised garden bed or containers. Then make note of how much sun your garden will be exposed to. Assuming you are in North America and your chosen area isn’t covered in shade by nearby trees or buildings, south-facing and/or west-facing windows, balconies and yards will get the most sun; east-facing areas will get moderate sunlight; and north-facing areas will get very little sunlight.

Select plants that will thrive under your garden conditions. Consider flowers, non-flowering plants, herbs, fruits and/or vegetables. Keep in mind the available space surrounding your garden, as some plants need to grow upwards onto fences, trellises or cages, and others need to spread out along the ground.

Decide whether to purchase a starter plant or to plant from seed. Then figure out the best month of the year to start growing your plants. Some plants need to be planted in early spring while the temperature is still a bit cool, whereas others do best when planted during the hottest months of the year. You could even get an early start to the season by starting your seeds in small containers indoors and then planting the seedlings outdoors once it’s warm enough. If you start your own seeds indoors, you will need some potting soil.

Determine the medium (e.g. soil, manure, moss, and/or bark, etc.), appropriate amount and frequency of watering, and fertilizer/plant food that will work best with your plant(s). You might even want to try growing plants that only need water (i.e. no soil). Then you’re ready to start gardening! Seeds and starter plants usually come with planting instructions. (On a side note: If you’re planning on planting more than one species in a single container or garden bed, you might want to do a quick internet search about the beneficial and antagonistic relationship between neighbouring plants, so you know which of your plants should and shouldn’t be planted side by side.)

Protect your plants. Insects, pests, and/or animals may eat or disease your plants. First, identify the type of insect, pest, or animal you are dealing with and then find a simple and non-toxic solution. For instance, putting up physical barriers like fencing can keep rabbits out, and homemade insecticides can kill insects (see one recipe here: https://www.youtube.com/watch?v=m6m9xzhphLs). It’s all part of the natural gardening experience. You’ll be enjoying your flowers, fruits, herbs, and/or vegetables in no time. ☺☺☺

References

1. https://www.thefix.com/content/chicago-treatment-center-uses-gardening-aid-recovery
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To learn more about Roger visit www.oatleyvigmond.com/roger
qEEG and Neurofeedback for the Injured Brain

By Richard Nahas, MD CCFP DAAPM ABIHM

There has been a huge increase in awareness of post-concussion syndrome (PCS) in recent years. Those of us who work with people with PCS, as healthcare providers, researchers, lawyers or advocates, are encouraged by this. There have been more media stories, more prevention efforts, more research dollars, more conferences and workshops and more startups focused on PCS and traumatic brain injury (TBI) than ever before. But we all agree that better diagnosis and treatment are urgently needed, and the number of people who need them is growing every day.

The quantitative electroencephalogram (qEEG) has been around for decades, but it is just now being recognized as a powerful tool with the potential to help these folks - and it is available today. Our patients have found this test to be incredibly important. For many of them, it has been the first clear and objective evidence that their symptoms are not just “in their heads.” As I have reviewed the report with them, showing them the specific areas that are affected, I have seen tears well up in their eyes. In many cases, the most affected area corresponds exactly to the place where they were hit, or the place where they feel most of the symptoms in their head.

This simple test, which is safe, noninvasive, painless and relatively easy to do, offers a unique view of a person’s function, based on the electrical activity of the brain. Psychologists, physicians and researchers use qEEG assessment to find and measure specific areas of the brain that produce abnormal patterns of electricity. In addition to PCS, this test can help diagnose and treat epilepsy and ADHD, and newer studies suggest it may be useful in diagnosing and treating depression, anxiety, PTSD and other disorders.

The concept is simple. Electrodes are placed on the skin of the head, and they measure electricity. That electricity comes from neurons firing in the brain, and it can tell us a lot about what the brain is doing. Neurologists use a regular EEG test to look for seizures, which they identify as spikes by visually scanning the EEG tracing. The qEEG, in contrast, is analyzed by a computer. It performs millions of calculations per second to compare each electrode to every other electrode - and to a huge database from the general population. This allows it to identify specific areas that are producing abnormal electricity.

A qEEG assessment report can provide strong support for clinical symptoms of post-concussion syndrome. While it has been used as evidence in several U.S. cases, its legal status in Canada remains inconclusive. In 2011, the Supreme Court of British Columbia deemed qEEG evidence presented in Bialkowski vs. Banfield to be inadmissable. This was based on the judge’s belief that the medical expert in the case was not sufficiently trained in the field. To my knowledge, it has not been used since.

We use the qEEG report to support our clinical diagnosis of PCS, which is especially important so we may create a personalized plan for neurofeedback treatment. This is another great tool with the potential to change many lives. Neurofeedback, also called EEG biofeedback, allows us to focus on the specific area affected and the specific type of electricity that is most abnormal. If the right frontal lobe is overactive in the delta range (0-4 Hertz), we can train it down. If the left middle parietal lobe is underachieving in the alpha range (8-12 Hz), we train it up.

Neurofeedback helps people learn to feel their way back to normal brain function. It is like meditating with a mirror. By connecting the brain to a computer that shows you what your brain is doing in real time, you can learn to adjust it at will. This occurs gradually, usually over a series of treatments that are done two to three times per week. We combine neurofeedback with vision therapy, acupuncture, mindfulness training and other modalities that promote brain recovery.
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Research on neurofeedback is still in the early stages. A systematic review by May et. al. was published in 2013 in the Annals of Clinical Psychiatry. They identified 22 published reports of its use in TBI, all of which were positive, but none were placebo-controlled randomized controlled trials. These are sure to come, as interest in the field is growing by leaps and bounds. This is another case of researchers struggling to keep up with patients, who are seeking out neurofeedback to help them improve their brains and their lives.

There are also a number of emerging companies that are using qEEG technology to develop self-help tools and therapy systems for use with smartphones and other mobile devices. Another company has paired this technology with glasses that become tinted when the wearer’s brain needs a nudge toward optimal focus. These tools may one day revolutionize brain recovery, but for now the EEG data they collect is still too noisy to provide reliable feedback. As sensor technology improves and smartphones become more powerful, this may change.

One of our research interests is to figure out if qEEG data can be used to identify the people who will not recover from their concussion. While PCS symptoms that persist beyond one month or more are very unlikely to improve, it cannot be officially diagnosed until three months after an injury. This precious window would ideally be the time to start aggressive treatment to prevent complications. We have identified a few specific abnormalities in a group of patients with longstanding PCS symptoms, and we are preparing to look for these same changes a few weeks post-injury.

While qEEG and neurofeedback are not available on every corner, there are a few specialized centres that offer this treatment now. As research continues to emerge, their popularity is likely to grow. While this test is not insured by the Ontario Health Insurance Plan (OHIP), we are beginning to see them accepted by auto insurers, both for established cases of PCS and for patients whose symptoms suggest this condition. I look forward to a day when every concussion will lead to a qEEG. Until then, our patients will rely on their advocates - people like us - to help them access innovations with the potential to improve their lives.

Dr. Nahas is the Director of The Seekers Centre in Ottawa and Assistant Professor in the Department of Family Medicine at the University of Ottawa. He treats chronic pain and post-concussion syndrome using mindfulness, education and self-care alongside medical therapies. He is evaluating a treatment system called the Seekers Method using outcomes data in clinical practice.
Events Calendar

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

June 8, 2016
OBIA and BIST present:
2016 Mix and Mingle
Location: Steam Whistle Brewery, Toronto ON
Contact: Terry Bartol
Phone: 905-641-8877 ext. 234
Email: tbartol@obia.on.ca
Website: www.obia.ca

June 18, 2016
OBIA’s Annual General Meeting
Location: Metro Hall, Toronto ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: ddakiv@obia.on.ca
Website: www.obia.ca

June 17, 2016
BIA London and Region’s Annual Conference
Travelling Through Time: 30 Years of Making a Difference
Location: Goodwill Community Store, London, ON
Contact: BIALR Office
Phone: 519-642-4539
Email: info@braininjurylondon.on.ca
Website: www.braininjurylondon.on.ca

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

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

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

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

November 10-11, 2016
Toronto ABI Network presents:
2016 Toronto ABI Network Conference
Location: Toronto Marriott Downtown Eaton Centre Hotel,
Toronto, ON
Contact: Christine Turenko, Conference Services
Phone: 416-597-3422 ext. 3242
Email: conferences@uhn.ca
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All recent changes to information marked in orange.
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or 1-800-565-8594
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Website: www.biaph.com
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<td>Contact: Mary-Ann Fuduric, Executive Director</td>
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<td>York Region</td>
<td>Brain Injury Association of York Region</td>
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<td>905-780-1236</td>
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<td><a href="http://www.biayr.org">www.biayr.org</a></td>
<td>Adam Halioua, Board President</td>
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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
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

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

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

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

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

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

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

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

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

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

Alberta Brain Injury Association
Website: www.biaa.ca
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OBIA Training

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

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

Introducing NEW Professor Dr. Andrew Worthington

From University of Birmingham, UK

Brain Damage is not a unitary phenomenon. The nature of neuropathology, the pattern of disability it produces, the probable course of recovery and the most likely outcome, in respect of long-term sequelae, can to some extent be predicted from a knowledge of the mechanisms underlying the injury. For this reason, the topics to be discussed will include:

- Pathophysiology of Neurobehavioural Disability
- Disorders of Emotional Perception
- Disorders of Inhibitory Control
- The Frontal Lobe Paradox
- The Role of Attention Control
- mTBI: Post-Concussion Syndrome

Neurobehavioural Disorders: Their Origin, Nature and Rehabilitation
(Level 2)

Prerequisite: Neurorehabilitation: Assisting Recovery & Function in Everyday Life Following Brain Injury (Level 1)

October 20 to 21, 2016

Details

Location: Holiday Inn & Suites Cabernet/Brock Rooms 327 Ontario Street St. Catharines, ON

Hotel: Holiday Inn & Suites: 905.688.2324

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

Approved by Vocational Rehabilitation Association Canada (VRA Canada) for 11.0 Continuing Education Hours
Providing Quality Rehabilitation Support Services

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

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- Developmental Service Workers
- Kinesiologists
- Educational Assistants
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- Social Service Workers
- Recreation Therapists

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We design individual programs to assist every ABI survivor to maximize their strengths to live healthy, meaningful lives.

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

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