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Thanks to: Taylor Shappert,
Copy Editor, OBIA Review
Rightly or wrongly, for many, work defines who they are as a person. For those of us who are fortunate to love our jobs, work brings meaning and purpose to our lives.

Therefore, it is not surprising that after a person has sustained a brain injury one of the foremost questions on her/his mind is “When can I return to work?”

By Ruth Wilcock
Executive Director, OBIA

RUTH’S DESK

When Can I Return to Work?

When one first meets someone and engages in small talk, often the first question asked is “what do you do for a living” or “where do you work”. In our society, perceived success in life often rests on what one does for a living. Rightly or wrongly, for many, work defines who they are as a person.

For those of us who are fortunate to love our jobs, work brings meaning and purpose to our lives. Therefore, it is not surprising that after a person has sustained a brain injury one of the foremost questions on her/his mind is “When can I return to work?”

The severity of brain injury falls on a continuum, therefore the answer to the question, “when can I return to work?” is varied. Unfortunately, due to the severity of their injury, some may never be able to work again. However, the desire to work remains strong.

Several months ago, I had the opportunity to give a presentation to insurance adjusters about brain injury. I shared the following portion of the story of Tom who has written about his journey in the OBIA Review.

“I walk, talk and appear normal in every way, yet the symptoms I experience due to the injury to my brain have made it impossible to return to my job as a classroom teacher. Sometimes I wish that I had been hurt more severely so that people could see that I am injured. I have often thought that if I had a bandage on my head, people would understand why I tire so easily, why I cannot remember simple tasks or why a phone number leaves my head the minute it enters. There is no bandage, no obvious physical evidence, but my injury has altered my life and that of my family forever.”

After the presentation, a number of insurance adjusters approached me to share that this one small part of my presentation brought clarity and understanding about brain injury. One woman shared that when she views a video of someone mowing their lawn and yet states they cannot return to work because of a brain injury she now understands why.

Although great strides have been made with legislation regarding accommodation with return to work issues, there remains a lack of understanding about the need to accommodate this “invisible” disability. I think of a call that we received on our support line. A woman called about her husband who had a brain
For over 20 years, his employer had made accommodations and he was able to carry out his responsibilities successfully. However, a new supervisor was hired and the survivor was told that his workplace was no longer going to “enable” him. Furthermore, he was told that if he were not able to do the job in the exact way as other employees, he would be fired. Fortunately, OBIA advocated on his behalf, and the accommodations that had been in place remained and the survivor was able to keep his job.

The issue of returning to work in some capacity is so important to survivors of brain injury. It is because of stories like this that OBIA continues to bring awareness and education to the greater public, employers and insurers, in hopes that we can shed light and bring understanding to work related issues after brain injury.

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Returning to the Workplace Following an Acquired Brain Injury

Building Awareness & Creating the Conditions for a Successful Re-entry

By: Mary Alderwood, Human Resources Support/Training & Education

**Preamble:**

In the spring of 2017, an Ottawa-based focus group formed to participate in a research survey on Returning to Work Following Acquired Brain Injury. The goals of the survey were:

1. Uncover where there may be knowledge and information gaps with respect to brain injury and the process involved in returning to work;
2. Understand the key areas of support that will be of value to the individual, the workplace, or the client when return to work takes place; and,
3. Contribute to the development of resources, which will be aimed at supporting individuals and the workplace during the transition period back to work.

This article is a snapshot of the survey findings from the ABI survivor perspective. The full report can be requested by contacting: editor@obia.on.ca.

**Introduction:**

Although the effects of ABI are unique to each individual, the survey findings reveal some similarities with respect to the experience of returning to work. This article provides a summary of those similarities, along with a breakdown of the key highlights from the broader report.

The roots of this project are in the personal experiences of individual ABI survivors, and the stories they have shared about the process involved in returning to work. A huge thank you goes out to these individuals as they continue to share, inspire and support both employees and employers who are seeking to create the successful conditions for a return to work post-ABI.

The focus group would also like to recognize the many employers who have been engaged in supporting individuals in their return to work. For future planning, it will be important to identify and build from those successful practices—and—in bringing together the employee and employer experiences, strengthen the transition process for all involved.

**Providing Some Context:**

ABI has effected focus group contributors from a range of sectors:

- Public
- Private
- Retail
- Not-for-Profit
- Contract Workers
- Consultants
Various job categories are represented in the findings:

- Policy Analyst
- Junior Implementation Coordinator
- Accountant
- Retail Employee
- Administrative Support
- Dog Trainer & Dog Walker
- Human Resources
- Manager: Investment Strategy
- Organizational Consulting (2)
- Training & Education

Pre-ABI, participants were actively engaged in full-time work. One was attending university as a full-time student.

The majority of contributors have attempted to return to work, with varying degrees of success. Some contributors have not yet been able to return to their previous jobs, while others have made the difficult decision to leave the position they held pre-ABI. Post ABI, some were off work for a period of time prior to returning to work, and some returned on a gradual basis. Overall, work hours were reduced to between 12 and 20 hours weekly. In order to limit the demands of a full-time course load, our students successfully obtained accommodation.

Some participants have re-invented their worklife into self-employment, and are currently experimenting with different responsibilities and reduced hours. For contractors and consultants, the scheduling of projects and the available energy to engage with clients and workplaces has been an ongoing challenge.

More than half the contributors reported that there was no initial information or support available to them related to return to work post-ABI. A range of personal research was required in order to learn about and/or to obtain any available outreach and community services. Those who did access support did so through a variety of mechanisms, which can be found in the full report.

Workplace Policies & Providing Reasonable Accommodation:

Policies available at the various workplaces, and information related to the provision of reasonable accommodation appears to be inconsistent.

The majority of participants indicate that their workplace either did not have a policy, or were uncertain if one existed. Most were not aware of the Accessibility for Ontarians with Disabilities Act (AODA).

One participant noted that if returning to the workplace, the employer requested they work for a minimum of three hours daily.

Pressure to Return to Work:

Overwhelmingly, participants felt a range of external and internal pressures to return to work. The majority reported self-pressure to resume their regular worklife, long before being appropriately recovered and prepared. In addition, some participants received pressure to return to work from their employer, and from their insurance providers.

Challenges/Barriers Faced When Returning to Work:

When asked to describe the top challenges and/or barriers when returning to work, the following categories were identified:

- Physical
- Emotional
- Cognitive
- Environmental & logistical conditions
- Psycho-social impacts

A range of effects span across each category including, but not limited to:

- Leaving the controlled home environment, which can bring on/worsen symptoms
- Debilitating fatigue and exhaustion
- Headaches, pain and/or possibly other physical challenges
- Lack of emotional control
- A range of cognitive challenges/higher cognitive demands leads to a depletion of energy
- Challenges with noisy or busy environments; unpredictable work demands; distractions
- Difficulty staying focused
- Fear and anxiety about the future
- Vulnerability and uncertainty
- Lack of confidence in abilities

It is important to recognize that not all ABI survivors are in a position to return to employment, and within this we acknowledge the difficult decisions that have taken place with respect to employment, income security, and the change in direction that survivors have had to take.
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For those ABI survivors who are able to re-engage with their worklife, with time, many of the barriers above can be managed or eliminated altogether. Following are some of the ways that we can work together to achieve this:

- Coordinate with service providers to identify and address any gaps – including developing policies and procedures around income security, available leave provisions and/or reasonable accommodation, insurance benefits and gradual return to work
- Along with policy development and review – ask: how can we bring the policy wording to life in practical terms, ensuring that respect and collective values are demonstrated?
- Engage in collaborative planning and goals development. There is no one-size-fits-all or any one-way solution—if something is not working, be open to exploring new options
- Discuss/provide meaningful support—including environmental/logistical/psycho-social
- Create opportunities for on-the-job practice and confidence building
- Demonstrate encouragement and recognize both employee and employer successes
- Implement on-going review, assessment and adjustment, as may be required

Moments of Success:

The group also reported on some of the breakthrough moments that have been experienced, which have been incremental over a period of time. Some participants report that they have not had a breakthrough as of yet. For others, reflecting back on where they were several months ago, and realizing that there have been some positive gains—has been an important and encouraging step in their on-going recovery.

One participant reports being able to increase from 20 minutes on a computer to between one and two hours on a computer. Another reports that prioritizing, cleaning their office and organizing has helped to increase efficiency overall. One participant reflected on the process of learning to accept where they are in the recovery process – versus trying to push through to be their “old self” again. This acceptance, learning to express limitations and being honest with themselves, resulted in a freeing up of some critical energy, which could then be invested elsewhere.

This section of the questionnaire also brought to light some deep emotions and challenges that have yet to be overcome. Some do not see the return-to-work process going as well as hoped, with deficiencies being highlighted, and the lack of ability to do the work when needed creating some ongoing challenges.

Building Awareness & Understanding in the Workplace:

When participants were asked what they would like their employer or clients to understand about their situation, the majority responded that because ABI is primarily an invisible disability there is extra and added effort required to advocate, educate, and ultimately arrive at a suitable arrangement for the transition back to work.

In addition to the above, the episodic nature of brain injury was highlighted, with good days and bad days being experienced. Given this unpredictability, in practical terms, how can employees and employers work together to create supportive conditions for the return to work?

Following are the key similarities revealed with respect to the experience of returning to work post-ABI, along with some steps that can be taken:

- The continuum of recovery includes the time spent at work. Given that ABI is largely a non-visible disability and can also be unpredictable, some flexibility during the transition period is required.
- Return-to-work is a process – not an event. Once leaving the controlled environment of home life, individuals may experience an inconsistent period of transition and symptoms. Trust, patience, and understanding are key factors during this time.
- Individuals want to be productive and contribute actively to their workplace. Many will struggle with a range of emotional and psycho-social impacts during the initial transition period, which can be compounded due to fatigue. These may include: feeling overwhelmed; a lack of confidence; inability to deal with stress; questioning themselves about their abilities; behaviour changes; uncertainty about job and income security; not wanting to let others down; vulnerability about their future. Providing factual information about the emotional and psycho-social impacts of ABI, as well as having someone available to talk to, will support both the individual and the workplace immeasurably.
- Many will underestimate the time it will take to transition back to work. The decision to return is typically made when symptoms are manageable at home and the individual believes they have the capacity to re-engage with work. However, when adding in the extra effort required to be
back on the job, setbacks can occur. Be prepared, and plan for this. It may take more than one attempt to begin the transition process.

- The ability to maintain energy levels is severely impacted with ABI, and in particular when returning to work. The activities of normal pre-work routines and taking transit or driving can easily exhaust an ABI survivor, leading to debilitating fatigue or shutting down upon arrival at the workplace. Allow for some time to rest and re-engage prior to beginning the workday.

- It is important for the employee and the employer to plan collaboratively and to set some SMART goals (Specific – Measureable – Attainable – Realistic – Time-bound). Allow sufficient time for this to occur and as the return-to-work process unfolds be prepared to make some adjustments.

- ABI survivors may not know what support they will require, how to articulate their needs, or what this might look like in practical terms. Their abilities remain, yet initially it may take longer than previously to access these. Allow some time for the individual to familiarize themselves with the new normal, and to ease into the new routine. Remember – back on the job does not always equal recovered. Together, consider developing different performance goals or benchmarks to measure success.

- Noisy work environments, distractions, lighting, unpredictable work demands, activities involving multiple steps and/or highly demanding cognitive tasks can all lead to challenges for the individual returning to work. Identify some options for the individual to adjust their work environment so as to allow for the maximum control over these factors. This may include, but is not limited to reduced work hours; moving to a quieter location; removal of overhead and/or fluorescent lighting; the use of noise-dampening devices; eliminating glare from screens; working with coloured paper to reduce eye strain; limiting the number of interruptions throughout the workday; responding to e-mails at specific times throughout the week; having meetings and/or other highly demanding cognitive activities when the individual is at peak energy times.

- Given the episodic and sometimes unpredictable nature of ABI, if possible, identify work that can be handled from home. Build work-at-home time into the overall schedule.

- Concurrent to the return to work, there will likely be ongoing followup appointments with members of the medical community and/or other specialists who are engaged in the care and support of the individual. These appointments are crucial to the successful outcome of recovery and cannot be missed. To the extent possible incorporate any appointments into the daily or weekly schedule.

- Support can take many forms. A dedicated program that provides information about ABI, what to expect, how to support your colleague, along with having someone identified as a point person when the individual is settling back into the work routine, are valuable steps in demonstrating a commitment to a successful return.

### Contributor Experiences: Supporting the Return-to-Work Process

<table>
<thead>
<tr>
<th>Supportive Activities</th>
<th>Was Accessed by Contributors</th>
<th>Would Have Been of Value if Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>The opportunity to speak with or meet with a peer who has experience with navigating the back to work process following a brain injury</td>
<td>37.5%</td>
<td>50%</td>
</tr>
<tr>
<td>An opportunity to communicate in a meaningful way with the workplace about the impact ABI has had on the ability to return to work</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>A thorough review of any workplace policies and/or employment legislation, and the ability to articulate needs in a way that is supportive to both the employee and the employer</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Connecting with a person at the workplace to discuss any limitations or special requirements that may be required during the transition back to work</td>
<td>37.5%</td>
<td>62.5%</td>
</tr>
<tr>
<td>Collaboratively develop short-term goals, along with a realistic workplan for the re-entry phase</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Establish boundaries that best support any attempt to return to work</td>
<td>12.5%</td>
<td>87.5%</td>
</tr>
<tr>
<td>Reviewing portions of work responsibilities and/or job duties that might be achieved off-site, working from home</td>
<td>25%</td>
<td>62.5%</td>
</tr>
<tr>
<td>Where may be required, learn to identify and let go of certain aspects of the roles and responsibilities</td>
<td>37.5%</td>
<td>62.5%</td>
</tr>
<tr>
<td>When on the job, having some flexibility with the workplace regarding any unanticipated symptoms/challenges that may be experienced, along with the ability to make any adjustments to the re-entry plan as may be required</td>
<td>37.5%</td>
<td>62.5%</td>
</tr>
<tr>
<td>Support with self-care during the back-to-work process, including symptom management both at home and on the job; energy mapping; identifying energy-giving and energy-depleting activities</td>
<td>12.5%</td>
<td>87.5%</td>
</tr>
<tr>
<td>Information and resources for the workplace aimed at building awareness about the back-to-work transition process following a brain injury.</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>
It will be important to keep in mind that work, home and personal life are inextricably connected. As new activities are added into the routine, the time and energy available to invest in other areas may need to be adjusted. When returning to work, make allowances for this and be prepared to test out what works the best to bring about a good balance for you, your family and friends, and your workplace.

Whether returning to work, or welcoming back your colleague, remember that all involved are finding their way. There is an opportunity for education to occur and awareness to build from both the employee and the employer perspectives. Following are some steps that you can take to make this happen:

- Seek out ways to collaborate together, identify and bridge any knowledge gaps
- Contact your local and/or provincial brain injury associations, along with other support resources in your community
- Work with available Employee Assistance Programs to support the return-to-work process
- Network with other workplaces engaged in the post-ABI return-to-work process and share successful practices
- Implement workplace training and education programs

Our focus group appreciates your interest in this survey. As we seek to strengthen the return-to-work experience, our hope is that this information will be shared with others.

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Our focus group appreciates your interest in this survey. As we seek to strengthen the return-to-work experience, our hope is that this information will be shared with others.

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About the Author:
Mary Alderwood is an HR Generalist and also has a background in Adult Education. With more than 25 years of experience in human resources management, having returned to work following an acquired brain injury herself, Mary developed and facilitated the ABI and Return to Work Focus Group Survey. Mary is a member of the HRPA, and is currently on a career break.

The aim of this project is to share information; develop training and educational resources and to build awareness around the various workplace perspectives involved in the return-to-work process as it relates specifically to ABI.
On June 6, 2007 my life was forever changed. I was run over by a 55-passenger bus in downtown Toronto. The accident left me with several impairments, the worst being my traumatic brain injury (TBI). The effects of my TBI were: severe vision loss, some major cognitive function loss, and some significant depression issues. On the positive side, I was alive and after healing, I was in relatively good physical condition; however, cognitive issues still remained.

Prior to my accident, I held the position of Director of Information and Communication Technology at Mount Sinai Hospital in Toronto. I was responsible for a staff of approximately 85 individuals with direct responsibility for the hospital’s computer system, network infrastructure, and entire telephone system. I was a successful businessman, having reached the pinnacle of my career. People respected me, people looked up to me.

After my accident, enough of hospitals, enough of rehab, enough of doctors, I wanted my life back! Out of extreme frustration, still in my hospital gown, I hailed a cab and asked them to take me to work. Lucky for me, the hospital security guard stopped me and returned me to my room.

After months of in-hospital rehabilitation, I went home for a brief stay. My first attempt to return home and to life was unsuccessful. I was transferred back to the behaviour modification unit of St. Joseph’s Hospital in Hamilton. It was here that my doctor was hoping to get my behaviour under control with medication modifications following the TBI. My several-months stay in this program was deemed successful and I was discharged home to the care of my wife and under the direction of a neuropsychologist and a full rehabilitation team to assist with my cognitive deficits from the TBI.

Once home, the push to go back to my previous career and life was overwhelming. I needed to know what I was going to do every day. Even though everyone was warning me that if I returned to work, I would probably fail, I wanted my life back. I measured my success in life by how successful I was in my career. If I couldn’t work how successful was I? Who was I now? My neuropsychologist suggested, “Let’s try volunteering.” So we tried volunteering at a local charitable organization. Here, I was responsible, with the assistance from my rehabilitation therapist (RT), for computer support as well as an overwhelming amount of data entry. I needed the help from my RT to stay on track of the job. The data entry became a lot of menial work. I missed the intellectual challenges of my previous role and the day-to-day interactions with people who I routinely collaborated with. After about a year, I wrapped up this volunteer position and looked for another.

My neuropsychologist set up another volunteer placement at a retirement residence within the city. My RT and I were responsible for a Wednesday morning computer lab, where residents came down and asked computer questions and we taught them special tips and tricks on using computers. The retirement home had a computer lab where residents could use a computer any time they wanted to and it became a classroom for “Steve’s Computer Lab.” Initially, this lab was a fun endeavour; residents asked lots of questions and got a lot of advice. They even started asking questions regarding their cell phones and stereos, etc. After about a year of computer lab, attendance began to dwindle, and going to the lab was less motivating so we decided to shut down Steve’s Computer Lab and to look for other volunteer opportunities.

Again, I began to miss my old role. I wasn’t satisfied with my volunteer positions. It was around this time I received a couple of calls from my previous employer wondering if I was available to come back to work. Not wanting to return and fail, I advised them that I was not able to return to work. My cognitive deficits with decision-making, focusing on tasks at hand, prioritizing, and memory had been compromised to such an extent that success would be unlikely. Although it was my decision not to return, this decision really hurt.

As an alternative to going back to work, my neuropsychologist arranged for a voluntary placement at the Ontario Brain Injury...
Association in the role of an information technology consultant. She and I went to OBIA where I was interviewed by the then-current executive director and his assistant and I was offered the position. That was almost eight years ago.

Today, in this capacity I provide support for all in-house computers, all servers, the phone system, the computer network, the printers, copiers and fax units. This job continues to grow and includes things like project management, contract negotiation and vendor management with some fund development. These tasks require the skills of my old life.

I still need the support of an RT daily to allow me to stay on track and to assist with strategies that enhance my own abilities to complete tasks at hand, but I have found a rewarding position at OBIA. They understand my brain injury and provide the flexible hours I need. OBIA also accepts my need for support from my RT, particularly to organize projects and stay focused on tasks. Most importantly, my role at OBIA provides me the confidence in knowing that my skills and knowledge are still valued. My brain injury did not take that away. I am once again part of a team that appreciates my input and values my business sense. OBIA fills me with what I was missing at past volunteer positions. Friendship, mutual respect, belonging and a sense of achievement are the most important benefits that I gain everyday. Although not quite where I was, I am finding my way back.

#IAmTheFaceOfBrainInjury

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

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

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The Face of a Survivor

By: Barbara Turner

Back in September 2002, I had a bleeding AVM (arterial vascular malformation). After 14 years, I have recovered as far as I probably ever will be, which is far further than the neurologists and neurosurgeons ever thought I would be. I am not using a wheelchair or walker and rarely a cane! I still have immense exhaustion and need an afternoon sleep of two to three hours, have damaged eyes and hearing, but life is good. I am able to cuddle my great-grandchildren and enjoy family and friends, look after the garden and enjoy life. However, on June 30, 2017 my best friend and husband of 38 years passed away. We just never know what life is going to deal us, but I am so thankful that I was able to get well enough to keep him at home until the end. Now I have to try to recover from that excess stress along with the exhaustion, but I know in time, I will make it through.

For many months, I felt alone in my physical problems and feelings. In the second year of my recovery, a good friend gave me a book to read that really started my healing process. I realized what I was going through was normal for someone with an ABI and I thought I would share a reading list with you to help you on your journey. Each one of these books helped me in some way to reach where I am today.

1. View from the Bedpan, by Beverley June Richmond
2. Finding Hope in a World of Pain, by Ken Ham and Carl Wieland
3. From Grave to Cradle to Now, by Ian Powell
5. Starting Over: A Survivor’s Guide by Anthony Aquan-Assee
6. Vendeka’s Creed by Anthony Aquan-Assee
7. I had Brain Surgery, What’s Your Excuse? by Suzy Becker
8. Left Neglected by Lisa Genova
9. In an Instant: A Family’s Journey of Love and Healing by Lee and Bob Woodruff

In addition to these books, most of which have been featured in the OBIA Review, I also received so much help from the OBIA support team. Even though I live in B.C., we did not have an active organization at that time. OBIA helped me find a mentor and she was so wonderful. She helped me work on my stamina and starting a budget, and by giving me very helpful suggestions. If she did not hear from me for awhile, she would call and check on me.

In my eyes my story is a real success and I hope that it will encourage others to keep giving the best they can each day. Enjoy the reading list. I would love to have other survivors send OBIA names of books and authors that have given them help, as surviving an ABI is an ongoing life long challenge.

Thank you for Following us!
I am a provider of vocational evaluation, counselling, and rehabilitation services in Ontario. In my practice I see complex injury clients, many of whom have been injured in various types of accidents (e.g., motor vehicle, slip and fall, etc.). Most of my clients have suffered one or a combination of soft tissue injury, orthopaedic impairment, neurologic (including spinal injury, minor, moderate or severe acquired brain injury, chronic pain and psychological impairment). My clients are what I would consider multi-barrier clientele with difficulties spanning the physical, cognitive, psychological, psychosocial and vocational realms. Many of my clients are also young adults ages 16-30 who, resulting from their injuries, have work or school displacement issues exceeding 12 months.

Anxiety is a common factor in most, if not all of my clients to varying degrees, whether their injuries are minor, moderate or severe. Some meet diagnostic criteria, some may not but still report/demonstrate symptoms attributable in great part to concerns around work, unemployment, personal and financial loss. Most often in my practice I see clients that have accident-related anxiety; the result of injury that has caused subsequent work displacement issues and/or altered career trajectory and in turn significant confusion and indecision about one’s future that contributes to comorbid/coexisting mental health concerns. Moreover, many of my clients (often due to brain injury) have poorly crystallized insights into their abilities (strengths versus weaknesses) and/or interests (or both) and/or as to the application of their post-accident abilities/interests to prospective training or work environments.

In the case of those struggling with disabilities (especially complex injuries, including moderate to severe brain injuries), entry to the workforce or work integration can be a significant problem. Work trajectory is commonly interrupted (and often in the early years of adulthood given the age-related stats around traumatic brain injury) while workplace stigma is associated in the form of assumptions regarding workplace competency, including vocational and social skills. Protracted work absence and unemployment can have debilitating long-term effects on one’s personal well-being, including physical and mental health.

A common theme among many complex injury clients is that they lack vocational clarity both in terms of the work they might be able to do, have interest for, and the steps required to arrive at an informed decision regarding their future. Often the lives of my clients have been turned upside down. They have spent the past one to two years (or more) recovering from their injuries only to realize they still need to transition from the ‘clinical setting’ to the ‘real world’ at which time competitive functioning and capacity issues become all the more relevant; often exacerbating post-accident anxiety concerns, indecision, indecisiveness, feelings of being overwhelmed and hopelessness.

As a vocational provider, my goal is to help clients take the next step on the rehabilitation continuum and to do so as seamlessly as possible. However, this is not a simple task, as, effectively, the point of the vocational process (often starting...
with assessment) is to analyse the shattered pieces of a person’s life, reassemble them and do so in a methodical way to ensure the whole of the person is being considered. Without a strong methodology or process, and without considering the small details and individual nuances particular to the person in question, vocational recommendations are likely to lead to hollow outcomes for the client rather than those that instill a greater sense of meaning, sustainability, optimism and hope.

There is empirical research that endorses numerous forms of professional support and advocacy to assist those with significant injuries (including brain injuries) reintegrate to the workplace. Of particular interest to my practice, supported employment modalities, including ‘place and train’ models, are considered effective for some persons with moderate to severe brain injury provided that service delivery is ‘highly structured’ to include where possible: medical rehabilitation, vocational assessment, neuropsychological assessment, team meeting, situational assessment, job-search support, job placement and follow-along; where more current research indicates that services are best managed and integrated by a vocational coordinator (especially once a client has reached a reasonable level of medical recovery).

Normally, in my practice, we start with an in-depth vocational intake assessment as this provides opportunity to meet the client, gain clinical insight and a comprehensive overview of the individual—and again where we can begin to implement a methodological process to derive all the information we need to make an informed decision about someone’s residual functioning, potential and needs moving forward.

Stergiou-Kita et al 2011 (U of T) have identified an Inter-Professional Clinical Practice Guideline for Vocational Evaluation Following Traumatic Brain Injury, which calls for a significantly in-depth and comprehensive approach to conducting such an assessment and work return effort. This is a valuable tool and one that I endeavour to follow in my practice as it aims to consider ‘the whole of the person’ in order to tap into their personal resources that may be utilized to support a return to gainful employment. Notably, the guideline strongly supports an in-depth assessment of the client’s personal domains (e.g., education, training, work history, hourly wages/annual income earned, job satisfaction, pre-injury occupational interests, skills, learning styles, social status, preinjury job performance, work interests, preferences, self-perceptions, client’s evaluation of the costs and benefits of working, physical, cognitive and emotional functioning etc.), environmental factors (workplace, culture, social supports, available opportunities, network, physical supports, scheduling, hours, travel/distance, work activities, aids etc.), assessment of occupational/job requirements (past or prospective - e.g., occupational titles, category, complexity, associated tasks, physical, cognitive, psycho-emotional demands etc.) and endorses the importance of ‘analysis and synthesis’ of all of information, as well as the articulation of specific recommendations that are to be collaboratively shared in a multidisciplinary setting.

In my experience, taking the time to get to know the client through comprehensive interviews is paramount to any good vocational intake process and should be reconciled against a detailed review of any salient medical or functional information and professional communications with any existing treatment providers as well as family. The results gleaned from this process should lead to: A) a better understanding of the client’s pre- versus post-injury circumstances; B) their functional strengths/potential and weaknesses (which will have bearing on their work participation); and C) ultimately practical recommendations for training and/or work that will facilitate buy-in and a renewed sense of hope from the client such that they will be motivated to take the next steps in their recovery.
In April of 2010, at age 16, I suffered a mild traumatic brain injury and everything changed. I suddenly realized how much my brain had been doing for me. My many symptoms included light sensitivity, noise sensitivity, constant headaches, visual processing issues, irritability, nausea and fatigue. Before my injury I was a competitive athlete, an A student and had just obtained my driving license, enjoying my new independence. Now I needed assistance for nearly everything.

I was never able to return full-time to a regular high school. My mother was determined to see me graduate so we began homeschooling. My limited stamina meant learning was done in short sessions. Due to my inability to focus, constant headaches, and vision problems, I was not an easy student to teach. I was no longer able to learn the way I had my whole life and so my mom had to constantly experiment with different teaching methods. I did not graduate with my class, but I did eventually graduate, and this was extremely important for my mental health. There were no systems in place to help kids with head injuries who could not stand a regular class environment, and so I was only able to graduate because of my parents’ commitment.

I decided to go to university a few years after my injury. I was not well enough to get a job so taking one course allowed me to do most of the studying on my own time, and my parents and I saw it as a form of therapy. I began by auditing a college course and then I took a single university course, with accommodations. Since then I have worked my way up to three courses and I am now halfway through my degree. Attending university with a brain injury is the hardest thing I have ever done.

I now attend part time, and enroll in as many online courses as possible. Online courses have been one of the main keys to my success since I can take breaks when needed and do not need to force myself to attend class when my brain is tired. I have learned pacing techniques, impeccable organization skills and I never procrastinate. I work in short increments and the day before an exam, I rest my brain by not studying. This was a difficult practice to master! One of my core issues is visual processing - my eyes work fine but the information is distorted before it gets to my brain and so reading and writing are extremely difficult and exhausting. I have had to leave university for eight months to ‘recover’ because I pushed myself too hard and could not handle the workload. There has been a huge learning curve and it is so frustrating to want to be able to do more than my brain can handle.

I want people to understand that stamina is different from intelligence. I still earn good grades, despite my injury. Every brain injury affects different areas, and that determines our symptoms. I like the quote “if you’ve seen one brain injury, you’ve seen one brain injury” - anonymous. My visual processing, fatigue, headaches etc. all affect my stamina, and mean that I can no longer sit down and work for hours. However, I can still achieve good grades by using pacing techniques, reducing my stress and planning to complete things well ahead of time. When I am in school I am unable to participate in many social activities; I only have a certain amount of energy and school uses most of it. I have learned that this is a choice I am making. When I am not in school, I will be able to do more; missing out is temporary and I am not hurting myself as long as I stay within my boundaries.

Recovering from a brain injury is a huge challenge, for the injured and their supporters. For the injured, we have to adopt a new identity. Our ‘supporters’ lose the person whom they once knew, and often become our caregivers. I am now seven years into this journey and still improving. Although the recovery is slower than I would like, I believe I made the most progress in my sixth year.

It is difficult to accept this new life. At first, I would push through the symptoms and the pain to try to function as I did before my injury. I sometimes spent days in bed recovering from participating in a two-hour activity. Now I respect my boundaries. I nap every day and I rest frequently. I limit my time at social events, and then go home to rest. I have learned...
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what I can handle without too many consequences and that is helping my brain heal. I am not functioning close to the way I did prior to my injury, but I am gaining control over my life and for the first time in years, I am experiencing some truly happy moments.

I am now involved in educating others about brain injuries. I have spoken at schools, participated in the Youth Disability Forum, and shared my experiences at a training session for teachers. I am also organizing a retreat for survivors and their caregivers. It is important to me to educate others on the significance of protecting our brains. We do not realize everything our brain does for us until it is damaged. Any hit, big or small, can cause serious lifelong effects in just one second. I think of recovery as putting back the pieces of the puzzle. I may not get them all back the way they were before, but hopefully I can work towards a full picture again.

PHOTO: I did a body painting session with May Mutter, to represent what people with head injuries face for her book “A Caged Mind” and the photo was taken by Melanie Mathieu Photography.

Brain Fast Facts

- Only 13% of respondents are currently employed for pay.
- 75% of respondents indicated they were employed for pay before their brain injury.
- 44% of ABI survivors indicated they are not satisfied with their ability to work.

- 2012 OBIA Impact Report

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For more information contact:
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Funding provided by:

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2017 Annual General Meeting

Annual OBIA Award Winners, presented June 17, 2017

We also extend our congratulations to other winners who were unable to attend the AGM:

- Corporate Fellowship Award - DMARehability (Agnes Agnelli)
- Professional Award - Dr. Donna Ouchterlony, Family physician and Assistant Professor at the University of Toronto.
Congratulations to the newly appointed members of the OBIA Board of Directors: Pictured - Alice Bellavance (Chair, Nominations Committee), Zeenat Khoja, Christina Cunningham, Chrisanthi Lefkimmiatis and Keith Lindsay. Absent from photo - Caron Gan

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We are honoured to be named a Top Personal Injury Boutique Law Firm in Canada by Canadian Lawyer Magazine for 2017-2018.
What is the Duty of Employers to Accommodate People with Brain Injuries?

By: Charles Gluckstein, Gluckstein Personal Injury Lawyers

Individuals with acquired brain injuries face a number of challenges in their daily lives, including challenges surrounding employment. Whether the individual is employed or is looking for employment, he or she is protected from discrimination under provincial and federal human rights legislation.

Both Ontario law and Canadian law prohibit discrimination and harassment against individuals with disabilities, and employers have a duty to accommodate employees to ensure that they do not experience such discrimination. The Ontario Human Rights Code prohibits discrimination based on a number of enumerated grounds, including disability, to ensure equal treatment with respect to employment. This is also reflected at the federal level in the Canadian Human Rights Act (CHRA).

Under the Ontario Code, the definition of disability includes “any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness...” and explicitly includes brain injuries. In the federal context, although brain injuries are not explicitly included in the definition of disability, the Act is worded generally to include in the definition of disability “any previous or existing mental or physical disability”. Dismissing an employee with a brain injury for poor job performance as a result of that injury constitutes discrimination in the workplace, and cannot occur without first attempting to accommodate the employee. Discrimination on the basis of disability can form the basis for an application to the Ontario Human Rights Tribunal.

To ensure that employment-related discrimination does not occur, employers have a duty to accommodate individuals with disabilities. The employer must collect all relevant information about the employee’s disability in order to determine how the employee can be accommodated properly, and must arrange for this to occur by modifying the work environment and/or conditions, unless doing so causes the employer undue hardship. Proper accommodation for individuals with brain injuries can involve flexibility in scheduling, making use of assistive communication devices, implementing methods to reduce stress and anxiety, adjusting the tasks performed, and assigning the employee a mentor.

There are a number of factors relevant to assessing undue hardship. The Ontario Code indicates that “the cost, outside sources of funding, if any, and health and safety requirements, if any” are to be considered. Federally, the factors are limited to “health, safety, and cost”.

The duty to accommodate is ongoing and involves continued reassessment to ensure that the employer is appropriately and adequately accommodating the employee with the disability. Both the employee and employer are to play a role in this process.

2 Canadian Human Rights Act, RSC 1985, c H-6 at ss. 3(1) and 7.
4 Canadian Human Rights Act, RSC 1985, c H-6 at s.25.
continued assessment to ensure appropriate accommodation.\textsuperscript{7} The employer is to consult with the employee to provide accessible communication supports to ensure that the employee can carry out his or her job, as well as receive information available to employees generally.\textsuperscript{8} Employers must inform all employees about their policies supporting individuals with disabilities, and are under an ongoing obligation to disseminate updates.\textsuperscript{9}

In addition to the duty to accommodate, employers have a duty to provide disabled employees with an individualized plan for responding to workplace emergencies.\textsuperscript{10} The goal of this new employment standard is to ensure that employees with disabilities are aware of how they are to be accommodated in workplace emergency situations, such as in a situation requiring emergency evacuation.

These duties do not only apply to existing employers, but also apply to potential employers when individuals with brain injuries are seeking new employment opportunities. Potential employers have a duty to ensure that applicants are aware of their right to be accommodated during both the selection process, and once successful applicants are selected, to carry out appropriate and effective accommodation in those circumstances.\textsuperscript{11}

Not all individuals with brain injuries share the same needs in the workplace – it is important for personalized consultation to occur between employee and employer to ensure that effective accommodations are made. Ongoing communication between employee and employer can serve as a strong foundation for a successful employment relationship, allowing both parties to ensure that the individualized plan for accommodation can be adjusted as the needs of the employee change.

It is important for employers to be mindful of these duties, regardless of whether or not they currently employ individuals with brain injuries, to ensure compliance with human rights legislation and to build a successful relationship. Conversely, it is also important for employees with acquired brain injuries to know their employment rights to ensure that they are met.

\textsuperscript{7} Central Okanagan School District No. 23 v Renaud, [1992] 2 SCR 970.
\textsuperscript{8} Integrated Accessibility Standards, O. Reg. 191/11, s.26(1)-(2).
\textsuperscript{9} Integrated Accessibility Standards, O. Reg. 191/11, s.25(1)-(3).
\textsuperscript{10} Integrated Accessibility Standards, O. Reg. 191/11, s.27(1).
\textsuperscript{11} Integrated Accessibility Standards, O. Reg. 191/11, s.23(1)-(2), 24.
Concussion on Vacation

By: Dave Breznik

Those of us who are concussed know that our strongest supporters, our spouses and in most cases our families, are just as much affected by our condition as we are. Maybe more so because they are still healthy and ‘normal.’

Because of the price we will have to pay, it is hard for the concussed to “take a break,” a vacation. But we know that those supporting us may need one. After two and a half years of living with a concussion I felt I owed it to my spouse and family to take a vacation. This is my trip:

Up early
Ride is here
Load up
Sit back for drive
It’s dark
Limo is moving
Sitting sideways
Looking straight through the side window
Feeling the motion through my eyes
Lights of cars
Lights of buildings
It’s different sitting sideways
I close my eyes

At the airport
It’s packed
Follow family
In line
Moving slowly
Everyone is moving
Some fast
Some even faster

Some slower
My eyes take this in
Always movement
Different speeds
Everyone is talking
Insist on handling large suitcase
It’s for support
Smile
Everything is OK
I never realized there was this much noise
I was never aware of this much movement
Follow winding line
Keep moving
Everyone moves
Use luggage as an anchor
Let spouse handle ticket counter
Move to security line
Move, move
Everyone moving
Through security
Find gate
Wait
Two hours
A lot of people waiting
Moving
Talking
Put on noise-cancelling earphones
Sunglasses
Keep eyes closed
Wait
Line up to board
Find seat
Close eyes
Sleep fitfully for two hours
Try to read
Can’t concentrate
Keep eyes closed
N/C Earphones on
Plane lands
Move through airport
Keep moving
Keep moving
Everyone moving
Move to baggage area
Watch cases go around
Around
Follow each case as it moves
Dizzy
Almost fall onto baggage track
Mind is foggy

Dizzy
Move away from track
Spouse spots baggage
Head for customs
Move
Move through line
Clear customs and head for bus
Hot sun
Waiting for people
Waiting
Noise
Bright sun
New surroundings
Twenty-minute ride
Arrive at hotel
Wait in line
Sit down
Rest
Let family do check-in
Room keys
Close blinds
Lay down
Rest

Walking on the beach
A pre-vacation dream
Now I am here
On the beach
Enjoying the sun
I walk
The beach is on a slope,
The water is level
Waves rolling up the shore
My mind sees the level water,
My feet are stepping on the sloping shore line
Level…. slope
What my brain is seeing through sight - level water and feeling - sloped beach is not making sense
I am walking with a brew of confusion balance and uncertainty
Stumbling on the beach
Falling

I leave the water’s edge and sit on a beach chair to enjoy the view
It’s a nice view
Sandy shore
Water as far out as one can see
The water slowly rolling in
One wave
Followed by another
A small wave
A large wave
Another wave
Nothing is still
Water is moving
People are throwing beach balls
Water is noisy
People are noisy
The waves still coming
My mind can not work out what I see what I feel the noise the movement
My balance starts to fail
I put on noise-cancelling headphones and lay back on the chair

The sun is warm
The palm tree gives shade
The leaves of the tree are gently swaying in the breeze
Swaying in the breeze
Swaying
I can’t stand up for fear of falling
I try and converse
Words are slurred
Words are mixed
I speak out of context

Headache
Loud loud ringing in ears
I take a Tylenol
I close my eyes
After a while I am OK.

I walk back to our room
Close the blinds
Stay there for a few hours

The resort has a good-sized man-made wading river
Three feet deep
A strong current
Rubber tubes to float in
I enjoy the water
I wade in the river
People going by
Tubes spinning
Trying to balance with the current with the moving water with people with environment
Water temperature
Hot sun
Waving palm trees
Loud talk
Kids running on the bank
I stumble
Not sure I can keep walking in the river
I find a tube
I get on it
Nice ride
The tube bounces off the sides
rotates with the current
My mind is spinning
I’m losing control
I get back in the water
I hold the tube using it for balance
That helps
A lot of movement from people from the water the background noise of the ocean the resort
the running water the people
I leave the river

Can hardly walk straight
Mind is in a state of confusion
Dazed
Overwhelmed
Don’t ask me any questions
Don’t walk in front of me
Let me hold the handrail
I return to our room
I close the blinds
I lay down

Family are going on a catamaran
Would I like to go?
Sure I would
I see the boat moving on the water
Forward
Sideways
Bow up
Stern up
Wind in the sails
Looks like fun
I know I can’t do it
I stay on shore and watch
I see the family enjoying the boat
It dances in the water
The shore is still
Water is active
The boat is moving with the waves
A lot of motion
I turn around
I go to the back of the resort
I sit under a palm tree until they return
The grandkids want me to spend time with them
Try the beach
Limited time
Try the wading river
Time is cut short
Grampa, come on the tube slide
Tube Slide?
We make memories
What memories do I want to give them
I hesitate
They plead
I go
The slide is great
I go again
Halfway up I am struck with a dizzy spell
To continue up or go down
Equal distance
People behind me
I go up
This time the slide gets me
My mind drops to about 20% power
Confusion reigns
I’m standing
I’m moving
I’m looking
I’m seeing
I don’t really see anything
No idea how I am moving
There is a confusing haze over my brain
Can hardly get out of the water
Hang on to the tube
Close my eyes
Rest
Take a step towards the edge
Rest
Hold on to the tube
Rest
Rest
Get out of the area
Rest
Back to the room

Dinner time
All inclusive
Many choices
Many many choices
Too many choices
Where to sit
Don’t say anything
Follow family
Buffet?
Restaurant?
Let them choose
So many choices
Where?
What?
So fun and so noisy
Insert earplugs
Scan menu
What am I seeing?
The menu is clear
In my mind it’s a foggy blur
Mind is confused
Muddled
Too many decisions
Brain needs time
Desperate for some space
Need break
Need rest
Fight urge to get up and leave
Concentrate
It’s their vacation too
Don’t ruin it
Order what sounds familiar
Sit back
Focus on one thing
Act like you hear
Like you are involved
Watch everyone around the table
Happy for them
Let them finish and leave
Linger at the table
Rise and hold on to chair back
Hold on
Use railings
Chairs
Walls
Lean on spouse
Back to room
Lay down
Return home
Glad to be here
Mind is still uncertain
Takes a day
Maybe two
Crash
It comes on hard
Mind spinning
Words slurring
Mixed sentence structure
Bumping into things
Can’t concentrate
Sleep is in shambles
Arguing with spouse
Operating on a hair trigger
Sudden bursts of irritation
Easily provoked
Headaches
Increased level of ringing in my ears
A lot of pacing
Can’t make decisions
Confusion
Fogginess
Balance
It all goes downhill
It stays there
Slow recovery
Back on sleeping pills
Takes three weeks
Semblance of new normal returns
No staying power
Easily pushed off the edge
Start again
And again
It’s been two and a half years
Doctors don’t know what to do
I know
This is the way it will be
The rest of my life
I will appear to improve
But it’s only learning how to cope
Things may eventually get better
But they never will
Never
Ever
Be the same
My life has changed
It was taken from me
Even though I look the same
I have changed
My life was taken from me
There is a new me
I am left to watch the new ee
Start again
I am a spectator
Watching the new me
With new boundaries
that I am trying to understand
With new limitations
that to my detriment
I often exceed
Setting new goals
Setting the bar much lower
than I had before
I am not used to the new me
I do not know the new me
But I do not like the new me
I hope I will
I’m sure the day will come
Acceptance is hard
It will not come easily
Or all at once
It will take time
It will come in short steps
Many short steps
Many many short steps
During which there will be many
crashes
Many failures
Much backsliding
Give thanks for what we have
I am thankful for a supportive spouse
who knows the old me
and is living with the new me
For family
Who knows the old me
And makes allowances for the new me
For the care providers
Who never knew the old me
but understand what I am trying to
cope with.  ◊◊◊
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OBIA Advisory Council (OAC) Report

The June OAC meeting was held just prior to the Annual General Meeting on June 17, 2017. There was no workshop during the OAC meeting this time. Regularly scheduled workshops will begin again in September.

Seizure & Brain Injury Centre (Timmins)

The Seizure & Brain Injury Centre had a busy June. Another successful Colour It Up Run was held on Saturday, June 10 with more than 200 participants. Not only did we have the run but there was rock climbing, face painting and a BBQ. More than $5,000 was raised towards our various programs and services.

The Seizure & Brain Injury Centre participated in a number of Bike Rodeos in June in partnership with the Timmins Police, Ontario Provincial Police and local health units. More than 1,000 children grades 3 and 4 from Timmins, Val Gagne, Matheson and Iroquois Falls took part.

Our 29th Annual General Meeting was held June 13 with special guest speaker Tanya Jewell, Community Engagement Coordinator at OBIA. Everyone enjoyed Tanya’s talk and many spoke to her after about her experience and shared their stories with her.

BIA Windsor & Essex County

Here are highlights from our different programs:

Monthly Drop-In Peer Support: This support group is for survivors and caregivers. No referral is needed (self-referral); however, we do take an intake form and attendance is taken at each meeting.

Monthly Caregiver Support Group: This support group is for caregivers only. The idea was the caregivers need space to discuss their worries and feelings isolated from their loved ones that they support. No referral is needed (self-referral); however, we do take an intake form and attendance is taken at each meeting.

Monthly Survivor Social: This event is an unstructured evening where survivors can talk with other survivors or play board games. Snacks are provided. No referral is needed (self-referral); however, attendance and contact number (for reminder calls or cancellations) is taken at each meeting.

Monthly Parent Support Group: This support group is for parents of school-aged children who have sustained a mild (concussion) or traumatic ABI. No referral is needed (self-referral), however, we do take an intake form and attendance is taken at each meeting.

Peer Mentoring Program: This program is funded through OBIA. Our Peer Mentor Coordinator works with individuals with ABI and their caregivers to find an appropriate match. The mentor is a person who is further on in their journey and will work with the Peer.

Helmets on Kids Program: The Helmets on Kids program provides helmets to children who are unable to afford a helmet or whose family does not place importance on the purchase of a helmet. We provide helmets through organizations and bike rodeos and do not provide individual helmets. Schools have asked for helmets for a group of students in the past and we have supplied.

GOALS - Peer Success Group: This 6-week program focuses on individual goals and as a group works on supporting each other through the goals. The ‘Goals: Peer Success Group’ is about bringing people together in an environment that fosters relationship building, safety and trust. The group is simultaneously shaped as a group and individualized; everyone that participates in the group sets and works on goals and, importantly, each member chooses and works on their own goal. This program is funded by United Way.

We also have various educational workshops and are active on social media.
BIA North Bay and Area

The Brain Injury Association of North Bay and Area (BIANBA) had an exciting April to June quarter!

In April we launched our online surveys for Survivors and Caregivers. These surveys were developed by BIANBA, and our goal is to collect data that is specific to Survivors and Caregivers in the North Bay area to give us a better picture of the challenges being faced in our region. We are asking people to answer questions regarding their housing, their income, and the medical care that they are receiving. Collection of the data will be a long-term project, and will help BIANBA to determine our focus moving forward.

In May BIANBA was gearing up for all the events we had planned in June.

On June 4 we announced that we will begin working more closely with the Nipissing Mental Health Housing and Support Services (“NMHHSS”), who currently provides some limited ABI housing in North Bay. We also announced that BIANBA now officially has our own office space!

On June 14th we hosted our first ever fundraising dinner—we chose to hold this event in June to coincide with Brain Injury Awareness Month. It was held at Tiny Italy in Callander (on the outskirts of North Bay), and Phillipo put on a fantastic menu! During the dinner we asked each table ABI Trivia questions and awarded prizes. We also had a silent auction with items donated by several local businesses.

On June 20 we held a quarterly Speaker Series Event, which included a representative from the AIDS Committee of North Bay and Area, who was invited to speak to the audience about their work in the community.

On June 21 we held our Annual General Meeting. Our new Directors are Lana Brown, Butterfly Fields and Joelle Zwicker, and we welcome them to BIANBA at this exciting time of growth! We would also like to thank our “retiring” Board Members for their dedication and service. Dave Vezina stepped down after serving a one-year term, Luce Lafontaine stepped down after serving for over five years, and Carole Gour resigned due to a work-related transfer. BIANBA truly appreciates their contributions, and we wish them well in their future endeavours.

BIANBA does not hold support groups or Board meetings in the months of July and August, but we will be busy working on “things” behind the scenes so we can hit the ground running in September!

BIA Sault Ste. Marie and District

The association has been very busy over the past few months. We were able to have a display at City Hall for Designated Brain Injury Day.

During the local Santa Claus Parade, we entered a brain injury awareness float using the Frozen theme. We also hosted a fundraiser concert featuring the amazing singer Carl Dixon. During this concert, Carl told his story about the motor vehicle accident that changed his life and left him with a traumatic brain injury.

BIS Toronto

We are beyond thrilled with the work our Awareness Committee put in to our June Brain Injury Awareness Events. With their creativity and support we were able to reach thousands of community members through our social media campaign, our appearance on Breakfast Television, and our booths at Toronto Hospitals and Toronto Pride. We had the support of Mayor John Tory who once again proclaimed June as Brain Injury Awareness Month. In addition, we were able to have the 3D Toronto Sign
and CN Tower lit up in Blue and Green in recognition of Brain Injury Awareness on June 14 (the night of the OBIA/BIST Mix and Mingle). The BIST Facebook post on this alone had 84 shares and reached almost 10,000 people!

Our 3rd Annual Birdies for Brain Injury Event was another success and we were able to raise more than $34,000 to support the programs and services at BIST. Even though there was rain and gray skies, our golfers came with sunny dispositions and had a phenomenal time! A huge thanks to our golfers, volunteers, sponsors and our hard-working golf committee!

Our BIST members are also having a wonderful July! One of our members, Taliesin McEnaney, wrote and directed a play inspired by her husband’s brain injury. The play is called Brain Storm and was a huge hit at the Toronto Fringe Festival. PIA Law sponsored our members to attend one of the shows, and Taliesin and BIST arranged for a talk back session following the production with the cast. This was a memorable event for everyone and we were grateful for the opportunity to be a part of it.

As always, we also enjoyed our annual picnic at High Park and this year we had Spiderman pay us a visit. We loved having him there and its has us all excited for our 5K BIST Hero Walk on October 1, 2017!

BIA Ottawa Valley

Brain Injury Awareness month

The BIAOV were pleased to join OBIA and other community associations in the province in a joint effort to bring awareness focusing on “Hailey, I am the Face of Brain Injury” and “Concussion Hits Home.”

The BIAOV members were active during Brain Injury Awareness Month. Members participated in two walks, the Brain Tumour Foundation Walk and the Rob Wein Conquering Acquired Brain Injury Walk.

The 4th Annual Fleming Fitness Golf Tournament held on June 22 was a roaring success, raising $18,000. We had a beautiful sunny day filled with lots of fun golf and delicious food. Thanks to the Fleming Fitness volunteers, Loch March staff and everyone who golfed. Special thanks to all of the sponsors: Fleming Fitness, McNally Gervan, Lawyers, Trac Group, Tierney Stauffer, Burn Tucker Lachâine, LLP., Kompass Claims Management, Beament Hebert Nicholson, LLP., Swanson and Associates and CBA.
Thank you Ken Evaire, our MC for the evening and to our guest speaker Henry Burris, retired quarterback and and soon to be Hall of Famer from the Ottawa Redblacks.

BIAOV Helmet Survey Promotes Safety

2017 Results

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>195</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>No</td>
<td>85</td>
<td>17</td>
<td>4</td>
</tr>
</tbody>
</table>

- 70% of cyclists wore a helmet
- 30% of cyclists did not wear a helmet
- 63% of skateboarders wore a helmet
- 36% of skateboarders did not wear a helmet
- 71% of rollerbladers wore a helmet
- 29% of rollerbladers did not wear a helmet

Commenting on the results, Wendy Charbonneau, president of the BIAOV, said: “Although about 65-70% are now wearing helmets, it still concerns me that the other 30% or so are not, and are jeopardizing their safety, health, and well-being.”

We took the opportunity to bring awareness of the lack of housing and specialized services to people living with ABI. With the help of concerned citizens across the Champlain LHIN we are gathering signatures on a petition reinforcing the need to develop more residential options for ABI survivors as well as additional specialized support services specific to the needs of persons with a brain injury. The petitions will be presented to MPPs in the Champlain LHIN in the fall. For more information about this project please contact Wendy at (613) 233-8303 or email: contact@biaov.org

We also took part in three awareness events promoting our services and those of the OBIA. Pictured above, Wendy is seen with Beau Rooney and his wife, Betty at the Celtic Brotherhood Motorcycle Ride on June 10.

Hélène and Kathy (below) provide information at the Vista Centre Brain Injury Awareness Day held on Wednesday, June 14 at St. Elias Church and Conference Hall. Wendy was also invited to provide information to the staff of the Public Health and Safety Department of the Government of Canada.

Plans are well underway for the 11th Annual Fall Fundraiser to be held on October 24, 2017 at Algonquin College. The committee has changed things up this year and instead of the annual dinner, are having a Mix and Mingle Event. For more information or to sponsor this event please go to http://biaovfallfundraiser.com
Employment is an important part of life for adults and even older youth. For the 10-15% of those that don’t recover as expected following a concussion/mTBI, return-to-work can be challenging due to possible physical, cognitive and emotional symptoms. Return-to-work (RTW) is a major indicator of real world functioning; thus, predicting future work success and helping to make it happen is a major area of importance.

This project had the goal to identify and categorize literature on RTW in health conditions to determine if principles used for successful RTW in other health conditions might be applied in mTBI.

A search was conducted of peer-reviewed literature in a number of electronic databases. Grey literature was also identified from government, labour and community organization’s websites. A lengthy process began with identifying 36,468 listings from the electronic databases and 28,696 listings identified from the grey literature. This was followed by three levels of screening, quality assessment of the literature, excluding duplications and articles that weren’t relevant, and then pulling out the relevant information.

The results suggest that a biopsychosocial approach needs to be applied to improve RTW outcomes after concussion/mTBI. Factors in all three domains of the biopsychosocial model were found to be associated with RTW, including pain severity (biological), communication and social support (social), and expectations of recovery and RTW (psychological). Many of these factors are modifiable and can be addressed by a concerted effort from family members and friends, colleagues, employers, health care providers and case coordinators. The findings also support the Institute of Work and Health (IWH) seven RTW principles that can be applied across different health conditions.

To view a list of factors associated with better/worse RTW outcomes, and those having no effect on outcomes, see next page. Reference: Cassidy JC, Cancelliere C, Donovan J, Stockendahl M, Biscardi M & Ammendolia, C. Principles for Easing Return to Work after mTBI. Final report submitted to the Ontario Neurotrauma Foundation, May 2014.
## FACTORS ASSOCIATED WITH BETTER RETURN TO WORK (RTW) OUTCOMES

<table>
<thead>
<tr>
<th>Strong association with better RTW outcomes</th>
<th>Moderate association with better RTW outcomes</th>
<th>Limited association with better RTW outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work accommodation</td>
<td>• Supervisor training in work disability</td>
<td>• Social environment e.g., pro-active</td>
</tr>
<tr>
<td>• Communication</td>
<td>• Early multidisciplinary interventions</td>
<td>organizational procedures</td>
</tr>
<tr>
<td>• RTW coordination</td>
<td></td>
<td>• Intervention intensity</td>
</tr>
<tr>
<td>• Interventions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Multidisciplinary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• single educational/psychological/physical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vocational rehabilitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• High expectations of recovery and RTW</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## FACTORS ASSOCIATED WITH WORSE RETURN TO WORK OUTCOMES

<table>
<thead>
<tr>
<th>Strong association with worse RTW outcomes</th>
<th>Moderate association with worse RTW outcomes</th>
<th>Limited association with worse RTW outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• High physical work demands</td>
<td>• Low income</td>
<td>• Low psychological function</td>
</tr>
<tr>
<td>• Poor social support</td>
<td>• Occupation type</td>
<td>• Factors outside workplace (e.g. family issues)</td>
</tr>
<tr>
<td>• Low quality interventions</td>
<td>• Providing compensation</td>
<td>• Longer post-traumatic amnesia (specific to people with mTBI)</td>
</tr>
<tr>
<td>• Low socioeconomic status</td>
<td>• Poor personal outlook/perception</td>
<td></td>
</tr>
<tr>
<td>• Older age</td>
<td>• Co-morbidity</td>
<td></td>
</tr>
<tr>
<td>• Poor general health</td>
<td>• High activity limitations</td>
<td></td>
</tr>
<tr>
<td>• Previous sickness absence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Low expectations of recovery and RTW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• High disease-specific impairments and disability</td>
<td></td>
<td></td>
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<tr>
<td>• High injury severity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• High pain severity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• High somatic complaints</td>
<td></td>
<td></td>
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</tbody>
</table>

## FACTORS HAVING NO EFFECT ON RETURN TO WORK OUTCOMES

<table>
<thead>
<tr>
<th>Strong</th>
<th>Moderate</th>
<th>Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Single medical interventions</td>
<td>• Marital Status</td>
<td>• High working hours</td>
</tr>
<tr>
<td>• Smoking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Glasgow Coma Scale score (specific to people with mTBI)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Pathways to Independence specializes in providing services and supports to adults with an acquired brain injury (ABI). These services could be a place to call home or day services designed to support a person living with a brain injury to reintegrate into their community.

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

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

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

- Physiotherapy
- Occupational Therapy
- Behaviour Management
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- Dietician
- Nursing
- Adult Education, Vocational Training or Upgrading
- Legal Services
- Family support

Reach out to us to find out more about Pathways ABI Services:
289 Pinnacle St., Belleville, ON K8N 3B3  T613.962.2541  F613.962.6357
356 D Woodroffe Ave. Unit 202, Ottawa, ON K2A 3V6 T613.233.3322

1 in 26 Canadians are living with a brain injury
Brain injuries can be a non-visible disability
There will be 18,000 new brain injuries this year
Men experience brain injuries twice as often as women
ABI is damage to the brain that occurs after birth
ABI is not a developmental disability or autism
ABI affects cognitive, emotional, behavioral, & physical functioning

Community Solutions’ Supported Independent Living Service, Apartment Program offers individuals with ABI the opportunity to live in their own apartments and participate in the local community while receiving the highest level of rehabilitation, personalized care and support available.

Our comprehensive service achieves the best possible outcomes by ensuring a greater sense of independence, facilitating positive transitions and making a more productive and meaningful life attainable.

Supported Independent Living Apartment Program for People with an Acquired Brain Injury

To discuss our Supported Independent Living Service Apartment Program, contact:
Barbara Cram at:
(905) 349-2020 or info@commsoltd.com
www.communitysolutionsltd.com
New Moon Rises

By Amanda (submitted by Amee Le)

I am sitting with a few people in the Orchard Library on Thursday afternoon. The room is half the size of a basketball court covered with grey carpet. There is a central island formed by four rectangular tables. Close to the entrance, several juice bottles and two baskets of energy bars are waiting on the welcome table. The room looks quite empty with five big windows overlooking the busy Yonge-and-Eglinton intersection.

*We all look “normal” or at least most of us do not look like we have a disability.* One person is in a wheelchair, and another has a twisted hand.

I am wearing a silky pencil skirt and a white blouse with three-quarter sleeves. Shirley has her red helmet on the ground by her chair, like last month when I first attended the event.

Kitty, with curly blonde hair, gives each of us name tags. I can’t see them clearly without my eyeglasses. I do remember some of the faces of the attendees. Karen is an African lady in an orange dress. Sandra wears a colorful aboriginal outfit and is in a wheelchair. Kent, an Asian guy with a perfect smile, is not shy at all. Lydia is tall with dark brown hair and eyes. We all sit around the central island. There is a portable flipchart standing by the end of table across me. I like to switch my eyes between the paper board and the big windows.

Kitty introduces our facilitator, Amy, occupational therapist. She is in her 20s, an oriental lean woman with straight dark hair, curling inwards at her shoulders.

“Good afternoon, everyone. Welcome to the Mindful Art Workshop.” Amy speaks slowly with a gentle smile. She walks to the paper stand and draws a face-sized circle on it. Inside the circle, she writes three words, one at each line. “Judgment, Mindfulness, Acceptance.” Outside the circle at the bottom, she writes “Surprise!”

“Can somebody tell us what mindfulness is?” she asks, looking around with encouragement.

“Be in the moment,” Kent volunteers the answer; his right hand is twisted inward with scars.

“That’s right. Today we’ll make stamps with our imaginations. Being mindful, we don’t make judgment; instead we accept as it is, and we’ll find surprise,” she says while pointing at the words on the paper.
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our hands, sharing with others. We give out the blessings with the generosity.”

Her voice, like a sweet angel, continues to flow around us.

A gentle wind full of seaweed scent refreshes my brain and fills my belly. I blow out a trace of pain, a dull, aching pain. Again, the wind takes away the pain, and it vanishes in the shadows of the weeping willows in my mind.

“Now, continue to breathe. I’m going to pass on the rubber stamp into your palm. You’ll hold the stamp and focus on the image, which you would like to carve into the rubber.”

Her tender voice mixes with the rhythm, flying around the table. I feel a light square rubber gently touching my left palm. I put my right hand on top of it, holding it like a treasure.

Breathe in deeply and breathe out slowly. I am flying with her voice into a wooden gazebo in the middle of a lake. It is a dark and foggy night. A gentle breeze kisses my cheeks. No one, no fishermen, no wild geese, nothing is out there. I am alone. It is absolutely tranquil. Along the beach, the bamboo leaves are quietly dancing in the dim light.

I raise my head. The moon, like a peeled banana, hangs in the remote sky, covered by clouds of smoke......

“Breathe in, and breathe out. When you’re ready, open your eyes and draw your images on your rubber stamp.”

Although right handed, I start to train my left hand, just in case. Stroke by stroke, I draw a banana in the centre of the square. Amy helps me choose the smallest sculpture chisel. Slide by slide, my left hand carves the banana.

It’s time to dip into the ink and show the artwork. Kent dips into the pink and stamps on his bookmark.

“Hah, it’s a lovely solid heart, full of passion,” Amy says. “Nice job, Kent.”

Sandra takes the green ink and puts her two hands on her rubber, pushing on her bookmark. Kitty keeps her eyes on the turnout.

“Wow, it’s a beautiful ginkgo leaf, full of hope,” Kitty says. “Well done, Sandra!”

I take my time, pick up the blue ink, slowly and firmly press my stamp. Tah-dah, a surprise! It’s a new moon, shining above the smoky cloud.

Joy overflows, and, from my fingertips, pours out a poem:

New Moon
Gives light
In the mist of night
Because of her
I am not afraid
To face the darkness inside

“I created a poem!” I declare.

The group asks me to read it.

“Amanda, I love it. Would you please stamp your new moon on my bookmark? It’s so beautiful,” Kent asks me.

“Of course!”

“Amanda, would you please stamp it on mine as well?” Sarah says.

“My card, please!”

“Mine, as well.”

The voices come to me from all different directions.

Next, we are all busy passing around the colorful inks, bookmarks, and newly designed stamps.

I am delighted. As well, I collect their artworks on my bookmarks. A golden horse from Lydia, a delighted heart from Karen, a dreamy rainbow from Amy, a smiling face from blonde Kitty, the healing Gingko leaf from Sandra, and the passionate heart from Kent.

Who says that we are disabled, survivors of traumatic brain injury? Under each invisible disability, there is a beautiful brain, eager to express faith, hope, courage and endurance with great creativity.
To address the unique needs of individuals with acquired brain injury, Anagram Premier offers a continuum of community-based rehabilitation services from medically-involved to supported independent living.

For more information, please call

905.468.0532
877.366.7424
Events Calendar

September 27-28, 2017
OBIA and BIA Sudbury & District present:
*Brain Basics*
**Instructor:** John Kumpf  
**Location:** The Caruso Club, Sudbury, ON  
**Contact:** Diane Dakiv  
**Phone:** 905-641-8877 ext. 231  
**Email:** training@obia.on.ca  
**Website:** www.obia.ca

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

September 28, 2017
PIA Law and the Toronto ABI Network presents:  
*Back to School Conference - Acquired Brain Injury Across the Ages / 2017 Awards of Excellence in Brain Injury Rehabilitation*  
**Location:** The Carlu, Toronto, ON  
**Contact:** Elisa O’Neill  
**Phone:** 416-868-3195  
**Email:** eoneill@thomsonrogers.com  
**Website:** www.eventbrite.ca/e/back-to-school-conference-2017-registration-33685349788?aff=es2

October 3, 2017
Neuro-Rehab Services presents:  
*Celebrating 30 Years: A Special Tribute to the Ontario Brain Injury Association*  
**Location:** The Second City Comedy Show, Toronto, ON  
**Contact:** Terry Bartol  
**Phone:** 905-641-8877 ext. 234  
**Email:** tbartol@obia.on.ca  
**Website:** www.obia.ca

October 24-25, 2017
OBIA and Brain Injury Society of Toronto present:  
*Brain Basics*  
**Instructor:** John Kumpf  
**Location:** Christ Church Deer Park, Toronto, ON  
**Contact:** Diane Dakiv  
**Phone:** 905-641-8877 ext. 231  
**Email:** training@obia.on.ca  
**Website:** www.obia.ca

November 1-3, 2017
OBIA and Participating Community Associations present:  
*2017 Acquired Brain Injury Provincial Conference “Making a Difference”*  
**Location:** Sheraton on the Falls Hotel, Niagara Falls, ON  
**Contact:** Terry Bartol  
**Phone:** 905-641-8877 ext. 234  
**Email:** conference@obia.on.ca  
**Website:** www.onotarioabiconference.ca

February 20-23, 2018
OBIA and Brock University present:  
*Neurorehabilitation: Assisting Recovery & Function in Everyday Life Following Brain Injury (Level 1)*  
**Professors:** Dr. Sherrie Bieman-Copland, Dr. Dawn Good and Deidre Sperry  
**Location:** Brock University, Room TH325, St. Catharines, ON  
**Contact:** Diane Dakiv  
**Phone:** 905-641-8877 ext. 231  
**Email:** training@obia.on.ca  
**Website:** www.obia.ca

March 21-22, 2018
OBIA and Seizure & Brain Injury Centre present:  
*Brain Basics*  
**Instructor:** John Kumpf  
**Location:** Children’s Treatment Centre, Timmins, ON  
**Contact:** Diane Dakiv  
**Phone:** 905-641-8877 ext. 231  
**Email:** training@obia.on.ca  
**Website:** www.obia.ca

For more listings, check: www.obia.ca/events
The 2017 Awards of Excellence in Brain Injury Rehabilitation

The Ontario Brain Injury Association (OBIA) in collaboration with the Personal Injury Alliance (PIA Law) are pleased to present the 2017 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 14th, 2017.

Voting for the selected nominees will take place online between August 8th and September 15th, 2017.

The Awards of Excellence will be presented to recipients at the Back to School Conference hosted by PIA Law and Toronto ABI Network on September 28th, 2017 at The Carlu.

To nominate, vote or for more information about the Awards of Excellence, visit: OBIA.ca
Brain Injury Associations

**Ontario Brain Injury Association**
Phone: 905-641-8877 or 1-855-642-8877
Toll-free support 1-800-263-5404
Email: obia@obia.on.ca Website: www.obia.ca
- Facebook: www.facebook.com/OntarioBIA
- Twitter: www.twitter.com/OntarioBIA
- Instagram: www.instagram.com/OntarioBIA
- LinkedIn: www.LinkedIn.com/company/Ontario_Brain_Injury_Association

**Belleville**
**BIA of Quinte District**
Phone: 613-967-2756 or toll free: 1-866-894-8884
Email: info@biaqd.ca
Website: www.biaqd.ca

**Chatham-Kent**
**New Beginnings ABI & Stroke Recovery Association**
Phone: 519-351-0297
Fax: 519-351-7600
Email: info@newbeginnings-cksl.com
Website: www.newbeginnings-cksl.com

**Dufferin County**
**Headwaters ABI Group (HABI)**
Phone: 519-215-1519

**Durham**
**BIA of Durham**
Phone: 905-723-2732 or toll free: 1-866-354-4464
Email: information@biad.ca
Website: www.biad.ca

**Fort Erie**
**BIA of Fort Erie**
Phone: 905-871-7789
Email: biafeoffice@gmail.com
Website: http://braininjuryfe.wixsite.com/biafe

**Hamilton-Wentworth**
**Hamilton BIA**
Phone: 905-538-5251
Email: info@hbia.ca
Website: www.hbia.ca

**London and Region**
**BIA of London and Region**
Phone: 519-642-4539
Email: info@braininjurylondon.on.ca
Website: www.braininjurylondon.on.ca

**Niagara Area**
**BIA of Niagara**
Phone: 905-984-5058
Email: pat@bianiagara.org
Website: www.bianiagara.org

**North Bay Area**
**BIA of North Bay and Area**
Phone: 705-840-8882
Email: contact@bianba.ca
Website: www.bianba.ca

**Ottawa Area**
**BIA of Ottawa Valley**
Phone: 613-233-8303
Email: contact@biaov.org
Website: www.biaov.org

**Peel-Halton**
**BIA of Peel & Halton**
Phone: 905-823-2221 or 1-800-565-8594
Email: biaph@biaph.com
Website: www.biaph.com

**Peterborough Area**
**Brain Injury Association Peterborough Region**
Phone: 705-741-1172 or 1-800-854-9738
Email: biapr@nexicom.net
Website: www.biapr.ca

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**Call OBIA**
1-855-642-8877

**Toll Free Support Line**
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BIA of Sarnia-Lambton
Phone: 519-337-5657
Email: info@sarniabiasl.ca
Website: www.sarniabiasl.ca

New Beginnings ABI & Stroke Recovery Association
Phone: 519-491-2668
Email: info@newbeginnings-cksl.com
Website: www.newbeginnings-cksl.com

Sault Ste. Marie
BIA of Sault Ste. Marie & District
Phone: 705-971-1050
Email: braininjuryssmd@gmail.com
Website: www.soobraininjury.com

Sudbury and District
BIA of Sudbury & District
Phone: 705-670-0200
Email: info@biasd.ca
Website: www.biasd.ca

Thunder Bay
BIA Thunder Bay & Area
Phone: 807-621-4164
Email: biatba@yahoo.ca
Website: www.bisno.org/brain-injury-association-of-thunder-bay.php

Timmins
Seizure & Brain Injury Centre
Phone: 705-264-2933
Email: sabicrl@eastlink.ca
Website: www.seizureandbraininjurycentre.com

Toronto (GTA)
Brain Injury Society of Toronto
Phone: 416-830-1485
Email: info@bist.ca
Website: www.bist.ca

Waterloo-Wellington
BIA of Waterloo-Wellington
Office closed

Windsor-Essex
BIA of Windsor and Essex County
Phone: 519-981-1329
Email: info@biawe.com
Website: www.biawe.com

York Region
Brain Injury Association of York Region
Office Voicemail: 905-780-1236
Fax: 905-780-1524
Email: n/a
Website: www.biayr.org

Provincial Associations

Brain Injury Canada/Lésion Cérébrale Canada
Phone: 613-762-1222, Toll-free Line: 1-866-977-2492
Website: www.braininjurycanada.ca
Email: info@braininjurycanada.ca

British Columbia Brain Injury Association
Phone: 604-984-1212
Website: www.brainstreams.ca
Email: info@brainstreams.ca

Central Alberta Brain Injury Society (CABIS)
Phone: 403-341-3463
Website: www.cabis.info
Email: cabis@telus.net

Saskatchewan Brain Injury Association
Phone: 306-373-1555 or Toll-free (in Sask) 866-373-1555
Website: www.sbia.ca
Email: info_sbia@sasktel.net

Manitoba Brain Injury Association
Phone: 204-975-3280 or Toll Free: 866-327-1998
Website: www.mbia.ca
Email: info@mbia.ca

Ontario Brain Injury Association
Phone: 905-641-8877 or 1-855-642-8877
Toll-free support 1-800-263-5404
Email: obia@obia.on.ca
Website: www.obia.ca

Newfoundland and Labrador Brain Injury Association
Phone: 709-579-3070
Website: www.nlbia.ca/index.php
Email: nlbia2011@gmail.com

Regroupement des associations de personnes traumatissées cranio-cérébrales du Québec
Phone: 450-575-8227
Website: www.raptccq.com
Email: info@raptccq.com

Brain Injury Association of Nova Scotia
Phone: 902-473-7301
Website: http://braininjuryns.com/
Email: info@braininjuryns.com

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

Brain Injury Association of P.E.I.
Phone: 902-314-4228 or 902-367-3216
Website: www.biapei.com
Email: info@biapei.com
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TEL: 416-910-7000  FAX: 416-800-2947
EMAIL: info@synopticmedical.com
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Into the Gray Zone, by Adrian Owen

In this startling and thought-provoking book, which will remind readers of works by Oliver Sacks and Atul Gawande, a world-renowned neuroscientist reveals his controversial, groundbreaking work with patients whose brains were previously thought vegetative or non-responsive but turn out—in up to 20 percent of cases—to be vibrantly alive, existing in the “Gray Zone.”

People in this middle place have sustained traumatic brain injuries or are the victims of stroke or degenerative diseases, such as Alzheimer’s and Parkinson’s. Many are oblivious to the outside world, and their doctors believe they are incapable of thought. But a sizeable number are experiencing something different: intact minds adrift deep within damaged brains and bodies. An expert in the field, Adrian Owen led a team that, in 2006, discovered this lost population and made medical history. Scientists, physicians, and philosophers have only just begun to grapple with the implications.

Following Owen's journey of exciting medical discovery, Into the Gray Zone asks some tough and terrifying questions, such as: What is life like for these patients? What can their families and friends do to help them? What are the ethical implications for religious organizations, politicians, the Right to Die movement, and even insurers? And perhaps most intriguing of all: in defining what a life worth living is, are we too concerned with the physical and not giving enough emphasis to the power of thought? What, truly, defines a satisfying life?
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**Details**

**Location:** Holiday Inn Suites & Conference Centre  
327 Ontario Street, St. Catharines, ON

**Date:** September 29 - 30, 2017

**Hotels:** Holiday Inn & Suites - 905.688.2324

**Professors:** Roberta DePompeo, Ph.D

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What makes him a good poker player also helps him win cases. “I see myself as a storyteller. I share my client’s life story with the jury so they can see how drastically the defendant has changed their life … and I have a good poker face when I need one.”

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