Catastrophic Brain Injury

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Also Inside

Ruth’s Desk ................................................................................................ 4
In the News: ONF and OBIA partnership .................................................. 7
Meet the OBIA Staff: Scott Kettles, Vijaya Kantipuly & Nancy Lajoie .......... 16
2018 AGM Award Winners ........................................................................ 18
Donate Life Insurance to Charity to Maximize Tax Savings and Philanthropic Impact ................................................................. 21
#IAmTheFaceOfBrainInjury Learning to Dance in the Rain ......................... 25
Across the Province .................................................................................... 31
#IAmTheFaceOfBrainInjury #8 For Brain Sake ......................................... 36
#IAmTheFaceOfBrainInjury Falling Into Now ........................................... 37
2018 Mix & Mingle - Thank You to our Sponsors ....................................... 38
Events Calendar ........................................................................................ 41
Brain Injury Associations (Local & Provincial) ............................................ 42
NEW OBIA Training: Mental Health, Addictions and Brain Injury (Level 2) ..... 48
Although the term “catastrophic impairment” is a legal term that establishes what benefits a person may be entitled to after an injury in a motor vehicle collision, the consequences of any brain injury often is “catastrophic” to the person who sustained the brain injury and their families.

By Ruth Wilcock
Executive Director, OBIA

In an Instant

In an instant, the lives of those who sustain an Acquired Brain Injury (ABI) and their families are changed forever. This leaves the person with a brain injury and loved ones with no time to prepare for the unique and extraordinary challenges that are immediate and for many, difficulties that last a lifetime due to the chronic and life-long duration of the injury.

Whether one sustains a concussion and experiences post concussive syndrome, or a moderate to severe brain injury, the challenges can be “catastrophic”. Although the term “catastrophic impairment” is a legal term that establishes what benefits a person may be entitled to after an injury in a motor vehicle collision, the consequences of any brain injury often is “catastrophic” to the person who sustained the brain injury and their families.

When an individual sustains an ABI, the entire family is affected in immediate and often unpredictable ways. A 2010 study on family caregivers’ needs after brain injury found that caregivers experience an extreme sense of isolation, both emotionally and socially. The combination of caregiving responsibilities and other people’s lack of awareness of ABI led to increasing separation from friends, family and society over time. The study further found that caregivers struggled to manage the associated ABI sequela, including behavioural problems, cognitive deficits, poor social skills and changes in personality of the person they were caring for.

For example, one of our partners, a community mental health agency was overwhelmed when they first opened their services to ABI survivors. Staff found that in the amount of time it took to support one ABI client, they could have supported three to five mental health clients. Therefore, the complexity they encountered with one ABI client required the same amount of resources as three to five mental health clients. If meeting the needs of ABI survivors is so challenging for experienced service providers, just imagine how overwhelming it is for

family and friends who suddenly find themselves thrown into the role of caregiver, a role that can last a lifetime.

I also think of Betty* whose life was changed in an instant, after she sustained a severe concussion. Betty has a very high profile and demanding career. Medical appointments, specialists and other health practitioners, consumed her time and yet, unfortunately did little to help her manage her symptoms. She is now able to return to work, however, when she returns home at the end of the workday she has little to no energy and feels she cannot contribute to the family in a practical or emotional supportive way. This concussion has proven to have a catastrophic impact on Betty and her family.

There are many other “Bettys” who are facing the same struggles. OBIA not only understands the struggles, heartaches and hardships that can happen after brain injury, but we are committed to supporting both the person who has sustained the injury and their family members.

Please feel free to contact our helpline (1-800-263-5404), join one of our concussion support groups, or attend one of our Caregiver Education sessions. Go to www.obia.ca to see how OBIA can help you or your loved one.

*Name changed to protect privacy
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ONF and OBIA break new ground to give people living with ABI a greater voice in the conversation about their care

Talk about partnership…

Reprinted from www.onf.org

Over the years, the Ontario Neurotrauma Foundation (ONF) and the Ontario Brain Injury Association (OBIA) have partnered on initiatives that have improved the care of those living with acquired brain injury. In late 2017, ONF and OBIA realized that a new kind of joint effort would be needed to strengthen the voice of the ABI community. Today, ONF and OBIA share a staff member, Chad Debison-Larabie, who is focused on building new communications channels and programming.

Ruth Wilcock, Executive Director of OBIA, and Corinne Kagan, Senior Director, ONF Acquired Brain Injury Program, reflect on what prompted this new level of partnership and what changes are possible given this new focus and effort.

ONF and OBIA have worked together on many projects and activities over the years. What makes this approach to partnership different from work done in the past? What gap are you attempting to fill or opportunity are you seeking to take advantage of?

Ruth We are sharing “human resources” in order to bring into fruition a common goal. ONF and OBIA have always shared the goal of bringing the needs of those living with brain injury to the attention of decision-makers and influencers in government. The gap? Brain injury needs a stronger voice and presence in order to influence policy on care, treatment and support for those living with brain injury. This is an “invisible” disability, which seems to make it “invisible” to policy-makers. We want to change that.

Corinne ONF has funded several projects in the past that were more research or project orientated. In the early 2000’s ONF provided support to OBIA in their work with the 21 Community Brain Injury Associations across the province. This new collaboration is different because we both want the ABI community to be able to speak with one voice. It does not mean that there is only one key issue that will come to our attention, but as a community, we need to strengthen the networks to be able to gather the opinions and understand the needs, issues and priorities of the full community.

Cultivating this ABI stakeholder network will be helpful to the work of ONF and OBIA by advancing priority issues, helping us learn more about research priorities and needs of people with ABI. We also expect to galvanize various stakeholders to provide advice and push information into the broader community. Overall, we hope to improve OBIA’s ability to speak provincially about what people with ABI need.

Sharing staff is perhaps the most powerful way to demonstrate to stakeholders that organizations are committed to make a difference. Have you received feedback and questions from others about this approach?

Ruth The feedback that I have received is that having a strong stakeholder network is essential to bringing about systemic change and, most importantly, that ONF and OBIA are the organization to do this. OBIA has always “been the voice” of those living with brain injury and understands at a very
grassroots level what the needs of those living with brain injury are. ONF’s goal is moving research to evidence-based practices with the ultimate outcome of improving the lives of those living with brain injury. Both organizations are committed to making a difference but come at it from different angles and bring complementary experience to the table. Hence, all the feedback I have received is that this is a perfect fit for this type of partnership.

**Corinne** I am hearing that it is an excellent idea and that people look forward to getting involved and seeing this new network grow.

**What is the key outcome you want to achieve through this particular partnership arrangement?**

**Ruth** Simply put, to build an expansive stakeholder network enabling OBIA and those living with brain injury to have a strong voice and presence with decision makers, ultimately leading to better outcomes and access to services for those who have sustained brain injuries.

**Corinne** To strengthen the ability of OBIA to speak to the priority issues of people living with ABI and the ABI community. To ensure that ONF’s work is grounded in the needs of people with ABI and the systems that provide care and support them.

**How are you measuring the success of this approach?**

**Ruth** For me the initial and also ongoing measurement is the number of people that we are able to engage coupled with the number of champions we are able to recruit and develop to carry the message into the broader community and to policy-makers.

**Corinne** I think there are short-term and long-term measures to consider. In the short-term, indicators of success might focus on building and tracking connections, i.e. the number of members in the network, the number of people engaged in or knowledgeable about ONF and OBIA activities.

Longer term we could measure success in terms of increased engagement in the stakeholder network. For example, people in each Local Health Integration Network (LHIN) being able to speak for the network, be active champions, and have the ability to connect to and inform people around the province on challenges, changes and progress on issues of importance to them.

I would hope the new stakeholder network would help develop initiatives in the ABI community. An example of this would be increasing participation in the Ontario Brain Injury Survey and sharing these results broadly. Ideally, in the long-term we would like the network to grow into an ABI Alliance similar to the one that is functioning so well with those who live with spinal cord injury. Like SCI, the ABI network would actively represent people living with ABI, their caregivers, service providers and the greater community.

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**Concussion Information**

**For Patients and Families**

https://concussionsontario.org

Your one-stop-shop to navigate throughout the healthcare system after experiencing a concussion, at any age

User-friendly, easy to read booklet, with the information you need

- What is a concussion
- Symptoms of a concussion
- Warning signs of more serious brain injuries
- Getting better from a concussion
- Do’s and Don’ts
- Care and recovery pathway
- Key question to ask healthcare providers

“This patient resource is based on the Standards for Post-Concussion Care that was rigorously developed by concussion experts. This booklet is evidence-based and has received broad stakeholder input. You do not have to read the booklet all at once. Come back to the information as you need it.

The Ontario Neurotrauma Foundation (ONF) is a leader in moving research to health practices that improve quality of life and health outcomes.
WHEN A PERSON IS INJURED, THE COST OF QUALITY CARE ADDS UP.

Your clients cannot afford to compromise on their recovery, even when insurance limits are capped. We fight to ensure that your clients get funding for the care and treatment that they need.
Revised Phototherapy Guidelines will Save Babies from Risk of Untreated Jaundice

By: Brenda Agnew

When my older son Chase was about 16 months old, we learned that we were expecting identical twins. A few months later, we were told they were boys, and suddenly it seemed completely inconceivable that we would soon have three boys under the age of two! We eagerly made plans, started stockpiling diapers, buying two of everything, and trying to figure out if we would need a bigger car. My pregnancy was going perfectly and a recent ultrasound confirmed that the boys were growing as they should, and my babies were healthy. That was on a Monday, and by Thursday, our world was forever changed. My son Maclain was born on August 2, 2007, at 29 weeks and five days. After noticing a decrease in fetal movement, I went to the hospital for some reassurance, assuming everything was still ok with the babies, and it was then that we found out our son Braden had passed away in utero from a condition known as acute Twin to Twin Transfusion. This is where there becomes a sudden imbalance of blood and amniotic fluid between the two babies. We had to deliver Maclain right away so we would not lose him as well. He weighed 1550 grams when he was born, was very anemic and his lungs were not fully developed. Maclain was transferred to the neonatal intensive care unit at a nearby children’s hospital where he spent the next three months.

When Maclain was released from the hospital, we had a sense that something was not quite right with his progress and development, but we were told to wait because he had such a rough start in life. At four months old he was diagnosed with profound hearing loss as a result of a condition known as auditory neuropathy and at just over a year old, he received a diagnosis of severe Cerebral Palsy. It was then that we started to really look into what had caused his disabilities. We had been given no indication that he would have any of these diagnosis when he was in the NICU. While sick when he was born, he was recovering well in the first few days. There was no evidence that he had been without oxygen before or after birth, he did not have any brain bleeds, which are common for premature infants. It was not adding up. We started to research and consult with other families and other doctors, trying to determine what had happened. It was at this time that we first started to hear the term Kernicterus, a condition that is a direct result of untreated jaundice. It causes damage to the developing brain, and can also cause hearing loss, eye gaze abnormalities, and dental issue. It is also 100% preventable.

What we soon realized was that although Maclain recovered fairly well from his traumatic birth, just a few days later, while under the care of neonatal nurses, clinical nurse specialists and neonatologists, he developed jaundice and was exhibiting obvious signs and symptoms of bilirubin neurotoxicity such as lethargy and irritability. Even as his jaundice worsened, he was never offered any treatment. We were confused because we knew that jaundice was a common occurrence in newborns, and we had read that phototherapy, when started at the right time, would effectively treat the jaundice. So why wouldn’t he have been given phototherapy? At any time while under their care, Maclain’s neonatal nurses and doctors could have ordered phototherapy, but they didn’t, and we wanted to find out why. We reached out to our team of lawyers to help us to investigate the situation.

Our legal team determined through a detailed and comprehensive investigation, and by consulting many experts in Canada and in the US, that the medical team at the children’s hospital was operating using outdated guidelines, which outlined when phototherapy should be used. To make matters worse, these guidelines were intended for use on full-term, healthy babies, of which Maclain was neither. He was a sick, preterm infant with several other risk factors. Although the guidelines in question also required the medical team to exercise their own clinical judgment to make decisions about the use of
phototherapy, the team relied on the outdated guidelines to determine thresholds for treatment.

The hospital could not confirm when their guidelines had been created, how they came into existence or if there was any process for updating and revising them. The guidelines in question appear to be based on a 1985-86 Neonatal Handbook produced by another Canadian hospital that specializes in children’s health care, and two pieces of medical literature from 1993 and 1994, applicable to well term infants.

However, the hospital guidelines did not reproduce important caveats in the 1985-86 Handbook from which they appear to be based. The Handbook had recommended lowering the threshold for phototherapy if there were clinical signs of bilirubin neurotoxicity such as lethargy. Updates to the 1985-1986 Handbook in 1992, 1999, and 2007 (which were based on modern medical literature, including research on unwell pre-term babies) instituted guidelines for beginning phototherapy treatments at lower bilirubin thresholds. These thresholds, which were not applied to the hospital guidelines until 2010, as a result of our lawsuit, would have meant Maclain would have qualified for treatment even without his clinical symptoms.

If inexpensive and low-risk phototherapy had been used when he first exhibited clinical symptoms of kernicterus, Maclain would almost certainly be free of the disabilities caused by untreated jaundice. As a mother, it is heartbreaking to know that your child’s disabilities could have been prevented. What caused them was a failure by the hospital to stay current in their protocols and guidelines which left my son with significant and life changing physical disabilities.

As a direct result of our case, the hospital amended and updated their guidelines on the use of phototherapy, which we believe has saved other infants from the potential risks of untreated jaundice, and saved them from developing kernicterus. It has been one of the bright lights in our life, knowing that we did something to ensure another child and family would not have to experience what we have.

Guidelines for the use of phototherapy needs to be based on current literature; they should be reviewed every five years and updated appropriately based on new information. These guidelines also must take into account that not all babies are carried to term and are well when born. Clinical judgment needs to be exercised in the care of infants exhibiting jaundice; the condition, which can result in kernicterus encephalopathy, should be treated with great caution. Finally, a worldwide protocol for phototherapy should be developed by the pediatric community with the caveat that clinical judgment should be exercised in every case.

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Life Care Planning in Catastrophic Brain Injury

By: Barbara Baptiste, M.Sc., CCRC, CLCP and Christine Farrell, B.Sc.(OT), OT Reg. (Ont.). CCLCP

In the early stages of a catastrophic brain injury (BI), it is hard for anyone to know what the path ahead will look like. Most of us crave certainty. When a catastrophic injury happens, we want to know... What is going to happen? What will life look like? Will things be okay?

How did we get here?

With a growing body of research and knowledge, we have a better idea than ever of what these possible future paths might look like, and better tools to help prepare for them. Emerging from case management, a small group of rehabilitation specialists began creating life care plans in the early 1980s. These plans were primarily for civil litigation purposes and were for catastrophically injured persons. Since the 1980s extensive growth in creating these specialized plans has occurred.

Dr. Paul Deutsch is credited as the founder of life care planning, first publishing the concept in 1981. As the field developed, training standards were determined, and by 1993, a formal training program was established under the University of Florida’s continuing education department.

Development of ethical and practice standards followed in 1996, with the International Commission on Health Care Certification (ICHCC) establishing a certification process for Life Care Planners. The history of life care planning in Canada is outlined in Klinger, Baptiste and Adams (2004). Certification requires 120 hours of post-graduate training and passing an examination through the ICHCC to qualify as Canadian Certified Life Care Planners (CCLCP, or CLCP if qualified prior to 2005). This designation is not formalized under Ontario’s Regulated Health Professions Act; however, those with the certification are required to maintain educational and ethical standards to remain in good standing. There is a formal complaints process, and certification can be revoked. There is a peer-reviewed journal dedicated to Life Care Planning initiated in 2002. What is a Life Care Plan?

As defined through collaborative efforts and now held in the website of the International Association of Rehabilitation Professionals (IARP):

“A Life Care Plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis and research, which provides an organized concise plan for current and future needs with associated costs, for individuals who have experienced catastrophic injury or have chronic health care needs.”

Creating an effective and realistic life care plan involves a number of steps. First is usually a review of an individual’s relevant medical history: the specifics of the injury and diagnoses; the course of recovery; what interventions have been helpful; and, what needs remain unmet. Is functioning expected to improve? Worsen? How will aging affect the individual living with BI? It is important that the C/CLCPer’s recommendations be medically justified; specifically, that the
supports being recommended are most likely related to the BI.

Next, a direct visit with the individual with the BI ("evaluee") and significant others occurs, to understand and observe how the injury has affected the evaluee directly, the family's role (if any) and to observe the living context. Data specific to the individual is gathered in a structured and comprehensive manner. There are times data may be gathered telephonically; however, a direct visit is optimal.

In addition to the C/CLCPer's own observations and measures, the care planner considers and may consult with other rehabilitation team members for input, such as: Case Manager, Occupational Therapist, Physiotherapist, Speech-Language Pathologist, Psychologist, and Physicians to help understand the functional abilities of the individual, based on their treatment or independent assessments. General Practitioners are also helpful, especially if they know the individual's pre-injury history.

Rehabilitation and medical science literature is another valued piece of the life care plan. Established guidelines and current best practices can inform recommendations. Models for prediction purposes are varied, and the "science" of rehabilitation is interwoven with the functional data and information gathered through the clinical assessment process.

All of this information comes together in a comprehensive document that thoroughly captures a holistic picture of the individual's circumstances and needs, and establishes a plan with recommendations to enable access to supports, throughout the person's life. Importantly, this includes contextual factors affecting the rehabilitation and support plan, such as a person's age, living situation, physical environment, geographic location, culture, and availability of services. The C/CLCP works to be as precise as possible, within reason. Details include the frequency of hours of treatment or support, medical supplies and equipment which includes replacement frequency, and costs based on actual prices for goods and services in the evaluee's home community. In plans prepared strictly for tort purposes, full needs and costs will be included. For auto insurance cases, costs may be based only on the Statutory Accident Benefits Schedule (SABS) limits.

How is it used in Catastrophic Brain Injury?

Each person, each injury, and each plan, is different. For someone who has progressed to independent living and has sustained a routine of work or community involvement, needs might be less complicated. Regular check-ins with professionals may suffice, with access to extra supports episodically over their lifetime to help prevent and solve problems as they arise. For others, the plans are much more complex, perhaps incorporating 24-hour attendant care, home modifications, advanced equipment, and behavioural and/or cognitive support needs over their lifespan.

Contingencies are built in for periods when more support is needed, such as family transitions, relocation, job change, or loss of parents, as well as unexpected crises or changes in functioning.

In Ontario, life care plans are largely used in medical-legal situations, when determining pecuniary general damages for future needs in an injury lawsuit, or when negotiating settlements with auto insurers following a motor vehicle collision. Lawyers, working on behalf of their clients, use our reports to make sure the resources are there to meet lifelong needs.

How can the Life Care Plan help in public sector services?

Many people with catastrophic BI do not have access to auto insurance benefits or tort settlements. In this circumstance, more creative solutions are required to work within publicly available supports and limited family resources. So is there...
Sleep disturbance affects 30–70% of individuals with traumatic brain injury.

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a role for the Life Care Plan in the publicly-funded rehabilitation sphere?

In a sense, the discharge planning process, undertaken when someone transfers from acute care or rehab to home, is a micro version of life care planning. As the rehabilitation process progresses, various transitional points present further opportunities for goal setting, identification of resources, and longer term planning. Ideally, rehabilitation teams working in public sector agencies will work with individuals with BI and families/friends, following similar procedures as the life care planner working in a medical-legal capacity.

On a macro level, agencies evaluating their existing services or contemplating new ones would also do well to consider life care planning principles when determining how to best make use of resources.

General Principles:

Many of the key principles of life care planning apply in any setting, private or public, and are helpful for all providers and families to keep in mind:

**A catastrophic injury is never “cured”** – We know that needs following such injuries are life-long, and planning must consider a variety of phases, initially as an individual recovers, as they establish meaningful long-term routines, and then as they begin to age with the changes that have occurred in their post-injury function.

**Consideration of contextual factors** – These are factors unique to the individual, their family, culture, personal style and environment. Such factors significantly influence the individual’s needs, as well as how best to deliver services. It is important to acknowledge that the service delivery environment is often more challenging in the public sector, as available services have less capacity to adapt to individual needs and circumstances.

**Planning for the “expected unexpected”** – Any long-term planning needs to build in contingencies for transitions, crises, and complications, as well as possible functional improvements and evolving goals. This is what makes a good plan “dynamic” and adaptable over time.

**Minimize reliance on family members and unpaid help when possible** – Long term plans need to outlive caregivers, and focus on sustainable situations that don’t use up a family and community’s resources and goodwill.

**Understanding the “Chain of Risks”** - Prevention of foreseeable complications is always preferable to fixing things after they’ve gone wrong. Maintaining physical fitness and conditioning, and having appropriate safety equipment in place can help prevent falls that result in further injury and additional care needs. A routine of meaningful activity and community participation reduces the risk of antisocial behaviour, and the potential for involvement in high risk or criminal activity. Often by “front-loading” services earlier in recovery, the overall plan is more cost-effective, with better functional outcomes and quality of life.

**CONCLUSION**

Life care plans provide a disciplined and valued approach for complex BI in medical-legal contexts, and can also provide useful long-term blueprints for individuals and families. Many still fall through the cracks in our system, both public and private. The struggle to manage needs and costs in an integrated manner is on-going. Comprehensive life care plans prepared by experienced and trained life care planners can be one of the most valuable tools to enable access to supports for persons experiencing life-altering changes following BI.

**References:**


**The Authors**

Christine Farrell is an Occupational Therapist (OT), in practice for 30 years. This included Parkwood Hospital’s inpatient ABI program and then their Outreach and TEACH programs. She has been with Rehabilitation Management Inc. (RMI) since 2005, providing OT services and case management in the Grey Bruce area, and medical legal and Life Care Planning services throughout Canada. She is a Canadian Certified Life Care Planner (CCLP).

Barbara Baptiste is the Founder and President of RMI (1987), and has provided cost of care plans since 1985. She holds a Master’s of Science in Rehabilitation, Faculty of Medicine, University of Toronto and is a Certified Life Care Planner (CLCP). Her research work on prediction models and care planning has been through the Rehabilitation Sciences Institute (RSI), Department of Occupational Science and Occupational Therapy, U of T, where she has held a community faculty role for the past decade. In 2013 she was presented an international award for her work in life care planning. More information is available at www.rehabilitation.ca
Scott Kettles joins OBIA with 17 years experience as an Association Management Professional in Ottawa, Toronto, and the United States.

Prior to joining OBIA, Scott most recently worked for the Professional Retail Store Maintenance Association (Dallas, TX) and Interior Designers of Canada (Toronto) in Business Development, Client Relations and Partnership Development roles.

In his new role, Scott will be working with the OBIA team to develop outreach initiatives to promote OBIA’s new and expanded free programs and services, as well as the existing support services OBIA offers. Scott looks forward to connecting with the ABI Community and Stakeholders across Ontario from many sectors, with the goal of continuing to grow awareness and participation in OBIA’s free programs, including:

- Newly Expanded Online Concussion Support Group (new groups start in September)
- New Education and Training Program for Caregivers (in collaboration with our 21 local Brain Injury Associations across Ontario)
- Peer Support Program, available to survivors, family members and/ or unpaid caregivers (coordinated through local brain injury associations across Ontario)
- 1-800 toll-free Helpline, which provides confidential, emotional support for anyone who needs a caring, compassionate and non-judgmental listening ear.

Please feel free to contact Scott for information and promotional material, as well as partnership opportunities.

After 10+ years in Toronto, Scott now resides in Grimsby Beach, and is enjoying lake life and the short commute to work! Outside of his work at OBIA, Scott enjoys being active and is an avid sports fan and film buff.

Meet the OBIA Staff

Scott Kettles - Marketing
Nancy Lajoie, B.A.Sc., B.Ed., M.Ed. - Caregiver Education Specialist

Nancy lives in the Peterborough area with her husband, has three grown sons and is Nana to six precious grandchildren. She has more than 20 years of experience supporting Special Education students, their parents and their support teams with the Peterborough Victoria Northumberland Clarington Catholic District School Board. Nancy has a Specialist in Special Education, a Masters of Inclusive Education and continues to provide support in the area of Special Education through her consulting business, “Trillium Inclusive Education Services”. It has been in seeing the long-term challenges of friends living with ABI, that an interest in Acquired Brain Injury grew and led her to accessing additional training courses provided through OBIA. In June, Nancy began her position as Caregiver Education Specialist and feels fortunate to be able to apply the skills, knowledge and experience she acquired as a Special Educator to her new role.

Through a grant provided by the Ministry of Health and Long-term Care, Nancy and the team at OBIA, will commence a variety of tasks to implement the “Support, Hope & Resiliency: An Education and Training Program for Caregivers of Acquired Brain Injury Survivors”. She is currently engaging in a literature review and environmental scan of the supports available to Caregivers in Ontario and will consult and collaborate with various stakeholders and Caregivers to determine unmet Caregiver needs and key topics of interest. Through this collaboration and consultation process, the development of an engaging and effective caregiver training session will be completed. Following the design and pilot of the Caregiver training program, Nancy will travel throughout the province to deliver this training at forty-two, yet to be determined, training sites. Along with Justin Wormald, summer student videographer, the lived experiences of ten Caregivers have been captured and these videos will be shared during training sessions.

With the implementation of “Support, Hope & Resiliency: An Education and Training Program for Caregivers of Acquired Brain Injury Survivors”, Nancy and the team at OBIA, look forward to knowing that Caregiver participants; will be better equipped to handle the complex and challenging reality of ABI, will be connected with their local Brain Injury Association and will experience fewer symptoms of Caregiver strain. In addition, with the result of increased quality of care received by ABI survivors, it is hoped that the desired outcome of a decrease (or delay) in admissions to hospital and long-term care homes, is achieved.

Vijaya Kantipuly, B.S., MSW, RSW - Group Facilitator

Vijaya Kantipuly is the facilitator for the online concussion support group and the latest addition to OBIA. The online concussion support group is funded by the Ontario Trillium Foundation to provide social/emotional support that is accessible to adults living with concussion regardless of distance, travel or mobility issues. The program is a safe, confidential way for people to connect with others who share their experience, give and receive support, and learn more about their injury and ways of re-integrating back into work and community.

The role of facilitator is challenging; however, Vijaya is equipped with a comprehensive professional background, having experience with domestic violence, sexual assault, and trauma counseling. As a group facilitator, she looks forward to evaluating interventions using interactive technology. Vijaya will guide the online concussion group to achieve a “learning journey” in discovering their own experiences and exploring those of others.

Vijaya loves meeting new people; learning their stories is one of the many rewards she finds in the field by promoting and helping others maintain a healthy lifestyle. She especially likes watching counseling videos on YouTube featuring many different personalities and learning styles to strengthen her professional skills. When Vijaya is not at work, she enjoys spending time with family, gardening, and reading, as well as being a practitioner and ongoing student of yoga and mindfulness.

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2018 Annual General Meeting

Annual OBIA Award Winners, presented June 16, 2018

Fellowship Award
Tyler Stemmler
(Skate 4 the Brain)
CONGRATULATIONS!

Legal Fellowship Award
PIA Law
(Accepting: Jim Vigmond)
CONGRATULATIONS!

Professional Award
Patrick Brown
(Accepted by Melissa Dowrie)
CONGRATULATIONS!

Philanthropic Award
ENJO Canada
(Accepting: Trish Roman)
CONGRATULATIONS!

Philanthropic Award
Neuro Rehab Services
(Accepting: Marie Hron)
CONGRATULATIONS!

Philanthropic Award
Telus Critter Campaign
CONGRATULATIONS!

Volunteer Award
Ruth Fernandes
CONGRATULATIONS!

Corporate Fellowship Award
St Joseph’s London Parkwood Institute
CONGRATULATIONS!

Media Award
Ken Dryden
CONGRATULATIONS!
EPS Settlements Group of Canada has launched!

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

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Donate Life Insurance to Charity to Maximize Tax Savings and Philanthropic Impact

By Tina Tehranchian

Donating a life insurance policy to a charity can be a great way of leveraging your resources and making a more impactful gift in support of the causes that are important to you.

There are usually two ways to donate life insurance to charity. The first one is owning the policy personally and naming the charity as beneficiary of the policy. In this case, you get no charitable donation receipts during your lifetime, but upon death your estate will receive a charitable donation tax receipt because the charity will receive the death benefit of the policy as a beneficiary.

The other method of making a gift of life insurance to a charity is to have the charity own the policy and be the beneficiary as well. In this case, CRA deems the policy donation to be done at fair market value (FMV) and this can be significantly higher than the cash value of the policy depending on several factors. By doing this, you will receive a charitable donation tax credit based on the fair market value of the policy. If you can continue to pay the policy premiums you will receive a charitable donation tax credit for the annual premium that you pay for the policy but upon your death, no charitable donation tax credit would be available to your estate.

The charity may agree to pay the premiums and relieve you of that burden or other donors of the charity may agree to pay the premiums for the policy you have donated and receive a charitable donation tax credit on that basis. If there is enough cash value in the policy, the cost of insurance can be deducted from the cash value of the policy too. The benefit of this strategy for the charity is that upon death of the donor they are likely to receive a significantly higher gift that is usually higher than the initial value of the gift and future premiums.

The following chart summarizes how the tax benefits of donation of a life insurance policy work:

<table>
<thead>
<tr>
<th>POLICY OWNER</th>
<th>BENEFICIARY</th>
<th>PREMIUM PAYOR</th>
<th>TAX CREDIT ISSUED TO</th>
<th>TAX CREDIT BASED ON</th>
</tr>
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<tbody>
<tr>
<td>Donor</td>
<td>Charity</td>
<td>Donor</td>
<td>Estate</td>
<td>Death Benefit</td>
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<td>Charity</td>
<td>Charity</td>
<td>Donor</td>
<td>Donor</td>
<td>Policy Premium</td>
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<tr>
<td>Charity</td>
<td>Charity</td>
<td>Charity</td>
<td>Donor</td>
<td>FMV of Policy</td>
</tr>
</tbody>
</table>

What is the Process?

The first thing you need to do is to establish the fair market value of the policy. This can be done by an underwriter together with an actuary. The underwriter will establish your mortality risk and life expectancy based on your current age and state of health. The actuary will assess the features of the policy, such as cash surrender value, interest rate or dividend assumptions, guaranteed cash values, death benefit, cost of insurance, replacement cost, policy loans, conversion options,
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In certain cases, where the life insured may be in poor health or may have become uninsurable, even a term life insurance policy that has no cash surrender value may have a fair market value worth hundreds of thousands of dollars depending on the age and life expectancy of the insured.

Once the fair market value of the policy has been established you need to talk to the charity you are planning to donate the policy to and obtain their agreement. The charity needs to agree with the valuation of the policy and if you do not wish to continue paying premiums on the policy they need to find a source of funding the premiums. This is not an overnight process and can take several weeks or months.

Charities are not interested in every life insurance policy. The policies that are most attractive for them are the ones where the insured is over 70 years of age and when the current state of health of the insured is not good and therefore there is a lower life expectancy. Interestingly these types of policies will have the highest fair market values and will provide the highest tax advantages for the donor.

Corporately owned policies, whether they are key person life insurance policies or policies obtained for funding of shareholder agreements on death that may not be needed any longer when the business is wound up, reorganized, sold or when the owners retire, can be good candidates for this strategy too.

Sometimes it may be possible to transfer the ownership of the policy to the insured in a tax effective manner but in many cases the tax consequences may be prohibitive, and companies decide to cancel the policies rather than transfer them to a shareholder, the insured, or to another entity. Donating these corporately owned life insurance policies to a charity can not only help a good cause but can provide tax relief at a time when the company may be facing a significant tax burden.

### Tax Implications

When a life insurance policy is transferred to a non-arms length party, a disposition occurs for tax purposes. Under the new rules that took effect on March 21, 2016, the person who transfers the policy is deemed to receive proceeds equal to the higher of:

1. The cash surrender value (CSV) of the policy
2. The fair market value (FMV) of the consideration given for the policy or
3. The adjusted cost base (ACB) of the policy at the time of transfer

If you donate a permanent life insurance policy with cash value to a charity, this could result in a taxable gain if the CSV exceeds the ACB of the policy. The amount by which the CSV exceeds the policy's ACB is taxable to the policyholder.

The life insurance company will issue a T5 for this amount to the policy holder and the gain will be 100% taxable like interest income.

However, provided the charity does not pay to purchase a policy from you and only issues a tax receipt based on fair market value of the policy, your taxable gain would be much lower if you donate a policy to charity than if you transfer the ownership of the same policy to your corporation or any other non-arm's length party, because tax rules are different when it comes to donation of life insurance policies to a charity.

If the charity does not pay for the policy and only issues a charitable donation receipt based on the fair market value of the policy, the proceeds of disposition of the policy for the donor will be based on the greater of the cash surrender value of the policy and the adjusted cost base of the policy. When it comes to donating a life insurance policy to a charity, the donation tax receipt which is based on the fair market value of the policy is not deemed to be consideration for the policy.
For example, let’s assume that Joe transfers a life insurance that he owns personally to a corporation that he owns and controls and the company purchases the policy from Joe for $100,000. The policy has CSV of $50,000 and the ACB of the policy is $30,000. In this case, Joe is deemed to have disposed the policy for $100,000, which is higher than the $50,000 CSV or $30,000 ACB. He will be taxed on $70,000 (the $100,000 proceeds of disposition minus the ACB of $30,000).

However, if Joe donates the same policy to a charity, he will only have a taxable gain of $20,000 ($50,000 deemed proceeds of disposition – which in this case is the CSV as it is higher than the ACB – minus $30,000 ACB).

Donation of a life insurance policy to a charity can make a lot of sense both from a tax perspective and in terms of maximizing the impact of your philanthropy. However, you need to take the tax consequences into consideration. Therefore, make sure you consult an expert in philanthropic tax planning before you proceed, to ensure the best results.

The Author

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For information on how you can donate to OBIA, please contact Terry Bartol at the OBIA office:

tbartol@obia.on.ca
1-855-642-8877 ext. 234

OBIA REVIEW | SEPTEMBER 2018
On August 14th, 2000, I went to work thinking it was a normal day. By lunch, I was being air lifted to hospital in Toronto because of a catastrophic car accident. The driver of the vehicle I was in was distracted and crossed onto the other side of the road. There was a loaded dump truck coming towards us and because we were on a bridge there was nowhere for it to go. Those few minutes would change my life forever. I was in a coma for 12 days and in the hospital 80 days before going to rehab. I had a brain injury, shattered my right elbow and lost ¾ of my vision. My pituitary was injured which resulted in diabetes insipidus. I also had a chronic cerebrospinal fluid leak which required many surgeries and put me at risk for meningitis which I have had twice. That, however, is only a list of my injuries, not how those injuries affected my life. The world as I knew it would never be the same.

I began the long and tedious process of recovering. One of my doctors said that the goal of recovery is to return to as normal of a life as you can. The Webster dictionary defines recovery as “the act or process of becoming healthy after an illness or injury; the act or process of returning to a normal state after a period of difficulty; the return of something that has been lost, stolen, etc.”

One part of this definition that stands out to me is that recovery is an act or process. It does not happen overnight and it does not happen without effort. Recovery takes time and active participation. Other people can support you throughout your recovery but it has to be you that does the work. One of the things that happened in the accident was that I shattered my right elbow. The doctors were able to repair it but a lot of physiotherapy was required to gain the use of my arm again. I had the support of my physiotherapist to guide me in what exercises to do and had the help of my family when doing the exercises. I appreciated this support and could not have done it on my own, however, it was up to me to do the exercises. I could have all the help in the world but if I was not willing to do the work, my recovery would not be successful. Physiotherapy was a long and tedious process but I needed to be determined and persistent in order to see the change I wanted. My desire was to be able to have functional use of my right arm again. In order to see that happen I needed to accept that it would be a process that would take time, dedication and my own active participation. With all those components, I would be able to gain functional use of my right arm.

The second part of the definition brings attention to the process of returning to a normal state after a period of difficulty. I am sure that there is a formal definition of the term normal; however, I would argue that it is a very subjective concept. Many individuals who sustain traumatic brain injury have a great desire to return to their old life, to the way things used to be, to what was normal for them. Unfortunately, that is often not possible and the individual needs to create a new normal. It is important, almost crucial, to not focus on your normal from before the accident. If you do, you will continually be comparing yourself to the person you used to be and the abilities you used to have which can lead to feelings of frustration and disappointment. Instead of focusing on what you cannot do anymore, focus on what you still can do. Often modifications or accommodations are required but you can still achieve success. One of my life mottos is, just because I have to do something differently does not mean I cannot do it. This enables me to see the positive in my situation and makes me feel like I still have skills to offer the world. I need to not only define what my new normal looks like, I also need to embrace it.

The final thing that stands out to me is the part of the definition that refers to the return of something lost or stolen. In the sense of recovering from an accident or trauma, this is often not the case. There were parts of my life from before the accident that would never be the same and I needed to grieve that. For example, growing up I was very athletic and enjoyed playing sports. Soccer was a huge part of my life and my identity. In the summer, my dad was the coach of the all-girls rep team I played on and in the winter, I played indoors. Because of my brain injury and low vision, I will never be able to play soccer competitively again. That meant I needed to fill that void in...
my life and find a new identity. I now find my identity in being a child of God and find my worth in Him rather than in my abilities. It has been a difficult process to come to peace with the fact that some of my abilities from before the accident will not return. I need to reconcile the fact that I am different from the person I was before; not better or worse, just different. Some days are filled with joy and beautiful moments while other days are filled with challenges and hardships. Whatever the day brings, I try to face it with a smile and a grateful heart. One of my favourite quotes is “Life isn’t about waiting for the storm to pass... it’s about learning to dance in the rain”. Each day I put on a smile and start to dance.

We want to hear from you.
Survivors and Caregivers are invited to participate in OBIA’s Annual Research Questionnaire.
Your participation will enhance our ability to provide a greater unified voice on behalf of people living with the effects of brain injury in Ontario.

In appreciation for your participation in our research study, you will receive a free one year dual membership with both OBIA and the participating local brain injury association of your choice and a Survivor Identification Card.

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Traumatic Brain Injury and Car Accidents:
Accessing Increased Funding to Aid Recovery

By: David MacDonald, LL.B., C.S., Thomson Rogers Personal Injury Lawyers and Dinesh Kumbhare, MD, PhD, FRCPC, FAAPMR, University of Toronto, Toronto Rehabilitation Institute

Diagnostic methodology has advanced allowing survivors of brain injury to obtain appropriate diagnoses, management and access to funding for their comprehensive rehabilitation. Motor vehicle accidents are the third leading cause of traumatic brain injury. Insurance premiums are paid in order to obtain support for medical impairments when required. Mild, Moderate and Severe brain injury survivors can suffer life-altering and life-long impairments, which require assessment and supports. Medical technology has advanced over the past decade allowing survival of and improved treatment for the traumatic brain injured patient. Unless survivors can gain access to leading technology for assessment of their injuries and receive payment for their needs, survivors’ recoveries are endangered.

Mild traumatic brain injury is sometimes thought of as the “invisible” injury, since there can be no obvious observable manifestation and routine brain imaging in the form of CT and standard MRI scans may be negative. CT scans, as usually performed in the Emergency department, and standard MRIs may not reveal the physiological, anatomical or functional changes associated with mild traumatic brain injury. However, recent advancements in imaging and electrophysiology technology in the form of functional MRI (fMRI), Quantitative EEG (qEEG), have been used to demonstrate the structural and functional changes that are associated with mild, moderate and severe brain injuries. These technologies can provide precise anatomical locations of the injuries and demonstrate changes/abnormalities in the interactions between different parts of the brain in real time. This has been correlated with expertly administered neuropsychological testing. Together these provide an excellent representation of the (specific) patient’s brain functioning and how it affects their functional abilities. Ensuring survivors of brain injury can access these technologies is vital to help identify the brain injury which helps clinicians obtain the correct diagnosis and assist in obtaining catastrophic-level funding for treatment, thereby allowing ideal evidence-based management.

On June 1, 2016 the Ontario government legislated the opportunity for car accident brain injury survivors to rely upon an increased spectrum of medically recognized brain diagnostic technologies to assess brain injury for car accident survivors. Changes made to the Statutory Accident Benefits Schedule affect how brain injury survivors access catastrophic-level benefits to aid in their treatment and recovery.

In addition, medical, rehabilitation and attendant care benefits were reduced to a maximum of $1,000,000 from $2,000,000. Consumers can protect against this reduction by purchasing optional medical, rehabilitation and attendant care coverage for a minimal extra cost, and should be encouraged by all to do so. Recovery from brain injury with adequate supports can cost millions of dollars and take a lifetime.
In order to access catastrophic level of funding to aid recovery for brain injury survivors, they must have sustained a traumatic brain injury, which “shows positive findings by any medically recognized brain diagnostic technology indicating intracranial pathology that is a result of the accident”. Science, medicine and several court decisions show that fMRI and qEEG are technologies that are capable of indicating intracranial pathology.

A second tool was introduced on June 1, 2016 to assist in designation of catastrophic brain injury. The Extended Glasgow Outcome Scale (GOSE) replaced the GCS and original Glasgow Outcome Scale. This article will provide insights into brain injury diagnostic technology, GOSE, and will touch on the newly adopted scale and other mechanisms for evaluating catastrophic brain injury for those under age 18.

In the 80’s and 90’s science and medicine recognized that quantitative EEGs and functional MRIs aid in the identification and diagnosis of mild to moderate brain injury. These tools, when used by experts in the medical diagnostic field, reveal positive findings of brain injury and are especially helpful in revealing mild to moderate brain injury.

As such, it will be likely that more brain injury survivors, at least those who can access these new technologies, can show “positive findings” of brain injury, one criteria required to access catastrophic level funding for medical, rehabilitation and attendant care, to aid in their recovery and protect their personal safety.

Knowledge, recognition of need, teamwork and funding will be required to access this new technology. Clinicians in hospital and as part of the community team assess patients with potential mTBI by performing an assessment in their offices. They usually obtain and analyze information such as the history of the incident, ambulance records showing reduced GCS, loss of awareness or unconsciousness. Indications of severe headaches, dizziness, balance issues, pre or post traumatic amnesia, memory, concentration, word finding or sleep impairments, behavioural or personality changes, sensitivity to light or sound, reduced cognitive function in activities of daily living, self-care, work or school function are all relevant indicators of potential mild to moderate brain injury. There can be poor sensitivity and specificity of these signs and symptoms to mTBI and for this reason, advanced techniques such as fMRI and/or qEEG are necessary. They assist in providing the relative contributions of co-existing issues such as age, prior brain injury, mood disorders, etc. Any of these indicators should trigger the client’s lawyer to advocate for funding for or to fund fMRI and qEEG tests in order to show the brain injury and gain access to benefits for treatment.

When a person suffers an mTBI (also referred to as a concussion), brain cells and their connections are injured. This causes a complex set of inflammatory and reparative processes to begin. The consequences of this include altered membrane conductivity, changes in connectivity, depression of neuron activity, impaired atonal function and alterations in regional cerebral blood flow, to name a few. Whereas routine CT and MRI testing are unable to reveal these changes due to intracranial technology, functional MRI techniques have the capacity to do so, fMRI is a complex field that includes a variety of techniques including Susceptibility Weighted Imaging, Diffusion Tensor Imaging and Blood Oxygen Level Dependent imaging. The correct combination of these are required to provide an accurate representation of the brain injury. The choice of techniques is made by using the clinical presentation (as outlined by a clinician specializing in brain injury) along with a specialist in imaging physics. Briefly, once the imaging sequences have been chosen, and the patient is scanned, the images require advanced image processing. This involves using expensive computers and specially trained technicians. The images that are obtained from the patient are compared with normal images that are housed in vast libraries around the world. The ABI client’s resting state fMRI can evaluate the brain’s functional organization compared to healthy subjects’ resting state MRIs to determine if the cells physiology and function has been altered by a traumatic brain injury.

Quantitative EEGs explore brain activity. EEGs represent the processing of input stimuli and traces their signals throughout different brain centers. The precise timing of each signal is determined. Thus, abnormalities in function and anatomical location can be provided in real time. EEGs can be used simultaneously with fMRIs. When fMRI and Quantitative EEG results are combined, they provide very accurate spatial and temporal information about abnormalities in brain anatomy and function, consistent with brain injury. The scientific methodology is very robust. For these reasons, we recommend that if a person is suffering any of the indicators of brain injury but has been told that their MRI or CT does not reveal any positive sign of a brain injury, he or she should speak to their clinicians and lawyers in order to pursue funding from the accident benefit insurer for the more sensitive fMRI and qEEG testing. If the insurer denies funding, the lawyer should both pursue the insurer to arbitration to fund the tests and, in the meantime, the lawyer should pay up front for the testing as delaying treatment can affect recovery.

For those 18 and older, catastrophic funding may be granted to those with positive findings or they may be asked to submit to additional testing in the form of the Glasgow Outcome Scale Extended (GOSE). The GOSE version provides an assessment tool consisting of eight questions. When a health care professional administers the tool at six months after the accident, depending upon the degree of impairment, a person can be classified as catastrophically impaired if he or she is determined to have cognitive impairments, which result in the need for assistance:

- to be safe in the home, or
- for shopping, or
- for accessing and using transportation, or
- for behaving appropriately.

If the injured person 18 or older has not already met the GOSE criteria at six months, the GOSE can be administered
at one-year post accident. At that time, a person is catastrophic if the GOSE assessment reveals that cognitive impairments have caused the person:

- to be unable to work, or
- to be working in a sheltered environment, or
- to be rarely or unable to participate in social or leisure activities, or
- to cause disruption to family or friend relationships or social withdrawal generally.

In addition, if a person has pre-accident cognitive impairment, the Statutory Accident Benefit Schedule GOSE Catastrophic definition allows acknowledgment that it may be more difficult for that person to recover from a subsequent brain injury. As such, it may be more easy for a person with pre-accident cognitive impairments to be deemed catastrophically impaired.

Those under the age of 18 suffering brain injury are deemed catastrophically impaired if they have:

- positive findings using medically recognized brain diagnostic technology, or
- if they are accepted for admission at an inpatient pediatric neurologic rehabilitation program.

In addition, the SABS mandates that catastrophic impairment determination may also be made using the Kings Outcome Scale for Children with Head Injury (KOSCHI). If the person under 18 suffers a brain injury and is determined using the KOSCHI to require supervision for more than half of the waking day, he or she is deemed to be catastrophically impaired. Clinicians, lawyers and insurers must work as a team to help clients: ensuring all necessary testing is completed to access catastrophic designation funding and to obtain funding so clients can enjoy successful outcomes and pursue meaningful lives, enjoy positive relationships with their family members, friends, and co-workers, and help educate us all on their incredible journeys to fulfilling lives.

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PROUD SPONSOR OF SPINAL CORD INJURY ONTARIO AND THE ONTARIO BRAIN INJURY ASSOCIATION
Across the Province

OBIA Advisory Council (OAC) Report

The OBIA Advisory Council met on June 16 at the Miles Nadal Jewish Community Centre in Toronto. There was no workshop this time because the OBIA Annual General Meeting was in the afternoon.

There were 25 people in attendance. Each association presented their report on the Unmasking Brain Injury Project.

Wendy Charbonneau retired as the co-chair of the OAC and Melissa Vigar was appointed the new co-chair.

The following reports are from some of the participating community associations and partner organizations that participated in the Unmasking Brain Injury project during the month of June. A small sampling of the completed masks and mask-making workshops are pictured here. More of the photos plus descriptions can be viewed on the OBIA website. www.obia.ca.

BIA of Peterborough Region

Clients and members of Brain Injury Association Peterborough Region (BIAPR) participated in the OBIA Unmasking Brain Injury campaign leading up to Brain Injury Awareness Month in June. The completed masks are diverse and powerful and became a vehicle for each individual to reflect on their own lived experience with brain injury. Of the 33 masks created, some of these individuals have been living with the effects of brain injury for decades, while others are still adjusting to their new life after ABI. Every participant noted the benefits of having the opportunity to reflect on and share their own personal story in a creative way.

All of the completed masks have been on display in the street front windows of the BIAPR office throughout the month of June for Brain Injury Awareness Month and then continued through the summer. Hundreds of people have stopped to look at the masks and read the individual stories. Children in particular have been drawn to the colourful masks on display, which has been a starting point for conversations about the importance of protecting their brains. The Unmasking Brain Injury project not only gives a voice to those living with ABI, but has provided a platform for raising awareness of ABI in the greater community.

BIAPR was also given the opportunity to select twelve individuals and their masks to be highlighted in Public Service Announcements (PSAs) recorded by YourTV Cogeco. Each PSA was 30-60 seconds in length and featured the image of the mask with the creator’s voice telling their own story. The effect was incredibly powerful. Over a period of two days the 12 individuals selected experienced the full range of television production: lounging in the green room, sitting in the “hot seat,” wearing a microphone and speaking to the producer through the intercom, and doing multiple takes to get the perfect one. Each person was the star of their recording session. The final result was 12 professional PSAs that ran on the local television cable network and also broadcast across Ontario during the month of June. It was a truly special experience and something the individuals (and staff) won’t soon forget. BIAPR would like to thank Mary ten Doeschate and YourTV Cogeco for the time and talent in creating the PSAs and the interest and passion with which the message of acquired brain injury awareness was shared across the province. (The link to the PSA’s is on the OBIA website on the Unmasking Brain Injury page.

BIA Ottawa Valley

The Brain Injury Association of the Ottawa Valley (BIAOV) would like to thank the Brain Injury Association of Quinte District for sharing their Unmasking Brain Injury project with all of the community members of the OBIA Advisory Committee and thank you to the OAC for approving and suggesting this to be the provincial awareness project for 2018. More than 55 members here in the Ottawa area shared their struggles and triumphs since...
their injury through their masks. For some it was a difficult project bringing back memories and for other it was an opportunity to move forward.

Our journey with the Unmasking Brain Injury project started on May 25 with a visit by some of the members of the association to the office of Deputy Mayor and Councillor Bob Monette of the City of Ottawa. Members presented their masks and shared their stories with Mr. Monette. The meeting led up to the unveiling of the entire group of masks at City Hall on June 1 from 8:00 am until 8:00 pm. Throughout the day, there was a steady stream of people stopping by. It was wonderful to see the people stop and read the masks and ask questions.

Like many associations, we struggle to get media coverage, but this campaign was different. A special thank you to Wayne Scanlon of the Ottawa Citizen and the staff photographer who took the time to come and visit the display. Three of the members were interviewed and photographed and articles appeared in both the Ottawa Citizen and the Ottawa Sun on June 2, 2018.

The masks were displayed later in the month at the Vista Centre Brain Injury Awareness Day and we arranged for other displays in shopping centres; they will be displayed at our annual Fall Meet and Greet, on Tuesday, October 23 at Algonquin College.

Thank you to all those that participated in the Fleming Fitness Golf Tournament on June 20 this year at Loch March Golf and Country Club. Special thanks to all of the sponsors and especially Pat Fleming and his team of volunteers who work very hard to put the tournament together. This year’s tournament raised $20,000.

This year our Step Up Work Centre Program will celebrate its 10th anniversary in September. This program would never have been conceived had it not been for founding members and survivors, Tim Slykhuis, Tim Gerrard, Barbara Allen, the late Al Leahy and family members, Wendy Charbonneau and our dear friend Bob Allen, who passed away on July 17 in Victoria. Bob worked side-by-side with Lise Marcoux and members of the Board of Directors to bring this idea to fruition and continued to work as the Board’s Treasurer. He also taught safe woodworking skills to the membership up until August 2016, when he and his wife Marion moved to Victoria. The association wishes to extend their sincere sympathy to Marion and their daughter Barbara.

At the Annual General Meeting of the association held on June 4, 2018 at the Bronson Centre, I stepped down as President and Christie Swann was elected President and David Walls, Vice-President. We also elected a new Board Member, Jessica Podpallock, Executive Director of Harmer House. Thank you to all of the other board members who were re-elected to the board and a special thank you to Kathy Warren who is stepping down from the board but will continue to volunteer with programming.

Our Annual Fall Meet and Greet will be held on Tuesday, October 23, 2018 at Algonquin College. If you are interested in sponsoring or purchasing tickets to the event please check: http://biaovfallfundraiser.com/. We look forward to seeing you all there on the 23rd of October.

#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:

Share • Inspire • Support

To share your journeys with our readers, email us at: stories@obia.on.ca
BIA Windsor-Essex

The Unmasking Brain Injury display was unveiled at the Windsor Art Gallery on Thursday, June 7 to over 120 invited guests; those with brain injury and their family and friends.

Twenty-three masks, painted by those with acquired brain injury were accompanied by a narrative explaining the mask and how it reflected their feelings about their brain injury. The stories were both emotional and powerful.

A video of the process of painting the masks at the Art Gallery with the help of a local artist, was first shown at this opening. Several people were interviewed and their stories provided more insight into how their brain injury changed their lives. This video will be shown at BIAWE events and four short clips will be seen on our Facebook page.

The display is making a tour around the city and county at public institutions. This gives residents the best opportunity to view the masks and learn more about the effects of brain injury.

Participants in the program lauded the efforts of OBIA and BIAWE in offering this opportunity and getting their story across in the effort to have the public understand what they go through on a daily basis.

BIA Durham Region

A total of 57 masks were made by survivors from the Durham area. The association had an unveiling event at our location in Oshawa. Our masks will also be displayed at the Robert McLaughlin Art Gallery in November and we are currently speaking with art directors from two other galleries. Please follow our FaceBook page for details.

BIA Niagara

Thirty-three masks were made by the joint effort from BIAN and Brain Injury Community Re-Entry (Niagara) Inc. The masks were displayed at Mahtay Cafe in St. Catharines during the full month of June where hundreds of people were able to view them. We also plan on displaying the masks at the Welland (main) library in September. As well, the BIAN Gala has tentative plans to display some of the masks at the upcoming Gala in October.

Pat Dracup, Program Director, presented a short information radio session regarding the Unmasking Brain Injury Project.

BIA York Region

The association kicked off their celebration with the March of Dimes on June 1.

The masks were part of a hanging display at our mixer on June 5 at the Gourmet Bistro in Richmond Hill.

Seizure & Brain Injury Centre (Timmins)

We unveiled 20 masks to more than 50 people on June 1 as
part of our 30th Anniversary Celebration/AGM. We had a wine & cheese celebration at our local museum, where the masks were displayed for one week. They went to our local library to be displayed in a display case for the public. We estimate that hundreds of people were able to visit the displays there.

There is also interest with a group of survivors in the Temiskaming area who would like to do the project in the future.

**Brain Injury Society of Toronto**

June was once again an exciting month for Brain Injury Awareness in Toronto.

We kicked it off with a guest appearance on Breakfast Television promoting Brain Injury Awareness and the Unmasking Brain Injury Project, where we were honoured to have BIST super member Frank Bruno share his experiences and challenges with Kevin Frankish and the BT community.

BIST was extremely fortunate to collaborate with Community Head Injury Resource Services (CHIRS) and 9 Bars Coffee on creating a display for our masks throughout the month of June. The local coffee shop allowed us to have a space for community members to admire and learn from CHIRS and BIST members’ creations and stories. CFRB host Barbara DiGiulio also did a feature segment on the Unmasking Brain Injury Project, helping to spread awareness across the city and beyond!

On June 13, the CN Tower was lit up in Blue and Green in support of Brain Injury Awareness; this magical site added to the already incredible vibe of the BIST/OBIA Mix and Mingle fundraising event at Steam Whistle Brewery. Many thanks to everyone who came out to support us that night!

Throughout the month of June you could find the BIST booth at many events across the city including, bike to work day (end of May), Toronto Pride, Western Hospital, St. Michael’s Hospital and Sunnybrook Health Sciences Centre. At each event we were happy to meet with new faces and discuss BIST supports and awareness facts. We are so very grateful to our awareness committee, the team at RBC, board members, and volunteers who helped us staff these events!

On June 22, we held our 4th annual Birdies for Brain Injury Golf Tournament. We couldn’t have asked for better weather or a more delightful group of folks to spend the day with! Many thanks to our dedicated golf committee, our new friends at Intact Insurance who provided the volunteer support for the day, and all the golfers and sponsors who came out to have fun while supporting the work of BIST!

Of course the fun and work didn’t end in June! July proved to also be another busy and fun month for the BIST team as we held our Back to School Post-Concussion Workshop, which CBC featured an article on (https://www.cbc.ca/news/canada/toronto/people-gather-to-get-support-for-brain-injuries-1.4756669) and hosted our annual BIST picnic.

As always, BIST is grateful for the support we receive and thank everyone who aids our efforts to assist survivors and families of brain injury in Toronto through support, education, advocacy and awareness. We hope to see many familiar and new faces at our BIST Hero 5K on September 30th, 2018! www.bist.ca/5k

**Mind Forward Brain Injury Services**

Thanks again to OBIA for the brilliance of the UnMasking initiative, and for assisting Mind Forward in making the most of this effort with the hundreds of individuals we serve annually in our regions. We have attached a sampling of masks from those who contributed, in Halton, Orangeville (Caledon), Mississauga, and Brampton. Of course, we work in conjunction with our associations (HABI, BIAPH), and promoted their efforts in this very much. The masks, information on the initiative and on OBIA, have been on gallery-style display at our offices in Orangeville, Halton and Mississauga (Head Office) since their production in June. In addition, we made our LHIN’s aware, and had their promotional support, and even engaged in an exercise with the Diversity Team of a major Canadian bank, in the awareness of brain injury (survivor/artist as one of our presenters), and
the UnMasking efforts, and had them try their own hand in production of masks telling their own life story.

We also have produced video that will be both making its way to Mind Forward website, and will be shared with partners and the community in the months to come.

We remain champions of your efforts, and thank you sincerely for the leadership you offer in this.

Community Brain Injury Services

On June 1, we held our annual Walk With Us Fundraiser to raise awareness about brain injury. We included the launch of the Unmasking Brain Injury project by unveiling 25 masks to more than 50 clients, family and professionals. The display was at the Marianne van Silfhout gallery at St. Lawrence College in Brockville.

The event was shared within the Providence Care organization through our e-newsletter and photos and descriptions of the display have been submitted to two local media outlets for upcoming publication.

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.

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On November 10, 1996, I became a new person, a person with a brain injury. After a year of rehabilitation and recovery, I was fortunate to achieve a quality of life similar to what I had before my brain injury. It was during this year I found my calling, as I witnessed firsthand the needs of those experiencing what I did.

I was linked to a support group run by the local head injury society four months after my injury. I became a volunteer two months after this, assisting other persons with a brain injury. This educated me early on about my own injury, the varying degrees of recovery and that no two brain injuries are alike. I also noticed the need for resources to help, especially once a person leaves the hospital.

For the past 17 years I have been working in some capacity in the rehabilitation of persons with brain injury; the past six years involved in research. I also continued with volunteering, having the honour to sit on the board of directors for the Brain injury Society of Toronto (BIST) and then the Ontario Brain Injury Association (OBIA).

I have come full circle, from being rehabilitated and supported, to providing rehabilitation and giving support. I still wanted to give more to my fellow persons with brain injury and decided to run my eighth marathon this past May, calling it #8 for Brain Injury Sake. I wanted to raise funds for the Ontario Brain Injury Association (OBIA) and Toronto Rehab’s Telerehab Centre for Acquired Brain Injury (ABI).

I am thrilled to say over $3500 was raised! My vision is that these funds can help with long term resource development at OBIA and the Telerehab Centre for ABI in their support individuals with brain injury. I do not want a lack of resources to prevent someone from reentering the community after brain injury, and that persons with a brain injury can have continued support to maximize their recovery and quality of life. ◊◊◊

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:

Share • Inspire • Support

To share your journeys with our readers, email us at: stories@obia.on.ca
More than twenty years ago, I sustained a severe traumatic brain injury while competing as a member of the Canadian Equestrian Team. I will always be grateful to everyone who helped me during the early years of my recovery because, by 2000, I was well enough to enroll in university, first graduating with a MA (2004), then a PhD (2010). The studies for both the degrees were qualitative explorations of head injury. Qualitative research asks questions that are open-ended, ones that begin with why, what, where, when, and how. I was also a participant in the studies, so the research is unique because nobody can really understand head injury unless they have experienced it.

Doing such research had a hidden benefit. It only occurred to me after I had graduated why I had chosen to study head injury—conducting such research was part of my healing process. The two studies enabled me to sort through my feelings about my own head injury while, at the same time, I could examine the experiences of others. Although I intellectually believe that healing from such a life-changing injury is never complete, that doesn’t stop me from forever working toward the endpoint of my own journey of healing. My time at university contributed to this quest.

I was partway through my PhD studies when, in 2006, a second life-changing loss, the chronic illness Dystonia, began to nudge its way into my life. I buried my head in the sand like the proverbial ostrich and pushed aside any thoughts of the chronic illness. But, by the time of my PhD defence in November of 2010, I had to use a wheelchair instead of my legs whenever I was faced with the prospect of having to walk more than a few steps. After I graduated, I was despondent. Although I had professional help, it took at least a couple of years before I was able to put this second loss in perspective.

I have always written; doing so is—thankfully—suited to my limited mobility. Until 2013, my writing consisted of academic articles and short stories. Then, because my personal story seemed to interest people, I decided to put pen to paper and author a memoir. It’s called ‘Falling into Now: Memories of Sport, Traumatic Brain Injury, and Education’. I’m delighted when I read the online reviews: words such as ‘resilience, persistence, adaptability, courage, and determination’ appear in many of them.

What next? I’m a member of the local Accessibility Advisory Committee, a Director of the Brockville YMCA, and a friendly visitor at a seniors’ residence. In June of 2018, I became a member of the Board of Directors of OBIA. Given this volunteer work and other obligations, my writing efforts are part-time. However, despite these restrictions, ‘novel’ ideas have been brewing in the back of my mind for the past several months. Although the thought of composing another book feels daunting, when the time seems right, I’ll toss the ideas into my computer and see what happens.

Falling into Now: Memories of Sport, Traumatic Brain Injury, and Education is available online at www.chapters.indigo.ca.
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Phone: 416-603-5800 ext. 4025

September 20, 2018
PIA Law and OBIA present:
Back to School 2018 Conference:
Innovation in Brain Injury - Leading a World of Change
Location: Ritz-Carlton, 444 Yonge St., 7th Floor, Toronto, ON
Contact: Diana Rockbrune
Phone: 705-719-3965
Email: drockbrune@oatleyvigmond.com
Website: www.pialaw.ca

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OBIA Training Program
Mental Health, Addictions and Brain Injury (Level 2),
NOTE: Prerequisite Required: Level 1 Neurorehabilitation (No Exceptions)
Location: Brock University, Room STH203, St. Catharines, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

October 18-19, 2018
Brain Injury Canada
National Conference
Location: Ottawa Conference and Event Centre, Ottawa, ON
Phone: 1-866-977-2492
Email: info@braininjurycanada.ca
Website: www.braininjurycanada.ca/ottawa-conference-2018/

October 25-27, 2018
Mindworks 2018 Fall Workshop:
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November 9-10, 2018
OBIA Training Program
Children and Youth with Acquired Brain Injury (Level 1)
Location: Best Western Hotel, St. Catharines, ON
Contact: Diane Dakiv
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Email: training@obia.on.ca
Website: www.obia.ca

November 15-16, 2018
Toronto ABI Network Conference
Location: Toronto Marriott Downtown Eaton Centre, Toronto, ON
Phone: 416-597-3422 ext. 3448
Email: conferences@uhn.ca
Website: www.abinetwork.ca/abi-conference-2018

February 19-22, 2019
OBIA Training Program
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Location: Brock University, St. Catharines, ON
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- www.LinkedIn.com/company/Ontario_Brain_Injury_Association
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Website: www.biaqd.ca

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New Beginnings ABI & Stroke Recovery Association
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Fax: 519-351-7600
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Website: www.newbeginnings-cksl.com

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

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Email: information@biad.ca
Website: www.biad.ca

Fort Erie
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Website: www.biaov.org

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BIA of Sault Ste. Marie & District
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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
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Phone: 705-264-2933
Email: sabicrl@eastlink.ca
Website: www.seizureandbraininjurycentre.com

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Brain Injury Society of Toronto
Phone: 416-830-1485
Email: info@bist.ca
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Waterloo-Wellington
BIA of Waterloo-Wellington
Phone: 519-654-0617
Email: info@biaww.com
Website: www.biaww.com

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
Email: info@braininjurycanada.ca
Website: www.braininjurycanada.ca

British Columbia Brain Injury Association
Phone: 604-984-1212
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Central Alberta Brain Injury Society (CABIS)
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Saskatchewan Brain Injury Association
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Newfoundland and Labrador Brain Injury Association
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Brain Injury Association of Nova Scotia
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Date: October 11-12, 2018

Professors: Dawn Good, Ph.D, C.Psych
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OBIAREVIEW | SEPTEMBER 2018

Advertiser Index

Anthony Aquan-Assee - 13
Bartimaeus Rehabilitation Services Inc. - 39
Bayshore Healthcare - 20
Beverlee C. Melamed & Assoc. - 50
Community Solutions - 46
Dale Brain Injury Services - 50
EPS Settlements Group of Canada - 19
Gluckstein Personal Injury Lawyers - 51
Grant Thornton LLP - 19
Henderson Structured Settlements LP - 30
Himelfarb Proszanski LLP - 47
Lawlor Therapy Support Services Inc. - 49
McKellar Structured Settlements - 2
McLeish Orlando - 9
Mindworks - 40
Neural Rehabilitation Group - 5
Neuro-Rehab Services Inc. - 50
Oatley, Vigmond LLP - back cover
Pathways to Independence - 46
ResCare Premier - 35
Singer, Kwinter - 24
Soundproof Windows Canada - 14
Step Up! ABI Recovery - 45
Thomson Rogers Lawyers - 6
Wallbridge Wallbridge - 44
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GLUCKSTEIN
PERSONAL INJURY LAWYERS
Brian Cameron likes to win. Be it in the courtroom, or playing poker in his downtime, this hardworking lawyer knows how to keep his cards close to his chest, which may be one reason why he’s at the top of his profession.

As a personal injury litigator, Brian gets satisfaction from the opportunity to make a difference in the quality of his clients’ lives, especially when they may not yet be aware of the hand that they’ve been dealt.

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.”

Brian excels at breaking down legal complexities to their simplest form for his clients. He treats them with a level of dignity and compassion that has contributed to his being recognized as a certified litigation specialist. That kind of passion, commitment and dedication means that Brian’s all in when it counts the most.

To learn more about Brian visit www.oatleyvigmond.com/brian