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During the month of June, the exclusive focus is on brain injury, where Brain Awareness Week focuses on all neurological conditions. Is there a place for brain injury in Brain Awareness Week? The answer is a resounding yes. The more awareness that can be brought to brain injury, the better.

RUTH’S DESK

Ambassadors of Brain Injury

The brain is the most complex organ in the human body. It controls our movements, sensations, thoughts, words and emotions. The brain weighs about 1.3 kilograms (3 pounds) and has several thousand miles of interconnected nerve cells, all fed by a system of tiny blood vessels. These blood vessels bring oxygen and energy to the brain in the form of nutrients. Even though the brain counts for only 2% of body weight, it consumes 20% of our oxygen and energy supply.

Over the past century there have been many advances in neuroscience and yet there is still so much about the human brain we have yet to learn. It is through continued research that more discoveries will be made, which will lead to a deeper understanding of how the brain works and the cascading impact of the consequences when it is injured.

Throughout the month of June, participating community brain injury associations, rehabilitation facilities, hospitals and organizations across Canada focus on bringing awareness to brain injury.

Over the past few years there has been some confusion as various international organizations celebrate Brain Awareness Week in March. This global celebration was launched by the Dana Alliance for Brain Initiatives in the United States. The goal was, and is, to increase public awareness about brain science advances and to campaign for science funding.

During Brain Awareness Week, brain research is highlighted as it pertains to the treatment and prevention of disorders of the brain, such as Alzheimer’s, Parkinson’s, stroke, schizophrenia and depression. Organizations such as the Centre for Addiction and Mental Health, the Brain Tumour Foundation and Alzheimer Society participate in this initiative. Brain Awareness Week is listed on the Government of Canada’s calendar of health promotion days.

So where does brain injury fit into Brain Awareness Week and how is it different than Brain Injury Awareness Month? During the month of June, the exclusive focus is on brain injury, where Brain Awareness Week focuses on all neurological conditions. Is there a place for brain injury in Brain Awareness Week? The answer is a resounding yes. The more awareness that can be brought to brain injury, the better.
There are two ways in which we can participate. First, we can focus on brain health, in the form of prevention. We know that the best-case scenario is that the brain does not get injured at all. The second way we can help is to bring awareness to the incredible research that has been conducted specific to brain injury, as well as ongoing research. Research in the field of brain injury can range from the functions of the brain, efficacy of programs, and to community-based research.

OBIA has been conducting research for more than 25 years and in 2012 produced the OBIA Impact Report. This report is a statistical snapshot of acquired brain injury and its effects on survivors and caregivers. Data for this research study was collected through the Ontario Brain Injury Research Questionnaire. Through the utilization of this data, a clear picture of the long-term outcomes for people who are living with the effects of acquired brain injury emerges. It also takes into account the unique perspective of those who are caregivers. OBIA’s research study is also aimed at collecting data on the time of diagnosis, an injured person’s access to services, and any gaps and/or barriers within the system. Ultimately, our goal is to provide relevant research data to better inform health care policy makers, Local Health Integrated Networks (LHINs), insurers and researchers who are examining ways in which people living with a brain injury can be better served. The OBIA Impact Report is available for download at www.obia.ca.

Whether it is Brain Awareness Week (March) or Brain Injury Awareness Month (June), we all can be ambassadors to demonstrate the importance of prevention, awareness and research, inevitably contributing to enhancing the lives of those living with brain injury. ◊◊◊

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Changes in sexual functioning are common after TBI. If you are experiencing sexual problems, there are things you can do to help resolve these problems. The information below describes common sexual problems after TBI and ways to improve sexual functioning.

How does a traumatic brain injury affect sexual functioning?

The following changes in sexual functioning can happen after TBI:

- **Decreased Desire:** Many people may have less desire or interest in sex.

- **Increased Desire:** Some people have increased interest in sex after TBI and may want to have sex more often than usual. Others may have difficulty controlling their sexual behavior. They may make sexual advances in inappropriate situations or make inappropriate sexual comments.

- **Decreased Arousal:** Many people have difficulty becoming sexually aroused. This means that they may be interested in sex, but their bodies do not respond. Men may have difficulty getting or keeping an erection. Women may have decreased vaginal lubrication (moisture in the vagina).

- **Difficulty or Inability to Reach Orgasm/Climax:** Both men and women may have difficulty reaching orgasm or climax. They may not feel physically satisfied after sexual activity.

- **Reproductive Changes:** Women may experience irregular menstrual cycles or periods. Sometimes, periods may not occur for weeks or months after injury. They may also have trouble getting pregnant. Men may have decreased sperm production and may have difficulty getting a woman pregnant.

What causes changes in sexual functioning after TBI?

There are many reasons sexual problems happen after TBI. Some are directly related to damage to the brain. Others are related to physical problems or changes in thinking or relationships.

Possible causes of changes in sexual functioning after TBI include:

- **Damage to the Brain:** Changes in sexual functioning may be caused by damage to the parts of the brain that control sexual functioning.

- **Hormonal Changes:** Damage to the brain can affect the production of hormones, like testosterone, progesterone, and estrogen. These changes in hormones affect sexual functioning.

- **Medication Side Effects:** Many medications commonly used after TBI have negative side effects on sexual functioning.
• **Fatigue/Tiredness:** Many people with TBI tire very easily. Feeling tired, physically or mentally, can affect your interest in sex and your sexual activity.

• **Problems with Movement:** Spasticity (tightness of muscles), physical pain, weakness, slowed or uncoordinated movements, and balance problems may make it difficult to have sex.

• **Self-Esteem Problems:** Some people feel less confident about their attractiveness after TBI. This can affect their comfort with sexual activity.

• **Changes in Thinking Abilities:** Difficulty with attention, memory, communication, planning ahead, reasoning, and imagining can also affect sexual functioning.

• **Emotional Changes:** Individuals with TBI often feel sad, nervous, or irritable. These feelings may have a negative effect on their sexual functioning, especially their desire for sex.

• **Changes in Relationships and Social Activities:** Some people lose relationships after TBI or may have trouble meeting new people. This makes it difficult to find a sexual partner.

**What can be done to improve sexual functioning after TBI?**

• Talk with your doctor, nurse practitioner, or other health or rehabilitation professional about the problem, so they can help you find solutions. Some people may feel embarrassed talking openly about sexual issues. It may help to keep in mind that sexuality is a normal part of human functioning, and problems with sexuality can be addressed just like any other medical problem. If you are not comfortable discussing sexual problems with your doctor, it is important to find a health professional who you do feel comfortable talking with.

• Get a comprehensive medical exam. This should include blood work and maybe a urine screen. Make sure you discuss with your provider any role your medications may play. Women should get a gynecology exam and men may need a urology exam. Ask your doctor to check your hormone levels.

• Consider psychotherapy or counseling to help with emotional issues that can affect sexual functioning. Adjusting to life after a TBI often puts stress on your intimate relationship. If you and your partner are having problems with your relationship, consider marital or couples therapy.

• Consider starting sex therapy. A sex therapist is an expert who helps people to overcome sexual problems and improve sexual functioning. Check online for a certified sex therapist in your geographic area.

• Talk with your partner and plan sexual activities during the time of day when you are less tired.

• When having sex, position yourself so that you can move without being in pain or becoming off balance. This may mean having sex in a different way or unfamiliar position. Discuss this with your partner.

• Arrange things so that you will be less distracted during sex. For example, be in a quiet environment without background noise, such as television.

• If you have trouble becoming sexually aroused, it may help to watch movies or read books/magazines with erotic images and other sexual content.

• There are sexual aids developed to help people with disability.

• Increasing your social network can increase the opportunity to form intimate relationships. You may consider joining a club or becoming involved in other social organizations.

**Importance of safe sex**

After a TBI, it is just as important for you to protect yourself from unplanned pregnancy and from sexually transmitted disease as it was before your injury. Even if a woman’s period has not returned, she can still get pregnant. Here are some tips to help with birth control and protection from sexually transmitted disease.

• Do research to help figure out what method of birth control and protection from sexually transmitted disease are best for you. The following website has some helpful information: [http://www.plannedparenthood.org](http://www.plannedparenthood.org)

• Because of changes in thinking abilities, it may be harder for you to remember to use protection or to remember to take it with you.

  • You can plan ahead by always carrying a condom or other method of protecting yourself and your partner.

  • For women who use birth control pills, or a device that must be replaced, using a calendar or alarm on a smart phone can help you remember to take the pills or change the device.

• If you are unsure whether your partner has a sexually transmitted disease or has been intimate with others who have such disease, it is safest to use a condom.

• If you have engaged in any risky sexual behavior, one of the best things you can do for yourself is to get tested for
sexually transmitted diseases and get treated if you test positive.

Resources for further information


Disclaimer

This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment.

Source

Our content is based on research evidence whenever available and represents the consensus of expert opinion of the investigators on the TBI Model Systems Directors.

Authorship

Sexuality after Traumatic Brain Injury was developed by Angelle M. Sander, Ph.D. and Kacey Maestas, Ph.D., in collaboration with the investigators of the TBI Model Systems Collaborative Project on Sexuality after TBI, and the Model Systems Knowledge Translation Center. Portions of this document were adapted from Sexual Functioning and Satisfaction After Traumatic Brain Injury: An Educational Manual (authors: Sander AM, Moessner AN, Kendall KS, Pappadis MR, Hammond FM, Cyborski CM).

We want to hear from you.

Survivors and Caregivers are invited to participate in OBIA's Annual Research Questionnaire.

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I can't focus today. I have to grade eight more papers and a week's worth of discussion posts. Yet, here I sit staring at my MacBook hoping that it will just magically happen. I'm sitting in my favorite coffee and tea café, listening to the chatter of others and the espresso machine. It's relaxing. I don't have to worry about anything (other than the fact I'm not getting any work done).

Every day, I wake up with a knot in my shoulders. I'm stressed out before I even leave my bed. I bring a lot of the stress on. I try to do too much. I try to make others happy while often giving up my own simple pleasures (I really want a f'n latte right now but I'm sipping black tea with no sugar).

My husband has PCS: post-concussion syndrome. He has had 10 concussions (on record; I'm pretty sure it's many more than that). He struggles every single day to go to work. Why should I complain about anything? He has to fight constant migraines, memory problems, nausea, dizziness, blurred vision, spots in his vision, over stimulation from simple sounds and environments, and noise sensitivity. Sitting in this café would probably drive him insane. He fights depression that he can't control. He has never been depressed before. He has mood swings and outbursts of anger that are so out of character and at times unsettling. He puts on a brave face and fights though every single day.

So, who am I to complain? What kind of an ass am I for feeling overworked, tired, and resentful? What a selfish person, right? I can't lie—I struggle with those emotions every single day. I fight feeling resentful. I feel bombarded the second I get home. The other night I didn't even get my coat off and the kids were on me. "Mom where is dinner?", "Mom, I need help with my homework," "Mom, my brother keeps touching my stuff," etc, etc. All while my husband is home—laying down. I've created this monster. I want to protect my husband and allow him the time to heal from a bad day—every day. My kids have caught on. They too, want to protect him. The problem is that I can't handle it all on my own. Well, maybe that isn't true. I don't want to.

I've come to expect and be able to gauge when my husband will have his truly bad days. Those are the days where he locks himself away in our bedroom with the lights off. I've become accustomed to it. I come home—ready for the onslaught. I'm sad before I even get out of my car. The man I married, the outgoing, funny, adventure-seeking man is hidden somewhere inside this other man. He is struggling to break free, but just can't seem to reach the surface.

So, I put on a brave face, I smile, and
pretend to the outside world that everything is great.

The truth is, everything isn’t great. Being a caretaker for someone with PCS, or any disability (depression, PTSD etc) is difficult. It is draining. And people don’t understand. PCS isn’t something physical that you can see. People doubt it, even some of our close friends. They don’t see my husband on the days he is in our bedroom with the lights off and with a blanket over his head just fighting to stay here on this planet. I can’t lie and say that I don’t think about the majority of the stories you see about people with Post Concussion Syndrome (PCS) or Chronic Traumatic Encephalopathy (CTE). How eventually, it just becomes too much and the person commits suicide. I bury that fear, but it’s real and it is always there.

I grew up afraid to show my emotions. I was taught that you didn’t cry unless you wanted something to cry about. I am working on learning how to express my emotions now. Writing is the easiest way. I see that I am shutting myself down to my husband. It’s not that I don’t love him—it’s that I love him so much that I can’t fall apart. I have to be strong for all of us. He wants to tell me about his doctors’ appointments, the progress, or at times, the risks. He wants to share his fears with me and I simply nod my head. Why don’t I just reach out and hold him, let him feel how much I care, and tell him how fearful I am? Why can’t I listen and support him the way he deserves? I hate the closed-off person I’ve allowed myself to become, but I also know it’s a survival technique.

Can’t I find a better balance?

I struggle with self-hate, doubt, sadness, and depression. I feel lost and alone. How do the loved ones get through this? How do we support and not lose ourselves? Our relationships?

Our life isn’t easy, but it’s our life and I wouldn’t trade it for anything (well maybe health) but honestly we have a deep love and a strong support system. Is there anything more important than that?

I do strive to find some sort of a balance. I go to therapy every week; talking to someone on the outside helps a lot. It helps me frame my fears and emotions without allowing them to overwhelm me (most days). I also started crossfit about four months ago and I love it. Having that hour in the gym with other athletes cheering each other on is an immediate high. I don’t get to the gym as often as I would like but it isn’t for lack of trying or support. Jay encourages me to go even when he isn’t at his best. Sometimes I take him up on the offer; other times I let it go for the day. Every day is different. I think that may be the key to getting through some of this. Flexibility. Rolling with things as they come.

I’m an optimist. I truly feel like Jay will beat this. He will heal and continue to help others heal.
Sex and Relationships: I’m Too Tired!

By: Anthony Aquan-Assee

Nina turned off the lights and then climbed into bed with Robert. She leaned in to kiss him, but he stopped her. “What’s wrong?” Nina questioned. Robert sadly shook his head. “It’s the same problem,” he sighed, “I’m too tired.”

Nina grabbed her robe and quickly covered herself and tiptoed to the window. She opened the curtains and turned back to Robert. “This is happening all the time,” she whispered, “What are we going to do?”

Robert shrugged his shoulders and ran his fingers through his hair. He could feel the thick scar from his brain surgery that ran down the side of his head.

It had been five years since Robert’s accident but it still felt like it had only just happened.

Robert was often too tired to be physically intimate with his wife, Nina. This can be a very common problem for many brain injury survivors. Fatigue wasn’t Robert’s only problem but he was too embarrassed to talk about it with Nina. He didn’t think she would understand.

A brain injury can lead to a variety of physical, cognitive, emotional and behavioural problems. Feeling safe and accepted is very important for open and honest communication to take place.

Even without a brain injury, open and honest communication is very important for a relationship.

This will foster feelings of acceptance and trust and will serve to enhance a sexual relationship.

After a brain injury, a survivor might experience changes in many areas of their life. If they don’t feel comfortable to discuss these changes with their partner, this may lead to issues with their physical intimacy.

The brain is the master controller. Many of the skills involved in sexual activity are controlled by different parts of the brain. This can lead to problems when there is an injury to these parts.
Sexuality is a complex function and it depends on cognitive skills such as problem-solving abilities and maintaining attention as well as memory. If any of these skills are disturbed there may be consequences with one’s sexuality.

Some common sexual issues that many survivors have to deal with are:

- Arousal problems. Many survivors experience a reduced libido and find it difficult for them to be physically intimate with their partner.
- Reduced frequency of sex. This may occur because of relationship issues, physical problems, depression and other emotional problems.
- Physical limitations. This may be due to injuries, disabilities or other physical problems.

Sexual problems can affect not only the brain injury survivor, but the sexual partner as well. The survivor’s partner may have feelings of guilt and a sense of obligation to stay with the survivor. The partner may feel that they are in a relationship with someone they no longer have the same sexual feelings for, as they did before the injury.

This can lead to depression, anxiety and frustration and also add additional stress to the relationship. This stress may erode feelings of confidence, self-worth and feeling an emotional connection to one’s partner. Ultimately, this will impact the sexual relationship.

Intimacy is affected by issues that interfere with the emotional connection between romantic partners. It is the emotional connection that will strengthen and support the sexual relationship.

What can be done?

Many people frequently blame their partner for their problems. By looking beyond ourselves for the problem, we lose control of the solution as well as power over our feelings and attitudes. It is possible that your actions might trigger the undesirable reactions in your partner.

Life is not a fast food drive-thru. Quick and easy solutions will not last. Find ways to support your relationship so there is a win-win ending. Discover what you can do to make some changes to yourself so that you can better support your partner. Anything good and worthwhile takes a lot of effort.

This is what Nina and Robert learned when they went to see a psychologist who was knowledgeable about brain injuries. They were able to learn problem-solving strategies that helped them improve their communication skills and their relationship.

It is my opinion that someone who survived a TBI is definitely worth it! They’ve been given a “Second Life and a Second Chance.” How many people get this? Not many. This is priceless.

In the words of the great St. Francis of Assisi,

“It is by giving that we receive.”

Websites:

https://anthonyaquan-assee.com
http://rethinkredorewired.com

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Unmasking Brain Injury Project

By Tanya Jewell, OBIA

“There’s a story behind every mask and behind every mask there’s a person, a person that’s been touched by brain injury.”

On June 1, 2018, over 20 communities across Ontario will be unveiling the Unmasking Brain Injury Project in celebration of Brain Injury Awareness Month.

Brain injuries are invisible disabilities. They are unseen, hidden and non-visible to most of the population. So are the cognitive, emotional and psychological impacts which can be life altering. The Unmasking Brain Injury Project aims to increase understanding of what it is like to live with a brain injury, using masks survivors create to represent their personal experiences.

The Unmasking Brain Injury Project is an international movement. Started and coordinated by Hinds’ Feet Farm in Huntsville, North Carolina, USA, Unmasking Brain Injury was inspired by work being done with military veterans using masks. To date, more than 847 masks have been created in 3 countries.

OBIA and our partners joined the Unmasking Brain Injury movement to support the mission to:

1. PROMOTE awareness of the prevalence of brain injury;

2. GIVE survivors a voice and the means to educate others of what it’s like to live with a brain injury;

3. SHOW others that persons living with a disability due to their brain injury are like anyone else, deserving of dignity, respect, compassion and the opportunity to prove their value as citizens in their respective communities.

In Ontario, OBIA is coordinating the launch of Unmasking Brain Injury to coincide with the start of Brain Injury Awareness Month (BIAM) 2018. Together with local Brain Injury Associations and community partners, events will be held across the province on June 1, 2018 and throughout the month.

We hope you will join us in this visually powerful and emotional project to raise awareness of ABI and the unique experiences of survivors.

For more information or to participate, please contact:

Tanya Jewell, Community Engagement Coordinator
Email: tjewell@obia.on.ca
Ph: 855-642-8877 ext. 244
Meet the OBIA Staff

The More Things Change, The More They Stay the Same

In February 1987, I had the extreme good fortune to join a small but vibrant organization, the Ontario Head Injury Association (OHIA). At the time, OHIA, now known as OBIA, was just starting out, finding its voice, petitioning the government and anyone who would listen, to bring much-needed attention to the lack of services for persons with brain injury in the province of Ontario.

Flash forward 31 years, and I’m still here. Many things have changed, but the one thing that has not is the passion the organization has for helping survivors of brain injury and their loved ones find appropriate services in Ontario.

My role in the organization has changed as the years have passed. I started out in Support Services but quickly moved into a more administrative role with the newly formed OBIA training programs and as the editor of the fledgling OBIA Review. This magazine was just a 4-page, black-and-white newsletter when we first started publishing it 25 years ago. How far we’ve come!

Today, I am the Communications and Special Projects Assistant, responsible for coordinating and managing the OBIA Review magazine, overseeing the websites and eblasts, executing the social media plan and developing collaterals. I also assist in the special projects such as our Unmasking Brain Injury project, Mix and Mingle, provincial conferences and other events throughout the year.

When not at work, you can usually find me at a curling rink in the winter, my trailer in the summer, or taking part in my favourite activity—spending time with my grandchildren, family and friends.

By Jennifer Norquay
Communications & Special Projects, OBIA

Online Concussion Support Group

Do you have a Concussion or Mild Traumatic Brain Injury?

OBIA is pleased to announce additional sessions of our weekly ONLINE SUPPORT GROUP FOR ADULTS (18 and over) living with Concussion.

For more information or to register for an upcoming session, visit: obia.ca/online-concussion-support-group/
Let’s Talk: Promoting Healthy Sexuality in Youth with Acquired Brain Injury

By Caron Gan, RN, MScN, RP, RMFT, AAMFT Approved Supervisor, Advanced Practice Nurse/Family Therapist, Holland Bloorview Kids Rehabilitation Hospital

Sexuality changes are common after acquired brain injury (ABI), yet intervention and research are neglected areas of sexual health, especially in adolescents and youth with ABI (Moreno, McKerral, Lasprilla, & Gan, 2013; Simpson, Simons-Coghill, Bates, & Gan, 2017). This is a notable gap in clinical care, given the highest rate of ABI occurs between the ages of 15 and 24 years, a time when young people are learning to navigate social, peer, and intimate relationships, including sexual relationships. Moreover, influences of social media and the exposure to sexual content in mainstream media can be confusing, especially when cognitive skills that allow youth to critically analyze these messages and make safe choices can be affected by an ABI. The purpose of this paper is to highlight the importance of addressing the sexual health needs of youth with ABI and to encourage beginning conversations to promote positive sexual health.

Sexual health – What is it?

Sexual health is not just about being male or female, or the act of sex. It’s also about relationships and how we feel about our bodies, ourselves and others. Sexual health is defined holistically as...

A state of physical, emotional, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. (World Health Organization, 2006, p. 5)

Why is promoting positive sexual health in youth with ABI important?

1. Youth with ABI are sexual beings like everyone else. Being sexual is a natural, pleasurable, and healthy part of a person’s life.

2. Youth with ABI usually don’t have the usual support systems for addressing their sexual health needs. They need accurate information about sexuality, what is fact, what is myth, what sex is, and ways of having fulfilling, respectful, and safe relationships.

3. Compared to individuals without ABI, youth with ABI have less experience and life skills around relationships. They may struggle with fitting in with their peers, forming and maintaining friendships, and figuring out their identity while trying to navigate the complexities of life after ABI.

4. The effects of the ABI may affect judgment, impulse control, or decision-making, which can heighten vulnerability to unsafe behaviours or poor choices.

5. Sexuality may be an area that is uncomfortable for parents and adolescents to discuss openly with one another. Parents may feel protective and be less inclined to broach the topic as the notion of viewing their child as a sexual being may be a departure from their priorities and concerns. It may not be an area of priority for parents unless problematic behaviours arise.
6. Sexuality is an area that is seldom addressed by professionals, in spite of its importance; as noted in a recently published scoping review on sexual health after pediatric ABI (Simpson et al., 2017). Research has also found that individuals with ABI experience lack of openness from professionals for questions related to sexual and reproductive health (Moreno, Gan, Zasler, & McKerral 2015).

7. Adolescence is a time of great change and coincides with developmental processes such as:

- Physical, psychological, and social changes
- Focus on appearance
- Questions about sex and sexual exploration
- Feelings of attraction
- Identity formation
- Increased awareness of sexual orientation
- Friendships, intimacy, dating, and belonging
- Developing healthy romantic and sexual relationships
- Fertility and reproduction

Like their similar-aged peers, youth with ABI often have questions about dating, readiness to have sex, sexual orientation or LGBQT relationships. They may, however, lack confidence in making friends, or wonder if others will find them attractive after the ABI. Young people with ABI need to know to whom they can talk so that they are sexually informed, know what to do to ensure safety and avoid unwanted behaviours, and receive support in forming satisfying and healthy relationships.

**Medical/Physical Issues**

After an ABI, there can be hormonal changes and/or physical changes that can affect body image, sexual functioning, and the ability to self-pleasure. These may include:

- Altered sensations – hypersensitivity or hyposensitivity
- Changes in gross or fine motor/hand functioning
- Mobility and balance issues
- Fatigue, endurance, or sleep issues
- Pain
- Seizures
- Diminished or heightened interest in sex
- Early or delayed onset of puberty
- Fertility issues

Many medications (e.g., mood stabilizers, seizure medications, anti-anxiety medications) can have sexual side effects such as arousal problems, erectile and ejaculatory problems, or orgasmic difficulties. Steroids are often associated with increased appetite, weight gain and unequal distribution of body fat, all of which can affect body image. Some medications may also reduce the effectiveness of hormonal birth control methods, so it is important to discuss any medication concerns with the doctor or health care provider.

**Neuropsychological/Psychological Factors**

After an ABI, there may be social and behavioural changes which can impact peer, social, or romantic relationships. These might include:

- Alterations in social judgment, social awareness, and ability to read social cues
- Apathy or initiation difficulties
- Poor impulse control
- Behavioural disinhibition
- Personality changes
- Difficulties with irritability or emotional control
- Changes in memory, attention and concentration which can affect social communication

Risks of unplanned pregnancy, sexually transmitted infections (STIs), sexual assault, or exploitation are concerns often expressed by parents. The youth may need clear guidelines
around what is acceptable behaviour and what is not and help differentiating between safe vs. unsafe behaviours and healthy vs. unhealthy relationships.

**Relationship Factors**

Factors that can affect one’s ability to develop or maintain healthy relationships can include:

- Limited life and sexual experience.
- Less developed social and relationship skills.
- Fewer opportunities to develop normal peer relations.
- Increased vulnerability due to social and neurocognitive challenges.
- Concerns around how to explain the ABI to others.
- Parental overprotectiveness.

Social skills deficits and communication impairments can make it difficult for youth to establish or maintain friendships. Psychological issues may include changes in body image, fitting in with peers, mood changes, anxiety, and reduced self-esteem, all of which can affect one’s confidence and comfort with relating to peers.

**How rehabilitation professionals can help**

In helping youth in their journey to optimal health and sexuality, it is important not to assume that he/she understands what healthy sexuality is, or about healthy boundaries and relationships. Rehabilitation professionals working with young people with ABI can be more proactive in promoting positive sexual health by:

- Beginning the conversation and giving permission for youth and their parents to ask questions and talk about this important topic. Use teachable moments to offer important information about sexuality, relationships, or birth control.

- Providing access to information on sexual and reproductive health topics (e.g., contraception, having children, safer sex practices, HIV/STI prevention) by partnering with community agencies that focus on reproductive and sexual health needs of youth (i.e., Planned Parenthood).

- Providing opportunities for role-playing and fostering relationship skills, social interaction, and practising social skills. Meeting people, starting a conversation, choosing friends, learning to date, handling rejection, and learning appropriate boundaries are some of the social skills that may need to be taught or rehearsed in a group setting.

**Brain Fast Facts**

**DID YOU KNOW?**

- 50% of Caregivers to persons with brain injury are spouses or partners
  - Of those married prior to sustaining their brain injury, 73.4% continue to be married.
  - 67% of caregivers indicated that the brain injury changed their family circumstances

- OBIA Impact Report 2012
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• Providing skills training and opportunities to build social competence: listening, assertiveness, being positive, showing interest, giving compliments, offering opinions, being respectful.

• Offering workshops to teach safety skills (i.e., healthy boundaries, sexual consent, signs of abusive relationships, online safety, dealing with unwanted behaviors or cyber bullying) to keep youth safe from abusive or exploitive relationships.

• Providing opportunities for discussion, maintaining open lines of communication and using a non-judgmental, positive stance so that the youth will feel comfortable raising concerns or questions. Start off with positive messages about sex before getting into the risks, dangers, or concerns.

• Helping parents understand the importance of opening the lines of communication, supporting them on how to broach the topic with their son/daughter, and using teachable moments to foster positive sexual health.

To safely negotiate the stage of adolescence into young adulthood, youth need to be supported in finding positive and healthy ways to express their sexuality. They need to know who they can talk to about sexuality and how they feel about the changes arising from their ABI. Like all youth, they need to know how to make healthy choices and what to do to avoid unwanted pregnancy, sexual diseases, loss of friendship, exploitation, or trouble with the law. Let us be proactive by beginning the conversation, legitimizing the importance of this topic, and providing equal opportunity for youth with ABI to acquire the knowledge and skills they need to engage in fulfilling, respectful, and healthy relationships.

References


These wonderful people and their colleagues treated us with respect, dignity, and accountability...we also gained the help of kind, honest and able professionals that restored our faith in justice and humanity.

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Couples’ Relationships After Traumatic Brain Injury

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After traumatic brain injury (TBI), many couples find that their relationship with each other changes dramatically. These changes are very personal and can be very emotional for both people in the relationship. This factsheet will help couples understand some of the common changes they may notice in their relationship after TBI. Also, suggestions are given for ways that couples can address some of the more difficult changes they are experiencing.

Although some of the relationship changes after TBI are difficult and can be painful, there are many things that couples can do in order to enjoy each other and their relationship in new, positive, and meaningful ways.

Couples’ Relationships and TBI

A TBI can significantly change a couple’s relationship. There are different degrees of brain injury severity, and milder injuries such as concussions do not always result in significant or long-term relationship changes. However, after severe, moderate, or complicated-mild brain injury, both survivors and their spouses or partners must often change many parts of their lives. The following life changes typically affect intimate relationships:

- Changes in responsibilities
- Changes in relationship roles
- Changes and challenges in communication

Brain injury survivors often have new personality traits, challenges, fears, and limitations. Survivors are often surprised by how these changes also mean that they will feel and behave differently in their relationships. These changes have led many spouses to say they feel like they are “married to a stranger.”

The intimate partners of survivors may have new concerns or fears related to both the incident that caused the injury and the new behaviour traits of the survivor. Also, partners often change the focus in their lives in order to manage the multiple challenges that arise for their family after an injury.

These changes in the survivor’s personality and the life focus of both partners often result in a feeling that partners do not know what to expect from one another. Uncertainty can increase stress and anxiety within the home.

How Are Relationships Typically Affected?

Responsibilities

After a TBI, survivors must focus their energy on getting better and developing new skills. As a result, the assignment of responsibilities in the home must change. This means that everyone in the family is involved in learning new skills and taking on new jobs.

How do responsibilities typically change?

- Survivors often give up many responsibilities, including work expectations and household chores, while they focus on getting better.
- Partners often must take on many responsibilities formerly managed by the survivor, such as:
  - Yard work and physically maintaining their home through chores and repairs
  - Managing household finances
  - Planning and organizing activities for the family
- There are also new tasks for both survivors and their partners, such as managing the health care of the survivor.

What happens when responsibilities change?

- Any time people have to take on new responsibilities and learn how to handle new tasks, they will also experience more stress.
- In addition to the stress of injury and recovery, the stress of changes in responsibilities can increase tension between partners.
- Partners who have significantly more responsibilities will also have less time for other things. In contrast, survivors who are focusing on getting better may feel like they have more time. This can result in different expectations about how much time partners have to spend together.
**Tips to improve relationship issues related to responsibility changes**

Be understanding about each other’s new responsibilities. This can have a positive impact on a relationship. Although it is natural to focus on oneself when a person is overwhelmed, partners must take time and effort to note all of the new responsibilities their partner is managing. Noticing and talking about these challenges can reduce tension within your relationship.

Say “thank you.” Make a commitment to yourself to thank your partner at least once a day for attempting to manage new responsibilities.

Schedule opportunities to take breaks from responsibility. These breaks may be short and may not be as frequent as desired. However, when couples and families schedule time off for each adult family member and honour that commitment both practically and emotionally, thankfulness and respect are more likely to grow in the relationship.

**Relationship Roles**

In all families, people take on roles that often define how they behave. After brain injury, the challenge of recovery nearly always results in some changes to the roles within a family. While the person with TBI is in the hospital, their partner may need to make decisions that are usually made by the survivor. For example, a husband may make decisions about child care that his wife usually makes, or a wife may calm the family when everyone is upset, although that is something her husband has always done.

**How do relationship roles change?**

- Although people often take on many different roles in their relationships over the course of a lifetime, TBI results in dramatic role changes that occur instantly, and without preparation.
- Early on in recovery, it may seem to couples that role changes are temporary. However, as time progresses, couples often find that these role changes may last for years or even be permanent.

- Commonly, partners take on more leadership roles in the relationship. Depending upon who is hurt and how the family did things before the injury, this may mean some small shifts for the couple, or it may mean drastic changes.

**What happens when relationship roles change?**

- The more role changes that occur, and the more dramatic the changes are, the harder it may be for a couple to adjust to the changes.
- Certain family dynamics may also make the role changes more challenging:
  - Couples who keep tasks separate instead of alternating who does what may find it more challenging to adjust to new roles.
  - Couples who have just recently begun a new phase of their relationship, such as being newly married, having children, or being a new “empty nest” couple, may have a more difficult time with changes in roles.
- As each partner learns how to operate in his or her new role, there will be a period of adjustment for both people. Uncertainty and frustration during this time can result in increased criticism between partners.
- People close to the couple may not understand the need for role changes and sometimes incorrectly believe that such changes slow recovery. For example, family members may say “Let her talk to the kids’ teachers. She will never get back to her old self if you don’t let her do her job.” This can cause tension between the couple and their family and/or friends.

**Tips to improve relationships when roles have changed**

- Identify where role changes occur and talk about these changes openly. Partners should try to be sensitive to the feelings of survivors. For example, the survivor may have felt pride in his or her role before the TBI and may feel sad or frustrated when asked to step aside.
- Partners can serve as mentors and consultants for one another. Couples can ask one another, “What works best
for you when you are in this situation?” Although survivors may not be able to manage a former role, such as being the financial decision maker, they can share their knowledge with their spouse. Both partners will benefit when this approach is taken.

- Couples must be conscious of not criticizing the partner who is taking on a new role. For example, it is unlikely that a girlfriend will handle a challenge in the same way her boyfriend would have handled it. Partners should work hard to support one another in their new roles. This includes being patient with the time it takes for everyone to feel comfortable in their new roles.

- Family and friends may need to be taught about brain injury and the changes it brings. Children who live at home will also benefit from direct discussions about these changes: “I know mom used to be the person who checked your homework every day, but she and I have decided that it will be better for now if I do it.” Without open communication about role changes, others may not understand why things feel so different and why supporting those differences can help the whole family to heal.

Communication

Communication is the foundation of a relationship. Many people think only of talking when they hear the word “communication,” but couples are actually communicating through gestures, facial expressions, emotional reactions, and physical interactions as well. In studies on relationships after brain injury, communication is often reported as the biggest change people notice.

For spouses:
- Additional responsibilities and the uncertainty of recovery can cause spouses to feel very overwhelmed. When overwhelmed, people often change their communication styles. Some common changes can include talking less, talking more, and/or communicating more intensely or urgently than before.
- Spouses may be unsure how best to communicate with their partner after injury. This discomfort may cause spouses not to communicate as often or as openly with the survivor.

For both people:
- Increased stress levels often affect communication for both partners.
- Both people may be afraid that sharing their negative thoughts or feelings will burden their partner.
- When either person in a relationship changes how he or she communicates, both people will behave differently.

What happens when communication styles and patterns change?
- Changes in communication between partners can result in both people feeling alone and isolated. Couples may feel they no longer understand what their partner is thinking or feeling.
• Difficulty communicating can sometimes cause people to pull away from their relationship, choosing instead to handle challenges with friends or other family members. Sometimes, people choose not to communicate their feelings with anyone at all.

• Communication struggles can impact all other parts of a relationship, including responsibilities and roles, and make it difficult to adjust to changes together.

**Tips on improving a couple’s communication**

• Both partners should make a commitment to improve communication.

• Listen patiently to what your partner is saying.

• Listen for points where you can agree rather than focusing on disagreement.

• When you do disagree, think about what you might say before you say it.

• Remember that survivors will likely need more time to think about what their partner is saying, or about how they want to communicate. Again, patience is key.

• Take notes on your thoughts during conversations rather than immediately saying what comes to mind. Come back to these points later, after you have had time to reflect.

• Exchange bulleted lists of important points for big discussions. When you have something you would like to say, write it down before a discussion and use it as a guide. Trading these lists after a conversation helps with memory and allows more time to digest and think about the information.

• When a topic is likely to cause a disagreement, practice what you would like to say before you start the conversation.

• Practice in front of a mirror. Look at facial expressions, gestures, and body language, while also choosing your words carefully. When you talk, try to stick to what you practiced.

**Physical Intimacy/Sexual Relationships**

Most couples notice significant changes in their sexual relationship after TBI. There are many reasons for these differences, including changes in:

• Hormone levels due to injury

• Roles in the sexual relationship

• Appearance, self-confidence, and or attraction

• Areas of sexual interest

**Tips for Improving Intimate Relationships**

**Find a therapist**

Therapy can give couples support and ideas to improve their specific situations. Different types of counseling are available, including individual counseling for either the survivor or partner, couples counseling, or family therapy.

Seek out a counselor or psychotherapist who has expertise in brain injuries. If there are no therapists locally with brain injury experience, couples should provide their therapist with information about injury and common relationship challenges that can accompany injury. Web sites on this factsheet can be a good place to start.

**Try a support group**

Many communities have support groups for both survivors and caregivers/partners, which are often listed in the newspaper or advertised by local brain injury associations. These groups can help couples establish new friendships, find local information and resources, and provide time apart from their partner for reflection.

When local support groups are unavailable, try Web-based chat groups and support communities. These groups are an excellent option when in-person groups are either too far away or when transportation is a challenge.

**Finding a therapist or a support group**

To find a support group or counselor in your area, start with your local brain injury association. If you do not know how to reach your local brain injury association, you can either a) contact OBIA (1-800-263-5404 or www.obia.ca) or b) use an online search engine (Google, Yahoo, Bing, etc.) to find one by typing in “Brain Injury Association” and the name of your city.

Online support groups are available on Facebook and throughout the Web. Use the search feature on Facebook and type “Traumatic Brain Injury” to find different groups that you may like. Or use an online search engine such as Google or Yahoo and search the term “Traumatic Brain Injury Support Groups.” There are many different options, so look around to find the one that best fits your needs.

**Changing the relationship environment**

At home, make a commitment to establish a positive environment. Looking for progress in recovery instead of ways in which a relationship is not succeeding can improve how people feel about each other. Additionally, part of having a positive home life comes from the opportunity for fun as a couple.

Scheduling a “date” on the calendar to take a walk, watch a movie on television, or play a game like cards can be an inexpensive strategy that may make a big difference in
reducing tension. When fun time is scheduled, consider it to be as important as a doctor’s appointment—something that cannot be ignored or rescheduled.

Considerations in new relationships

If you are in a new relationship, the process of recovery can be more complicated. For example, if an individual is injured while he or she is in the early stages of a relationship, the couple may not know what their roles are yet. This can result in confusion and uncertainty and may lead some people to ask, “Who am I in this relationship?” or “Who are we together?”

Any couples who are new to their relationships can work to take a positive approach to recovery. Although role uncertainty may be a challenge, it also provides the couple more freedom by not being tied to old ways of doing things.

Considerations in non-traditional relationships

There are also a growing number of adults who choose to live in unmarried monogamous relationships. For cultural, financial, social, or other reasons, these couples may not be in a “traditional marriage.” Individuals who identify as gay, bisexual, lesbian, or transgender, as well as people who identify as heterosexual and in an unmarried relationship may have more complicated issues to deal with.

For example, they may not have access to their unmarried partner’s insurance, bereavement, pension, or other benefits. Other challenges can include the inability to be represented in health care decisions, lack of recognized family leave from work, or even having to choose to “come out” as a result of the injury. In addition, the lack of acceptance or awareness in their community with regard to non-traditional relationships may impact a couple’s ability even to seek or obtain care. These complications can influence a couple’s success or failure in a relationship.

Tips for non-traditional couples to manage challenges

For caregiving partners, building relationships with the survivor’s family members who are supportive can be very helpful. Partners may want to make working on these relationships a top priority as a way to stay involved in a survivor’s care.

Psychotherapy or counseling is likely an important component of recovery for non-traditional couples. Because partners may have even less support than couples in traditional relationships, finding a therapist who can provide this support and guidance is an important part of healing.

Concerns About Divorce or Separation

You may have heard that divorce or separation is likely after TBI. Although no one knows for sure what will happen in any relationship, some studies suggest that divorce and separation rates may actually be lower after brain injury than for the rest of the population. Rather than focusing on the possibility of divorce or separation, couples do best by focusing on improving the quality of their relationship with one another.

Recommended Reading

- Healing Your Marriage After Brain Injury. Published in “The Challenge,” a Brain Injury Association of America publication. Written by Jeffrey S. Kreutzer, Ph.D., and Emilie E. Godwin, Ph.D.
- Learning by Accident. Written by Rosemary Rawlins
- Brain Injury Survivor’s Guide: Welcome to Our World. Written by Larry Jameson and Beth Jameson

Source

Our health information content is based on research evidence and approved by experts from the TBI Model Systems.

Authorship

Couples’ Relationships After Traumatic Brain Injury was developed by Emilie Godwin, Ph.D., Jeffrey Kreutzer, Ph.D., and Stephanie Kolakowsky-Hayner, Ph.D., in collaboration with the Model Systems Knowledge Translation Center.
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OBIA Advisory Council (OAC) Report

The OBIA Advisory Council met on January 13, 2018 at the Miles Nadal JCC in Toronto. In spite of the bad weather, there were 14 people in attendance and another 10 joined by webcast. The morning workshop was a presentation by Veronica Utton, “Managing Your Talent in Today’s Changing Landscape.” This enlightening presentation covered such employment topics as Bill 148, Fair Workplaces, Better Jobs Act, Changes in the Labour Market, Increasing Workforce Diversity and Impacts on the Talent Pool.

Ruth Wilcock presented the OBIA report and Tanya Jewell outlined the steps for the Unmasking Brain Injury Project.

The afternoon was filled with discussion from each association sharing their new initiatives, fundraising and awareness campaigns.

Seizure & Brain Injury Centre (Timmins)

The Seizure & Brain Injury Centre has been busy this New Year

BI A of Sudbury

On Wednesday, October 25, 2017, Oatley Vigmond hosted the conference “Working with Traumatic Brain Injury: Voices from the Field” to over 90 Sudbury-area health care professionals. Partners Jim Vigmond, Robert Durante, and Brian Cameron were in attendance to present the Brain Injury Association of Sudbury & District with a cheque for $5,300.00, representing the conference registration proceeds.
with many client activities. Arts & Crafts continues to be very well attended and, of course, special occasion crafts are always popular. With the cold winter months here, clients are enjoying the relaxation of an afternoon chair yoga class. Our chair yoga continues to be another popular activity. A Valentine’s Supper was held on February 14; the clients prepared spaghetti and made a Valentine’s cake for the occasion.

The Centre is now offering an 8-week Health & Wellness Program every Tuesday morning on a number of topics; so far we have dealt with Seasonal Depression. Guest speakers from the community present their expertise on various topics.

In December, the Centre participated in the Annual Gift Wrapping at our local Mall, held an afternoon Christmas Party for the clients, baked cookies and made Christmas Crafts.

Two local businesses did an amazing job of promoting and fundraising for the Centre. The Vic Tavern’s hostess, Jessica Pabuliski, raised more than $2,000 for the Centre. Local Pizzeria

---

**OBIA’s Concussion Booklets**

**Information includes:**

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

To receive a copy of this brochure, order online at: www.obia.ca or if you need further information on concussion, contact: 1.800.263.5404 or support@obia.on.ca
Owner, Andre Ouilette, donated $640 from the sale of his chicken wings.

The Centre is working hard on making preparations for our 30th Anniversary year. It is hoped that we have a number of activities lined up for the year in celebration. So far, we have an evening of Paint and Sip planned for March. The big event will be our AGM in June. Since the Centre is a dual agency which also provides services for those affected with epilepsy, we will be participating in Purple Day for Epilepsy. We are hosting another Purple Pet Contest for the community and are requesting people to submit pictures of their pet dressed in Purple.
BIA Ottawa Valley

Our holiday luncheons were once again a great success. Special thanks to the members of the Step Up Work Centre for their preparation of a wonderful Holiday Meal with all the trimmings, and to the volunteers who served on both occasions. Photo booth props were used to create some fun memories.

We currently have four students working in our program. Stephanie and Adam are in their final year at Carleton University in the Neuroscience program. Both students have applied to further their studies in Occupational Therapy. Best of luck to both of you. Isabel and Gabriela are first year Med students working with the Community Global Engagement Group at University of Ottawa. Both Isabel and Gabriela will be working with the members to fulfil our obligations under the Provincial Brain Injury Awareness Campaign which will be launched on June 1.

Our Concussion Support Group meets every Monday morning at 10:30 at our offices at 211 Bronson Avenue, Suite 300. It continues to be a valuable asset to those suffering from concussion while they await formal treatment at specialized clinics. Unfortunately, due to funding changes in both the insurance industry and health care, people are experiencing longer wait times for either approval of treatment plans or to see a specialist, thus complicating the recovery of those with concussion. I have learned many things over the last 31 years as a caregiver. The main one being that each brain injury is individualized. Being a part of this support group for the past three years has reinforced the fact that there are similarities even in those experiencing symptoms well past three months. For some, who are lucky to have a treatment plan, attending scheduled appointments on consecutive days could set them back and that could mean doing nothing for one or two days. There is a need for more education for families, caregivers and employers with these people who appear to be “normal” (whatever the supposed definition of “normal” is) to make sure that these circumstances are taken into consideration in scheduling appointments, be it for an assessment or other activities to which they are responsible to be a part of. If you require more information, please do not hesitate to contact us.

Save the date of June 20, 2018 for the Fleming Fitness golf tournament, which will be held at the Loch March Golf and Country Club with all proceeds benefitting our programming. This is the 4th year that Pat Fleming and his team of volunteers have hosted this event.

Plans are well underway for our Education Day to be held on April 25 at the Bronson Centre. We will also be sponsoring the Brain Basics Course on March 27-28, 2018.

In an effort to provide quality programming, the Board of Directors have suggested that a Satisfaction Survey be prepared and distributed to the membership of the Step Up Program. The survey will be finalized and distributed throughout the month of March. If you are a member of the Step Up Work Centre and have not received your copy of the survey please speak to Wendy to request one.

For more information about programming please telephone the office at (613) 233-8303 or email: contact@biaov.org

JUNE 20 SAVE THE DATE...

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Golf Tournament

All proceeds benefitting the Brain Injury Association of the Ottawa Valley …at Loch March Golf & Country Club

KRIN EVRAIRE AS THE M.C. “It’s going to be another great day at Loch March and I can’t wait to see you out there.”

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Patrick Fleming, RKin, CSCS Fleming Fitness 613-882-8434 patrick@flemingfitness.ca
By: Lee Livingston, Laura Taylor, and Jeffrey Kreutzer, The National Resource Center for Traumatic Brain Injury, Virginia Commonwealth Model Systems of Care

The following text is excerpted from the book, Recovering Relationships after Brain Injury: The Essential Guide for Survivors and Family Members. The book provides helpful information about romantic relationships and relationships with family and friends.

After meeting someone you like, you might want to get to know him or her better. Dating is the next natural step in building close relationships. Many people are scared by the thought of going out with someone new. Dating can be confusing for most anyone, including persons with brain injury. For certain folks, dating is a mystery full of complex rules and strange customs. They may be unsure about what to say or do.

Fear of making a mistake or doing something embarrassing may keep people who would like to date from actually going out on dates. Some people are afraid of meeting strangers out of fear for their safety. To make sure you practice safe dating, meet new people with the potential for being trustworthy. Meeting people who volunteer to help others or members of religious groups, churches, or synagogues may be a good place to start. Until you know the person well, arrange to go on dates in public places or with a group of people. Let other people, like your roommate or a family member, know when they should expect you to be home after a date. If you start feeling uncomfortable about your date’s behaviour, you can make up an excuse and end the date early.

The following “unwritten rules” of dating are offered below to help people new to the dating scene, those who have not dated in a while, or people wanting to improve their dating skills.

Tips for going out with women

• When you ask someone out on a date, have a clear plan for what to do. Try to choose an activity you think will be enjoyable for you both. Go someplace or do something familiar and comfortable. A first date is not the best time to try out skydiving or swimming with the sharks.

• No matter what your friends say, hygiene is important. Paying attention to your appearance shows respect for yourself and for others. Dress up like it’s an important occasion (which it is). Take a shower and go light on the cologne.

• Watch your temper. Nothing turns a woman off more than you yelling at the waiter or doorman. Remember that dating is supposed to be fun (like going to the circus, not like watching a boxing match!)

• Keep your hands to yourself. Ask before you touch. Be the type of person she’d be glad to take home to her parents.

• Get in shape and watch what you eat. Taking up two theatre seats, ordering an extra-large buttered popcorn, and eating her Jujubes at the movie won’t impress her. (You won’t impress her by accurately guessing her real weight or age, either.)
• Don’t make noise when you eat. If you have completely lost your manners, take cues from her. Put your napkin on your lap when she does, watch which fork she chooses for each course of a meal, and open the door if your date is just standing there waiting for you to follow through.

• Making a good impression does not mean you should lie or “stretch” the truth. If your first date turns into a long-term relationship, you are sure to be found out.

• Pay attention to the person you are going out with. Don’t check out other people while you’re in the middle of a date.

**Tips for going out with men**

• Don’t make your date wait while you get ready. Being late is not fashionable.

• Offer to chip in and help pay once in a while. Don’t always expect your date to pay or you may not be going out much longer.

• Think before you speak. Don’t tell your date stories about your underwear, your ex-boyfriend, or your most horrible hospital experience. Ask yourself if what you are about to say will make the best impression of who you are.

• Don’t talk too much about yourself. Going out with someone allows you time to get to know your date as a person. Talk about things which may be of interest to the person you are seeing. What’s his favourite type of movie, sport, animal, or vacation destination?

• Offer advice about the types of places you like to go and things you like to do. It’s better to tell your date before you arrive at the petting zoo that you are allergic to farm animals.

• Treat your date like he’s special. It’s not good to eyeball other men while you’re out on a date.

• Turn off the cell phone, too. Being on a date is not the time to chat with your friends. You can return calls after the date is over.

• Have a sense of humour. No date is perfect. Don’t ruin your time together by complaining about the fly in your soup all through dinner.

• Remember to thank your date. He probably took a lot of time getting ready and looking forward to spending time with you!

Be kind even if your date doesn’t turn out to be “Miss Right” or “Mister Right.” Remember that he or she has the potential to be a good friend.
Shannon Tebb is the Toronto-based dating and relationship expert, matchmaker and life coach behind Shanny in the City. She has been interviewed by publications including the CBC, Huffington Post Canada and Metro. Tebb took part in a Q&A with Torontobraininjuryblog to address the benefits and pitfalls of online dating.

**BIST:** Is online dating a good way for people who are shy or lacking in self confidence to meet people?

**Tebb:** Online dating allows people to write their story through a bio and picture. For someone suffering from a brain injury, online dating might be a better option than attending social events such as speed dating, because they can search through profiles in the comfort of their own home.

For those that may be shy, online dating can be the best route. They have the opportunity to write a successful bio and have the option to correct errors. With face-to-face interaction, they only have one opportunity to leave a lasting impression. Individuals can fumble their words, get nervous and not handle the interaction well. Through online dating, they get the chance to respond to messages on your time.

**BIST:** Once someone is ready to try online dating, what can they do to ensure they are making a good impression with potential mates?

**Tebb:** A person who is ready to online date must be aware of the pros and cons. They may not get a lot of personal messages, which can affect their confidence. It can also be a lengthy process and very time consuming looking through all the profiles. On the other hand, it’s an opportunity to brush up on their decision-making skills by having various profiles to choose from. Seeing a range of singles online can generate excitement and give hope for the future as they can identify with other singles that are experiencing difficulty meeting others.

In order to put their best foot forward they have to practice honesty throughout the entire process. They should write an honest bio, showcase their personality and positive qualities and include updated photos. If they are having difficulty describing the person they are, a close friend/family member can help add to their bio.

**BIST:** Do you think someone who has an acquired brain injury needs to list that on their profile? When would be the right time to share that with someone?
**Tebb:** Someone with ABI does not have to include that in their bio as it is very personal. Most people will either email or chat before they meet in public so it can be determined then if it’s worth telling their date. If the interaction is a positive one, and the person feels that a possible relationship can develop then they will know when the time is right. Telling someone you have an ABI demonstrates that you have built a level of trust and comfort.

I’d say that by the third date, this should be something that is discussed, before things progress further.

**BIST:** What steps can people take to stay safe while online dating?

**Tebb:** In order to avoid getting into a dangerous situation, people should source out a second opinion about someone they have met online if they are unsure. To be safe, they should not give out personal information such as their last name, address, and place of employment early on.

Always agree to meet in a public place and let a friend know where you are going as well as the time and who you are meeting. Block and report anyone that is sending inappropriate messages to your email inbox. Listen to your inner gut and if something doesn’t feel right, then stop the correspondence.

Having an ABI should not limit your chance of finding love. Test out what works for you, whether it’s online dating, being set up by a matchmaker or another option.

**BIST:** Thank you.

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Events Calendar

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

March 6-7, 2018
OBIA and Headwaters ABI Group present: Brain Basics
Instructor: John Kumpf
Location: Dufferin Child and Family Services, Orangeville, 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

May 3-4, 2018
Hamilton Health Sciences presents
25th Annual Conference on Neurobehavioural Rehabilitation in ABI: The Evolving Landscape of Brain Injury Rehabilitation
Pre-conference Day: May 2, 2018 focusing on Mild Traumatic Brain Injury and Concussion
Location: Hamilton Convention Centre, Hamilton, ON
Contact: John Zsofcsin
Phone: 905-521-2100 ext. 40868

June 1, 2018
Unmasking Brain Injury - Kick off event TBA

June 13, 2018
BIST and OBIA present: 14th Annual Mix and Mingle
Location: Steam Whistle Brewery, Toronto, ON
Contact: Terry Bartol
Phone: 905-641-8877 ext. 234
Email: tbartol@obia.on.ca
Website: www.obia.ca
(see registration form on page 23)

June 16, 2018
SAVE THE DATE:
OBIA Annual General Meeting, details to be sent to members in May.
Location: Miles Nadal JCC, Toronto, ON
Phone: 905-641-8877 ext. 231
Email: ddakiv@obia.on.ca
Website: www.obia.ca

October 18-19, 2018
Brain Injury Canada
National Conference
Location: Miles Nadal JCC, Toronto, ON
Phone: 905-641-8877 ext. 231
Email: ddakiv@obia.on.ca
Website: www.obia.ca

November 15-16, 2018
SAVE THE DATE:
Toronto ABI Network Conference
Location: Toronto Marriott Downtown Eaton Centre, Toronto, ON
Phone: 416-597-3057
Email: info@abinetwork.ca
Website: www.abinetwork.ca
Brain Injury Associations

**Ontario Brain Injury Association**
Phone: 905-641-8877 or 1-855-642-8877  
Toll-free support line 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  
Flickr: www.flickr.com/photos/OntarioBIA

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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  
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Website: www.biaov.org

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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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BIA of Sarnia-Lambton
Phone: 519-337-5657
Email: sarnia.biasl@gmail.com
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 re-opened)
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
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.cabits.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
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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 traumatisées 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.biacnb.org
Email: biacnb@icloud.com

Brain Injury Association of P.E.I.
Phone: 902-314-4228 or 902-367-3216
Website: www.biapei.com
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**Professor:** Rick Parenté, Ph.D.

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

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

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

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