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This is why one of the most important parts of recovery after brain injury is finding a safe community. True community provides a safe and comfortable space where members can meet, share their thoughts and concerns, and render and receive support from one another.

By Ruth Wilcock
Executive Director, OBIA

**RUTH’S DESK**

**Community: Fundamental to Recovery**

The holiday season, a time of gathering with friends and family. A time to express our gratitude and love for those closest to us. A time to reflect upon the past year with all of its ups and downs, accomplishments and challenges.

For survivors of brain injury and their families, the holiday season can be an occasion to celebrate. Celebrating the milestones that one has achieved in their recovery. For others it can be a challenging time, as they remember who they were before the injury and the many losses that might have occurred since the injury.

For some, it is the loss of self, as they lose a large part of what made them who they were, leaving them feeling alone and isolated. For others it is loss of their job, their friends and even family. At the very time they are struggling to regain who they once were or are now struggling to find out who they may become, they find themselves cut off from the various communities that had in so many ways defined them in the past. When that is stripped away, feelings of isolation, aloneness and emptiness prevail.

This is why one of the most important parts of recovery after brain injury is finding a safe community. True community provides a safe and comfortable space where members can meet, share their thoughts and concerns, and render and receive support from one another. Within true community you will find fundamental elements including connection, caring, development of quality relationships, collaboration and celebration of diversity. That is why it is so vitally important that we have community supports in place for survivors of brain injury. Fortunately, for many survivors they have found this community through their support groups and local brain injury associations.

I recently attended a gala at a brain injury association and their speaker was a survivor, who shared with such eloquence and passion that she had
found her place, her sense of home and community within the association. She indeed spoke about her losses but also her gains in her new community. She also shared that she had found the ‘love of her life’ with another member. It was a very moving moment to hear how community played such an important role in her recovery.

Whether one is survivor of brain injury or not, community is the fertile soil by which we all grow and thrive. At OBIA, we are very grateful to be part of a very large brain injury community that works so hard to support those living with brain injury.

During this holiday season, on behalf of the board of directors and staff, I wish you a wonderful holiday season with your friends, family and extended community.

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After a brain injury, it is not uncommon for a person to work with multiple medical and rehabilitation professionals. Often, people are confused about the roles and responsibilities of each professional and how they can help in their rehabilitation. Below is a list of some of the more common professionals, and how they may help you on your journey.

Access to rehabilitation professionals will vary depending on if you are coming from an insurance perspective (private sector providers), or if you are accessing supports from the public health care sector. Some of the professionals listed below are involved for the long term, but some are only engaged for one-time assessments/consultations, or brief periods of time. Every person’s rehabilitation team is different depending on the individual receiving the support. No two brain injuries are the same, and so, their rehabilitation teams and plans should be individualized.

**Behaviour Therapist:** A behaviour therapist is a specialist in developing and delivering programs that promote effective and productive behaviour. They may work directly with the person and family with a brain injury, or complete assessment and provide recommendations for other rehabilitation professionals to implement.

**Family doctor:** Your family doctor is the health professional you will likely see most often. He or she will be the person you see to check on your recovery progress and monitor treatments for your brain injury symptoms.

**Neurologist:** A neurologist is a doctor who specializes in diagnosing and treating disorders of the brain, spinal cord and nerves (the nervous system). After a brain injury you may see a neurologist if you have headaches or seizures. The neurologist will take a detailed medical history and perform a physical examination that evaluates how your nervous system is working. The neurological examination includes assessment of cognitive functions, cranial nerves, motor strength, sensation, reflexes, coordination and gait.

**Neuropsychologist:** A neuropsychologist is a psychologist with advanced training in how brain injuries can affect behavior. After a brain injury, you may see a neuropsychologist to have an assessment of brain functions like attention, memory, and other thinking skills. Neuropsychological testing can help locate areas of the brain that may be damaged and help determine the severity of cognitive problems.

**Neurosurgeon:** A neurosurgeon is a doctor who does surgery on your brain or nerves. After a brain injury you would see a neurosurgeon if you have bleeding or swelling on your brain that may require surgery.

**Occupational Therapist (OT):** An occupational therapist can help you to relearn or improve your ability to perform everyday tasks (called activities of daily living or ADLs). After a brain injury, you may see an occupational therapist to help you work on high-level thinking skills like attention, memory, organization, and planning that are necessary for a successful return to home, school, or work.

**Personal Support Worker (PSW):** A personal support worker provides personal care and assists with the activities of daily living in either a treatment facility or a person’s home.

**Physiatrist:** A physiatrist or physical medicine and rehabilitation (PM&R) specialist is a doctor who specializes in restoring function to people with injuries to muscles, bones, tissues, and nervous system. After a brain injury, a physiatrist may coordinate your rehabilitation therapies.
**Physiotherapist (PT):** A physiotherapist is the person who can help you relearn movements or strengthen muscles so you can return to your physical activities. After a brain injury, you may see a physiotherapist to treat problems like neck or back pain.

**Psychiatrist:** A psychiatrist is a doctor who specializes in treating emotional or behavioural problems. They often give medications to help people deal with intense emotions or behaviour. After a brain injury, you may feel anxious or depressed and a psychiatrist may give you medications to help you cope with these feelings.

**Psychologist:** A psychologist uses evidence-based talk therapies to help with behaviour and coping. After a brain injury, you may see a psychologist to help you learn to cope with emotions or control behaviour.

**Recreation Therapist:** A recreation therapist helps you return to recreational and leisure activities to help reclaim enjoyable parts of your life.

**Rehabilitation Therapist:** A rehabilitation therapist is a specialist in delivering rehabilitation programs. They often implement recommendations from other rehabilitation professionals.

**Social Worker:** A social worker concerns themselves with individuals, families, groups and communities in an effort to enhance social functioning and overall well-being. Social functioning refers to the way in which people perform their social roles, and the structural institutions that are provided to sustain them.

**Speech/Language Pathologist:** A Speech/Language Pathologist is a speech therapist. They help people with all kinds of language and cognitive problems. After a brain injury, you may see a speech therapist to work on reading comprehension and writing skills, or on other cognitive skills like attention, memory, organization, and planning.

**Vocational Counselor:** A vocational counselor helps people successfully return to work, school or volunteering. They may arrange job coaching, provide strategies, and locate jobs, school programs and volunteer opportunities that match your individual needs.

*Source: Brain Injury Association of Nova Scotia*

*Brain Basics Manual, Ontario Brain Injury Association*
A client’s MVP.

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.

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

Adapted from Brain Basics (© Ontario Brain Injury Association)

Those who work with survivors in their homes have the opportunity to observe and assist them as they reintegrate into their family and community. However, along with that opportunity come particular challenges.

Personal support workers (PSWs) observe survivors in their own setting. In familiar surroundings with family members who have learned to adapt, the behaviour of some survivors is very different from their visits in the offices or clinics of the support team. In such cases, caregivers can provide an objective assessment of the survivors’ and their families’ reintegration progress. Observations offered by PSWs to the support team can be invaluable.

In addition to forming a special rapport with the survivor, PSWs often develop a relationship with the primary caregivers, which encourages them to discuss their concerns openly. While PSWs should not exceed their professional boundaries, they can listen with an empathetic ear and, where appropriate, suggest further resources for survivors or family members. It may also be useful to tactfully offer specific strategies to family members who create conflict when they respond to unwanted behaviour or cognitive impairments in an unhelpful or counterproductive way. Above all, PSWs have opportunities to model appropriate strategies and responses for the family to observe and, hopefully, adopt.

Along with opportunities, the PSWs face a number of challenges. First and perhaps most obvious, is the fact that the PSWs are usually on their own. There is not likely to be anyone on site to turn to for advice or support. Therefore, it is important that the PSWs are trained in the strategies that can be used to respond to various behaviours survivors present. In those rare instances where a survivor becomes extremely aggressive, personal safety can be a concern—PSWs must be aware of policies and procedures in dealing with these situations.

In order to quickly and effectively establish a good relationship with the survivor, it is extremely important that PSWs be provided with as much information about the survivor as possible: any physical, cognitive, emotional, or behavioural sequelae stemming from the injury. This knowledge prepares PSWs for specific challenges and helps them avoid making unguarded verbal responses or facial expressions that may occur if the survivor’s behaviour takes them by surprise. Such unintentional slip-ups can make the establishment of rapport very difficult. It is also helpful if PSWs are informed about survivors’ interests and in particular any strategies that have worked in the past.

PSWs also need to be aware that the responses from family members to a loved one’s injury can vary widely. Many will not have a firm grasp of the significance of the impairments and, therefore, misinterpret the changes in behaviour as laziness, obstinacy, et cetera. (e.g., The husband of a previously well-groomed woman can’t understand why his wife no longer knows how to fix her hair or apply make up.) In some cases the family member may be unwilling to accept that there is anything wrong. It is not uncommon for family members to become overly-protective of the survivor. A mother may feel that she has almost lost her child and be very reluctant to consider any
perceived risk. Such a mother may be reluctant to trust the PSW with her child.

Since PSWs have the opportunity to observe survivors at home, a good case manager or team leader will look to them for feedback on survivors’ progress as well as any changes in behaviour that could threaten that progress. Therefore, it is important that PSWs be trained to observe carefully and report significant events or changes in behaviour patterns. (e.g., A PSW notices that the survivor has resumed smoking and is careless with the disposal of burning cigarette butts. It is not good enough to only remind the survivor of the potential hazard—this change in behaviour should be passed along to the case manager, team leader or supervisor).

There are a number of other safety threats that must be reported:

- Substance abuse - including alcohol, drugs and inhalants.
- Refusal to use prescribed equipment - helmet, cane, walker.
- Any person observed taking advantage of the survivor or counselling the survivor to behave unsafely. (e.g. someone asks the survivor for his debit card and PIN number.)

On the brighter side, the PSW may be the first one to recognize positive changes in the survivor’s progress. These should also be reported to the case manager, team leader or supervisor.

While sharing observations with appropriate case managers, team leaders or supervisors is important, all communication must be made in a manner that adheres to the rules and regulations of confidentiality. This can be especially important in cases where the survivor’s future depends on third-party funding or litigation outcomes. In such cases, a PSW’s comment that the survivor is “doing well” could be interpreted in many ways, some of which may be detrimental to the survivor. Comments about a survivor’s condition or progress must be confined to the appropriate personnel. Any time a PSW is questioned by someone other than a known family member or team member about a survivor’s condition or progress, simply refer the questioner to the appropriate personnel.
What About Cognitive Rehabilitation Therapy

By Janet Brown, MA CCC-SLP, from www.brainline.org (reprinted with permission)

For people with brain injury and their families, cognitive problems may be the greatest barrier to returning to “normal” life. These difficulties involve memory, attention, social behaviour, safety judgment, and planning and carrying out future actions. They affect a person’s ability to care for themselves, keep appointments, complete tasks, or interact with people appropriately. At stake is the person’s ability to succeed at work, school, or home. Without treatment for cognitive problems, the long-term effects can be devastating.

What is CRT?

Cognitive Rehabilitation Therapy (CRT) is a broad term used to describe treatments that address the cognitive problems that can arise after a brain injury. Given the wide range of symptoms and severity of cognitive problems in individuals with brain injury, CRT does not refer to a specific approach to treatment. Although physical injuries, or speech or swallowing problems are typically covered by insurance, some health insurers deny coverage for CRT. Struggles with reimbursement may be due in part to the “invisible” nature of cognitive problems, but also to a lack of understanding about what CRT is.

The Institute of Medicine (IOM)’s 2011 report provides the following broad definition: “Cognitive rehabilitation attempts to enhance functioning and independence in patients with cognitive impairments as a result of brain damage or disease, most commonly following traumatic brain injury or stroke.” (IOM, 2011, p. 76). It clarifies that CRT is different from cognitive behavioural therapy, a treatment approach for emotional and psychiatric problems. The IOM describes two broad approaches to CRT:

- Restorative treatment, whose goal is to improve the cognitive system to function in a wide range of activities;
- Compensatory treatment, which trains solutions to specific problem areas such as using memory notebooks or learning self-cueing strategies.

CRT has many variables: providers, settings, focus, and treatment formats. Many different types of professionals deliver services described as CRT. These providers are typically credentialed and licensed by their professions and provincial boards. They include, but may not be limited to:

- speech-language pathologists
- occupational therapists
- physical therapists
- neuropsychologists
- vocational rehabilitation counselors
- nurses
- physiatrists
CRT services are provided in different settings, such as

- Hospitals
- Inpatient rehabilitation units
- Outpatient departments
- Community brain injury rehabilitation centers

Treatment may also be delivered in a variety of formats (individual, group therapy, day treatment program), and intensities (intensive inpatient rehabilitation, daily outpatient, or weekly).

**Accessing CRT**

Ideally, cognitive assessment to evaluate level of alertness, orientation to surroundings, and memory of recent events begins from the moment someone with a brain injury is admitted to the hospital. With moderate or severe cognitive impairments, individuals may receive CRT during an inpatient rehabilitation program and then be discharged to an outpatient setting for further treatment. The treatment team and discharge coordinator typically make recommendations about the treatment setting and type of provider that will be most effective in working with the kinds of cognitive problems that the individual displays.

For example, someone with a moderate degree of cognitive impairment may benefit from a comprehensive outpatient CRT program that includes individual treatment as well as group therapy for social/behavioural goals. The program may include functional activities such as planning outings into the community, or work or school re-entry. Comprehensive programs like this may be staffed by providers from multiple disciplines.

More targeted therapy may be delivered by a single provider. For example, a person with cognitive issues related to language processing (following directions, using written strategies for memory and organization) may focus on speech-language pathology.

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services. Someone working on the cognitive skills for driving or home management may receive occupational therapy. The professional who delivers the service may describe the treatment as CRT or in terms unique to that profession.

People who sustain a concussion or mild TBI without being hospitalized may have a more difficult time being referred for CRT and having treatment covered by insurance. Often the emergency room report doesn’t describe cognitive problems, or the person doesn’t notice difficulty concentrating or remembering until she returns to work or school. Without medical documentation of the problem, insurers may decline to make referrals or pay for CRT.

Challenging Insurance Denials for CRT

Families and providers can work together to challenge insurance denials if they occur. Families can appeal denials, and ask the professional to provide detailed reports of functional progress made by the patient or articles demonstrating the effectiveness of the technique being used. Professional associations such as the American Speech-Language-Hearing Association provide assistance to speech-language pathologists and their patients by writing letters supporting CRT. Finally, appeals can be made to the state’s Insurance Commission, where a review will take place at a level beyond the health plan.

Cognitive rehabilitation therapy may be like the proverbial elephant—it feels different to different people depending on their circumstances and perspective. But, as patients and families will attest, CRT is as fundamental a need in TBI recovery as physical rehabilitation—and for some, even more essential to their quality of life.

Footnotes

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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The Role of Mindfulness and Meditation After Brain Injury

By Michele Meehan, adapted from brainline.org, with thanks to Melissa Felteau

For almost six years after her car crash in 1993, Melissa Felteau expended much of her energy wanting things to be different from what they were. She’d dream about her “old” self, only to wake up a new, confused, and confusing version of that self.

Prior to her crash, when she sustained a traumatic brain injury (TBI), she had been a master swimmer, a skier, and kayaker. She’d held a top job as director of public relations for Lakehead Psychiatric Hospital in Ontario, Canada, and she had a robust social life. Little seemed out of reach. But after her crash—at age 31—she couldn’t read or write. She had a hard time following conversations, and she couldn’t get organized or remember anything. “It was a long, slow, painful, depressing recovery,” she said.

Worst of all, the mental chatter in her head wouldn’t quit. It was relentless—all the talking, criticizing, and judging. “The injury was devastating to my self-image. I told myself over and over that I was no longer loveable, that I was no longer good enough,” says Melissa. “More than anything else, the brain injury left me with a residue of unworthiness—a deep soul wound. I was desperate to buoy myself back to myself, to find some kind of inspiration.”

When a friend invited her to a yoga class to help with her persistent physical pain, Melissa discovered meditation. She felt a change immediately.

The benefits of meditation have been described by Dr. Rick Leskowitz, director of the Integrative Medicine Project at Spaulding Rehabilitation Hospital in Boston. “Mindfulness meditation—or mentally focusing on being in the present moment—has also proven an effective tool to help people with cognitive and behavioral issues after TBI.” With meditation of all kinds—from chanting to visual imagery—people can make peace with their new self and not get swept up in the constant maelstrom of mental obsessions. “If you are truly living in the present moment, you can let go of the past and the future; they no longer have a hold on you. That can be incredibly freeing.”

Mindfulness can be defined as maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment, through a gentle, nurturing lens. Mindfulness also involves acceptance, meaning that we pay attention to our thoughts and feelings without judging them—without believing, for instance, that there’s a “right” or “wrong” way to think or feel in a given moment. When we practice mindfulness, our thoughts tune into what we’re sensing in the present moment rather than rehashing the past or imagining the future. For many people, this is a new way to experience the mind, or thought process.

For Melissa, she started to feel the benefits of meditating on a regular basis within a few weeks. It was as if a fog had started to lift, she says; as if once again she was the main character in her life, right there on stage. “My family noticed, too,” she says. “I didn’t have to withdraw as much; I could deal with...
more stimuli. I was less agitated, moody, and far less tired. That goes a long way with your mental outlook on life.”

Since that first yoga class where she was introduced to meditation, Melissa has transformed. Wanting to learn more about the power of meditation and mindfulness, especially as they relate to healing after TBI, she went to study at the Omega Institute with Jon Kabat-Zinn, Ph.D., an internationally-known scientist, writer, and meditation teacher engaged in bringing mindfulness into the mainstream of medicine and society. Currently, Melissa has completed her master’s degree in adult education and has collaborated on several studies looking at how mindfulness-based cognitive therapy can reduce symptoms of depression in people with TBI.

In a pilot study, Melissa and another facilitator worked with a group of almost 20 people of different ages, backgrounds, and brain injuries. “We taught mindfulness meditation, which, with practice, helps people learn to be present and aware of their thoughts, feelings, emotions, and sensations,” she says. “People learn that by paying attention to their breathing, they can calm down their minds; and from there they can find a place to learn, to know that they have a choice to let judgments go, and to respond rather than react.” Findings from the study showed that meditation can be an alternative to drug therapy for some people with depression after TBI. “All three of our small studies in neurotrauma have shown that almost 60 percent of study participants recover from clinical depression,” she says. “In addition, their anxiety levels decrease and they report higher energy—all of which are significant findings for people who have suffered from the misery of depression.”

Other research on the subject has shown that meditation changes the brain physiologically by reducing cortisol levels, which are associated with stress and depression. In recent years, Melissa and her research colleagues were awarded a grant by the Ontario Neurotrauma Foundation to conduct a larger multi-site randomized control study to look at meditation’s effect on depression and memory after TBI. “During our research, we have learned that mindful-based cognitive therapy also helps people with TBI connect to others. Their sense of isolation decreases significantly,” Melissa says.

**Breathe in, breathe out**

Although to date no one has patented meditation in a bottle or the power of prayer or mindfulness in a daily pill, more and more, non-traditional treatments are being used in addition to or in lieu of traditional medicine. Scientists even met with the Dalai Lama at the symposium hosted by the Mind and Life Institute to help create a bridge of the knowledge gained from investigative research and contemplative practices and introspective methods. Their research has helped to document the very real and tangible benefits of meditation.

And more people like Melissa Felteau are finding the effects of mindfulness and meditation the key to recovery—from TBI, chronic pain, and other conditions.

In 2008, Melissa was featured in a book called Head Cases: Stories of Brain Injury and Its Aftermath by Michael Paul Mason. Since its publication, Melissa has received many letters from other people with TBI and their family members. “They write to me about their challenges and sorrows … as well as their forward steps,” she says. “I always write back and try to give them hope and validate their sorrows. I also tell them about the power of meditation and being fully present in their lives. Those first six years after my injury would have been a world different had I known about meditation back then. But I am so grateful for how meditation and being mindful in my life continue to help me be my best self.”
Three-Minute Breathing Space

You can explore the benefits of meditation yourself using this brief practice to settle yourself into awareness of the present moment.

Step 1: Becoming Aware

Try sitting up straight in a chair with feet lightly resting on the ground if possible. Closing your eyes, bring your awareness to your inner experience. Ask yourself:

• What is my experience right now?
• What thoughts are going through the mind?
• What feelings are here?
• Are there any sensations of tightness or stiffness?

Step 2: Gathering

As best you can, redirect your focus to your breathing—the feeling of the belly moving in and out, the belly expanding as the breath flows in, and falling back when the breath flows out. Follow the breath all the way in, and all the way out, using the breath to anchor yourself in the present moment.

Step 3: Expanding

Now breathe in to the whole body so you’re expanding your awareness. Sense your body as a whole. Breathe in and out, feeling the whole body rise and fall with each inhalation and exhalation. Feel the body as a whole. Take in your whole body and your facial expression. Just as it is.


Mindfulness practices are being incorporated into the rehabilitation process for people with acquired brain injuries by hospitals, psychologists, social workers and psychotherapists across Ontario. For more information, you can contact OBIA, your local brain injury association, or ask your doctor, or other health care provider about resources in your community.

We want to hear from you.

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Prior to my accident, I worked as a nurse at a student health centre. One of my duties was screening for head injuries, particularly on sports days. One cold January day following a traffic accident, I found myself on the other side. I was no longer the nurse but the patient.

I sustained my brain injury eight years ago and this is my story.

I have a souvenir from my brain injury. My souvenir is my paper menu from December 25, Christmas Day, from the psychiatric unit I was not allowed to leave.

On the upside, your visitors get free parking Christmas Day. You also get a pair of socks and a box of Kleenex. I did not know it but another Christmas in hospital would follow. This time I would be on an acquired brain injury unit and have a holiday pass.

Since my brain injury, I have headaches and dizziness, memory loss and pain but by far the most difficult challenge has been mental health.

My Obsessive Compulsive Disorder (OCD) did not begin the day of my brain injury but it took on a new unrestrainable life following my accident. I was making mistakes, forgetting things, but my worst symptom of all was the fear I had harmed or killed someone. How could I, a nurse who had spent my career looking after people, not be able to go to the grocery store for fear that I might kill someone. Everything in the grocery store now seemed dangerous. If I accidentally took two plastic bags to put my oranges in I could not leave the second bag for fear a child would put it over his head. Using the tongs at the bakery was and still is a nightmare as my brain tells me I am cross contaminating foods. It tells me the next person using the tongs has an allergy and I will have caused their death. Each bump of the car on the ride home from the store is another person I have hit or killed. Unfortunately, it does not end there. When I get home from the grocery store the apples look like they have blood on them, I am convinced someone had urinated in the apple juice and some of the groceries end up in the garbage.

I tried to volunteer but it was so painful. I could not always see the expiry dates on the cans and would worry that I had given poisonous food out. I did and still do spend far too many hours looking at obituaries to make sure I bear no responsibility for the “deaths of the day.”

I used to be responsible for all my patients’ medications; now I need a blister pack and I still manage to mess that up. When meds did not stop the thoughts, I turned to alcohol. It is still a struggle. Before the accident, I clung to God in the hard times. Now God encompassed strange rituals I needed to do. Prayers that needed to be said a certain number of times. Following strangers on the Internet who claimed their way was right and purchasing their merchandise. I did not know if I was worshipping or having a mental health issue.

My bucket list is no longer going to Israel or Italy; I generally stay within a few miles from my house. I was told you have to make your life more valuable than the symptoms so I had two goals this year. I wanted to try to ride a horse, which I was able to manage with the help of my wonderful rehab therapist. My other goal is to take my dog for a walk off leash at Bronte Park.

I knew I needed to find at least one activity that I could do. Everywhere I tried to go was intimidating. The yoga studio wanted silence and balance; the machines at the gym were too hard to figure out. Then in a church gymnasium one mile from
Get Connected with Peer Support

“I want to give back and help others who are trying to cope with their brain injury.”

“This program has made me understand I am not alone.”

OBIA’s Provincial Peer Support Program connects persons with lived experience (the Mentor) with an individual who is living with the effects of acquired brain injury and who requires support (the Partner). The program is available, at no cost, to survivors, family members and/or unpaid caregivers.

For more information on Peer Support in your community contact:

Ontario Brain Injury Association
1-800-263-5404
www.obia.ca
my home, I found it. An exercise class that was comprised of mostly seniors. For $3 a session, these women breathed life back into me. They welcomed me, did not care that my balance was not perfect, and did not care about anything, just that I was there.

I can no longer be a nurse but I can cheer on my young neighbour as she enters her second year of nursing school.

Mental health problems lurk within me every single day of my life, but there are some really good days. Before my brain injury, I was terrified of dogs. Now I have a three-year-old comfort retriever that I cannot imagine living without. I also have my first grand baby and this summer he reached for me for the first time in Gage Park in the middle of the parking lot. At that moment, the battle felt worth it.

I have had the strongest most caring team. To all of you who have cared for me, who held me through the times when the voices in my head were so powerful the only option to me seemed to be suicide, I am so grateful for each one of you.

To all the other brain injury warriors out there, I give you my favourite quote from Winnie the Pooh: “You are braver than you believe, stronger than you seem, and smarter than you think.”
2018 Awards of Excellence in Brain Injury Rehabilitation

Case Manager of the Year
This award will be given to a case manager working in private practice who has consistently gone above and beyond the call of duty to help catastrophically impaired brain injury survivors and their families. The recipient will be someone who has worked for at least the past year as a private case manager helping catastrophically impaired brain injury survivors.

2018 Winner: Leigh Craney

Rehabilitation Company of the Year
This award is meant to recognize the private rehabilitation company that consistently provides exceptional and dedicated service to brain injury survivors, including through volunteer work by its personnel.

2018 Winner: Elements Support Services

Health Care Provider of the Year
This award will be given to the health practitioner who has consistently gone above and beyond the call of duty to assist the brain injury community. The recipient may be in the public or private sector and can be from any discipline whatsoever (e.g., physician, speech-language pathologist, private social worker, occupational therapist, psychologist, physiotherapist, rehabilitation support worker, etc.). The recipient will be someone who consistently goes the extra mile to assist the brain injury community.

2018 Winner: Beverlee C. Melamed

Community Brain Injury Association of the Year
This award is meant to recognize the non-profit brain injury association that provides exemplary service to the brain injury community and continues to find innovative means to support brain injury survivors and their families.

2018 Winner: Brain Injury Association of Ottawa Valley (BIAOV)

Hospital Social Worker of the Year
This award will be given to the hospital social worker who has consistently gone above and beyond the call of duty to help brain injury survivors and their families. The recipient will be selected from social workers working at a trauma or rehabilitation hospital in the past year.

2018 Winner: Kathy Gravel

OBIA, in collaboration with the Personal Injury Alliance (PIA Law) congratulates all the winners who consistently provide exceptional service to the brain injury community.
Still the Same Me Inside

By: Anne Lavallee

I have had two cerebral aneurysms that were surgically clipped, as well as a brainstem arteriovenous malformation (AVM) that I had surgically removed. Although I was told that my AVM was inoperable, I had already suffered from three haemorrhagic strokes, and my brain would not have been able to handle another one. Therefore, I took the chance to have the AVM operation.

The operation was a success in that the AVM was removed, but the aftereffects were quite horrendous. I had to learn everything all over again – how to eat, talk, move, etc. I still cannot walk and although I may never walk again, I still have hope and faith. I am in pain every day from nerve pain, which is one of the worst kinds of pain. When people say, “I know how you’re feeling”, I know they mean well, but I still wonder to myself: “How? How can you possibly know how I am feeling? After all, I don’t know how you’re feeling, so how can you understand what I’m experiencing?” No two people are the same. Everyone feels differently. I would never compare my pain to others. My life changed so much in just one day. I can no longer do the things I love, and that saddens me. However, I have been given lots of patience and I am focusing on acquiring new hobbies, new interests, and new things to love. Changing my focus to this new way of life is not easy, but it is not impossible.

Although I have never told anyone this before, I even completely forgot how to pray. I had to learn all over again and, in fact, I am still learning. My vocal chords have been damaged, so it is a struggle for me to talk.

I would like to ask you that if you have difficulty understanding me, please do not assume that you know what I am trying to say, and do not finish my sentence for me. I dislike when people do that because it makes me feel that you have no patience with me, as well as a lack of understanding. It also makes me feel frustrated and different – two feelings that make me very sad. Most importantly, please do not treat me differently or feel that you have to walk on eggshells around me. Despite my brain injury, I am a person first and foremost – a person with great feelings. In fact, my personality is still the same and I am the same Anne! Just my abilities have changed.

I realize that it is human nature for people to be afraid or uncomfortable around things that they do not understand. I am honestly the same way, but I have since realized that having a disability does not make you different. A little understanding can go a long way in removing fear and doubt of things that we do not understand or that are unknown to us. Have you ever stopped to think how the person who seems “different” is feeling? No, probably not. Yes, sometimes I am sad and I cry….and that is OK; I am only human. If God did not want us to show our feelings, he would not have given us feelings and the ability to express them.

I wrote this piece for others to gain a better understanding of me. Both June (Brain Injury Awareness Month) and October (AVM Awareness Month) are important to me, especially AVM Awareness. AVM affects only 1 in 100,000 people, making it rare. I am one of the fortunate ones in that my AVM was successfully removed and I now have the opportunity to continue to heal and recover. However, not everyone is as fortunate. Please do not be afraid to ask me questions if you would like to understand AVM better. Please know that I am still the same me inside.
Thank you to our Corporate Champions

For more information on how to become a Corporate Champion, visit:

www.obia.ca
A traumatic brain injury is defined as any physical injury to the brain that causes a disruption of normal functioning. Traumatic brain injuries are categorized on three levels: Mild, Moderate, and Severe. About 70-90% of traumatic brain injuries are classified as “mild.”

The disruption of normal functioning seen in mTBI cases can include:

- Any period of lost consciousness
- Any loss of memory for events immediately before or after the accident
- Any alteration in mental state (e.g. disorientation, confusion, dizziness, etc.)

A mTBI is serious, and can result in lasting symptoms if not treated.

Isn’t mild traumatic brain injury just a concussion?

A mTBI is often referred to as a “concussion.” Unfortunately, the significance of concussions tends to be minimized as people do not realize that a concussion is a traumatic brain injury. Any disruption of brain functioning or injury to the brain must be taken seriously.

A concussion is an injury that can have lasting effects on the injured person’s life. In most cases, people recover from mild traumatic brain injuries without difficulty. However, if symptoms persist or become worse, it can mean the mTBI will become a long-term challenge.

What are the symptoms of a mild traumatic brain injury?

An mTBI affects each person differently. The combination and severity of effects will vary depending on the areas of the brain involved and the individual person.

Symptoms can fall into three main categories:

1. Physical – e.g. headache, ringing of ears, dizziness, insomnia, fatigue, blurred vision, etc.
2. Cognitive – e.g. difficulty with attention, concentration, memory, information processing, reasoning, planning, etc.
3. Emotional – e.g. irritability, mood swings, depression, anxiety, etc.
Why aren’t my symptoms going away? I didn’t even lose consciousness when I hit my head.

The term “mild concussion” is misleading. There is nothing mild about a brain injury. Even minor bumps to the head or sports-related concussions can have long-lasting effects and persistent symptoms.

If you have been in an accident and are experiencing any symptoms of mTBI – even if you did not lose consciousness – you should seek treatment for a brain injury.

How can I help my loved one cope with their mild traumatic brain injury?

The best thing you can do is be patient with your loved one. Educate yourself about mTBI and the challenges your loved one is facing. Make an effort to get to know the new person that may be emerging. Be accepting.

You can also help your loved one with daily living. Help them set realistic goals and make strategies for reaching them. Separate activities into smaller tasks. Develop routines and structure the day using external cues, such as alarms, as reminders. Make sure you have their full attention before you tell them something important, to minimize the chances that they will miss your message.

The Ontario Brain Injury Association (OBIA) is a good resource. They provide information and guidance for people living with brain injuries in Ontario.

Where do I start with a treatment plan for mild traumatic brain injury?

You must seek out healthcare providers who understand mTBI. Many healthcare providers are not familiar with or trained in mTBI. Your recovery may require an interdisciplinary team of healthcare professionals, depending on your particular symptoms.

Your rehabilitation team can include:

- Your family doctor
- An occupational therapist
- A physiotherapist
- A neuropsychologist
- A speech language pathologist
- Other healthcare specialists
- A case manager
- A lawyer

It can be overwhelming. Start with a professional who is experienced in mTBI, whether that is your family physician, a case manager, or even your lawyer. This knowledgeable person should be able to recommend and coordinate the right set of practitioners for your recovery team.

What are my insurance and legal rights following a mild traumatic brain injury?

Every person’s situation is different. We recommend you seek the advice of a personal injury lawyer who specializes in mild traumatic brain injuries.
CALL FOR ABSTRACTS OPENS JANUARY 14, 2019

The Ontario Brain Injury Association (OBIA) in collaboration with participating Community Associations, is pleased to announce that the Provincial ABI Conference 2019 will be held on November 6-8, 2019 in Niagara Falls.

The theme is:
Forging New Pathways • Navigating Challenges • Exploring Breakthroughs

The Provincial Conference Committee is seeking oral presentations from professionals, researchers, survivors and caregivers that will reflect our theme.

In particular, we are seeking submissions that describe research initiatives, technologies, breakthroughs, delivery models, novel therapies or interdisciplinary advances that have the potential to set the stage for forging new pathways, navigating challenges or exploring breakthroughs. We encourage collaborative presentations that demonstrate links between clinical practice and the experiences of survivors and caregivers.

All abstracts will be reviewed by the Abstract Selection Committee for relevance, quality of content, originality and province-wide representation.
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Across the Province

OBIA Advisory Council (OAC) Report

The OBIA Advisory council met on September 22, 2018 at the Miles Nadal Jewish Community Centre. There were 17 people in attendance representing 12 associations, and 4 attending by webinar.

The morning workshop was a presentation by Alison O’Rourke, Director, BMS Canada Risk Services on Understanding the Insurance Risks, Needs and Solutions for Non-Profit Organizations.

Archived videos of past workshops can be found on OBIA’s Vimeo page: https://vimeo.com/obia.

The following reports are from some of the local community associations.

Seizure and Brain Injury Centre (Timmins)

The beautiful summer and fall weather had our clients out and about in the community. Weekly walks to visit Timmins Downtown Urban Park and the farmers market, an outing to enjoy a soft ice cream cone and visits to the museum were just some of the extra activities. Our weekly mini putt took place at an outdoor location. The first week of September clients took part in a three day summer at camp at Butler Lake.

The Working Class Bar every Wednesday in October held Rocktober where each week a different charity was sponsored. We were honoured to be the kick-off charity. HGS Call Centre in Timmins made a donation to the Seizure & Brain Injury Centre from the staff dress-down days. We were able to take part in a new venture sponsored by the Rotary Club Timmins Porcupine – Timmins Gold Mine Toonie Draw. The Centre received $540.00 from the draw. We look forward to continuing in this 50/50 draw along with the several other local charities. $2,800 was received from our participation in the 50/50 draw sponsored by the Northeast Ontario United Way. The event was held at the week-long Stars & Thunder Music Festival held in June.

BIA Windsor Essex

Successful BIAWE Golf Tournament

Despite severe thunderstorm warnings, the golf gods shined upon the golfers at this 7th Annual Brain Injury Association of Windsor and Essex County Golf Tournament. We had no rain, but a windy and humid day.

There were 144 registered golfers along with many donors and sponsors. The golfers appreciated the snacks that were

Clients posing at the Timmins Museum outside Miner’s display

Cheque presentation from the left Rhonda Latendresse, Ex. Director, Stacey DeLaurier, secretary, June Woodburn Rotary Club Timmins-Porcupine, Ryan Daly, Director

Donation to the Seizure & Brain Injury Centre from our call centre HGS. Left :Annemarie Chalmers and Rhonda Latendresse, Executive Director
delivered on the course and later dined to a delicious perch and chicken dinner at the Kingsville Golf Club dining room. They were also able to view and read the stories related to the Unmasking Brain Injury display.

Volunteers helped with registration, wrapping the prizes and gifts, delivering the snacks, selling the raffle tickets, sitting at the putting course, at the hole-in-one site and at the longest drive.

The golf committee ran a well-organized and fun golf tournament. The committee was led by a former board member who had been organizing this tournament for several years. There was good support from current board members, with seven volunteering on the day of the tournament along with many other volunteers.

BIAWE relies on the generosity of its sponsors, golfers and volunteers to fund the programs and services of BIAWE.

**BIA Sudbury**

**Summer Excursion**

Since 2013, Brain Injury Association Sudbury & District and March of Dimes Canada have partnered to provide a summertime excursion for fish and chips to Killarney and, most recently, Capreol, Ontario. The venues offer a peaceful escape from city life. We fish off the dock, order fish and chips to eat, and enjoy a fun afternoon of friendship.

On Thursday, August 16, 35 members ventured to Rocky’s Marina & Restaurant in Capreol, Ontario. In order to accommodate our large and diverse group, we chartered two wheelchair-inclusive buses.

We could not have asked for a better day. The weather and the food was amazing!

**Unmasking Brain Injury - Continuing to Share Our Message**

Brain Injury Association Sudbury & District was proud to join March Of Dimes Canada on October 9, to discuss the #movingaheadcampaign, a mission to build a second supportive housing building for individuals living with acquired brain injury.

Director, Bobbie-Lee Brushett, was invited to speak on behalf of our #unmaskingbraininjury initiative and to introduce four members who #unmasked by sharing their unique and inspiring stories of life after brain injury. Charles, Marc, Ken and Derek are four of 30 individuals who created beautiful masks, seen above.

The message of the event is not only to spread awareness of the growing need for more supportive housing but to provide the survivors the opportunity to share their message of hope, courage and - most importantly - that they are “more than brain injury.”
We are very pleased to report that the Brain Injury Association Waterloo-Wellington has “restarted” and we’re back in business this year!

Our board of directors, staff and volunteers have been working hard to re-establish ourselves in our communities as a resource for individuals and their families who are dealing with the impact of a brain injury. Highlights of our year so far include:

- New support groups - The BIAWW “restart” year began by bringing an established concussion peer support group in Kitchener (Aug 2016) under the BIAWW umbrella. We have started three more support groups in Guelph, Mt. Forest and Cambridge. An additional support group has also started up which is aimed at teens/young adults for the Waterloo area. Over 160 people have attended one or more support group meetings in the last two years. This is becoming a very important program for many people who are searching for others to share their challenges and resources.

- Care to share - with the support of the LHIN, Traverse Independence and Jett Psychologists, we have hosted three 8-week programs for caregivers. These are led by a trained psychologist and provide support to those dealing with the care of brain injured individuals.

- Corporate Funding - We have secured funding from McLeish Orlando Lawyers, Deutschmann Law, Right at Home, Rotary Kitchener - Grand River, Walmart and the Kitchener Waterloo Community Fund (KWCF). We appreciate the support of all of our funders and work hard for their investment.

- Fundraising events - We had two successful events this year. Our comedy night in May at The Registry Theatre showcased 4 comedians and our Oktoberfest Warm-up at Catalyst 137 got the 50th anniversary of Oktoberfest in KW off to a great start! We want to thank all of the sponsors, donors, guests and volunteers who made these events so successful.

- Unmasking Brain Injury - 42 masks were made by survivors in our area! The masks and explanations were on display at the Grand River Hospital Kitchener, Freeport Hospital, Guelph General Hospital, Monigram Coffee Roasters, the Opportunity Centre and Stumbled Upon in Mt. Forest. Twenty-three of our masks are now on display at THEMUSEUM in Kitchener as part of their Brain: The world inside your Head exhibition until April 2019.

- Staffing - in addition to our full-time Executive Director, we have added a part-time program coordinator who manages the speakers for the support groups and has also established a volunteer training program for our organization. We also have an graduate student intern who is working with us in this restart year. We’ve also hired a Peer Support Coordinator and are looking forward to launching that program for the first time here in Waterloo-Wellington.

- Art programs - thanks to a number of generous individuals in our communities and the KWCF, we will be able to offer art programs such as ceramic, fused glass and acrylic paint classes to survivors. Participating in art therapy programs has tremendous benefit for brain injured individuals and we are excited to expand this program as much as possible in the next year. We will also be co-hosting an exhibition at the Canadian Clay & Glass Gallery in January which will feature the ceramic and mixed media art of Kanika Gupta, a Toronto-based artist who is recovering from a brain injury. This will be an exciting opportunity for her work to be visible for the first time outside of the GTA.

- Craft Fundraiser - We are making greeting cards! These hand-crafted cards will be for sale at all of our events and meetings. Made by brain injury survivors, these cards will
provide an opportunity for individuals not only to demonstrate their creativity, but will contribute to the fundraising efforts of the organization.

BIA Sault Ste. Marie and District

The Brain Injury Association of Sault Ste. Marie and District participated in the 38th annual Terry Fox Run on Sunday, September 16, 2018. Team “Run for the Sun” had a great turnout of community members participate and assist with raising funds.

#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
Brain Injury Society of Toronto

BIST would like to thank all the amazing heroes that came out this year to sponsor and support our annual Heroes 5K Run, Walk or Roll. Every year, survivors, professionals and community supporters come out in droves to challenge themselves and fundraise for our organization, and this year was no exception.

BIST continues to participate in advocacy efforts and we are proud to be working with the Toronto Police on their Disabilities Community Consultative Committee. We are looking forward to their training video that will be released shortly, including an appearance by one of our BIST members (and her dog Jelly!) who discusses the challenges of having an invisible disability when interacting with members of the Police and EMS.

We had more than 400 participants come out including super kids, super dogs and even a human and canine spine! Special thanks to Matt Cauz of TSN for being our MC at the event.

BIST was also grateful to be a part of a Medic Alert event with Toronto Police highlighting brain injury as a condition they now identify. At this event, 100 subscriptions were donated to brain injury survivors in the city.

As we move into the fall, we are wrapping up our annual concussion series and planning for our ABI and Sexuality Workshop. We are also starting to organize our 2019 programming where we will once again run our Returning to Post-Secondary School Following a Concussion Workshop as well as our new four-week intro to ABI series. Stay tuned for more details!
It is important to have patience when recovering from a brain injury. It is crucial you give your brain time to rest in order to heal. Support from family and friends is key.

During the healing process, a brain injury survivor may be required to relearn or adjust the way some daily functions are completed.

**Strategies to assist learning**

Life after a brain injury often requires relearning skills. Many of the things that were simple before your injury may now be difficult and take a lot more effort.

We all use strategies or tools to make our life easier (e.g. sticky notes, calendar on our phone). After a brain injury, you might need to use more strategies or tools that will help you to relearn your everyday activities. Learning how to use a strategy is a skill. When learning a new strategy, it takes time and practice. However, over time, it will get easier as it becomes a habit.

Below are some tips we suggest for creating new, manageable habits.

**Getting enough rest:**

After a brain injury, you may become tired very easily. This is very common. This may last for a few weeks or months, or for the rest of your life. The brain needs rest to help with healing. The injured brain has trouble dealing with lots of activity and information. It needs a rest to keep things from becoming overwhelming.

It is important that you get enough rest each day. You may need naps during the day, and/or quiet time. Sometimes medication is needed to help with sleeping at night.

**Slow Down**

Slow down and give yourself extra time to complete tasks. Avoid deadlines, and work on one thing at a time at your own pace. You may also need extra time to think about and answer a question, to take part in a conversation and to respond to something you heard. It’s okay to ask someone to repeat what has been said.

**Simplify your life**

It is important that activities and information be as simple as possible. Keep in mind problems you may have with memory, vision, movement, speech, etc.

Examples of simplifying at home:

- Ask the pharmacist to put your pills in a weekly “bubble pack”
- Keep your medicine in a place that is easy to see
- Use only one calendar or day timer
- Do not put too much information on a calendar or day timer
- Use a simple reminder list
• Use a grocery list when you go to the store
• Stay away from big, crowded supermarkets, and shop at the quietest time of the day
• Turn off the radio or TV when having a conversation
• Remove clutter in your home to make it easier to find things
• Read short articles (i.e. in magazines) rather than trying to read books

Repetition, Structure and Consistency

Repetition:

We all learn the best if information is repeated many times. This is even more important after a brain injury. Lots of practice and lots of repetition is needed to learn new things.

The best way to do this is to make what you are trying to learn part of your usual daily activities. For example, if you are learning to prepare a meal then practice this at lunch or dinner time. Or, if you are learning one-handed dressing techniques, then practice at the time you would normally get dressed.

Watch out for getting too tired – take a break if you feel tired.

Structure:

You may have trouble organizing your schedule. Life may be very confusing. It will help to have a daily and weekly structure and routine.

Consistency:

Be consistent. Do things the same way each time. It is very hard to learn something new if you are not practicing in the same way each time.

Examples of repetition, structure and consistency:
• If you are learning how to transfer from your bed to the wheelchair: use the same technique each time, and make sure it is done the same way by everyone (consistency and repetition)
• Go to bed and get up at the same time each day (consistency, structure)
• Keep your keys, eyeglasses etc. in the same place each time (consistency, repetition)
• Set up a schedule with activities happening at the same time each week, for example swimming Mondays and Wednesdays (consistency, repetition)

Using Compensatory Strategies

It often helps to use compensatory strategies to be safer and more independent. These types of strategies can be used while you are re-learning how to do things for yourself. This will not make you lazy, nor will it stop you from learning to be more independent.

You can stop using the compensatory strategy when you don’t need it any more. Many people find they may use a strategy for a long time, sometimes for the rest of their lives.

People who do not have brain injuries also use compensatory strategies in their daily lives. It makes life simpler. They may use lists, day-timers, or schedules. It would be exhausting trying to remember and keep track of everything without using some type of strategy.

Examples of compensatory strategies:
• A wheelchair for the person who cannot walk
• A day timer or calendar for the person with trouble remembering
• Photos put on the outside of kitchen cupboards showing where things are stored, for the person with poor memory or trouble reading
• A watch showing the date and day of the week, for the person who cannot remember
• A weekly schedule posted on the wall or fridge, for the person who has trouble with organization or remembering a schedule
• A ramp for the person who has trouble going up stairs
• Use of taxis or HandiDART for the person who is unsafe taking the bus
• Reminder lists for the person who has poor memory

Remember that you will need repetition, structure and consistency to learn how to use a compensatory strategy! Also, the simpler the strategy the better.
Tyler Stemmler didn’t want to send everyone home. Despite the pretty steady rain on August 25, Stemmler decided to stick it out at Brant Crossings Skatepark in Brantford and let it ride for his charity event Skate 4 The Brain.

“Until about 1 p.m. (the weather) was still good,” Stemmler said at the Brant Skate Park behind the Brantford Casino. “It was all set up and a lot of people already were there.”

Speaking of people attending, “There was still about 30 people there I think,” he estimated. “About 20 skaters.” Considering the conditions, it’s understandable to have a more limited attendance. However, perhaps Stemmler was immersed in running the event because another attendee said there were more like 50-60 people in attendance. “Then just when we were starting the first event, it started to rain,” Stemmler explained. It came down hard, too. But much like his life,
where it rained hard too, Stemmler didn’t want to give up. “So we skated under the canopy and did our events there,” he explained of his compromise.

“We changed things up a bit, but made do with what we had,” Stemmler said, almost as if he was directly making reference to his life with brain injury and how he had to change his life, but now is making do. And he’s doing quite well now. Well enough to give back to the community. He chose OBIA for his charity because of the vital help he needed and received from OBIA after his injury. The event was a near perfect microcosm of Stemmler’s life in many ways. Much like his life, where he has persevered an amazing amount as he suffered a traumatic brain injury in childhood, the entire group Saturday took a piece of Stemmler’s perseverance and made a success of the day.

The correlation here to Tyler’s life shines bright: he has persevered through the bad luck to make a life, just as this event withstood rain to be a success. And eventually the sun came out. Just like in his life. Perseverance and compromising are two essential elements in life after such an injury. And Stemmler showed both qualities Saturday in completing his event. “Never give up; be persistent,” he said. “Don’t let anything stop you.”

Bartimaeus Rehabilitation Services Inc.
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Brain Injury Workbook: A guide for living and working productively, $40

After a brain injury, people often don’t know whether they will be able to work or what else they can do. This practical guide can help people sort through the options of going back to the same job, finding a new job, or not going back to work. The book will help you find and successfully keep a job. The book also provides suggestions for volunteer work designed to help you be productive and, if you like, transition to a job that meshes with your interests and abilities.

Cognitive Behavioral Workbook for Depression, $39

This is a practical workbook that will help families and adults struggling with depression understand its causes, effects and consequences for their daily lives. Because survivors of brain injuries and their family caregivers are at risk for depression and increased stress, this workbook can be a valuable tool for recognizing the early signs of depression and taking action to treat it.

Mild Traumatic Brain Injury Workbook, $36

This is an easy to understand overview of mild traumatic brain injury and description of symptoms and post-concussion syndrome. The reader is given checklists and forms to record symptoms and set goals. Clear explanations guide the reader through the anatomy of the brain and what happens to the brain after a mild brain injury. There are specific chapters on physical aspects, the senses, attention, memory, cognitive communication, visuospatial processing, depression, and anxiety. This workbook is filled with exercises on cognitive effects of mild brain injury as well as the psychological and emotional difficulties that can accompany changes in memory, attention and communication.

The Memory Workbook, $36

This book provides innovative techniques, exercises, games, and puzzles to help users understand how memory works. Shows how to maximize sensory receptiveness, improve mental focus, rehearse and imprint information, and use visual and sensory imagery. Summarizes latest scientific findings on memory functioning, providing a wealth of information about medications, memory disorders, and resources for additional help.

ResCare Premier, formally known as Anagram Premier, is now Rehab Without Walls NeuroSolutions

Combining High-Quality Care and Homelike Comfort

To address the unique needs of individuals with acquired brain injuries and other neurological conditions, Rehab Without Walls NeuroSolutions offers a continuum of community-based rehabilitation services from medically involved, transitional rehab, to supported living.

Contact us for more information, or to Schedule an Assessment
905.468.0532 or 877.366.7424
visit RehabWithoutWalls.com to learn more
February 19-22, 2019
OBIA Training Program
Neurorehabilitation: Assisting Recovery & Function in Everyday Life Following Brain Injury (Level 1)
Location: Brock University, St. Catharines, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

March 13-16, 2019
International Brain Injury Association presents:
The 13th World Congress on Brain Injury
Location: Sheraton Centre Hotel, Toronto, ON
Contact: IBIA Secretariat
Phone: 713-526-6900
Email: congress@internationalbrain.org
Website: www.ibia2019.org

April 29 - May 2, 2019
OBIA Training Program
Neurorehabilitation: Assisting Recovery & Function in Everyday Life Following Brain Injury (Level 1)
Location: Dalhousie University, Halifax, NS
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

November 6-8, 2019
OBIA and Participating Community Associations present:
2019 Provincial ABI Conference: Forging New Pathways • Navigating Challenges • Exploring Breakthroughs
Location: Sheraton on the Falls Hotel, Niagara Falls, ON
Contact: Terry Bartol
Phone: 905-641-8877 ext. 234
Email: conference@obia.on.ca
Website: www.ontarioabiconference.ca

For more listings, check: www.obia.ca/events
### Brain Injury Associations

<table>
<thead>
<tr>
<th>Association</th>
<th>Phone</th>
<th>Email</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ontario Brain Injury Association</strong></td>
<td>905-641-8877 or 1-855-642-8877</td>
<td><a href="mailto:info@obia.on.ca">info@obia.on.ca</a></td>
<td><a href="http://www.obia.ca">www.obia.ca</a></td>
</tr>
<tr>
<td><strong>Hamilton-Wentworth</strong></td>
<td>613-967-2756 or 1-866-894-8884</td>
<td><a href="mailto:info@biaqd.ca">info@biaqd.ca</a></td>
<td><a href="http://www.biaqd.ca">www.biaqd.ca</a></td>
</tr>
<tr>
<td><strong>Chatham-Kent</strong></td>
<td>519-351-0297</td>
<td><a href="mailto:info@newbeginnings-cksl.com">info@newbeginnings-cksl.com</a></td>
<td><a href="http://www.newbeginnings-cksl.com">www.newbeginnings-cksl.com</a></td>
</tr>
<tr>
<td><strong>Dufferin County</strong></td>
<td>519-215-1519</td>
<td></td>
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<tr>
<td><strong>Durham</strong></td>
<td>905-723-2732 or toll free: 1-866-354-4464</td>
<td><a href="mailto:information@biad.ca">information@biad.ca</a></td>
<td><a href="http://www.biad.ca">www.biad.ca</a></td>
</tr>
<tr>
<td><strong>Fort Erie</strong></td>
<td>905-871-7789</td>
<td><a href="mailto:biafeoffice@gmail.com">biafeoffice@gmail.com</a></td>
<td><a href="http://braininjuryfe.wixsite.com/biafe">http://braininjuryfe.wixsite.com/biafe</a></td>
</tr>
<tr>
<td><strong>Belleville</strong></td>
<td>519-351-7600</td>
<td><a href="mailto:contact@bianba.ca">contact@bianba.ca</a></td>
<td><a href="http://www.bianba.ca">www.bianba.ca</a></td>
</tr>
<tr>
<td><strong>North Bay Area</strong></td>
<td>705-478-8664</td>
<td><a href="mailto:contact@biaov.org">contact@biaov.org</a></td>
<td><a href="http://www.biaov.org">www.biaov.org</a></td>
</tr>
<tr>
<td><strong>Peel-Halton</strong></td>
<td>905-823-2221 or 1-800-565-8594</td>
<td><a href="mailto:biaph@biaph.com">biaph@biaph.com</a></td>
<td><a href="http://www.biaph.com">www.biaph.com</a></td>
</tr>
<tr>
<td><strong>Ottawa Area</strong></td>
<td>613-233-8303</td>
<td><a href="mailto:contact@biaov.org">contact@biaov.org</a></td>
<td><a href="http://www.biaov.org">www.biaov.org</a></td>
</tr>
<tr>
<td><strong>Peterborough Area</strong></td>
<td>705-741-1172 or 1-800-854-9738</td>
<td><a href="mailto:biapr@nexicom.net">biapr@nexicom.net</a></td>
<td><a href="http://www.biapr.ca">www.biapr.ca</a></td>
</tr>
</tbody>
</table>
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
Email: info@brainstreams.ca
Website: www.brainstreams.ca

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

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

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

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

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

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

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

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

Brain Injury Association of P.E.I.
Phone: 902-314-4228 or 902-367-3216
Email: info@biapei.com
Website: www.biapei.com
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Why we are the preferred agency for Acquired Brain Injury rehabilitation

Accreditation Canada has awarded us its highest – and rarest – rating: Accreditation with Exemplary Standing. That standing signifies that the designated agency has greatly surpassed rigorous standards in quality care and service and is at the very pinnacle of programming excellence. It is an “exemplar” to others of how things should be done.

A full range of proven, exemplary, ABI services

- Transition from hospital
- Group homes
- Transitional living apartments
- Outreach services program
- Group activities program
- Adolescent program
- Therapeutic groups
- Daily living skills
- Vocational training
- Workplace support
- Home support
- Accessing education
- Community re-integration
- Experts in complex care
- Experts in cognitive rehabilitation
- Experts in behavioural rehabilitation

225 King William St., Suite 508, Hamilton, ON L8R 1B1, 905-523-8852 Ext. 117
Pathways to Independence specializes in providing services and supports to adults with an acquired brain injury (ABI). These services could be a place to call home or day services designed to support a person living with a brain injury to re-integrate into their community.

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

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

1 in 26 Canadians are living with a brain injury.

Brain injuries can be a non visible disability

ABI is not a developmental disability or autism

There will be 18,000 new brain injuries this year

Men experience brain injuries twice as often as women

ABI affects cognitive, emotional, behavioural, & physical functioning

ABI develops on the brain that occurs after birth

Reach out to us to find out more about Pathways ABI Services:
289 Pinnacle St., Belleville, ON K8N 3B3 T 613.962.2541 F 613.962.6357
354 D Woodroffe Ave, Unit 202, Ottawa, ON K2A 3V6 T 613.233.3322

www.pathwaysind.com

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

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

To discuss our Supported Independent Living Service Apartment Program, contact:
Barbara Caiman at:
(905) 349-2020 or info@commsoflltd.com
www.communitysolutionsltd.com
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Our Locations:

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Suite 1401
Toronto ON
M5G 1V2
(416) 599-8080

**Brampton**
2 County Ct. Blvd.
Suite 400
Brampton ON
L6W 3W8
(905) 595-6760

**Hamilton**
1 Hunter St. E.
Ground Floor
Hamilton ON
L8N 3W1
(905) 777-8002

**Kitchener**
55 King St. W.
Suite 700
Kitchener ON
N2G 4W1
(519) 772-7659

**Oshawa**
21 Simcoe St. S.
Oshawa ON
L1H 4G1
(289) 634-5554
Featured Training Program

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

Approved by VRA Canada for 24.5 Continuing Education Hours

February 19-22, 2019

This four-day Certificate Training Program will provide you with information, techniques, strategies and interventions that will equip you to better support people with ABI. Some topics include:

- Introduction to Neurorehabilitation: Where brain and function meet
- Foundations of Neurorehabilitation
- Facilitating cognitive function in everyday life
- Behavioural challenges and facilitating participation in life roles
- Relationship building: Supporting engagement in social roles and developing adaptive social networks
- Risk management: Seeking a balance between protection and risk

DETAILS

Location: Brock University
1812 Sir Isaac Brock Way, Room TBA
St. Catharines, ON

Date & Time: February 19 to February 22, 2019

Hotels: Four Points Sheraton 905.984.8484

Professors: Sherrie Bieman-Copland, Ph.D, C.Psych
Dawn Good, Ph.D, C.Psych
Deidre Sperry, M.Sc, SLP

For more information about this and/or other Certificate Training Programs visit: www.obia.ca
905.641.8877  1.855.642.8877
training@obia.on.ca
Providing Quality Rehabilitation Support Services

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

REHABILITATION SUPPORT WORKERS INCLUDE:

• Occupational Therapy Assistants
• Physiotherapy Assistants
• Developmental Service Workers
• Kinesiologists
• Educational Assistants
• Behavioural Therapists
• Social Service Workers
• Recreation Therapists

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Phone: 905-451-1772 • Toll Free: 1-877-451-1772 • Fax: 905-451-5960
Visit www.lawlortherapy.com for more information!

Support Services: There is hope, there is help!

OBIA’s Support Services:
• Provides listening and emotional support to discuss the difficulties and frustrations associated with brain injuries
• Empowers the caller to cope with specific aspects of their life
• Supports families, friends, co-workers as well as professionals who may be supporting survivors and seeking information
• Is responsive to the needs of persons from diverse backgrounds and experiences
• Makes the appropriate community referrals

Call our toll free Support Line 1.800.263.5404

Email: support@obia.on.ca
NRS Driver Assessment and Training Program: Team work matters

Terry Ginzburg, Occupational Therapist, and her team of experienced driver instructors, believe that driver assessment and training is most effective when it is integrated into the overall rehab program.

NRS offers:
- Early Consultation/Pre-Driving Skills Training
- Driver Assessments (focusing on the physical, cognitive and psychological abilities of driving)
- Driver Training (with specific driver strategies for special populations, including driver anxiety)
- Vehicle Modifications

For more information, please contact:
416-66-REHAB or intake@neurorehab.ca

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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.