Return to Learn

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I cannot help but equate this sudden turn of how education is delivered and received, to the unexpected life-altering change that occurs to a student when they sustain a brain injury.

RUTH’S DESK

Return to Learn

At the start of each year, the OBIA Review planning team looks at current trends and needs of those living with a brain injury and chooses themes for each magazine accordingly. When our team decided on the theme Return to Learn for this issue, we had no idea that “Return to Learn” would apply not only to those who have sustained brain injuries but also the entire student population of Canada.

Due to COVID-19, every student, teacher, and parent needed to adapt to a new way of learning and teaching. Parents suddenly became teachers and educational assistants to their children who were now learning at home, and teachers were required to become experts at online learning and distance education. Teachers and students alike lived in a whirlwind of change, having to adjust to an overnight shift to the “new normal” - a completely different way of being, teaching, and learning. This not only applied to the classroom itself but relationships and friendships as well. For teachers, collegial relationships took a different turn, and for students, face-to-face interactions with their friends came to a screeching halt.

I cannot help but equate this sudden turn of how education is delivered and received, to the unexpected life-altering change that occurs to students when they sustain a brain injury. What was once taken for granted, has now been turned upside down, and they must try to navigate a new way of life.

Following a brain injury, often verbal instruction from teachers needs to be put in writing. Extra time must be given to ensure the student with an acquired Brain Injury (ABI) understands what is being asked of them. Comprehension, slower processing, reasoning and problem-solving abilities, lack of initiation, and behavioural issues are just some of the challenges that a student may face after an ABI.

Furthermore, emotional challenges following a brain injury are quite common. Feelings of frustration, depression, anxiety, poor self-image, and struggles with social behaviour can leave a student feeling defeated, ostracized, alienated, and alone.

We must have compassion for the many challenges a student meets when
returning to learn in a classroom after sustaining a brain injury. It is so important that educators have a strong grasp on what a brain injury is, the consequences of a brain injury, and strategies they can use to help their students. OBIA is dedicated to providing training and support to better equip all those involved in the student’s team as they return to the classroom.

In 2003, OBIA published the Educating Educators About ABI Resource Binder, and each year we offer the Children and Youth with Acquired Brain Injury/Concussion certificate course in conjunction with Brock University. This year, the course is being hosted virtually on November 20 & 21, 2020, with Dr. Catharines Wiseman Hakes and Dr. Roberta DePompei. Please go to http://obia.ca/brock-university-certificate-courses/ for more information.

Our thoughts are with all students and teachers this year. If you know of a student or teacher who needs support specific to brain injury, please feel free to contact our support services at 1-800-263-5404. 🙏

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Research Spotlight - Focus on Learning with a Brain Injury

By Solene Abdulla, Research Coordinator, OBIA

Scientific research helps to answer some of society’s greatest challenges; however, much of it is conveyed with technical language in journals that many people cannot access. What is more, research is sometimes oversimplified or overgeneralized in the media, giving false hope to the public. Our goal with “Research Spotlight” is to communicate the latest brain injury research in a way that is accurate and easy to digest.

Here, we describe three Acquired Brain Injury (ABI) studies, which investigate brain injuries in school-aged children and adolescents.

Concussion Associated with Cognitive, Behavioral, and Emotional Deficits in High School Athletes

Researchers from St. Michael’s Hospital in Toronto report approximately one in five Canadian high school students have sustained a brain injury. Given the high prevalence of brain injury in adolescents, there is a need for more research on the impacts to this population.

To clarify the impact of concussion on the cognition, behaviour, and emotional health of adolescents, scientists from the University of Texas Health Science Center Houston (UTHealth) recently surveyed over 13,000 high school students in the United States. Survey questions addressed one of three domains: cognitive (e.g., academics, difficulty concentrating), behavioural (e.g., drinking and driving, carrying a weapon), and emotional (e.g., symptoms of depression, suicidal thoughts/actions).

The UTHealth researchers found that about 15% of female students and 18% of male students had experienced at least one concussion in the past 12 months. Female athletes who had reported at least one cognitive, behavioural, or emotional health problem were almost two times more likely to have had a concussion in the past year, while male athletes in this category were about six times more likely to have experienced a concussion during this time. Since students with cognitive, behavioural, and/or emotional health problems were more likely to have experienced a concussion, the researchers predicted that these problems predispose students to sustaining a brain injury.

Overall, this study suggests that concussions among high school students are linked with several negative health behaviours and outcomes. To confirm these associations, the study authors suggest that additional studies be conducted by following students over time to identify cognitive, behavioural, and emotional deficits as they appear.

Testing a Memory-Focused Training Program for Children with Acquired Brain Injury

Memory deficits are common in children with ABI, and it is important to engage these children in training programs to improve their memory. While many training programs exist to help school-aged children cope with the cognitive effects of ABI, most do not focus heavily on memory.
Recently, Italian scientists tested a memory-focused training program in children with ABI to determine if it outperforms the standard non-focused training program for improving clinical outcomes.

To compare the two training programs, scientists enrolled 11 children (average age at injury = 12.2 years) in the memory-focused program and 10 children (average age at injury = 13.8 years) in the standard non-focused program. The memory-focused program consisted of three main interventions: occupational therapy (e.g. getting dressed, brushing teeth), neuropsychology treatment (visual memory exercises with a therapist), and speech treatment (verbal memory exercises with a therapist). The standard program consisted of the same occupational therapy, neuropsychology, and speech treatments, but without special attention to memory-focused exercises.

After one month of participating in the programs, children in both groups were assessed using standardized tests to measure clinical and behavioural improvements. Overall, all forms of memory except for visuo-spatial memory were improved in the memory-focused group, when compared to the standard group. Additionally, brain imaging tests showed that areas of the brain that are important for learning and memory were slightly more active in the memory-focused group.

Together, the results of this study show that the memory-focused training program outperforms the standard program in certain areas of learning and memory. In the future, this program should be tested in a clinical trial with more participants to validate the results.

Early Results from a Home-Based Cognitive Training Program for Children with Acquired Brain Injury

Cognitive deficits, such as problems with attention, memory, executive functions, and processing speed, can lead to difficulties at school for children with ABI. Recently, Computerized Cognitive Training (CCT) has been introduced in cognitive rehabilitation to overcome limitations of the traditional approach, which include elevated costs and accessibility problems.

In January 2020, scientists in Italy tested a CCT program in a sample of 32 patients with ABI aged 11-16 years by engaging them in five CCT sessions per week for eight weeks. The CCT program used in the study was a commercially available program called Lumosity Cognitive Training (Lumos Labs, Inc.), which is designed to boost cognitive abilities in the general population. Five games from Lumosity Cognitive Training were chosen for the study, and participants were told to play each game twice a day for a total of 10 daily exercises.

In comparison with the control group, which did not complete the CCT program, those who completed the eight-week CCT program experienced a strong improvement in visual-spatial working memory and a slight improvement in mathematic calculation speed. However, CCT did not improve problem solving in everyday life situations.

In conclusion, the results of this study show that CCT may be an effective and relatively low-cost option for improving visual-spatial working memory in children with ABI. Further studies with a larger number of participants are needed to find the optimal level of intensity for the program and to find the most beneficial games for children with ABI.

References


Advocating for Our Children as They Return to Learn

By Lauren Hough, Community Outreach/Assistant to the Executive Director, OBIA

As children and youth return to five full days of learning each week this month, it is more important than ever for support to be available to the most vulnerable of our students, children with exceptionalities. Children with Acquired Brain Injury (ABI) struggle with a variety of challenges such as organization, problem-solving, reasoning, and communication, and they are particularly vulnerable in our school system. Beyond the above challenges with cognitive skills, children and youth with ABI may have ongoing physical complications such as extreme fatigue, headaches and dizziness; as well as, emotional and social challenges which can make school an extremely trying experience.

At this time, the Ministry of Education does not consider ABI an exceptionality, as a result, students with ABI may fall through the cracks. Parents are key advocates for their children, and by educating themselves, they will be better able to help their children receive the best education possible and learn to advocate for themselves.

Here are 3 strategies you can use to encourage self-advocacy.

1. Help them learn about themselves
   Encourage decision making and practice All About Me activities to showcase their likes and dislikes, strengths and challenges.

2. Help them learn what support they need
   Teach them how to know when they need help, how to recognize when they are anxious, and what helps them focus and calm themselves.

3. Help them learn to communicate
   Show your child how to ask for help and communicate within their ability using gestures, words, or pictures.

Although an ABI is not an exceptionality as defined by The Education Act, the Ontario Human Rights Commission (OHRC) includes brain injury within its definition of disability and has dominance over the Education Act. By recognizing your child’s brain injury as a disability, educators must consider a student’s unique needs and adapt their learning program to accommodate them.

Furthermore, if a student struggles in certain areas (communication, intellectual, physical, behavioural) as defined by The Education Act, they can be considered exceptional and qualify for special education services. If you would like your child to be identified as an exceptional student to help them access special education supports, provide the school with documentation from a health care provider and request for them to be considered by the Identification, Placement and Review Committee (IPRC).

An Individual Education Plan (IEP) is your child’s key to education as it outlines their specific learning needs and the accommodations in place to help achieve their potential. A variety of accommodations are available for your child such as preferential seating, additional time to write tests, technological devices, program modification, educational assistants, and many more.

Change can be very difficult for children with ABI, and this fall will present many new policies, procedures, and situations. As we continue to adjust to our “new normal”, it is crucial that we do not let our students with ABI fall behind. Approaching your child’s school and having an open and honest discussion about their needs will help set your child up for success. For more information about pediatric brain injury and advocating for your child as they return to school, visit https://caregiverinfo.ca.

Source

In March 2020, all publically funded schools shut their doors in response to the COVID-19 pandemic as a measure to maintain the safety of all students, staff, and families. In response to the events following the spread of the novel coronavirus, school boards quickly transitioned to online platforms as a means of providing children with continued lessons and educational materials. The shift to online learning has introduced new challenges for students, parents, teachers, and especially for individuals with disabilities. School closures extended to the end of the school year as the impacts of COVID-19 lingered, leading to the important question – how will the safety of all students, staff, and families be protected upon return to school this September?

Elementary and Secondary Schools

Premier Doug Ford, Christine Elliott, Deputy Premier and Minister of Health, Stephen Lecce, Minister of Education, and Dr. Barbara Yaffe, Associate Chief Medical Officer of Health have released the return to school plan for 2020-2021 year. It states that, “elementary schools (Kindergarten to Grade 8) will reopen province wide, with in-class instruction five days a week. Secondary schools with lower risk will reopen with a normal daily schedule, five days a week, while most secondary schools will start the school year in an adapted model of part-time attendance with class cohorts of up to 15 students alternating between attending in-person and online. Students from Grade 4-12 and school staff will be required to wear masks” (Government of Ontario, 2020).

This plan also provides parents with the option to send their children to school or participate in online delivery as an alternative. School boards have also been instructed to prepare plans that include an adapted delivery model. These adaptive plans would include staggered bell times and recess, and different transportation arrangements such as measures to ensure the safety of students and staff.

Other key elements of the safety plan include:

- guidance for developing health and safety protocols, including the use of personal protective equipment;
- expectations of an in-class school environment;
- professional development training for teachers on the new protocols and directions;
- supports for students with special education needs;
- enhanced mental health and well-being supports;
- proposals on how educators and students can move fluidly between in-class and remote learning;
- guidelines to help schools and boards in their communications with students and parents;
- guidelines for student transportation systems;
- expectations for the delivery of curriculum and assessment across subjects and grades;
- guidance for working with First Nations students, parents and communities;
Support for Students with Special Education Needs

Students with special education needs require additional supports to assist them with the unique learning challenges they face. School boards are encouraged to offer everyday classes and timetabling for schools that have smaller classrooms designated for students’ special education needs. Teachers and educational assistants that provide close physical contact to students will be required to follow the appended Health and Safety protocol for appropriate use of Personal Protective Equipment (PPE). Additionally, the Ministry advises that guidance to support students with special education needs should include:

- Considering changes in the school environment and/or remote learning needs when reviewing and updating Individual Education Plans (IEPs)
- Considering additional planning and transition time for students with special education needs to support a smoother transition to school
- Safely supporting the return of medically fragile students by consulting with local public health authorities on options for PPE, staff training, and potential continued remote learning where the return is not possible
- Accommodating the needs of students who require significant personal support, including considering options for personal protective equipment for both staff and students
- Providing guidance relating to assistive technology
- Considering alternate attendance options for students depending on their needs
- Working with partners to develop local protocols for the access of non-school based providers, such as rehabilitation therapists and nursing staff, and supporting remote delivery of these services where in-school delivery is not possible

If COVID-19 continues to prohibit students from returning to the classroom, the Ministry has collaborated with school boards to enhance remote learning for students with special education needs. Please visit [http://obia.ca/learning-needs-of-children-with-disabilities-during-covid-19/](http://obia.ca/learning-needs-of-children-with-disabilities-during-covid-19/) to learn more about supporting the learning needs of students with disabilities in the online learning environment.

Risk of Exclusion of Some Students with School Re-opening

The Education Act gives school principals the authority to refuse admission to school to any “person whose presence in the school or classroom would in the principal’s judgment be detrimental to the physical or mental well-being of the pupils...”. School principals are a law unto themselves, armed with sweeping, arbitrary power to refuse to allow a student to come to school. Although actions from principals may be well-intentioned, there is a risk that students with disabilities will be excluded from school in the event that overburdened principals are not prepared to accommodate them during COVID-19.

Ontario is home to 72 school boards with a majority of these school boards having no policy on their principals’ sweeping power. More shockingly, principals do not need to indicate or report how many students they exclude, for how long, or for what reason. This is especially concerning for students with disabilities as they are disproportionally at risk of being excluded from schools.

“Every student facing the trauma of an exclusion from school deserves full and equally fair procedures and safeguards...” (AODA Alliance Chair David Lepofsky, 2020).

For more information, contact: AODA Alliance Chair David Lepofsky, aodafeedback@gmail.com Twitter: @aodaalliance


University and College Institutions

Many universities and colleges have adapted their course delivery methods to provide a majority of courses in an online format for Fall 2020. A small number of courses will be conducted in-person for those courses in which a suitable online substitute does not exist. These classes will be offered in smaller class sizes with increased public health measures to ensure the safety and well-being of students while on campus. Many universities and colleges have also announced the mandatory use of masks on campus, as well as continually following physical distancing guidelines while on campus and when present in the physical classroom.

Additional Support for University/College Students

In light of the public health events that have unfolded in the past months, the Government of Ontario has enhanced the Ontario Student Assistance Program (OSAP) provisions to help students financially. Students requiring financial support...
are encouraged to apply for OSAP. This program provides financial aid to students enrolled in full-time studies in post-secondary education. If you are unable to take a full course load during the program (60%) you will still be eligible for full-time funding at a 40% course load if you register with a permanent disability. When you apply for OSAP and self-identify as a student with a permanent disability, you will be considered for the Canada Student Grant for Persons with Permanent Disabilities. You can receive this grant every year you are enrolled in post-secondary studies.

Students with a disability may also be considered for the Bursary for Students with Disabilities (BSWD) and the Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities (CSG-PDSE). This helps full and part-time post-secondary students with the costs of their disability-related educational services and equipment. Eligibility for the BSWD and CSG-PDSE will be automatically assessed if verification of permanent disability is included when applying for a student loan (eg. OSAP).

Students are also encouraged to reach out to their academic institution’s Student Accessibility Services office. Student Accessibility Services will work with students with disabilities to ensure that they have the necessary accommodations to support their unique learning needs throughout their academic careers.

Also, your university or college may offer scholarships and bursaries to assist you with the financial costs of your education. For more information about scholarships and bursaries, please contact your institution’s Student Awards and Financial Aid office.

References:


- Bartimaeus Rehabilitation Services Inc.

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Hi, my name is Michael Otoo from Ottawa, Ontario and on July 1, 2016, my life changed forever. On that date, I was involved in a motor vehicle-pedestrian accident and as a result, I was in a coma for five days after suffering a severe traumatic brain injury. On the Glasgow scale, a neurological scale that provides a reliable way of recording the state of one’s consciousness, ranging from severe (eight or less) to mild (13-15), I was a three. I suffered a broken rib, a collapsed lung, lost three teeth, and could barely walk, having to spend days in the hospital learning how to walk and regain my balance. Since that day, I have suffered tremendously and had to deal with recovering and dealing with a severe Traumatic Brain Injury (TBI) on a daily basis. I suffered many more injuries, but to keep my mood high, I try not to look at the reports that discuss my injuries, as they remind me of what occurred. I was in the hospital for 2 months, and after I was discharged from the hospital, I was placed into the Ottawa Rehabilitation Centre. At the time, I was a university basketball player who had played at Mount Allison University for two years, prior to my accident. Before that, I was a high school all-star and was one of the best basketball players in the city of Ottawa for my class. After the accident, I was told that I may not be able to play competitive basketball again or finish my undergraduate studies.

As brain injury survivors would know, it was an extremely tough task for me to make it back to playing collegiate basketball and graduate. However, with the help of my rehab team, strength coach, basketball coach, and the support of my family and friends, I was able to do both. The main goal for my basketball career was to, not only make it back to playing again competitively, but I also wanted to do the impossible. I wanted to make an impact. Before the accident, I hoped that my third season was going to be a breakout year, so to suffer a severe traumatic brain injury before it had even begun, was extremely devastating.

Road to Recovery

My mom enrolled me in a program provided by a rehabilitation company called the TRAC Group in Ottawa. I had an amazing rehab team which included: my Occupational Therapist, Maegen Whittleker, my speech pathologist, Angela Baird, physiotherapist, Michael Lalonde, chiropractor Dr. Keith Ellard, and psychiatrist Julie Jardine and my current psychotherapist, Lauren Smith and nutritionist, Shirley Plant. They all helped me with my day-to-day living, my cognition, and both my mental and physical health. As a result, they all have a special place in my heart for the rest of my life, as they helped me for my whole rehab year, and still continue to help me at times today. When it comes to basketball, I will forever remember the day that my lifelong coach, John Johnson, came to my house and said, “I know it sounds ridiculous but we’re going to get you back to playing basketball again”. As soon as I
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.

EPS Settlements Group is the flagship company of the oldest and largest structured settlements organization in North America.

Bob Nigol is a former owner and President and CEO of Henderson Structured Settlements and now the Managing Partner of EPS Settlements Group of Canada.

Together Brad and Bob wish to invite past and prospective clientele to engage in what assuredly will be the very highest standard of service achievable in the structured settlements market in Canada.
I was a near 50% (Field Goal Percentage), 40% (3-pt Percentage) and 90% (Free Throw Percentage) player, a feat that not many players accomplish at the collegiate level, a CCR All-Star, and won St. Thomas University’s 2018-2019 Unsung Hero award. This past season, under our new coach John Hickey, I was a CCAA Athlete of the Week, ACAA athlete of the week, and the team’s Defensive Player of the Year, and in both years, was top five in the ACAA in many statistical categories. I think that this shows just how good God has been to me and that all things are possible with the right people in your corner. With the help that I have received in both my academics and my basketball career, I have managed to generate success in both facets of my life.

Perceptions of TBIs

One thing that continues to bother me is that people may look at my social media or the stories that have been written about me by, for example, CBC, and quickly assume that I have fully overcome my brain injury and that it is not something that I have to face every single day of my life. Those years of suffering were extremely tough and there were times I would wake up and cry, times I would wake up with headaches, and feel dizzy and extremely down mentally, but the one thing that kept me going was the game of basketball and the opportunities it has provided for me. People do not seem to understand the daily struggles that those who have suffered TBIs may go through. You automatically lose self-esteem, often think negatively, and often do not function the way people normally do on a day-to-day basis. I still feel sometimes like it happened yesterday, and I also believe that it has changed who I am and who I will be for the rest of my life. I still cannot multi-task and often struggle with high levels of anxiety as I wonder what the future might hold for me. I have yet to work since my accident and I am very anxious when it comes to that. It is crazy because the brain injury has shaped my entire life. It dictates how I feel on a day-to-day basis, my social life, how I perceive the world, and, ultimately, the constant anxiety I feel every day. Some days, I feel lonely and feel as if people do not truly know what I’m going through. The one thing that provides me with joy and purpose is basketball and I do plan on keeping basketball in my life even after the end of my collegiate career, with certain developments that are currently in the works.

A year later, I was able to go back to Mount Allison University, and I made the basketball team again for the 2017-18 season. Unfortunately, I began to suffer from severe depression that year due to my brain injury, but also due to the fact that I was suffering mentally, which led me to feel as if I was not the player I was before. After that year, my rehab team and I decided that it would be good for me to transfer and have a fresh start at another school. It was tough to find a school to play basketball and continue my studies, but the only school that had displayed their faith in me was Coach Scott Mcleod and St. Thomas University. My desire to not want to be just known as a player who made it back, but to be known as just another basketball player also played a major role in my decision-making. I worked hard again in the 2018-19 season and managed to finally have the breakout season that I had strived for. I was a near 50% (Field Goal Percentage), 40% (3-pt Percentage) and 90% (Free Throw Percentage) player, a feat that not many players accomplish at the collegiate level, a CCR All-Star, and won St. Thomas University’s 2018-2019 Unsung Hero award. This past season, under our new coach John Hickey, I was a CCAA Athlete of the Week, ACAA athlete of the week, and the team’s Defensive Player of the Year, and in both years, was top five in the ACAA in many statistical categories. I think that this shows just how good God has been to me and that all things are possible with the right people in your corner. With the help that I have received in both my academics and my basketball career, I have managed to generate success in both facets of my life.

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We love our Mix and Mingle event! However, COVID-19 has not made it possible. We are not defeated! We are resilient!

Join BIST & OBIA for an interactive evening: “NIX THE MIX”
Thursday, September 24, 2020 from 6pm - 7:30pm

Featuring:
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Executive Chef & Co-Owner of PAI Northern Thai, KIIN, Sabai Sabai,
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Author: KIIN, Recipes and Stories from Northern Thailand
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Carl Dixon
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The evening will begin with a Guided Mixology Session by Mark Lapowich

Recipes and ingredient lists will be sent out in advance so you can follow and cook along

Tickets:
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Questions? Email: tbartol@obia.on.ca  Phone: 905-641-8877 ext. 234
OBIA has been conducting research for more than 25 years. Many things have changed over the years, including the incidence and impact of concussion being brought to the forefront. For our research to remain relevant, we recently transitioned from the Research Questionnaire to the Brain Injury Impact Study. As of July 20, 2020, the questionnaires are available for those living with a brain injury/concussion and for family members/caregivers to complete!

The purpose of the Brain Injury Impact Study is to bring awareness about the needs and long-term outcomes of those living with a brain injury/concussion and their family members/caregivers. This study will provide relevant data to better inform Health Care Policy Makers, Local Health Teams, Insurers and Researchers, who are looking at ways in which people living with a brain injury can be better served.

The Brain Injury Impact Study has two questionnaires, one for those with a brain injury/concussion and another for family members/caregivers. Both questionnaires are available online by following the links below. Those who wish to receive a hard copy of the questionnaire can request to have one sent in the mail by emailing research@obia.on.ca or by calling the OBIA office: 905-641-8877 ext. 247.

Individuals living with a brain injury/concussion:  
https://obiastudy.questionpro.ca

Family members/caregivers:  
https://obiacaregiverstudy.questionpro.ca

Benefits of completing the survey include a Survivor ID Card and a FREE membership to OBIA and a participating local association of your choice.

To maximize our impact, we are aiming to gather most of our survey responses within the months of August and September. Your participation will enable us to have a more powerful voice on behalf of people affected by brain injury in Ontario. If you have any questions or need any help filling out the questionnaire, please feel free to reach out to the research team by emailing research@obia.on.ca or by calling the OBIA office: 905-641-8877 ext. 247.

Together, we can make a difference! ☀️

NEW! Recruiting for the Brain Injury Impact Study

By: Solene Abdulla, Research Coordinator, OBIA
Family life can change instantly and significantly following a brain injury. With shifts to family roles and responsibilities, potential financial strain, and caregiving needs, caregivers are prone to extreme stress and burnout.

The advent of COVID-19 took caregiver stress and isolation to a new level due to the loss of in-home supports and the closure of day programs.

At the beginning of this year, OBIA piloted an “Online Caregiver Conversations Group”, which offered caregivers a safe space to share their experiences and learn new strategies to manage stress. This past June, OBIA was able to access the Emergency Community Support Fund (ECSF) from the Government of Canada through the Community Foundation of Canada to continue the program to help support caregivers through the COVID-19 pandemic.

Since then, the name of the program has been changed to the “Online Caregiver Support Group”.

Groups are formed to target specific experiences with separate sessions for parents, individuals supporting a loved one with a concussion, individuals supporting a loved one with a moderate or severe brain injury, and a group for individuals supporting their partner/spouse.

We are grateful for the funding received from the Emergency Community Support Fund from the Government of Canada and the Community Foundation of Canada, and our ability to support caregivers through their journey.

For more information about the program or to register for an upcoming session, visit http://obia.ca/online-caregiver-support-group/ or contact kkumar@obia.on.ca.

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Return to Learn in the COVID-19 era

By: Catherine Wiseman-Hakes PhD Reg. CASLPO

Returning to learn following a brain injury of any severity is an important step in the recovery and rehabilitation process. In addition to the factors associated with this step under ‘normal circumstances’, return to learn in the era of a pandemic brings its own challenges and considerations.

On July 30, the Ontario government announced the plan for schools reopening in September. Elementary schools (Kindergarten to Grade 8) will reopen province-wide, with in-class instruction five days a week. Secondary schools with lower risk will reopen with a normal daily schedule, five days a week, while most secondary schools will start the school year in an adapted model of part-time attendance with class cohorts of up to 15 students alternating between attending in-person and online. Students from Grade 4-12 and school staff will be required to wear masks. For post-secondary students, the majority of classes will be delivered remotely online through a combination of live virtual lectures/classes and pre-recorded lectures. Post-secondary labs and practicums will be on a program by program basis.

Given the additional requirements placed on school personnel, from teachers, educational assistants, administrators, to custodial staff, public health nurses and other support staff, early planning, communication, flexibility and collaboration are important.

Transition Planning Meeting

Regardless of whether the young person has a moderate-severe injury, or is recovering from a concussion, an initial transition meeting should take place, ideally during the latter part of August when school staff have returned. Having a plan in place prior to the beginning of the school year will enable the young person to have the smoothest and most successful school re-entry.

The initial planning meeting should include the parent or primary care-giver, the student (where possible and appropriate), a representative from the medical-rehabilitation team such as the case manager, speech language pathologist or occupational therapist and, school personnel, including the classroom teacher, the resource teacher or guidance counselor and the vice principal. During this meeting, sharing and discussion of reports, the student’s current status including cognitive and communication strengths and challenges, physical needs including mobility, vision and hearing, levels of fatigue and sleep status, and, psychological and social issues, is suggested. If the student is returning to college/university, this meeting should be held with Accessibility Services. The aim of this meeting is to develop a transition plan and to identify a key point person within the school, as well as to discuss expectations, roles and responsibilities.

This meeting also might include development of an Individualized Education Plan (IEP) if needed, planning for any required accommodations such as a peer support, a note-taker, an FM system to reduce noise distractions and facilitate attention, extra time for tests and assignments, consideration of a reduced course load, and shorter days.

If the student will be continuing with regular therapies, setting up a means of information sharing between the school and clinicians is ideal, as well as consideration of the need to balance the students’ likely reduced energy. Planning for recess and lunch will also be important.
Having time outside the regular classroom with the resource teacher can also be beneficial, as well as assigned optimal seating in the classroom. This may be a seat close to a strong student who will act as a peer support, as well as an area in the classroom with the least possible distractions.

For parents, it can be helpful to prepare an itemized check list of things to discuss/review in advance of the meeting. Finally, recognizing that all school personnel will be experiencing an increased burden and workload this fall, planning a means of regular communication and managing expectations will be important. The plan may need to be changed or updated within six-eight weeks as the student settles in and a clearer understanding of their strengths and functional challenges becomes apparent.

**Back to School**

There are pros and cons to having the student be present on the first day of school, as it is often a busy and hectic day. It may make sense to have the student begin on the second day, however, that can be decided upon on a case by case basis.

Depending on the student’s sleep (which is often less restful following a TBI), and their levels of energy and fatigue, it may be beneficial to have the student begin school at a later time and finish early. Over a few weeks, the young person’s stamina may improve, or it may be that a shorter day works best for the fall term. It is important to remember that return to learn and return to school is part of, and an extension of the rehabilitation process. For many students with a TBI, they may be ‘relearning the process of learning’, so this should be the focus at least during the early transition, rather than focussing on content. It is not expected that the student will be able to manage all of the demands of school immediately upon return.

A second meeting around the 6-8-week mark can be helpful to discuss progress, identify any challenges and to modify or adapt the plan as needed.

**Secondary Students**

The majority of secondary students will be attending school in two cohorts with opposite schedules. Half of the time will be spent in the classroom and the other half with students at home using virtual online learning. This exact definition of virtual online learning has not been clarified, however it is assumed that students will have access to online curriculum that they will be required to work on independently. While the smaller class size is much better for students with a TBI, the reality is that the weeks where students are required to work independently will be a challenge. Where possible, the student should be provided in-home support to facilitate executive functions (organization, planning, self-monitoring), attention, memory, problem solving, any technology issues and comprehension. This support could be in the form of a tutor with expertise in supporting students with cognitive and communication challenges, a speech language pathologist (or a communication disorders assistant under the direct supervision of an SLP) with possible support from an Occupational Therapist. Parents should understand that in-home supports will not be provided by the School Board. Another important consideration that will also be addressed below for post-secondary students, is the issue of screen fatigue. For any student recovering from a TBI, and especially those with concussion/mild TBI, there may be visual concerns and difficulty watching screens for any extended period of time. Where possible, lectures, handouts etc., can be downloaded and printed (in larger (font size 14 print with double spacing)). Auditory reading software can be helpful, but students often find the speakers voice to be monotonous and challenging to listen to. A consult with an occupational therapist or other clinician who has expertise in technology could be beneficial. A reduced course load is recommended under most circumstances.

**Post-Secondary Students**

The majority of post-secondary instruction will be delivered remotely this fall. In addition to the challenges mentioned above for all students, screen fatigue is a significant concern, especially if a video conferencing program like Zoom, Lifesize or Microsoft Teams is the delivery program. Students should work with their accessibility counselor to ensure that a note-taker is in place, regular breaks are built into the class, and that the student has access to lecture slides in advance of the class (where possible) and lecture recordings. A reduced course load, and accommodations such as extra time for tests and assignments is recommended.
Another concern for post-secondary students returning to learn is the issue of social isolation. It will be important to build time and opportunities for socialization and recreation (ideally in person rather than by screen) into the young person’s schedule. Monitoring and support from a mental health professional can be helpful and important to facilitate the student’s adjustment and coping.

**Strategies to Support Screen Use**

- Put the computer screen in night mode, or at least reduce brightness
- Blue blocker glasses may be helpful
- TheraSpecs are another type of glasses with a precision tinted lens that may help with light sensitivity and headaches.
- Try to limit screen time to 2 hours’ maximum at one sitting and take a 10 minute break every 45 minutes to an hour.

**Conclusion**

Return to Learn during the Novel Corona Virus pandemic will bring its own unique challenges. Collaborative planning, implementation of strategies, regular communication and flexibility will be of particular importance to support the young person for a successful transition. Keeping in mind that return to learn is an extension of the rehabilitation process, provision of necessary accommodations, monitoring the young person’s academic/learning progress, as well as their participation and mental health, will facilitate functional success for children and youth as they head back to school in September.

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**OBIA launches new website:**

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OBIA Advisory Council (OAC) Report

The last meeting of the OAC was held online via Zoom on Monday, June 1, 2020.

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 on their status during the COVID-19 pandemic, as reported in the OAC meeting minutes.

Please note that these reports were presented at the meeting on June 1, therefore, some activities/events may have changed. Please check the association websites for updates.

Hamilton BIA

The HBIA offices are closed and groups are virtual. Their association has seen an increase in participation and they may plan to open part of the office part-time for one-on-one meetings. The Virtual 5km run will replace the live one. Participants register online and have two weeks to complete. Golf tournament planned for August was cancelled. They are looking at COVID-19 funding through Hamilton Foundation. Still unsure about their November fundraising dinner.

BIA Peel-Halton

BIAPH noted that all of their support groups are virtual. Now that no travel is involved, the participation in the groups has increased, however, they have lost some participants because of technology. Some people join without video and audio, which has been challenging. Program coordinators have been creative with entertaining the youth groups with various games. The association received an extension for their Trillium Grant. The caregiver relief program is still running at the request of the family in person. The association had to cancel their conference, but only one sponsor and one exhibitor cancelled as a result. Their Rock and Roll fundraiser was also cancelled along with their Dress Down Friday because people are not in their offices.

BIA Waterloo-Wellington

BIAWW had a successful AGM on Zoom. Their members are continuing the card making program as staff and volunteers are delivering kits (contactless) and clients can work on the kits from home. They have seen an increase in participation in this activity. Some members have also started to make masks. They have made approximately 400. This gives the survivors a feeling of participation and purpose. The association has received various grants from Community Foundations, a loan from the Provincial Government and funding for two summer students.

BIA London

BIAL board is meeting via Zoom. The association is going week by week. They made their walk virtual and it was successful. Participation was better because there was not any travel. They cancelled their Helmets on Kids program and are trying to change their conference to an online event by prerecording the presentations. They have not cancelled their golf tournament for September and are also still hoping to have their casino night in November. All their groups are virtual. Some groups are going successfully, whereas other groups are struggling. The association has applied for funds from their Community Foundation for a concussion group. The AGM was rescheduled for September.

New Beginnings (Chatham)

As their area is quite rural they rely on keeping in contact via social media platforms. They are continuing weekly check in calls with all of their members and using Facebook for some of their meetings. Funding by the LHIN has not changed. They also had to cancel their golf tournament. In addition, bingo funds have stopped. Their Facebook page has been very active. They are providing care packages for their members including activities to do. Their board is continuing to meet and PPE’s have been secured for the return to work. The staff have taken advantage of this time and have given their clubhouse a makeover.

BIA Sarnia Lambton

The BIASL golf tournament was cancelled and their community race was rescheduled for September. The association received a grant from the United Way. With these funds, they purchased gift cards and transportation for members, which allowed them to connect and reach out to their members. They are giving helmets out in the community. The AGM will be on Zoom, however Zoom has been a challenge for members. Most
outreach has been through text, email and phone. Staff have approached the board to allow one member at a time in the office for FaceTime. They are planning a bingo game on FaceTime.

**BIA Ottawa Valley**

BIAOV mentioned that, as with other associations, Zoom is challenging for some members so they are connecting by phone. Their golf tournament has been postponed to September.

**BIA Quinte District**

BIAQD was pleased to announce that they have a new office space. Most of the members are doing well during COVID-19. Their phones have been rerouted to the Executive Director’s personal phone. They had to cancel their bike rodeo and hope to continue in September. In the meantime, they are looking at a virtual comedy night. The biggest struggle is the United Way blackout period. They have applied for rent relief and are still waiting to hear if they have received funding for summer students. A client has started a letter campaign to Microsoft to have the ability to change screen colours as the blue and white screen may be an issue for survivors.

**BIA Peterborough Region**

BIAPR mentioned that there has been two deaths due to COVID-19 in their organization; one board member and one who was a friend of one of their members. It has been a very challenging time. Their office has also gone to virtual support as well as phone calls. Staff stay connected via Zoom. Recently, they collaborated with Brain Injury Association of Durham and Community Head Injury Resource Services (CHIRS) on virtual presentations for groups. They have also loaned tablets to some members and prepared frozen meals for other members.

**BIA Durham**

BIAD is using Zoom and Facebook. They have scheduled many activities and workshops for clients and have had requests to continue virtual meetings for those who were unable to join in person. They too are having challenges with technology. Some of the clients with mental health issues are having difficulties. They are trying to contact clients weekly. A regional 1-800 helpline has been developed for several community supports.

**BIS Toronto**

The Executive Director noted that it is June 1, the beginning of Brain Injury Awareness Month and we are all working from home rather than out in the community as all associations had planned to do. They have developed several webinars and posted them on YouTube. Their online programs are available to everyone. They have been using social work students as placements to offer virtual programs. McKenzie Health has a toolkit for those living with grief and loss.
with their members. Their March fundraiser was cancelled, along with the Unmasking Brain Injury program, golf tournament and fishing fundraiser. With the help of their Board and the March of Dimes, the association staff have been connecting with their members using virtual platforms for groups. They received a grant from the United Way to deliver food to their members.

**BIA Sault Ste. Marie**

Their association also had to cancel their golf tournament and live support groups. Their support groups are now virtual. They also plan to be involved in the Terry Fox Run in September, either in person or virtually.

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COVID-19: A look into the challenges of accessing brain injury supports and services from the Brain Injury Speaks Network

On June 10, 2020, we asked members of the Brain Injury Speaks Network to complete a survey about the impact of COVID-19 social distancing measures on their brain injury supports and services. More than 40% of the Network completed the survey! Although the survey was aimed at understanding the survivor experience, there were a few survey questions dedicated for caregivers and family members.

In this survey, we wanted to find out whether brain injury survivors have been able to access the support they need, how and where they accessed support, and the barriers to receiving supports and services during COVID-19 social distancing measures. For more details about the survey, please see the infographic.

The results of this survey have been shared with members of the Provincial Acquired Brain Injury Network, which is made up of service providers and brain injury organizations across the province. The survey summary was also sent to representatives at the Ministry of Health to inform them about some of the challenges experienced by members of the Brain Injury Speaks Network during COVID-19 social distancing measures.

To get involved in the Network, visit the website at http://obia.ca/about-brain-injury-speaks/.

To access summaries of past Brain Injury Speaks surveys, please visit https://onf.org/impact/brain-injury-speaks-2/.

For further information, email Gazal Kukreja, our Stakeholder Engagement Coordinator at gkukreja@obia.ca.

The Brain Injury Speaks Network is a community of survivors and their caregivers or family members. The goal of the Network is to empower those who are living with brain injury to share their experiences, engage in dialogue, and advise on the future direction of brain injury care in Ontario. The network will promote fluid communication among policy makers, allied healthcare providers, organizations representing persons with lived experience and the ABI community.

COVID-19 Impact Survey: Brain Injury Speaks

The goal of Brain Injury Speaks is to empower those who are living with brain injury to share their experiences and inform the future direction of brain injury care in Ontario.

In June 2020, we asked members of the Brain Injury Speaks Stakeholder Engagement Network about the impact of COVID-19 social distancing measures on their brain injury supports and services.

210 survey respondents
Caregivers/Family Members 18%
Survivors* 82%

*10.5% of responses were completed by caregivers/family members on the survivors’ behalf

Where do the respondents live?

Supports and Services

We asked whether brain injury survivors have been able to access the supports they need, how and where they accessed support, and the barriers to receiving supports and services during COVID-19 social distancing measures.

Participants were provided with a fixed list of choices for each question and the option to add in other services and supports. Answers were grouped into the 3 categories below:

1. Healthcare (medical appointments, crisis/emergency services & helplines)
2. Rehabilitation (non-medical healthcare, personal support services, rehab therapist or community support worker)
3. Community (peer support groups, survivor support groups, family support groups, day programs)

Impacted by COVID-19 Social Distancing Measures

During COVID-19 Social Distancing Measures...

11% of survivors relied on their family member or caregiver to provide healthcare support instead of seeking formal healthcare services

16% of survivors relied on their family member or caregiver to take on the role of a personal support worker, community support worker, or rehab therapist because they have been unable to access those supports

14% of survivors were unsure what healthcare support was available to them up to 37% of survivors were unsure what community supports were available to them (e.g. support groups, day programs, etc.)

What has helped survivors the most during COVID-19?

Family and friends
Social/support groups
Yoga/exercise/walks
Mindfulness/meditation

For more information, please visit https://onf.org/impact/brain-injury-speaks-2/ or email Gazal Kukreja at gkukreja@obia.ca

In partnership with
My Spark Does Not Extinguish

By: Leah Hicks

After years of self-development studying Graphic Design in College, realism in oil painting, photography, fashion, travelling, teaching English in Korea, dancing, lots of friends and even modeling, I was on my way to meet the man of my dreams, a farmer in the country in a beautiful little town called Blakeney. I never made it to see him on that dark, icy December 13, 2005. There was a curve in the road crossing train tracks and I lost control and flipped the car twice after hitting a telephone pole. They have since redone the road to remove the sharp curve. I presume there were more accidents in that place.

Two ladies saw a car with the wheels up and the lights of the car on. They came to inspect the vehicle and found me in the back seat on the floor in the fetal position. They found a phone in the car and dialed the last number that was called. My father answered. They described the situation and then the ladies called an ambulance. I was rushed to the hospital with blood pouring out of my head. I was moaning for hours. There was not anything that could be done with my broken collar bone from the seatbelt. They stitched my scalp together.

I was in a coma and have no recollection of the next two weeks of my life. I have lost many fine memories of my past experiences, people have reminded me of times we have shared. I now have a five inch scar on the back left lower side of my head. There was damage to all four lobes of my brain caused from the rolling. It was as if they were all separated from each other and needed nature to rewire them together.

On top of my physical injuries, I couldn’t speak correctly. People often wondered if I was drunk! After five years of therapy, (Occupational Therapy, Speech Pathology and Neuro-Physiotherapy) I am now able to walk again and function. I remember vividly my Dad taking my arm and walking with me in both The Ottawa Hospital and the Toronto Rehabilitation Center and at home. My double vision cleared and a big highlight was getting my driver’s license back.

Writing has been the hardest part. It was so very painful even doing the circles in a find-a-word puzzle. I recall how I used to take notes for classmates and I had beautiful cursive handwriting. I am still trying to re-attain what was lost.

I went into a world of denial as if it never happened to me. I remember saying to myself, wow I have a lot of work ahead of
I became so driven, so hungry for recovery. I had a goal and a vision of who I was and I was determined to get back there. I have had the most amazing support team. The best. I had a running partner and I really wanted to run a 5km race. With my foot dragging and in sheer pain I forced myself to finish. Actually, I did 2 races! I kept doing things over and over again. All areas of my being have gotten better because of it. A great memory is a New Year’s Eve 5km run with my Mom. I don’t have any idea how I did it. The accomplishments I have had over the past 15 years are unreal.

My case manager wanted me to try and revisit skills. I thought of painting. I remember really enjoying that. I learned how to paint with my left hand. It was much easier for me to learn as my ataxia and dexterity really got in the way of precision. I sold a painting! Wow. You are telling me that I could make a career out of this?

I was asked to show my work in Florence at the Biennale in 2011. Of course my Mom was by my side. But in all honesty I couldn’t handle that amount of exposure in my mental state and I left feeling traumatized. The Federal Government of Canada bought a significant amount of my art and I have sold hundreds of my paintings and have my work in many countries.

My anxiety has forced me to seek other ways to share my art with the world, such as Arta Gallery in Toronto and Santini Gallery in Ottawa along with other galleries. I also use social media, have my website www.leahhicks.com and other people are selling the work for me.

This new identity that I have created for myself is solid and lifelong. Because of my faith and perseverance my spark does not extinguish.

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- Dietician • Family support
- Adult Education or Upgrading
- Legal Services

Pathways to Independence supports people to live their best lives.

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Putting Yourself First

By: Clayton Martino

I had played highly competitive hockey for nearly my entire childhood. Our team used to routinely travel to the United States to play in high-level tournaments against terrific competition. As our team’s only goalie, I was lucky enough to play every single game. That would be 50 to 60 games a year, at least. Average that out over a number of years and the number gets well into the hundreds.

I was never injured.

Sure, I had the occasional muscle pull or minor cut, but I never had a major injury from playing hockey.

Fast forward to the summer of 2010. I “retired” from hockey towards the end of high school as my interests began to shift and - let’s be honest - my passion and skill level were both equally declining. After a few years off, I joined a friend’s “beer league” team that summer. It was a great experience, and we actually won the C League Championship (quite the accomplishment, I know). So, naturally, to defend our title we signed up again for the following season.

It did not go as planned.

Playing late one night in Burlington, I made a save but the rebound kicked out a little further than I had anticipated. In a split second decision, I reached out my glove hand to corral the loose puck.

I couldn’t even tell you how I played the rest of the game.

Because, of course I played the rest of the game. That’s just what you do. Doesn’t matter whether it’s the NHL or C League “beer hockey” - you play. Of course I’m being farcical here, and it’s amazing that I wasn’t injured more in the process. But no one knew the severity of what had happened - least of all, me.

The game finished and I undressed, apparently in a daze according to others on the team. Apparently a friend of mine followed me home to make sure I made it - yes, I somehow drove 25 minutes home after taking a hit like that. Next thing I know I’m staying overnight in the local hospital after being officially diagnosed with a concussion.

Little did I know that was only the beginning.

I didn’t fully grasp the ramifications of that hit. I can remember telling my Dad that morning to call work for me to ask them for the day off (I wouldn’t be back there for the rest of the summer). And I remember spending the entire day in my parents’ basement, with the lights off, sleeping on the couch.

That day turned into another day. Then another. Then another.

I can remember the constant headaches. It was like waking up every morning with a hangover without having had any of the fun the night before that accompanies such an experience.

I can remember the pure exhaustion of even walking up or down the stairs. I wasn’t the fittest 20-year-old on the planet, but I wasn’t a bag of milk either, so this was quite the eye-opener.

I can remember not remembering. If you asked me at dinner time what we ate for lunch, I wouldn’t have been able to tell you.
Eventually September came, and I tried to go back to university. My doctor had recommended no alcohol, so that was one of the least eventful September’s I had to say the least. That wasn’t the main problem, however. During the summer, I hadn’t pushed my brain cognitively. I didn’t have to think very much. Now I did - and it was not good.

Retaining information was nearly impossible. Maintaining concentration during an hour lecture was a fool’s errand. And trying to communicate any sort of ideas or analysis in a paper was a pipe dream.

The best part about returning to school was the sports medicine facility they had. After one of the worst September’s I can remember (or barely remember, to be more accurate), I set up an appointment with a specialist - Dr. Margo Mountjoy.

Dr. Mountjoy put me through a series of tests. The result of these tests can best be summed up in one sentence: “You should not be in school.”

It was shocking, to say the least. But my cognitive level was nowhere near where it needed to be to even function as a student, let alone succeed. I was already six weeks into the semester, however, so I elected to keep two courses and drop the other three. I survived. Second semester I took a reduced course load again. Again, I survived.

During this time I worked with Dr. Mountjoy and a physiotherapist to slowly work my way back to normal. There were times when I thought it would never happen, and I would need to grow content with a “new normal” - a phrase I’ve always hated.

Eventually, I did get back to normal. It took approximately 18 months, but I stopped waking up with headaches. I was able to be in a room with multiple conversations happening and not have it all turn into white noise. Heck, I was able to be in a room with the lights on. I was even able to speak on a panel hosted by Ken Dryden on the effects of concussions in hockey players.

It’s been nearly a decade now since that injury, and I can honestly say I don’t feel any ill effects. Still, I’d be lying if I said I don’t get a little nervous whenever I bump my head these days. Or the look on a doctor’s face when they ask me if I’ve had any previous head injuries and I tell them I had a concussion that took 18 months to go away. Let’s just say it doesn’t inspire me with confidence.

If I had any advice for anyone suffering from a concussion, it would have to be these two things. First - patience. It will eventually get better. It may take a week, a month or a year. But it will get better. Second - become self-centered. This may sound strange - but only you know how you feel. When someone breaks their arm or tears their ACL, it’s very easy to see that they are hurt and they can’t do certain things. When the cast or crutches are gone, they are good to go. This isn’t the case with a concussion. For the most part, you look normal. And you’ll get people frustrated and annoyed with you when you tell them you can’t do things.

So you need to put yourself first.
This is Fun! I’ve Never Been Hit by a Car Before

By: Katie Hill, living with the effects of ABI

In February of 2006 my life changed very suddenly. I had just had a full day of classes at Brock University, where I was a full-time student in second year. I was heading home for a break before an underwater hockey game. While crossing the street, a car appeared in my peripheral vision, directly beside me. My immediate thought was “oh crap,” and then all I remember was feeling this explosive CRACK on the back of my head. As it turned out, that was the pavement, after I had body-checked the car’s windshield. It all happened in what felt like a split second.

Although the memories are pretty shaky, I remember some odd things my severely concussed brain said. “This is fun, I’ve never been hit by a car before!” was one of those things. Just for the record, I don’t recommend getting hit by a car. While I’m sure I was having a blast in some part of my mind, it really isn’t that much fun in the long run.

The ambulance took me to St. Catharines General Hospital where they determined that I had two subdural hematomas of my frontal lobe. That means my brain was bleeding. I was then shipped off to Hamilton General, where I stayed for two weeks under medical supervision, while they monitored the bleed in my brain. While there, I had surgery on my badly broken tibia. Eventually I was discharged home to my parents while I recovered.

My neurologist said “don’t go back to school right away,” and that was about the extent of the direction I was offered. I had no rehabilitation team, and didn’t even know that the whole world of ABI rehabilitation even existed. By September of 2006 (seven months post-whack), I was convinced I had done enough “recovering” and was ready to return to school. Whoaoboy was I wrong!

Returned to School – Challenges

Learning had always come pretty easily to me, so my first year back to school was a shock to my system, when my brain didn’t work the way it used to. With no rehabilitation team to guide me through the pathways of my new brain, I assumed I was “normal” and went back to my usual scholarly habits and expectations. It wasn’t long before I noticed some changes during lectures. I couldn’t process what the professor was saying, and I most certainly couldn’t take notes on what they were saying. I knew I recognized words, but they meant very little to me, and I couldn’t comprehend what I was supposed to do with the words. For the first time I could not figure out how to write down a word I just heard. It just stayed floating around in my brain, kind of uselessly, not making any sense.

Fatigue had been an issue through my initial recovery, but I hadn’t thought anything of it. Now that I was back in class, I couldn’t stay awake. I was crashing before I finished even one lecture, then I’d head home and sleep the rest of the day. I started to miss seminars, and skipped out on second halves of lectures because I just couldn’t handle the fatigue. By mid-week, I wasn’t even able to get out of bed for a single class. Studying was virtually impossible for me, as my attention span had diminished to almost nothing. My usual study habits weren’t sufficient either, as I couldn’t retain information like I used to.

General anxiety was the first to take its hold, quickly followed by depression and panic attacks. My understanding is that this was partially due to the area of the brain I damaged (the ability to regulate emotions), but the issue was also amplified when I...
was overtired or run down. Because I didn't understand what was happening with my brain, I didn't change any behaviours, which resulted in a nasty downward spiral of dysfunction until I had a full breakdown. I remember making it into my professor's office, crying, saying I couldn't handle it anymore. I didn't know what “it” was, but I certainly didn't want to deal with it. I will forever be grateful for my brilliant and compassionate professor's response. She simply informed me that I wasn't done. I was just going to take a break, and come back slowly when I was ready. I guess she saw something in me that I hadn't seen, and she was determined to make sure I did not give up.

**Turning Point**

Luckily at this time, the car insurance had requested several assessments, which ultimately recommended psychotherapy. I was plopped into the lap of a brilliant neuropsychologist, who I say helped me save my own life. Without her, I wouldn't be where I am today. Things didn't get miraculously easy once I had a therapist; I still had very tumultuous times ahead and a substantial learning curve. But I had support. I had a team with a neuropsychologist and a cognitive rehabilitation therapist. I had people that understood what was happening in my brain, and they could help me to understand it.

With the help of the rehab team and a new approach to Brock's student development centre, I set out to learn new ways of studying. Since breezing through papers and vaguely listening to lectures didn't really cut it anymore, I had to put some major effort into figuring out how my new brain retained information. I was able to get note takers from the development centre, and permission to voice-record lectures. I was granted a semi-private room for exams, and extra time. The exam writing permission proved tremendously important, as I seemed to process information much more slowly than I used to, and I was very easily distracted. That means I'd read the question over five times before I tried to answer, it would take longer to write answers, and I'd also get distracted if I noticed anything, like the sound of the clock ticking.

I never got particularly good at writing exams, but I definitely got better with practice and extra study time. Writing papers was my favourite. This is where my natural nerdiness and curiosity really came as an advantage. I was already taking the Therapeutic Recreation program, but after my accident I added Psychology as a minor because I found the brain so fascinating. I could use every single one of my assignments to understand brains and brain injuries that much better! I was able to dig in to the material, personalize each assignment, which helped me internalize the material. Being passionate about learning the material was key to my success.

**Strategies**

Communication is key when returning to school. I was open with my professors, who turned into huge assets. I didn’t try to “fake” being ok when I had my assessments, and I learned to trust my therapists. I had to learn to listen to my body, and take breaks BEFORE I felt I needed them. When I started school reboot 2.0, I started slowly. I audited a course so I could practice taking notes, following lectures, and writing exams without the risk of it affecting my academic standing. Once I had learned a few strategies, I started to slowly introduce courses for credit again, one at a time. I strategically chose which ones I took, as some subjects were more natural for me (like statistics), or the professor was known to me. I knew studying would be easier on my brain, and I was familiar with the professor's lecture style which helped ease the cognitive load. I gradually increased my course load over the next few years, but never increased to a 100% course load. I was able to finish my 2.5 remaining academic years in about six years, including my honours thesis and my full-time internship placement, without losing a single credit. My internship was four days a week instead of five, with extended dates to complete all requirements. That gave me a day of rest in the middle of my workweek.

**Pathway to Success:**

I was able to get note takers from the development centre, and permission to voice-record lectures. I was granted a semi-private room for exams, and extra time. The exam writing permission proved tremendously important, as I seemed to process information much more slowly than I used to, and I was very easily distracted.

**Meaning Making & Post Traumatic Growth**

Ongoing strategies are still part of my everyday life. They have changed a lot over the years, but the principles are always the same. Give yourself extra time, make task-lists, write everything down in one place (I now prefer a paper agenda and notebook instead of a smartphone), break tasks into smaller manageable chunks, try to minimize distractions, take breaks, and always set alarms. Following all these principles will help decrease cognitive load, and it works for every aspect of life. Laundry, dishes, homework, cooking, cleaning, getting groceries, lectures and seminars, or your job! The less load on your brain, the more you'll be able to handle in the long run... but BE PATIENT! There is no over-night fix, and those strategies are for LIFE. Remember, you won't just wake up one
day and “be fixed.” You may not return to how things were before your injury. But that’s ok. The new you that you find along the way will be beautiful.

After harnessing my nerdiness in school, I focused my career on exactly the same thing. I used my personal experience and my education combined with an incredible passion to find the perfect career. I now run a leisure-based day program for adults with acquired brain injuries, where I can help them develop life-long coping strategies, find their “new” selves, and learn important life skills. I was able to find a purpose to all the pain, and a way to share what I’ve learned through the process. While I still wonder what my life would have looked like had I not sustained my injury, I am grateful it turned out the way it did.

Learning Process:
Nutrition to Help You Learn and Study Better

By Kylie James BSc (OT), CNP Certified Nutrition Practitioner

Healthy eating has been linked to higher grades, better memory, more alertness, faster information processing and improved health leading to better school attendance.

Although there are a number of ways to help with increasing attention and cognitive functioning, Nutrition is one way that can help support better attention in the classrooms and even better marks. Here are five nutrition strategies to assist with this.

1. Don't Skip Breakfast

We are all told that breakfast is the most important meal of the day and this couldn’t be more true for students.

Research has shown that children who eat breakfast have improved attention in late-morning performance tasks, retrieve information more quickly and accurately, make fewer errors in problem-solving activities, concentrate better and perform more complex tasks.

Nutritionally, there are several mechanisms involved in improved academic performance. Breakfast serves to break the overnight fast and replenish blood glucose levels that a child’s brain needs to perform well academically. Children’s brains use more glucose than adult brains, indicating that regular breakfasts may assist brain function by providing the necessary level of glucose.

Without an adequate daily intake of nutrients from food, the body puts learning on a lower shelf below its need to sustain life-support functions. Therefore, in many cases, skipping a meal can negatively affect the body and its learning ability.

2. Eat Appropriate foods at Breakfast

It is not just important to eat breakfast, but it is also important on what a child eats for breakfast. A breakfast comprised of protein, fat, and complex carbohydrates will prevent drops in blood sugar for several hours, whereas, a breakfast of just starch and sugar will sustain a child for only about two hours. Research shows a meal that included food from several food groups was the best for a child who was expected to perform at his or her best in school, educationally and physically.

A study of students 12 to 13 years old, showed that the average mark increased as breakfast quality improved. In another study of students aged 11 to 14, eating breakfast with foods low on the Glycemic Index (GI) was associated with faster information processing.

Meyers and colleagues compared one school district’s standardized test scores before and after a school breakfast implementation. Participation in the school breakfast program was associated with decreased tardiness, reduced absenteeism, and significantly greater increases in standardized test scores compared with nonparticipation.

Examples of Healthy Breakfasts

- Protein shake with almond milk, choice of fruit and vegetables
- Omelet/scrambled egg on toast with some berries
- Plain Greek yoghurt with berries and nuts and seeds
• Avocado on whole grain toast
• Rolled oats with unsweetened apple sauce, sprinkle of hemp seeds
• Chia pudding with fruit

3. Avoid Sugar Sweetened Beverages

Soda is the number one source of added sugar in children’s diets, followed by fruit drinks. Many of these beverages don’t provide nutrients that support children’s growth and development, and some, such as sodas and energy drinks, may provide potentially detrimental substances such as caffeine and certain herbal stimulants.

When people consume a lot of sugar and then attempt challenging tasks, like math problems, the brain’s hypothalamus tells the body to release a lot of cortisol. Known as the stress hormone, this substance impedes memory. When children’s bodies are flooded with cortisol at school, they struggle to pay attention to their lessons and find it difficult to sit quietly. When their attention is elsewhere, they find it difficult to retain information they’re taught.

Correlations between soda intake and academic performance in more than 16,000 students in grades 9 through 12 showed that drinking a soda at least once daily was associated with an increased likelihood of mostly B, C, or D/F grades compared with mostly A grades.

Another study looked specifically at fifth-grade students, surveying 1,095 students in 11 elementary schools in Colorado. The authors found that drinking more than one soda each day was associated with reduced academic performance.

So switch out the sugar laden fruit juices, pop, chocolate milks and have your child consume good old fashioned water, coconut water, stevia sweetened pops and/or sparkling water.

4. Eat Good fats

A deficiency in Omega-3 fatty acids can lead to increased risk of attention-deficit disorder and dyslexia. According to Gomez-Pinilla, children who had an increase of Omega-3 fatty acids performed better in reading, spelling, and exhibited fewer behavioral problems.

An Australian study of 396 children between the ages of 6 and 12 were given a drink consisting of Omega-3 fatty acids, along with other nutrients like iron, zinc, folic acid and vitamins A, B6, B12, and C. The students consuming these drinks showed higher scores on tests measuring verbal intelligence, learning skills, and memory after six months and one year as compared to a control group of students who did not receive the drink.

Therefore, incorporating more good fats into your child’s diet such as avocado, nuts and seeds, fish, and coconut oil and even taking an children’s supplement maybe a great way to help boost attention and learning abilities.

5. Eat Your Fruits and Vegetables

The World Health Organization recommends that children should be consuming 5 servings of fruit and vegetables a day. Fewer than one in 10 Canadian children and youth are reaching this. When a child’s diet is lacking in these types of foods, they can be deficient in vitamins A, D, B12, calcium, fiber, protein and magnesium.

A 2017 study at the University of British Columbia’s Department of Food, Nutrition and Health looked at nearly 5000 kids aged 6 to 17 and found that intake of whole grains, dark greens and orange vegetables was practically nonexistent during school hours.

Canadian Community Health Survey (CCHS) indicate that approximately 70% of children aged four to eight years and 65% aged nine to 13 years do not consume the recommended minimum five servings of fruits and vegetables (FV) daily.

Research has shown that students who had inadequate intake of fruits and vegetables showed poor school performance as compared to those students who consumed adequate amounts. It is important that your child consumes the recommended amount of fruit and vegetables daily. Incorporating them into each meal and consuming the rainbow of different colours is important to get the full spectrum of nutrients and antioxidants.

Health Canada recommendations for Fruit and Vegetable Intakes

Children 11 and under should be consuming 5 servings of fruit and vegetables daily
Children 12 to 13 years: 6 servings of fruits and vegetables daily
Females 14 to 50 years: 7 servings of fruits and vegetables daily
Males 14 to 50 years: 8 servings of fruits and vegetables daily

References

1. Wolfe, Pat; Burkman, Mary Anne; Streng, Katharina, Nutrition and learning: guidelines for formulating a child’s diet. Breakfast, family meal-sharing, and exercise are essential. (Contains 23 references.) (MLH) Educational Leadership, v57 n6 p54-59 Mar 2000


By: Victoria Rendon

It has been 10 years since Allie’s accident. Time really does fly. Allie is now 13 years old.

At age two she suffered a traumatic brain injury and a stroke from a horrible accident in the home. She was airlifted to Sick Kids Hospital to have immediate brain surgery. She was in a coma for weeks and later recovered at Holland Bloorview Kids Rehabilitation Hospital. She has had some of the best doctors in Canada helping her each and every step of the way. She now also has epilepsy but has been seizure free for more than two years and has found a sweet spot with the right combination of medication, for now.

After having multiple brain surgeries in the last 10 years, including a bone flap removal and permanent skull plate in 2010, she has overcome so many struggles.

Allie is headed to grade 8 in the fall. She is so thrilled and excited to have her special moment to graduate elementary school. She has been in the same school since Junior Kindergarten, keeping most of the same peers and friends. She has had so many great educational assistants that truly have changed her life.

She always looks forward to school and has received physical and occupational therapy services throughout her education. She is also very involved at the Niagara Children’s Centre.

In her recreational programs at the Children’s Centre, they have some fantastic leaders. One of her after-school programs that
she loves being a part of is the Niagara Brock Penguins Swim Team. She has met so many great people there.

Allie loves keeping busy, staying active and maintaining and making friendships. Because of COVID-19, some programs have become virtual, which she has enjoyed. Keeping Allie safe and healthy, and in a positive school environment is what we look forward to for September 2020. This will be a challenging time we will all have to face, but we will stay positive and stay safe.

Considering the many challenges and difficulties we have overcome, I couldn't be more proud of Allie and the young lady she has become. We have learned so much over the years and continue to break boundaries and conquer goals.

“Courage is resistance to fear, mastery of fear, not absence of fear.”
— Mark Twain

Community Solutions is enormously grateful to our team and all essential frontline workers for their courage, strength and dedication during COVID-19!

THANK YOU FRONTLINE WORKERS
School Re-Integration After a Brain Injury

By Mary E. Anderson, BScN, RN, MSc (N), CRRN, Rehabilitation Nurse/Case Manager, School Integration Specialist

Returning to the learning environment requires collaborative preparation, planning, and action by health care and educational professionals. An individual who has sustained an Acquired Brain Injury (ABI) experiences alteration in their cognitive, physical, social, emotional, and behavioural functioning to varying degrees. Recovery time and the extent of recovery will also vary, depending on severity, age, support, and rehabilitation intervention. A positive school integration experience requires a supportive learning environment and intervention by a team involving educators, rehabilitation and medical professionals, and community services, along with support from the family and peer group. Each student returning to learn after an ABI requires an individualized plan.

Returning to school is often viewed as regaining a normal life in the case of a child/youth/young adult whose life typically centers around school. Some adults in the position of having to re-invent themselves may pursue new interests offering a sense of accomplishment, pride, and fulfillment. Taking courses may be a means of achieving this. Regardless of age or stage in life, it is essential to begin preparing, which involves gathering information and planning, well in advance of returning to school.

**Preparation**

**Information**

Preparation requires accessing information outlining persisting symptoms/sequelae, health issues, restrictions to prevent further injury or exacerbation of symptoms, abilities and limitations concerning physical, cognitive, social, emotional, and behavioural functioning, including anticipated implications on learning and attending school from medical and rehabilitation professionals. Predicted therapy requirements need to be considered because attendance and available time for schoolwork completion may be affected. Finding out about the classroom environment, learning activities, what supports are realistically available within the school system and within the community is also essential. Figure out who needs to be influenced and who the decision-makers are. Information about the student’s and parents’ perceptions, feelings, expectations, and concerns about returning to learning amongst age-appropriate peers also need to be explored.

**Education**

It is critical that educators have a good understanding of the student’s abilities, limitations, learning needs, and recovery process after an ABI. Providing information and education to the classroom, special education teachers, administrators, educational assistants (EA), and tutors about how the student’s deficits will affect their ability to learn, complete assignments and tests, and what approaches and accommodations will be necessary to enable the student to meet with success is critical. Providing written information is beneficial; however, developing a good rapport and speaking directly with the classroom teacher is essential.

While there is more awareness about acquired brain injury, students with an ABI continue to be a small percentage of the overall population of learners requiring special education support. Many teachers will not have had any experience with educating a student who has sustained an ABI. Offering specific examples regarding how to reinforce the use of learning
Setting the Student Up for Success

Preparing the student for school re-integration involves addressing their social and emotional needs. A sense of belonging is necessary to be able to learn amongst peers. A supportive environment requires involvement by educators and peers who will demonstrate acceptance and encourage the student to function as independently as possible. Unless there are obvious physical changes, an ABI may be invisible and consequently can easily be forgotten or misunderstood. Preparing the student to talk about having an ABI or how to courteously not talk about it if questioned, for example by practicing scripts, can help reduce anxiety and apprehension about returning to school. While children are known to be accepting of differences, they will be curious and may have inaccurate views that will compromise social interactions. Preparing classmates by having a discussion or offering a disability awareness program about recovery from an ABI and other disabilities, can help to sensitize peers and teach them how to interact appropriately and compassionately. A preventive approach can help to reduce the incidence of social exclusion and bullying in the future.

It is not uncommon for an individual who sustained an ABI to lack insight into the extent of their limitations and the impact on their learning, which may prevent accessing supports and assistance or lead them to choose courses that will be too challenging. The adjustment process of having to develop a new sense of self takes time. Providing information and education on an ongoing basis will help to promote greater insight and minimize failures; however, at some point, a “safe” failure may be necessary for the student to develop a realistic view of their abilities and limitations. For example, a student who insists on being capable of mastering an academic level English course in grade 9 may need the lived experience of some frustration and a low grade or failure to recognize their strengths and weaknesses, and the need for assistance and intervention from rehabilitation and educational professionals. Teaching self-advocacy skills even at a young age, though often expected of a student, will promote self-reliance and greater academic success. This will likely involve intervention to build self-confidence and communication skills.

Planning

To enable academic success and a positive school experience planning needs to involve a collaborative approach. With funding restrictions in education and health care, using services collectively will help reduce gaps preventing a student from receiving a level of support that will optimize learning potential and social integration. Determine what can be realistically provided by the education system, family members, community-based rehabilitation and health care services, and peers. It is important to be considerate of expectations placed on parents whose plates are already full, having to care for a child recovering from an ABI. What cannot be done at school is often left to them to address at home, whether or not they are equipped to do so. Determine what the barriers to accessing supports are, then figure out the workarounds and alternatives. Sometimes a lack of information or understanding generates an unfavourable response from a decision-maker. Explore all possibilities, and acknowledge that sometimes solutions may be atypical. For example, is there a remedial reading program or a social skills group available at school? Who can be a “safe” person for a student to approach when feeling overwhelmed and on the verge of an outburst? Creativity, openness, and reciprocal communication broaden opportunities for developing a supportive and seamless network of support, making a significant difference for the student who will be finding learning and interacting at school to be challenging. Anticipate needs and be pro-active, adjusting the plan and level of support in a timely manner. This will prevent a student from becoming unnecessarily frustrated and overwhelmed, which will erode the positive school experience that all are striving for. Introducing compensatory strategies, for example, the use of technology, will enable efficiency and independence when school demands increase. Advocating with a forward-thinking approach will result in greater academic success and adjustment.
Initially, attending school with a gradually increasing schedule is beneficial due to the impact of fatigue on concentration, learning, and the need to be attending therapy. It also offers the ability to evaluate the student’s level of functioning within the school environment. For some students, it is necessary to lower academic expectations focusing on adjustment; however, this needs to be closely monitored and not extended unnecessarily. Tutoring will help to reduce the gap between the student’s abilities and that of their peers. At a higher level of education, upper grades in secondary school or at a college or university level, it is crucial to match the student’s capabilities with course requirements and expectations. Consider executive functioning and language skills, grades are not sufficient.

Integration

The process of reintegration back into school is not completed once the student physically returns to school or online learning. The integration process continues. Valuable information about the impact of the student’s ABI on learning, adaptation, and functioning within the school environment amongst peers will become available after school attendance occurs. Effective planning and implementation of appropriate accommodations are dependent on this and are a continuous process. It is common for new problems to be revealed when faced with new learning challenges and for their performance to be inconsistent due to factors such as fatigue, headaches, or problems with executive functioning. Flexible deadlines, reducing the workload, strategically focusing on the essential learning skills, concepts, and knowledge, learning approaches to offer repetition, and the use of compensatory tools such as computer technology, need to be considered to promote success when planning. At school, an Individual Educational Plan (IEP), which outlines the student’s strengths, weaknesses, learning needs, and required support and accommodations, needs to be developed. This is a dynamic document requiring regular reviews and adjustments.

A Successful School Integration Process Involves

- Collaborative approach – regular communication
- Advance preparation and planning
- Addressing all aspects of functioning
- Realistic expectations of student, educators, supports
- Pro-active approach
- Creatively resolving barriers & concerns
- An IEP in place and implemented
- Monitoring student progress
- Altering assistance and support as necessary

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
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
- www.facebook.com/OntarioBIA
- www.twitter.com/OntarioBIA
- www.instagram.com/OntarioBIA
- www.LinkedIn.com/company/Ontario_Brain_Injury_Association

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

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

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

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

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

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

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

**Niagara Area**
**BIA of Niagara**
Phone: 905-646-2426
Email: pat@bianiagara.org
Website: www.bianiagara.org

**North Bay Area**
**BIA of North Bay and Area**
Phone: 705-478-8664
Email: contact@bianba.ca
Website: www.bianba.ca

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

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

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

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Call OBIA 1-855-642-8877
Toll-Free Support Line 1-800-263-5404 (HELPLINE)
Sarnia-Lambton
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.ssoobraininjury.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.com
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
Phone: 519-576-3535
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
BIA of York Region
Phone: 905-780-1236
Fax: 905-780-1524
Email: n/a
Website: www.biayr.org

Provincial Associations

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

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

Alberta - Association for the Rehabilitation of the Brain Injured (ARBI)
Phone: 403-242-7116
Email: ana@arbi.ca
Website: www.arbi.ca

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 & Labrador Brain Injury Association
Phone: 709-579-3070
Email: nlbia2011@gmail.com
Website: www.nlbia.ca

Association québécoise des traumatisés crâniens (AQTC)
Phone: 514-274-7447
Email: aqtc@aqtc.ca
Website: www.aqtc.ca

Brain Injury Association of Nova Scotia
Phone: 902-422-5000 or toll-free 833-452-7246
Email: info@braininjuryns.com
Website: www.braininjuryns.com

Brain Injury Association of New Brunswick
Phone: 506-721-8003
Email: biacnb@icloud.com

Brain Injury Association of P.E.I.
Phone: 902-314-4228
Email: info@biapei.info
Website: www.biapei.info
Events Calendar

September 24, 2020
OBIA and BIST present:
Nix the Mix (see ad on page 16)
Location: Virtual event via ZOOM
Contact: Terry Bartol
Phone: 905-641-8877 ext. 234
Email: tbartol@obia.on.ca
Website: www.obia.ca

November 12-13, 2020
Toronto ABI Network presents
Conference 2020: Connecting, Learning, Inspiring
Location: Virtual Conference
Contact: Conference Coordinator
Phone: 416-597-7021
Email: info@abinetwork.ca
Website: http://www.abinetwork.ca/abi-conference-2020

November 20-21, 2020
OBIA and Brock University present:
Children and Youth With Acquired Brain Injury/Concussion - Level 1
Training Program (see ad on page 44)
Location: Online via ZOOM
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: ddakiv@obia.on.ca
Website: www.obia.ca

June 2-4, 2021
Brain Injury Canada presents
Brain Injury Canada National Conference
Location: Ottawa Conference & Event Centre, Ottawa, ON
Contact: Conference Coordinator
Phone: 613-762-1222
Email: info@braininjurycanada.ca
Website: www.braininjurycanada.ca

June 9, 2021
BIST/OBIA presents
The 17th Annual BIST/OBIA Mix and Mingle
Location: Steamwhistle Brewery, Toronto, ON
Contact: Terry Bartol
Phone: 905-641-8877 ext. 234
Email: tbartol@obia.on.ca
Website: www.obia.ca

For more listings, check: www.obia.ca/calendar
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Live Streaming Online OBIA/Brock University Certificate Course
Children and Youth with Acquired Brain Injury / Concussion
(Level 1) No prerequisite required

November 20-21, 2020

Join our Live Online Virtual Classroom!

In response to COVID19, OBIA continues to be committed to provide training for professionals working with people with brain injuries. This certificate course will now be accessible through a live online virtual classroom and will be interactive.

This course will be extremely valuable for those working in community rehabilitation, social workers, therapists, educators and those working in the criminal justice system.

About the Course:
This Children and Youth Certificate Training Program will focus on providing information about behaviours after ABI with children and youth that relate to learning and community participation. Topics covered include:

- Behaviours in the home, school and community that may indicate issues with learning and behaving
- Cognitive-communicative problems that affect classroom learning, behaviour and community participation
- Providing treatment strategies
- Family resilience and means for support
- How to use social communication to aid learning and behaving
- Planning for context-specific functional placements and outcomes
- Provide group problem-solving activities
- Discuss case studies

DETAILS

Date: November 20-21, 2020
Professors: Catherine Wiseman-Hakes, PhD and Roberta DePompei, PhD

For more information about this and/or other Certificate Training Programs visit www.obia.ca
905.641.8877 1.855.642.8877
training@obia.on.ca

Approved by Vocational Rehabilitation Association Canada (VRA Canada) for 11.75 Continuing Education Hours
Participate in Research
Help us learn about how best to support families following Traumatic Brain Injury (TBI)

Principal Investigators:
Emily Nalder, PhD, OT Reg. (Ont.)
Carolina Bottari, PhD, Erg.

Contact Information
Dr. Emily Nalder
Phone: 416-978-5937
For more information or to sign up, please call the Research Coordinator:
Phone: 416 946 8576

The aim of the research is to understand how people living with a TBI and their caregivers/care-partners work with challenging situations/behaviors, and to identify the strategies and supports that make a difference.

Do you have stories from your life experience about how you have managed challenging situations and behaviours, and what supports and strategies have helped you in daily life?

Who can participate?
1. English speaking individuals 18+ who have experienced a TBI over 2 years ago

What is involved?
• Completion of short questionnaires on daily life and community activity
• One hour interview (in person or via video-conferencing)

Participants will receive a $25 gift card as a ‘Thankyou’ for taking part.
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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.

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

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Providing Quality Rehabilitation Support Services

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

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Our full-circle care promise means you won’t be handling these challenges alone and he’ll have the support needed when you’re not around.
Jim Vigmond’s handshake is as firm as his commitment to helping his personal injury clients receive fair verdicts. This founding partner is also committed to his philanthropic pursuits. Among his many charitable organizations, Jim raises funds and travels to Cambodia every year to assist underprivileged women house themselves while giving them the opportunity to go to law school.

Lending a hand comes naturally. With exceptional experience in spinal cord and brain injury law, Jim knows that his legal contributions will make a profound difference in the outcome of his client’s life. For Jim, their right to fair compensation isn’t just of vital importance; it’s his professional mission.

Jim doesn’t have to be in court to talk the talk. Jim would be quick to tell you that despite all his success, nothing compares to the joy of actually being able to make a difference in someone’s life.

To learn more about Jim visit www.oatleyvigmond.com/jim