There is hope, there is help!

Memory Issues Following ABI
When A Person Is Injured, 
The Cost Of Quality Care Adds Up.

Your clients cannot afford to compromise on their recovery, even when insurance limits are capped. We fight to ensure that your clients get funding for the care and treatment that they need.

Proud member of the PIA
INSIDE THIS ISSUE

Could Multi-Sensory Environments Have Therapeutic Effects for Acquired Brain Injury

Managing the Next Wave: Self-Care During Covid-19

Also Inside

Ruth’s Desk - Stronger Together ................................................................. 4
Research Spotlight on Memory................................................................. 6
#IAmTheFaceOfBrainInjury - Memories: They Are Not What They Used to Be .................. 9
#IAmTheFaceOfBrainInjury - Love Yourself ................................................. 10
Retraining Memory After Traumatic Brain Injury .................................... 16
Across the Province .................................................. 23
TBI 101: Memory Problems................................................................. 28
#IAmTheFaceOfBrainInjury - An ABI Dramatically Changed the Course of My Life... 31
Fact Sheet: Memory Changes After Brain Injury ................................... 33
#IAmTheFaceOfBrainInjury - If Memory Serves ....................................... 40
Brain Injury Associations (Local & Provincial) ...................................... 42
Events Calendar ................................................................. 45
OBIA Live ONLINE Training: ................................................................. 48

VISIT
www.obia.ca

Connect with us!

EMAIL
obia@obia.on.ca

Copyright 2021, PUBLICATIONS MAIL AGREEMENT NO. 40005485
RETURN UNDELIVERABLE CANADIAN ADDRESSES TO:
Ontario Brain Injury Association, PO Box 2338 St. Catharines, ON L2R 7R9
Ph: 1-800-263-5404 (support) 1-855-642-8877 or 905-641-8877
Fax: 905-641-0323, Email: obia@obia.on.ca
Registered as a Canadian Charitable Organization Reg. #10779 7904RR0001
Loss of community, loss of connection and, at times, loss of relationships can have a profound impact on one’s mental health and well-being.

By Ruth Wilcock
Executive Director, OBIA

RUTH’S DESK

Stronger Together

Unprecedented, challenging, lonely, isolated, apart, stronger together. All words that describe the past year. Missing our routines, our communities and being separated from people we love has been so difficult. Yet, we are resilient and have found new ways to be connected. FaceTime, Zoom, Skype and the good old-fashioned telephone are ways that we continue to stay in touch with those we work with and those we love and cherish. My family and I have shared Zoom meals together and there is something special about “breaking bread together,” even if it is virtual.

In the past year, there have been many challenging “firsts”; however, there have been some positives. This past year, in collaboration with local community associations, we held a Virtual Provincial Holiday Party for survivors of brain injury. It was amazing as we had more than 100 people from all across Ontario coming together to celebrate the Holiday season. To put it simply, it was so much fun! During this challenging time, moments of “fun” are essential. We had games, sharing of poetry, and various activities that brought out humour, laughter, and genuine feelings of community and connection.

Events like this are essential. As we know, people across the globe are experiencing isolation and feeling cut off from the world, even more so for some survivors of brain injury and their families.

I recall being in a Zoom meeting at the beginning of the pandemic where a discussion of isolation was taking place. One survivor of brain injury spoke up and simply said “welcome to our world”.

For many who have sustained brain injuries, one of the first major losses they experience is the connection to their communities. Due to the impairments from their injuries, many survivors cannot return to work or their volunteer activities in the community. Furthermore, brain injury can have a profound impact on personality. This sudden change in personality, combined with limitations in day-to-day functioning, is not only difficult for the survivor to cope with, but for their family and friends as well.
Loss of community, loss of connection and, at times, loss of relationships can have a profound impact on one’s mental health and well-being. According to Julianne Holt-Lustand, who is a professor of psychology and neuroscience, lack of social connection heightens health risks as much as smoking 15 cigarettes a day or having alcohol use disorder. She has also found that loneliness and social isolation are twice as harmful to physical and mental health as obesity (Perspectives on Psychological Science, Vol. 10, No. 2, 2015).

The good news is that there is widespread consensus in the public health and epidemiology literatures that social connectedness causally protects and promotes mental health (Kawachi and Berkman, 2001; Perkins et al., 2015).

OBIA with our affiliated local community associations are working hard to be stronger together and maintain connectedness including virtual support. Prior to the pandemic, OBIA was leading the way in providing virtual support. In the past few years, we have supported more than 450 people who have participated in our Online Concussion Support Group (facilitated by a social worker). Our Peer Support Program has always been carried out through the means of the phone or virtually. In January 2020, we launched a pilot Online Support Group for Caregivers, and we were fortunate to receive pandemic funding to continue the program. Before, and now during the pandemic, we are seeing that connectedness and support can be provided virtually and be effective in bringing about change.

Be assured that OBIA is steadfastly here to provide care and support. If you are in need of support or have a client or a loved one who could benefit from our services, please feel free to call our toll-free helpline at 1-800-263-5414 or email support@obia.on.ca.

DISCLAIMER:
Articles may be reproduced from the OBIA Review provided credit is given to the authors wherever possible. Note: the opinions expressed herein are those of the respective authors and advertisers and not necessarily those of the Ontario Brain Injury Association (OBIA). OBIA will not be liable for any damages or losses howsoever sustained as a result of the reliance on or use by a reader or any other person of the information, opinion, or products expressed, advertised or otherwise contained herein. Where appropriate, professional advice should be sought.

Virtual Provincial ABI Conference 2021
Save the Date! October 28-29, 2021
See Page 27 - Call for Abstracts • Call for Sponsors (coming soon)
More Information: www.ontarioabiconference.ca
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. Furthermore, 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 understand. This month, we describe two Acquired Brain Injury (ABI) studies, which we feel have the potential to make a big impact on the management of memory challenges following ABI.

### Improving Episodic Memory with Animal-Assisted Therapy

Emotional cues influence learning and memory. Events and activities with significant emotional importance are often remembered better than those without strong emotions (Theis et al., 2020). For example, we usually will remember our child’s first birthday from several years ago better than the work meeting we had last week.

Animals can boost positive emotions and thoughts for many people. In November 2020, a team in Switzerland published a study that reflected on the long-term impact of animal-assisted therapy on episodic memory among individuals who had sustained a brain injury (Theis et al., 2020).

Episodic memory is the ability to recall specific events or activities in one’s past. For example, remembering your daughter’s wedding or attending your graduation.

This research project was a follow-up to an initial study done two years earlier. For part of each therapy session, participants and animals actively interacted with each other. Dogs, cats, guinea pigs, rabbits, sheep and donkeys were some of the animals used in the study (Theis et al., 2020).

The original project provided strong support for the idea that animal-assisted therapy can improve social behaviour, positive emotions and increase therapy motivation in individuals with brain injury (Theis et al., 2020).

Eight participants from the original study were recruited for the follow-up study and were unaware of the project objective. The researchers presented individuals with four pictures from prior rehabilitation sessions. Two of the photographs included animal-assisted therapy sessions, and two did not. The researchers measured participants’ perceived memory and emotional rating of the rehabilitation sessions (Theis et al., 2020).

Overall, participants reported they remembered animal-assisted therapy better 12 out of 15 times. They also rated animal-assisted therapy sessions to have more positive emotions and less arousal than those that did not include animals. Furthermore, common ideas expressed during interviews with participants were that animals are authentic, honest, and offer unconditional help (Theis et al., 2020).
The results from this research study indicate animal-assisted therapy may be beneficial in supporting episodic memory among individuals with a brain injury. This may be due to the intensified positive emotions associated with the presence of the animal.

This study looked at participants self-reported memory of their rehabilitation sessions. Future research should explore participants’ ability to recall specific events and activities during their therapy sessions.

However, the overall results are promising and suggest greater application of animal-assisted therapy in rehabilitation and daily life may help individuals with a brain injury improve their memory of events and activities long-term.

**Using Scent During Sleep to Improve Memory**

Sleep is essential for the consolidation of memories and our ability to recall memories at a later time. Recent studies have suggested that environmental cues may impact memory consolidation occurring during non-REM sleep (Bar et al., 2020).

The presentation of environmental cues during sleep to affect memory is called Targeted Memory Reactivation (TMR). An ideal environmental cue is a smell because smells can be powerful triggers for memories and usually do not wake people from sleep (Bar et al., 2020).

Recently, a team of researchers in Israel set out to explore how they could use scent to improve memory consolidation during sleep.

During a spatial memory task that required participants to remember words and their specific locations, researchers administered the smell of roses to participants’ nostrils using a special mask. Some words were cued with the smell of roses, and others were not (Bar et al., 2020).

Following the spatial memory task, participants took a pre-sleep memory test to measure their ability to recall specific words’ locations. Then they took a short nap at the lab while wearing the mask. During non-REM sleep, the researchers delivered the same smell to one nostril using the mask (Bar et al., 2020).

Once participants awoke from the nap, they completed a post-sleep memory test. This test required them to recall words’ locations from the initial task (Bar et al., 2020).

Researchers found that memory for cued words was higher than for uncued words in most participants. Also, participants’ memory for uncued words significantly worsened following sleep, but there was mild improvement for cued words after sleep (Bar et al., 2020).

The results from this research study show that memory consolidation can be strengthened using environmental cues, like scents. Further research should explore this technology’s use with diverse populations, including those with acquired brain injuries, to consider its application as a tool to support memory.

**References**


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

Bartimaeus Rehabilitation Services Inc.
Providing direct therapy, transitional support and community integration to children, youth, adults and seniors recovering from an acquired brain injury and/or serious trauma.

www.bartimaeusrehab.com
1-877-542-9990

Setting the standard of excellence in Rehabilitation Support Workers since 1988
Welcome to spring. Lucky for us, winter was not as bad as it could have been. My name is Steve Noyes. Unfortunately, I sustained a catastrophic Traumatic Brain Injury (TBI) in 2007. Along with some cognitive issues that I have as a result of my injury, my most bothersome issue is my memory. I have very little short term memory and some long-term memory loss as well. Since the day of my accident, I have had the wonderful opportunity to work with some great people on strategies to improve my memory. Some of them have worked; some have not.

I wanted to start off this message with a couple examples of how my inability to remember has failed me, but guess what? I do not remember any examples! Just another fine example of memory loss following a TBI.

After consulting with my Rehab Support Worker and my wife, I was able to list some of the incidents where my memory has caused my family and I some grief. As a result, I have had to put in place coping mechanisms to try to circumvent these memory lapses.

It has been pointed out to me on many occasions that I have failed to remember to tell my wife some important information. I often will think that I did tell her, when I had only told my Rehab Support Worker. What I have learned to do now, is keep a journal, and I make note of items to talk to my wife about. Every night, we will review that list and see if there is anything on it that needs discussion.

When it comes to financial matters, my memory has played a very significant role in our family dynamics. There have been times that I would pay a bill and then turn around the next day and pay the same bill a second time, forgetting that I just paid it. We have had many bills double paid. There were also times when I would sit down to pay a bill, something would come up, and I would forget to pay the bill and we would miss a payment. This shortness of memory was dealt with in a couple ways. The first and most difficult way for me was the removal of my financial competency. At this point, financial responsibility fell to my wife. This solution was very emotionally hard on me; however, it only lasted about a year. After regaining my financial competency, my wife and I schedule weekly ‘Budget’ sessions where we pay bills, review spending and put everything in order.

Another team member that helped me substantially in managing my memory was my speech language pathologist, Dee Sperry. Dee introduced me to the wonderful world of smart phones. By using the mobile device features, I can start to manage my time as well as my to-do list and stop relying on my not so reliable memory. I am using my phone daily and have control over my calendar, my contacts and my to-do list.

One of the other areas that I appear to have trouble with is having a lack of initiative. In my case, it is a lack of memory, I end up forgetting what I was supposed to do. Luckily, I have been able to manage this with task lists enabling me to manage my time better.

These are my strategies for coping with my memory problems. Again, the biggest challenge is remembering to use them. Because I often forget my strategies, there is still lots of forgetting, which is frustrating for me and the people around me—even after 13 years!
In June of 1992 I was diagnosed with brain cancer. More particularly, a malignant brain tumor called medulloblastoma. I will not go into detail about the medical procedures or the cancer treatments, but I will say that I am now disabled.

Trying to live what is considered a “normal” life is not easy when you appear different. The medical procedures were drastic, but they are minimal compared to the impact on my social and psychological well-being.

I have been in and out of rehabilitation centres and received a large part of my rehab from my sensei, karate instructor. I discovered an amazing friendship with this man. We were so close that when I began university, he gave me his black belt.

My friends and family were a great support system then and continue to be. However, I had to learn important qualities to socialize in this competitive world. I had to love myself. That may sound strange but it is a self-empowering principle. If you love yourself, you can be more patient with yourself and others. You will possess more self-esteem and confidence. One great factor of loving yourself is you will receive love from others. As awkward as it sounds, I will say that it got me through university, college and helps me interact with others. Understand that if you don’t respect, believe in, or love yourself, an admired vocation may be impossible to reach. Simply relying on your appearance is not sufficient; you need to be full of integrity and self-confidence.

Please don’t think that I’m claiming self heroism; I am still realistic. I know that some may not consider me attractive. I know that my body and memory have been altered. Regardless, I can still attempt to live to my potential.

I have listened to many motivational speakers and the major support system they rely upon is religious thought. I suggest that you read the book of James in the Roman Catholic bible. It is reading that builds character and is motivational. I would like you to focus on the quote: “what good is it to have faith if it is not practiced in deeds.” Actions are louder than words. If you respect and love yourself, you’ll have the incentive to practice your faith in your higher power and trust and believe in yourself. You’ll also include yourself in social circles, talk to the man or woman sitting next to you, start a new hobby etc.

I’ll be honest with you and explain what loving yourself means. I’m disabled now and have perception failure and yet still try to communicate with others. You may possess accurate functions that make communicating easier. I’m telling you: love what you have and take advantage of these functions.

By loving yourself, you’ll be assertive and active. If you’re not assertive and active, you could be missing out on many things. You might not give yourself the chance to allow a young man to share with you what he can find and see through his telescope. You may not be allowing a young lady inviting you to her next basketball game. These are moments shared that expose your true talents and genuine abilities. That’s quality time! You can’t beat that!

Take it from me. I went from a common 18-year-old, to a hospital bed, to a radiation table, to a karate training centre, to a university hallway, to a college dormitory, to now, and learned to love myself. Love yourself, thank you.
2021 Brain Injury Webinars for Professionals

April 22  Aerobic Exercise to Improve Brain Health for Concussion
Guest Speaker: Dr. John Leddy
Sponsored by: PoNS™ and Neurochangers

April 29  Brain Food: How to Eat For Optimal Brain Health
Guest Speaker: Dr. Mary Scourboutakos
Sponsored by: Koru Nutrition Inc.

May 6   Cognitive & Neurological Consequences of COVID-19
Guest Speaker: Dr. Adrian Owen
Sponsored by: McLeish Orlando

May 13  Shaping the Brain: The Woman Who Changed Her Brain AND Exercise for Rehabilitation After Brain Injury
Guest Speakers: Barbara Arrowsmith and Enrico Quilico
Sponsored by: Pace Law

May 20  A Holistic Approach to Brain and Heart Health
Guest Speaker: Dr. Paul Oh
Sponsored by: MedEx Health Services

May 27  Empathic Strain & Trauma: Understanding the Essentials During Times of Crisis
Guest Speaker: Françoise Mathieu
Sponsored by: Gluckstein Lawyers

June 3   The Road to Recovery
Guest Speaker: Dr. Matthew Galati
Sponsored by: VoxNeuro

Presented by:
ONeBRAND INJURY ASSOCIATION
education • awareness • support

Each webinar will be hosted on ZOOM from 12:00pm until 1:00pm (Note: May 13 will be 90 min)
More info: www.obia.ca/complimentary-brain-injury-webinars-for-professionals/
Fee: No Charge (Eligible for CME credits)
Contact: Terry Bartol, OBIA
Ph: 905-641-8877 ext. 234
Email: tbartol@obia.on.ca
There is hope for a better tomorrow.

Thomson Rogers is dedicated to getting accident victims the compensation and support they deserve.
Acquired Brain Injury (ABI) has long been understood to have a cognitive, behavioural, emotional and physical impact on an individual. Appropriate treatment of all symptoms is paramount for good quality of life and wellbeing. Multi-Sensory Environments (MSEs) have traditionally been used for mental health conditions, intellectual and developmental disabilities, dementia, and pain management. Despite benefits in these individuals, the efficacy of MSEs has not been fully understood in ABI. In this article, I review two research studies that investigate the impact of MSEs in children and adults with various ABI severities, and relate these findings to potential improvements in cognition and executive functioning. These studies and others form a foundation for current research at Mohawk College on the impact of MSE on wellbeing in ABI.

MSEs have been increasingly installed worldwide in hospitals, rehabilitation centres, group homes, residential homes, schools, nursing homes, maternity hospitals, and pain centres. MSEs are also well known as Snoezelen rooms. Jan Hulsegge and Ad Verheul from the Netherlands derived the term “Snoezelen” in 1975 by blending two Dutch words, “snuffelen” meaning to sniff/seek out and “dozelen” meaning to relax, in order to describe a process of controlled sensory stimulation in a non-threatening secure environment. These specially equipped rooms aim to stimulate primary senses through light, sound, smell and touch. Some examples of sensory equipment include mirror light balls, aromatherapy oils, fiber optic light strands, calming music, bubble tubes and other novel sensory stimuli. These stimuli can be presented in isolation or in combination, intensified or reduced and used passively or actively. MSE is designed to create a feeling of comfort and safety, where the individual can relax, explore and enjoy the surroundings. Linda Messbauer, a consultant responsible for bringing the MSE to North America once said, “This room is to help improve the quality of life for everyone. It helps promote a balance the clients can feel.”

Sometime ago, Hotz et al. (2006) thought that because children recovering from severe brain injury often show sensory and behavioural changes, MSEs could potentially assist children during the early recovery period as they emerge from minimally conscious states to higher levels of functioning. What they found in 15 children with an average age of 10 years, was that personalized MSE therapy significantly reduced the children’s heart rate, having a calming effect, after each therapy session. On average, heart rate continued to decrease across 10 therapeutic sessions, showing a cumulative calming effect. In most of the children with spasticity, muscle tone significantly decreased in all the affected extremities. The MSE also showed a positive impact on agitation levels and behaviour in some...
children more than others. Children also received daily comprehensive neurorehabilitation programming. Thus, these results suggest that MSE promotes physiological relaxation and facilitates muscle stretching and range of motion exercises in children with an ABI, as part of a holistic treatment plan. Functional outcome measures such as the Rancho Los Amigos Scale and the Functional Independent Measure (FIM) showed a significant improvement in the children from admission to discharge.

Neuroscience research supports the idea that MSEs produce calming effects in the brain. Poza and colleagues (2013) used electroencephalography, a tool to measure synchronous brain network activity, to quantify the effect of MSE stimulation on the brain. In 23 adults with mild to severe ABI with an average age of 38 years, MSE induced a general increase in low frequency bands (theta and alpha) and a general decrease in high frequency bands (beta1, beta2 and gamma). In fact, individuals with an ABI reached a significantly higher increase in the low frequency theta band when compared to healthy individuals. An increase of the relative power in theta and alpha bands, together with a decrease of the relative power in beta and gamma bands, are commonly observed in individuals during relaxation and meditation states. When participants were asked how satisfied they were with the MSE experience, individuals with an ABI rated their experience as 7.8/10 and rated their level of relaxation as 7.6/10. These rates were similar for healthy individuals. Thus, this study showed that relaxation could be achieved both behaviourally and neurologically in ABI through the use of MSEs.

Changes in brain arousal through the relaxation process, reduces stress, anxiety and both physical and emotional pain. It maximizes a person’s potential to focus, initiate and react in a meaningful and productive way to situations, objects, and people in their environment. This finding is consistent with the information processing model, which posits that when individuals are paying attention to the information they are being exposed to, they are able to achieve better outcomes related to short-term and long-term memory. Thus, MSEs have the ability to impact important executive functions, including working memory, planning and self-control, which may be impaired to varying levels among those with ABI.

Another consideration among those with ABI involves the fact that cognitive energy drains more quickly when completing everyday tasks. Once depleted, it takes more time for energy levels to be replenished as there is less energy available in reserve (like a gas tank) to draw from after sustaining a brain injury. Given the physiological and cognitive relaxation previously discussed, MSEs have the ability to not only replenish energy levels, but proactively protect reserve levels by helping those with ABI to better manage their stress.

Taken together, this collection of evidence suggests that MSEs induce...
calming physiological and neurological responses in individuals with ABI with potential benefits to daily functioning. However, more research is needed to fully understand the potential MSEs have to impact wellbeing. Such research studies would be timely, given the increasing presence of MSEs in our communities and the potential for it to be a therapeutic option for ABI. My colleague, Dr. Anne-Marie DePape and I are professors within the Brain Disorders Management Program, and Mental Health and Disability Management Program at Mohawk College. We are currently collaborating with the Mohawk College Multi-Sensory Lab and its technologist, Kaela Millar, to study the impact of MSE on wellbeing in ABI. Mohawk College houses a state-of-the-art MSE where individuals from Hamilton and surrounding communities participate in programming that targets symptoms associated with various health conditions including ABI. Anecdotally, ABI clients have shared about their improved emotional and psychological wellbeing as a result of the MSE therapy. Thus, we believe we are well positioned to contribute empirical knowledge in this area. We will examine the MSE’s effect on psychological functioning, self-actualization, positive and negative affect. If you are interested in participating or know someone who might be interested, we invite you to get in touch with Ms. Kaela Millar at kaela.millar@mohawkcollege.ca.

In summary, MSEs are growing in popularity for the treatment of a number of health conditions. Therapeutic effects such as relaxation has been observed in individuals with ABI with various severities. Relaxation was observed through behavioural, physiological and neurological changes in these individuals. The full extent of MSE’s therapeutic effects in ABI are still unknown. At Mohawk College, we will explore the impact of MSE on wellbeing in ABI. We are curious about whether empirical evidence would support anecdotal reports of improved emotional and psychological wellbeing after MSE therapy. This research endeavour will assist the field in its understanding of the efficacy of MSE for ABI.

References:

About the Author
Krissy Doyle-Thomas, Ph.D. is a Professor at Mohawk College and a Medical Neuroscientist. Her research has used cutting-edge brain imaging and modulation technologies to better understand and treat emotion and cognitive difficulties in individuals with a brain disorder. Krissy teaches into Ontario’s first graduate certificate programs in Brain Disorders Management and Mental Health & Disability Management. For more information about these programs please visit: https://www.mohawkcollege.ca/programs/graduate-studies/brain-disorders-management-470
https://www.mohawkcollege.ca/programs/graduate-studies/mental-health-and-disability-management-475

There is hope, there is help!
**CALL THE OBIA HELPLINE**
1-800-263-5404

M A R C H 2 0 2 1 | O B I A R E V I E W 15
Memory deficits are perhaps the most common and persistent cognitive problems after brain injury, stroke, or degenerative disease. Treating memory deficits involves first assessing the survivor’s strengths and weaknesses. For example, although survivors with left hemisphere damage may have difficulty remembering what they hear, they may still be able to remember what they see quite well. This person may benefit from using a voice recorder to compensate for poor auditory processing. A person with right hemisphere damage may have problems remembering what they see but little difficulty recalling what they hear. They may compensate by using the camera in their cell phone to record important visual information. The author asserts that effective therapy involves strengthening the spared skills and learning new skills that compensate for the survivor’s weaknesses. Some of the more common strengths and weaknesses are discussed below.

**Strengths**

Many brain injury survivors are able to learn procedures quite well, but they may have no memory for the training process. For example, they can learn to type, to operate machinery such as a copier, or to do data entry so long as they have enough practice. They can usually conjure up memories so long as they are given the appropriate cues. They also benefit from memory strategy training so long as the strategy has some obvious utility. They can re-learn skills and abilities quickly so long as they were proficient before their injury. They can usually recognize people or things well although they have difficult recalling the name of the person or thing they have just recognized.

**Weaknesses**

It is often difficult for a traumatic brain injury (TBI) survivor to formulate or to recall the gist of what he or she hears or sees or does. He or she may have difficulty recalling the time when an event occurred or the specific details of that event. He or she may not quickly form associations such as remembering names and faces for new acquaintances. They may also take longer than most people to learn new skills.

**How can a therapist improve a survivor’s memory?**

The author provides several techniques that have, over the years, proven to be the most effective (Parente, St. Pierre, and Herrmann, 2021). These are listed below with a brief discussion of how the therapy would be implemented. Before delving deeper into these techniques, it is first necessary to discuss several general strategies that provide the foundation for memory training.

**Precursors to memory training**

These therapies improve overall cognitive functioning and are necessary before memory training begins.

**Attention Process Training.** Sohlberg and Mateer (1987) developed a hierarchy of procedures that have proven effective for training attention and concentration. The program is based on a hierarchy of attention training exercises that become progressively more difficult. The hierarchy includes: focused
attention, selective attention, sustained attention, alternating attention, and divided attention. Although attention training is usually provided in the early stages of brain injury rehabilitation it might also be used for other purposes, for example, for treating children with attention deficit disorder. Attention may also be improved with medication.

**Maintenance Rehearsal** is repetition that sustains information in memory so that it can be transformed in a way that makes it more retrievable. Most people with brain injury need to rehearse experiences several times before they will remember them. However, they lose the ability to rehearse automatically and must now do so consciously (Huppert & Piercy 1978). Usually survivors’ must rehearse what they hear, see, or do three-five times before they can retain it. For example, when conversing, the survivor should end a discussion by reviewing what was said several times or recording the conversation and listen to it again later. The goal of therapy is to train the survivor to consciously rehearse three-five times.

This therapy begins by showing the survivor how well he or she can remember when left to their own devices. For example, the therapist can show the survivor how well he or she can remember phone numbers after hearing them once. Next, the therapist demonstrates how the survivor’s memory can improve dramatically by simply consciously rehearsing the information several times. This same general procedure works with a variety of different materials such as text paragraphs, name-face associations, and conversations.

**Imagery.** Mental imagery is an important component of most memory strategies. The therapist first teaches the survivor close their eyes and conjure mental picture of familiar events, people, or places. The therapist then gradually lessens the level of familiarity as the survivor becomes more adept at forming the mental pictures. For example, one aspect of remembering names and faces is to imagine the face and to rehearse some special feature of the person’s face when associating the name. After imagery training, the therapist can teach the survivor rehearse some exaggerated feature which later serves as a cue for recall. Political cartoonists frequently use this technique when exaggerating the special features of political candidates which makes them more memorable.

**Specific memory training techniques**

All of the following memory training techniques build upon attention, rehearsal, or imagery training discussed above. Once the survivor has completed the above training, they are then ready to learn specific compensatory strategies. These suggestions are phrased in the form of advice the therapist would give to the survivor.

**Create a vivid first impression.** Rehearse exaggerate attributes of a situation, person, or thing that creates a vivid mental image. For example, exaggerating a new acquaintance’s red hair as flames leaping from their head can be used as a cue later recall of their name.

**Recall Associations.** Relate something new to what you already know. For example, ask “What familiar movie star or friend looks like this person?”

**Relive the emotion.** Attend to the mood or emotional content of the encounter. Recalling the mood that was present during an encounter can cue memory for specifics of the event.

**Retrace your steps.** Recall your actions or whereabouts at the time of the to-be-remembered event. Retracing these events cues recall of the specifics.

**Return to the Scene.** Going into a room and not knowing why you are there can be remedied by returning to the space where you were just before entering the room you are in now.

**Use Primacy and Recency.** When conversing, place your most important information at the beginning (primacy) and the end (recency) of your conversations.

**Distribute the Learning.** Distribute practice over several short sessions rather than one marathon. For example, two hours of learning distributed over four half hour sessions will provide much better memory than would occur if the learning session was two hours without a break.

**Rehearse Your Personal Facts.** Make a list of personal information such as your name, address, friend’s names etc. Have a family member quiz you on these facts every day. This technique may be especially useful for clients with progressively degenerative conditions.

**Refresh Your Academic Skills.** Purchase academic remediation software and practice these skills at a grade level where you feel comfortable then gradually increase the grade level.

**Use Prosthetic Aids.** These can be something as simple as writing list of things to buy at the store or a list of things to check before leaving the home. More complex prosthetics such as you cell phone can store phone numbers. Addresses, pictures or provide reminders.

**Group Numbers.** Group numbers into larger than single digit units. For example, when recalling the phone number 443-838-6189, rehearse the number in groups of three and two i.e., four-forty-three, eight-thirty-eight, sixty-one, eighty-nine.

**Use mnemonics.** Functional mnemonics are those that are personal and unique to the survivor’s lifestyle. They have utility because they solve a problem for the survivor. For example, a person who has problems remembering names and faces may use the NAME mnemonic below.

**How to Remember Names and Faces.** Notice the face – look at the face when conversing. Ask the person to repeat their name and look at their face while you hear it. Mention the name while talking to the person. Exaggerate some special feature.
Learn New Skills. Practice typing, try to learn a foreign language, learn to play a musical instrument.

These strategies have been the most effective of any the author has used over the years. The therapist will have to pick and choose those that seem appropriate for an individual survivor as well as those that the survivor is motivated to put into practice. The *incentive* to use the technique cannot be overemphasized. A survivor’s memory will improve so long as he or she sees value in the technique and is motivated to implement it.

**References**


Managing the Next Wave: Self-Care During COVID-19

As caregivers, we often hear this advice: Recharge your battery. Fill your tank. Put on your oxygen mask first.

Yeah—we get it. But after eleven months of COVID-19 life, we’re exhausted. Self-care feels like one more thing to do.

Why Self Care NOW?

It’s essential. In this prolonged state of fear and uncertainty, we’re left in a state of hyper-arousal or constant stress.

The impact? You may find yourself feeling tired, forgetful, distracted or irritable. You might experience hives, stomach problems or headaches. And long-term stress can lead to depression, anxiety, chronic fatigue or other health issues.

What helps? Scheduling frequent bouts of daily self-care can help you recharge—even during a pandemic.

Here are some quick, powerful and easy things to try:

**KEEP STRONG**

**Exercise**

Research shows that thirty minutes a day of moderate exercise (like walking) can be a powerful health and mood boost. Three bouts of ten minute walks provide similar benefits. A few minutes moving outdoors, especially in the winter, can make a difference.

Housebound? Try Nike Training Club for free online classes (stretches, strength, family-friendly and more).

Try online yoga: See Yoga with Adriene, a huge variety of free classes, Or try gentle yoga with your loved one.
Boost your nutrients

Eat more fruit and veggies—the easiest, most impactful way to improve your diet. Stock up on frozen produce so you’re prepared—even during a lock-down.

Drink more water. Exhausted? You may be dehydrated. Fill a water bottle and stick it by the kitchen sink or on your desk. Write “drink water” reminders on post-it-notes.

Call your doctor

With increased stress and sedentary home time, your blood pressure or cholesterol may be creeping up. Keep up with health screenings to catch any health issues early. Many family health teams also provide online support from dieticians or mental health counsellors. Just ask.

KEEP CALM

Try mindfulness

Current CAMH research shows that practicing mindfulness can reduce stress and increase well-being in caregivers. Mindfulness means focusing on the present instead of thinking about the past or worrying about the future.

Got eleven minutes? Try Mindfulness for Caregivers with Sue Hutton.

Schedule in quick Soothers and Energizers throughout each day

Soothers: Help reduce the intensity of stress and worry. Sip tea, cuddle your pet, knit, read, meditate, pray, water plants, listen to music.

Energizers: Help you feel accomplished and lift your mood. Try a new recipe, clean out a drawer, walk, exercise, dance, sing, help a friend or neighbour.

Notice what brings you happiness or meaning

Try Positive Journalling. Each day, jot down three things that were joyful and meaningful to you. It could be admiring a sunset, reading a book, or singing a song with your loved one. See Write Yourself Happy by Megan C Hayes.

KEEP CONNECTED

Countless studies show that strong social relationships are crucial for mental health, physical health and longevity.

Identify your Joy Circle. Who do you feel good around? Connect with someone outside your household once a day in a Covid-19 friendly way. Sometimes a phone call is best — with no online distractions.

Help someone: Giving feels good. See who might be especially isolated right now. Call them or help your loved one contact them. Drop off a pot of soup or some groceries.

Invite others to help you:

Have a conversation with family and friends about what might be helpful. For example, your loved one may enjoy a weekly “virtual tea date” with them. That frees up some time for you.

See Connecting Virtually with other Families for meet ups and support.

GET PROFESSIONAL MENTAL HEALTH

Despite your best self-care strategies, you may be struggling. You’re not alone. Recent CAMH research shows anxiety is common as the pandemic continues.

What to do? Look for signs like disrupted sleep, changes in appetite, persistent sadness and feelings of worthlessness. If these symptoms are making it hard for you to get through your day, contact your doctor.

Each day, schedule in quick ways to keep yourself STRONG, CALM and CONNECTED. Both you and your loved one will benefit.

RESOURCES

• “Tolerance for Uncertainty: A COVID-19 Workbook” for healthy coping and self-care strategies
• CAMH COVID-19 tools for coping with stress and anxiety
• Covid-19 Caregiver Tip Sheets, The Ontario Caregiver Organization
• Scale Program (Supporting Caregiver Awareness Learning and Empowerment) The Ontario Caregiver Organization online webinars starting February 2021
Are You Receiving A Personal Injury Claim?

CONSIDER A STRUCTURED SETTLEMENT

If you are receiving a settlement for a personal injury claim, you need to consider a structured settlement - the only no fee, tax-free investment option available that ensures long term stability for the injured party.

For a no-obligation consultation, we invite you to contact our office today.

1.800.263.8537 | www.henderson.ca

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

OBIA Advisory Council (OAC) Report

The last meeting of the OAC was held online on January 20, 2021. During that meeting the following items were on the agenda for discussion:

- ABI Justice Project
- How to share online programs
- Government grants & programs
- Ways to promote health and well-being of staff
- ODSP/OW Advocacy letter writing campaign
- Initial discussion about the Provincial Conference

Thank you to the following community associations for sharing reports on their activities over the past few months. For other community associations, please check their websites for updates.

BIA Niagara

The Brain Injury Association (BIAN) has been committed to maximizing the quality of people’s lives through virtual connections. BIAN’s Oasis Clubhouse continues to release a monthly activities calendar which highlights some of our favourite opportunities. Music Trivia is a member favourite and is scheduled every Monday. We have been successful in running a variety of activities such as monthly virtual chair yoga, coffee socials, BINGO club, peer support groups, jeopardy and other fun brain games! We offer one-to-one calls once a month to support each individual in their unique quarantine journey.

In December, BIAN hosted live acoustic night featuring guitar and some classic songs. Show and tell was well received as we each had an opportunity to share something important to us from the comfort of our own homes. All of our activities are live on Zoom every day. Please email meka@bianagara.org for more information.

BIAN participants also participate in monthly horticultural craft sessions and painting sessions which are held via Zoom, along with monthly support groups via Zoom. Currently, we also have a monthly Concussion Seminar for individuals who have recently sustained a concussion and/or for family members/caregivers, facilitated by Dr. Sean Robb. For more information please email pat@bianiagara.org.

BIA Windsor-Essex

Thanks to generous government and local funding, the Brain Injury Association of Windsor and Essex County continues with its programs and services, all available on-line to reach out to those most in need. With financial support to offset the huge drop in donations and fundraising, BIAWE has been able to maintain its programs and offer new ones. This includes the weekly Coffee Chat, a social for survivors and the Pediatric Caregiver Support Group. We have been able to provide tablets with keyboards and smart speakers to our clients who otherwise could not access the technology needed to attend the virtual support group meetings. We are assisting clients with on-line forms and applications necessary to continue income support and find new avenues of support.

BIWE is leading advocacy for the provincial government to change its regulations in the Ontario Disability Support Program and Ontario Works legislation to allow it to provide a monthly payment for internet services for those in receipt of social assistance. Support has come from OBIA and many other local brain injury associations, as well as many other organizations and municipalities. Our clients rely on the internet to arrange appointments and access programs that would otherwise not be available to them. The provision of internet removes the limitations of geographic location, health status, financial constraints and other barriers to participating in services.

One of the more positive outcomes of the pandemic is that BIAWE is collaborating more with other brain injury associations in the province, beyond the Peer Mentoring Program. We are
sharing programs and providing our clients more opportunities for learning, sharing and socializing. We expect this to continue past the pandemic, as it is beneficial to all concerned. It expands our mission of enhancing the lives of those affected by ABI.

**BI Society of Toronto**

BIST is very excited to announce that, in collaboration with OBIA, we hosted another virtual charity fundraiser: *Nix The Mix, Valentine’s Day Edition* on February 11. There was an exciting panel of presenting guests, Chef Tamara Coleman, who delighted the viewing audience with various chocolate recipes, Musical Guest, Eric Lambier (Elton John Tribute Singer), and another fantastic Guided Mixology Session with Mark Lapowich.

BIST continues to run their online ABI Justice project initiative partnered with The Law Foundation of Ontario. The initiative provides rehabilitation professionals who work in the ABI field, a free virtual toolkit training to learn about strategies and resources to support individuals with ABI through the criminal justice system in Ontario. Please visit: [www.abijustice.org](http://www.abijustice.org) for more information.

BIST is thrilled to offer a virtual Punjabi speaking support group for persons with ABI. This ABI support group will be facilitated by 2 group facilitators who are fluent in speaking Punjabi. Please visit our website more information. All other support groups have continued to run virtually on a regular basis.

Due to the on-going pandemic, BIST advocates and recognizes the need of technology being more important now than ever. In response, BIST has created a series of instructional videos to help their clients and community members become more acquainted with technological tools. The videos educate people on how to utilize Zoom, FaceTime and set up applications, such as Google Drive. People interested in learning more, are asked to please visit the BIST website for more information.

New Beginnings Clubs (both Sarnia and Chatham) have been closed during the Provincial Lockdown; however, we’ve still been able to serve our members in a number of different ways. We have been preparing and delivering frozen meals weekly to our members. We have been delivering groceries to members who do not have family or friends that can assist and we started a technology program which allows us to lend out tablets and iPads to members who don’t have access to technology. We’ve even
delivered necessities like new shoes and warm winter coats to our members in need.

It’s been a very challenging time for all of our members but we’ve stayed connected and can’t wait to reopen our doors again soon!

**BIA Waterloo Wellington**

Like many other associations, BIAWW has been pivoting our programming to virtual in the wake of Covid-19.

We now offer an array of virtual drop-in chats, presentations of survivor stories, healthy living (mindfulness, yoga, exercise), and activities just for fun to promote engagement.

**Brain Connect Program** - Our “Brain Connect” program providing technology assistance to individuals living with ABI in Waterloo Region and Wellington County is still going strong! We are now hosting weekly “tech-talks” to share new apps, tricks and tips. Here’s a link specifically about apps supporting healthy living. [https://youtu.be/St6Q_Z005o8](https://youtu.be/St6Q_Z005o8) This program is supported by grants from KWCF and the City of Guelph.

**Brain Access Program** - With support from the United Way Waterloo Region, we have launched our new “Brain Access” program supporting survivors in navigating access to income programs including filing taxes. [http://www.biaww.org/brain-access.html](http://www.biaww.org/brain-access.html)

**Lidz on Kidz Program** – Thanks to our lead sponsor McLeish Orlando, KWCF – Woolwich fund, Shift Concussion Management and other funders, we are gearing up to distribute over 1,000 bike helmets to children in need in Kitchener, Waterloo, Cambridge, Guelph, Mount Forest and Woolwich Township this year! Our contact-less delivery process will keep volunteers and participants safe!

**Virtual Christmas Party** – Our Christmas party was a big success! Members joined for an evening of games, fun, laughs and most of all connecting with other members.

**Fundraising**

- We held our a “pop up” fundraiser in November before we moved into the Covid “red” zone. Thanks to all of the volunteers and shoppers.

- We are pleased to announce our new Online Store! Products made by individuals with brain injuries are now available for sale. This includes our greeting cards, face masks and glass pendants. Please check out our site: [https://brain-injury-association-waterloo-wellington.myshopify.com/](https://brain-injury-association-waterloo-wellington.myshopify.com/)

- Mark your calendars! We are hosting our first virtual fundraiser on Thursday April 8th. Details will be up on our website soon!
DISCLAIMER:

Articles may be reproduced from the OBIA Review provided credit is given to the authors wherever possible. Note: the opinions expressed herein are those of the respective authors and advertisers and not necessarily those of the Ontario Brain Injury Association (OBIA). OBIA will not be liable for any damages or losses howsoever sustained, as a result of the reliance on or use by a reader or any other person of the information, opinion, or products expressed, advertised or otherwise contained herein. Where appropriate, professional advice should be sought.
Call for Abstracts
Provincial ABI Conference 2021

The Ontario Brain Injury Association (OBIA) in collaboration with participating Community Associations, is pleased to announce that the Provincial ABI Conference 2021 will be held on October 28-29, 2021, virtually.

The Provincial Conference Committee is seeking oral presentations from professionals, researchers, survivors and caregivers that will reflect current themes and issues relevant to the brain injury community.

In particular, we are seeking submissions that describe research initiatives, technologies, breakthroughs, delivery models, novel therapies or interdisciplinary advances that have the potential to set the stage for changing the face and focus of Brain Injury Rehabilitation. We encourage presentations that demonstrate links between clinical practice and the experiences of survivors and caregivers.

With the virtual setting, all presentations will be delivered using Zoom on the official conference platform. Concurrent presentations will be 45 minutes in length.

Abstracts will be accepted from February 15 until April 15, 2021.

All abstracts will be reviewed by the Abstract Selection Committee for relevance, quality of content, originality and province-wide representation. Selected presenters will be notified of their acceptance by May 21, 2021.
I wonder if I’ve been changed in the night,” says Alice in Alice’s Adventures in Wonderland. “Let me think: was I the same when I got up this morning? I almost think I can remember feeling a little different. But if I’m not the same, the next question is, who in the world am I?”

Sometimes a traumatic brain injury can feel like falling down a rabbit hole, or being trapped on the wrong side of a looking glass, especially in the first days or weeks of recovery. You feel different; you are not sure who you are—the most daunting aspect of all these changes is the fact that you are having trouble with your memory.

What is memory?

Memory is the brain taking in, keeping, recalling, and using information. A brain injury can affect any of these facets of memory. And it can also make it hard to learn and remember things.

How can TBI affect memory?

Confusion is very common for people in the early recovery phase of a brain injury. They may not remember events that happened immediately before the injury or events from their hospital stay. As they recover, people who have memory problems typically have more difficulty with remembering recent events or learning new information (recent memory), rather than forgetting their identity or events that occurred in the remote past (remote memory).

What can make memory problems worse?

Other symptoms from brain injury can exacerbate memory problems, including:

- Fatigue and lack of sleep
- Stress
- Illness, poor health
- Strong emotions like anxiety, depression, and anger

Memory problems are not only frustrating, but they can also be dangerous. They can impact people’s whole life—from interfering with their work or home life to affecting their ability to drive a car or take care of their children. It’s important for people to talk with their doctor about their memory, especially if the problems change or worsen.

Even after the “acute” recovery phase has passed, people with TBI can continue to have problems with their memory. They may forget details from conversations or have trouble remembering names, appointments, or basic procedures like doing the laundry. For some people after a TBI, their problems with memory never resolve; they may need to use tools or strategies to make up for the loss.

Strategies for remembering

Types of memory problems differ depending on each injury, but here are some general strategies to help:

- Write everything down—keep a notebook, mobile device or a PDA with you at all times to remember what you have to do.
- Use signs, labels, or cue cards, or iPhone or Android smartphone apps to remind you where objects are located.
- Keep a “cheat sheet” of important information in your wallet.
- Buy appliances that turn off automatically.
- Use a pill organizer to organize your medicines.
- Get enough regular rest during the day.
- Set a routine: Have a plan for each day and each week so you remember important things like taking your pills and going grocery shopping.
- Have a family member take notes during meetings with your doctor or healthcare provider.
- Break down new information into small parts. Learn the small parts instead of trying to learn everything at one time.
- Focus on one thing at a time.
- Keep a journal to record your progress, your thoughts.

Don’t go it alone

Living with memory problems after a TBI can be challenging, but unlike Alice from the famous children’s book, you are not in a rabbit hole or on the wrong side of a looking glass. Work up the courage to tell your family, friends, and colleagues that you have issues with your memory. That way they won’t get frustrated and angry with you if you forget important information or miss meetings, and they’ll also be able to help you establish effective strategies to make your life easier.
ONLINE CONCUSSION SUPPORT GROUP
Have you recently sustained a concussion or suffer from post concussive syndrome? Are you struggling with headaches, fatigue, depression, anxiety, memory issues, or you “just don’t feel right?”

You are not alone! We are here to help!

Next sessions start in April, 2021
For more information, visit:
www.obia.ca/online-concussion-support-group/

Funding Provided by:

ONTARIO BRAIN INJURY ASSOCIATION
education • awareness • support

communitysolutions
Life Long Support

Community based rehabilitation and life long support services for persons with acquired brain injury, neurological challenges and complex multiple disorders.

To make a referral or obtain additional information, call or e-mail
Barbara Claiman, M.A., R.R.P., MCVP
(905) 349-2020 bclaiman@commsolitld.com
Providing exceptional ABI Support Services since 1994
www.commsolitld.com
Be at Pathways
Pathways to Independence provides assisted community living services and supports to adults with an acquired brain injury (ABI) based on their unique goals, abilities, and choices.

The service plan supports a person’s rehabilitation and reintegration to the community following a brain injury. In addition to assisting with activities of daily living, we actively work with the person to access social networks and community supports based on what is important and meaningful to them.

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

- Supportive housing options
- Short term respite • Physiotherapy
- Occupational Therapy • Speech Therapy
- Behaviour Management • Nursing
- Psychological & Psychiatric Services
- Dietician • Family support
- Adult Education or Upgrading
- Legal Services

Pathways to Independence supports people to live their best lives.

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

It was February 9, 2013 that my ABI occurred. I was a passenger in a truck that my husband was driving. We were about 5 minutes from our home when it happened. It was a Saturday as I was thankful to have a weekend off from my full time job as an Acting Assistant Branch Manager at a bank. I was delighted to spend time with my family and out to get money from the bank machine to go order pizza for supper. All of that changed in a couple of seconds. A White SUV went through a red light and smashed the passenger door in so much it could not open. Just like that, my life was altered because someone was distracted and went through a solid red light.

My world was now upside down as days ahead became a struggle. I have cognitive difficulties, vision, pain, headaches, dizziness, fogginess and memory issues. The most difficult symptom if I was to pick would be the one of “communication”. Due to the damage resulting from the ABI I now had a major challenge to try and overcome this. However, this skill will require time, effort and help. In order to express yourself for help, one needs to have communication and this is difficult with an ABI. I am another person who sometimes looks into the bathroom mirror in the morning and says “what is today going to be like? Melinda, you must remember pacing yourself, patience, self-love, self-forgiveness, self-help but most of all self-acceptance. I still struggle with this to be honest, I truly do. I also have my personal faith, at the beginning of my journey with my ABI I was unable to worship in a Church. The lights, the sound, and feelings of not being able to communicate took me some time. I have worked on this, and were gradually able to introduce myself back into the facility.

Today I am 52 years old on CPP disability. I have a husband of 33 years and two daughters with their Masters of Education. I am volunteering at a local retirement home, a member of BIAD, and I do a peer group called the WEEKLY BUZZ. It’s about learning different things to become better for ourselves. I enjoy bringing sunshine to others by unmasking and encouraging others to be the best we can be.

Today, as you read this, I encourage you to reach out and get support, whether you suffer from an ABI, or you are a caregiver, the support is there.

Anything is possible.
“McKellar provided peace of mind for the rest of my life.”

LEANDRE CASSELMAN
Development Coordinator

Now you’re sure.
The McKellar Structured Settlement™

Financial security. Guaranteed payments. 100% tax free. Some decisions are easy.

CANADA & USA 1.800.265.8381 | EMAIL info@mckellar.com | www.mckellar.com
Fact Sheet: Memory Changes after Brain Injury

Fact Sheet Developed by OBIA and The Royal Ottawa Hospital (www.caregiverinfo.ca)

QUICK FACTS

- Challenges with memory is very common following a brain injury.
- There are different types of memory loss:
  - Post-traumatic amnesia: confusion and disorientation immediately following the brain injury, the individual is unable to remember any event following the injury. Until post-traumatic amnesia resolves, no new memories can be made.
  - Retrograde amnesia: a loss of memory for events prior to the brain injury. Individuals may not recognize family members and their previous living environment.
  - Short-term memory loss: recent events are forgotten, the duration of short-term memory can be as little as a few seconds.

WHAT MIGHT IT LOOK LIKE?

- Unable to remember past events/conversations
- Unable to remember future events, such as appointments
- Unable to follow a schedule or completing activities
- Difficulty recalling new information that has been acquired, especially when under stress
- Learning simple motor sequences can become challenging
- Unable to recognize loved ones or previous acquaintances
- Disorientation with space and time
- Difficulty remembering what needs to be done during the day
- Confabulation is a memory disorder where the person produces false memories (i.e. they report remembering events that never occurred or remember events having occurred at an incorrect time or place).

Disclaimer: This information is not meant to replace advice from a medical doctor. Consult a health care provider regarding specific medical concerns or treatment.
Fact Sheet - Continued

WHAT ARE THE POSSIBLE CAUSES AND COMPLICATIONS?

Possible causes:

• May be due to an injury to any of the several brain structures involved in memory (e.g. hippocampus, temporal lobes, frontal lobes)
• Memory loss is usually due to a physical reason rather than an unwillingness to remember
• Poor sleep and fatigue
• Other health conditions, including anxiety and depression
• Some medications can exacerbate memory problems

Possible complications:

• Memory problems may have major emotional effects such as feelings of loss, anger, and an increase in depression and anxiety

WHAT CAN WE DO?

• Adapt the environment so the individual relies on memory less
  • Keep notepads available, label cupboards and doors
  • Make detailed notes of important information in one place
• Encourage the individual to use memory aids
  • Use reminders (e.g. alarms on phone, agenda/calendar/to-do list, checklists, take photos of important information)
  • Make a daily log of things they do each day (e.g. memory book)
• Establish a consistent routine
• Repeat/rehearse, paraphrase, and visualize important information
• Therapeutic programs of stimuli such as photographs, anecdotes and artifacts may help restore some memory and may be calming for the individual
• Use verbal and written cuing
• Support the individual as they deal with the emotional effects of memory loss by:
  • Encouraging them to share their feelings
  • Finding individuals who understand what they are going through (e.g. OBIA’s Peer Support Program)
  • Helping them to participate in activities they enjoy such as listening to music
**Fact Sheet - Continued**

### TYPES OF MEMORY LOSS

There are many types of memory issues that can result from brain injury, depending on the location and severity of the injury.

The chart below illustrates some of the issues and tips that may help. Please note that working memory is often called short-term memory and remote memory is another term for long-term memory.

<table>
<thead>
<tr>
<th>Memory Issues</th>
<th>What Happens</th>
<th>What Helps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Remote Memory</strong></td>
<td>Events years ago, especially if emotionally significant, usually well remembered (e.g. daughter’s wedding)</td>
<td>Looking at old photos or movies or talking with someone who was there</td>
</tr>
<tr>
<td></td>
<td><strong>Alarm bells:</strong> cannot remember daughter’s wedding</td>
<td></td>
</tr>
<tr>
<td><strong>Procedural Memory</strong></td>
<td>Physical skills such as playing an instrument, knitting, or riding a bike are often not lost. These are more likely to be impaired by other problems such as arthritis or loss of balance</td>
<td>Practice skills you want to keep up to avoid getting rusty</td>
</tr>
<tr>
<td></td>
<td><strong>Alarm Bells:</strong> Forget how to knit or play instrument they once knew</td>
<td></td>
</tr>
<tr>
<td><strong>Semantic Memory</strong></td>
<td>General knowledge and insight hold up well, but retrieval suffers. They may not be able to remember people’s names, or names of things.</td>
<td>Link to something you already know (e.g. think of George Clooney when you meet a new George)</td>
</tr>
<tr>
<td></td>
<td><strong>Alarm Bells:</strong> forget wife’s name or what car keys are for</td>
<td></td>
</tr>
<tr>
<td><strong>Episodic Memory</strong></td>
<td>Days to weeks ago. Can’t remember details of recent events, such as the name of the film they saw last week or book they just read</td>
<td>Write things down and keep a diary. Make mental or visual notes of things to remember</td>
</tr>
<tr>
<td></td>
<td><strong>Alarm Bells:</strong> Can’t remember an entire event, such as going to dinner with friends</td>
<td></td>
</tr>
<tr>
<td><strong>Working Memory</strong></td>
<td>Seconds to minutes ago. Ability to organize, plan and problem solve deteriorates. Can’t remember what they came into a room for, or where they put the car keys</td>
<td>Finish a job before starting another; always put things back in the same place</td>
</tr>
<tr>
<td></td>
<td><strong>Alarm Bells:</strong> Can’t remember something they were just told</td>
<td></td>
</tr>
<tr>
<td><strong>Prospective Memory</strong></td>
<td>Remembering to do something in the future (e.g. keeping doctor’s appointments, paying bills, being ready when visitors come)</td>
<td>Leave yourself notes, make to-do lists, and/or use a daytimer/electronic organizer</td>
</tr>
</tbody>
</table>
Get Connected with Peer Support

MENTOR

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

PARTNER

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

OBIA’s Provincial Peer Support Program connects persons with lived experience (the Mentor) with an individual who is living with the effects of acquired brain injury and who requires support (the Partner). This program is available to survivors, family members and/or unpaid caregivers.

For more information contact:

Ontario Brain Injury Association
1-800-263-5404 peersupport@obia.on.ca

Funding for the Provincial Peer Support Program is provided by: Ontario

Development Sponsors:

HENDERSON STRUCTURED SETTLEMENTS LP

Sibley

GLUCKSTEIN LAWYERS
In July of 2016 at the age of 20, I suffered my 5th concussion playing recreational hockey. At the time I was managing a small retail store where I was receiving daily pressure from my employer to come back to work. I was torn. On one hand I knew how jumbled I was feeling internally, and on the other hand I didn’t want to let my boss down. External forces had me questioning if what I was feeling was justifiable or if I was just weak. As I was working through my inner battles, I went searching for an online community that would understand what I was going through. I could only find Parachute Canada, the Ontario Brain Injury Association (OBIA) and a few other major organizations. Although these organizations were great resources, I was looking for an online community. This concept seemed evasive, especially for a young person, as I was unable to find one that resonated with me.

This experience really opened my eyes up to how much Canadian’s did not know or talk about concussions. I felt compelled to do something about it.

As the remainder of 2016 passed, I began talking about this concept with some of my close friends. After many ideas were shared, one thing led to another and with their help we started Headsup: In Support of Concussions in September of 2017.

At the time, I was entering my 4th year of Sport Management at Brock University attempting to put what I had learned at school to work. We started by hosting tables in the hallways at Brock educating people about the injury. Back then, we only knew a little bit about the science of concussions, so we focused our approach on sharing our personal experiences with the injury. Attempting to start the conversation by asking simple questions like “have you or anyone you know experienced a concussion?” and something as basic as “Do you know what a concussion is?”

The conversations we had on our first day astounded us. We didn’t realize that we would have to explain to people what a concussion was. That day we saw a healthy mix of people who had no idea what a concussion was, and people who knew the injury all too well.

By the following fall we had raised $1,750.00 and had the pleasure of donating our first cheque to Dr. Tator at a Concussion Conference held at Brock University. Fast forward a year later, we donated another cheque to Dr. Tator and his team for $2,250.00 reaching a total of $4,000.00 in donations for our first two years!

Then in October of 2019, I received my 6th concussion. This was the first time I was introduced to the new concussion guidelines put out by the Ontario Neurotrauma Foundation (ONF). I remember going through the guidelines with my family doctor and marvelling at the fact I did not have to sit in a dark room for an extended period of time. Living out the new protocol was a much better experience then my previous five and it reinvigorated my spirit to push forward.

Around this time, we had already come to the conclusion that we wanted to take another step forward. We had enjoyed the success of our current model of selling apparel at tables, hosting fundraising events and going to conferences but we lacked the true impact we had aspired to make.
This led to us converting our social purpose brand into a Federal Non-profit organization called the Headsup Concussion Advocacy Network (HeadsupCAN) in January of 2020. We started this new organization with a simple mission: Challenge the Stigma surrounding concussion. With a strong team and mission in place we felt as though we were heading in the right direction.

Come April, we were set to launch our first program – the “Advocates Program”. This initiative was designed to form a community and connect with people who have lived experience, prompting them to share their concussion stories through our website. Once the Advocate’s share their story, we then go through a process of putting their stories on our social media to further spread concussion awareness.

Then, in September of 2020, we launched our first ever Concussion Awareness Month campaign. This campaign was intended to showcase the capabilities of our Advocate program, to facilitate an educational Concussion Webinar and host a Rowan’s Law Donation Challenge. In the midst of this crazy month, we struck a partnership with the Ontario Brain Injury Association (OBIA) and the Ontario Neurotrauma Foundation (ONF) to create a 6-part multi-media podcast series titled “Sharing Experiences with Concussion/TBI”.

“An experience driven, multi-media project that seeks to educate, support and spread awareness on the many facets of concussion recovery. Combining each organizations strengths, we will create a 6-part audio/video podcast series focused on education through the understanding of various experiences with concussion/TBI in a support group setting”.

We announced the partnership at the beginning of our Concussion Webinar and shared our intention to donate the money raised from our Rowan’s Law Day donation graphic to the project. Thanks to our community we were able to raise $800.00 to kickstart the project!

This partnership intends to showcase the power behind sharing experiences as a means to spread awareness and education. Since HeadsupCAN’s emergence into this field we have focused our efforts on this exact principle, and we are excited have the opportunity to produce this 6-part series highlighting conversations about the injury with people all over Canada!

Each part has a distinct purpose within its creation.

Part 1: “Diagnosing Concussion – The physician’s perspective” will focus on the process and rigor a physician must go through to be able to diagnose and help patients going through a concussion or TBI.

Contact us for more information, or to Schedule an Assessment
905.468.0532 or 877.366.7424
visit RehabWithoutWalls.com to learn more
Part 2: “Return to Learn – Understanding what’s best for your brain throughout recovery” is focused on exploring the various experiences returning to school at the various levels of education. Participants from high school, post-secondary and graduate school will come together to share their experiences with the injury.

Part 3: “Return to Work – Re-integration after concussion/TBI” brings people together to share their experiences finding a new job after TBI, returning to their career or finding an adaptive workplace.

Part 4: “Return to Sport – Overcoming the stigma of concussions in sport” will talk about what it’s like to receive a concussion in sport at the various levels while also talking about the role of stigma in the concussion recovery.

Part 5: “Support systems – Supporting persons with or who have had a concussion/TBI” is geared towards highlighting the experiences of people who have supported loved ones going through their concussion/TBI. This talk will highlight the various experiences of what it’s like supporting someone going through this injury.

Part 6: “Living with a TBI – Adapting to a new way of life” aims to talk with people who have had their lives altered by their experience with concussion or TBI. Sharing their experiences with the injury to help shed more light on the long-term impacts of the injury.

The 6-part multi-media series will come out in late March, at a date to be determined. We are extremely excited to share this project and hope that it helps people understand the impacts of a concussion/TBI from a humanized perspective.

If you want to learn more about HeadsupCAN, please visit us at: www.headsupcan.ca or check us out on all social media platforms @headsupcan.
I AM THE FACE OF BRAIN INJURY

If Memory Serves

By: Tim Andrew

Every morning for more than a year now, the same thing happens. As I wake, I remember I am less now because of a workplace accident that could have been avoided, which left me with an acquired brain injury (ABI).

I remember I’m not going to work today as I had been doing last year, to earn a living to the best of my abilities. I remember that currently, my abilities have been decreased substantially. What will become of me now? I curse. I feel depressed. I feel anxious. I am angry.

Then I remember, my new job is to rebuild myself every day, in every way. It is a memory I have had to create to be able to forge ahead. My memory is me. Memory is everything.

One of my biggest hurdles in healing from an ABI has been accepting that the previous version of my memory was damaged and that I could not use a substantial portion of myself cognitively or physically, for now, or possibly ever again. This realization as the state of the world unfolded in 2020 makes it that much worse.

I forget appointments, I forget to turn off the gas range or to put my dirty socks in the laundry, and not under the kitchen sink in the garbage.

Recently, I had to stay in a hotel while away to see a specialist in another city. I distinctly remember while shopping for my dinner that evening, that there was a microwave in the room so I could heat up my supper. Upon returning to my room, to my dismay, what I remembered as being a microwave was, in fact, a safe, with a numbered key pad on the front! Embarrassment of having an ABI and lowered confidence and self-esteem, in my opinion, are also a collection of memories that need to be dealt with head on, no pun intended.

I honestly do not remember the face I now see in the mirror. It is discerning to say the least. Then there are the flashbacks and nightmares generated by this injury, which are another expression of memory to contend with.

Memories seem to be everywhere, all at once, faster, then instantly, or delayed, or altered, or not at all.

It has been difficult to have my memory altered violently out of the blue. I have had to remember that a new, good memory can be created, if I try.

I forget appointments, I forget to turn off the gas range or to put my dirty socks in the laundry, and not under the kitchen sink in the garbage.

Recently, I had to stay in a hotel while away to see a specialist in another city. I distinctly remember while shopping for my dinner that evening, that there was a microwave in the room so I could heat up my supper. Upon returning to my room, to my dismay, what I remembered as being a microwave was, in fact, a safe, with a numbered key pad on the front! Embarrassment of having an ABI and lowered confidence and self-esteem, in my opinion, are also a collection of memories that need to be dealt with head on, no pun intended.

I have to remember that it was the defining moment of ‘starting’ a new life toward being self-employed, step-by-step every day for 20 years. I had to apply that memory to starting my new life after an ABI. I made the decision to start a couple of months after not being able to do very much more than look after myself, my home and take my dog for walks. The first thing I could do was try to get physically stronger again. I remembered that exercise made me feel better, it always had. My fitness and health were very important to me most of my life and I had been especially working towards it as I approached my 50th birthday. My work place accident happened just one month before I turned 50. I was told by a doctor that I would not be returning to the level of work I had been doing. I had my work cut out for me.

I have also discovered a number of other cognitive and physical ways to help with my memory and physical recovery on my own. Mantras, meditation, resonance, diet, cold showers, art, cooking, baking, certain types of ‘non straining’ exercises...
(muscle-memory), dealing with ego, and now, writing. Each of these topics deserve their own article as to how they can help with recovery from an ABI. Some have been helpful in the past and I have remembered to apply them to my current situation, and many are new.

I have also had to remember to ask for help, which is something I am not comfortable with, especially now. I want to take this opportunity to say, “Thank You for all your help!” to all of the professionals and family and friends and especially my love, who have helped me up until now. While researching how others cope during their recovery from ABI, I discovered OBIA. I have enrolled in their Peer Support Program and was paired skillfully by yet another helpful person. My mentor is an inspiring and encouraging ABI survivor who has given me some valuable insights and encouragement, which have really helped to create a new memory of myself. I also reached out to two other people that have an ABI. One was a longtime friend, who I actually witnessed the accident that injured him, and another person who I had never met, who is a friend of my son’s. Talking with all of these people about their memories and what they have had to deal with and how their lives and professions have completely changed has been extremely helpful. I fully realize we are not all at the same point on the ABI spectrum and that what I am relaying here may or may not be helpful.

Another disclaimer, this is the first story I have ever been asked to write. Someone else thought of me and asked me to write it. It was a person at OBIA who took my initial inquiry. She was being very nice and we shared a little bit about each other. Remember you are not alone and that you can get better if you choose to try to create a new memory and then immediately act upon it. For me, right now, the action I took immediately after being asked to write this story lead me down several interesting roads to do with memory, like A.I. and quantum stuff. My first thought was; I don’t know how to write an article! Then I immediately changed my mind and remembered, “This will be good for me. This will help me to create a new memory”. My new OBIA mentor put it best for me, “This is the New You, be proud.”

Support Services for Brain Injury

Helping individuals living with the effects of brain injury achieve a better quality of life

Serving East Central Ontario

MindWorks Group
312 Rubidge Street
Peterborough, Ontario K9J 3P4
Phone: 705-741-3412
Fax: 705-741-4098
Toll Free: 1-800-559-8323

www.mindworksgroup.ca

OUR SERVICES

- Rehabilitation Assistants
- Community Support Staff
- School Support Staff
- Recreational Programming
- Vocational Planning, Programming and Coaching

Visit OBIA’s Online Bookstore

Important brain injury resources.

These include:

- Biographies
- Manuals & Workbooks
- Fictional Stories
- Other non-fiction works

www.obia.ca
1-800-263-5404
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 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 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: 289-442-4023
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
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
If you’ve had a serious injury who will stand up for you?

WALLBRIDGE WALLBRIDGE

Trial Lawyers

NEUROTRAUMA • CATASTROPHIC INJURIES
WRONGFUL DEATH • MOTOR VEHICLE ACCIDENTS
DISABILITY INSURANCE • MEDICAL MALPRACTICE

James Wallbridge  Armeda Wallbridge  David Wallbridge  Erin Cullin  John Wowk
Patrick Poupoire  Joelle Malette  Celeste Courville  Brian Julien  Peter Denton

Bilingual Service  Free Consultation  Contingency Fees

1-866-856-6197
wallbridgelaw.com

TIMMINS
24 Pine St. S.
(705) 264-3100

SUDBURY
1730 Regent St. S.
(705) 522-0661

NORTH BAY
133 Main St. W.
(705) 472-7300

NEW LISKEARD
11 Armstrong St. N.
(705) 647-6330

OTTAWA
Chateau Laurier (by Appt)
(613) 234-1866
Events Calendar

April 22 - June 3, 2021
OBIA and Brain Changes Initiative present:
*Brain Injury Webinars for Professionals (various topics, see page 11 for details)*
Location: Virtual Event via ZOOM
Contact: Terry Bartol
Phone: 905-641-8877 ext. 234
Email: tbartol@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

October 28-29, 2021
SAVE THE DATE!
OBIA and Participating Community Associations present:
*2021 Provincial ABI Conference*
Location: Virtual event
Contact: Terry Bartol
Phone: 905-641-8877 ext. 234
Email: conference@obia.on.ca
Website: www.ontarioabiconference.ca

March 23-26, 2022
International Brain Injury Association presents:
*14th Biennial World Congress on Brain Injury*
Location: Dublin, Ireland
Contact: Conference Coordinator
Phone: 613-762-1222
Email: congress@internationalbrain.org
Website: www.internationalbrain.org
(originally scheduled for 2021)

As with all in-person events scheduled for the upcoming year, events may be postponed or moved to a virtual setting, if the need arises. Please contact the event coordinators for more details.

For more listings, check: www.obia.ca/calendar
Getting better everyday.

Compassionately providing Nursing, Attendant Care and Housekeeping Services across Ontario.

1.844.505.7755
www.neuralrehabgroup.com

Are you caring for a loved one with an acquired brain injury?
Join one of our eight-week Online Caregiver Support Groups from the comfort of your home.

ONLINE CAREGIVER SUPPORT GROUP SESSIONS
Starting April, 2021

REGISTER TODAY
obia.ca/online-caregiver-support-group/

The Ontario Brain Injury Association’s Online Caregiver Support Groups are supported by the Government of Canada’s Emergency Community Support Fund and the Community Foundation of Canada.
FROM MEDICAL REHAB TO RECOVERY

TRAUMATIC BRAIN INJURY RECOVERY PARTNERS

MEDICAL REHAB IS JUST THE BEGINNING

Suffering from a Traumatic Brain Injury (TBI) can lead to cascading events with disastrous impacts on the patients and their families, including ongoing physical, emotional, financial, social and professional effects (during and after their rehabilitation).

THE RIGHT HELP TO BRIDGE THE MEDICAL-LEGAL GAP

HIMPRO has helped over 1150 serious injury victims get access to the best medical, financial and logistical resources available to maximize their recovery.

How do we achieve such a track record?

"HIMPRO has built an exceptional team of vetted medical and rehab professionals with a deep understanding of how to secure the best support for each individual client suffering from TBI."

David B. Himelfarb - Managing Partner

FREE INITIAL CONSULTATION

Visit Himpro.ca/ABI to learn how we help brain injury victims

1-855-446-7765 BUILDING WINNING CASES THROUGHOUT ONTARIO
Featured Training Program

OBIA Review | Ontario Brain Injury Association

OBIA e-Learning Website has a fresh new look!

The Brain Basics e-Learning course is designed to provide frontline Health Care Workers, Caregivers and others with an opportunity to learn an understandable introduction to the world of Brain Injury.

This program will guide participants through a series of modules that will provide an understanding and appreciation for the complex nature of brain injuries. It will also teach practical strategies that can be used to manage the challenges a person may experience following brain injury.

Sign up today!
www.obia.ca/elearning/

Thank you to our Exclusive Sponsor:

48 OBIA REVIEW | MARCH 2021
Providing a seamless transition from hospital to community
- Hospital Discharge Planning
- Attendant Care and Nursing
- Life Care Plans
- Physiotherapy
- Occupational Therapy
- Speech and Language Pathology
- Rehabilitation Assistants
- Psychology
- NRIO Residential Rehabilitation
- Coma Stimulation
- Pediatric and Adult Programs

Everything you need from one team of experts.

Contact us today!
1.844.203.4534
rehab@bayshore.ca
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.

EPS Settlements Group of Canada
The Structured Settlements Company™

(289) 769-3480 | (877) 819-8960
www.epscanada.com

HEAD OFFICE
21 King Street West, Suite 905, Hamilton, ON L8P 4W7

OFFICE LOCATIONS
Victoria Vancouver Calgary Winnipeg Windsor London Hamilton Toronto Ottawa Montreal Charlottetown Halifax

INTERESTED in advertising in the OBIA REVIEW?

AD SPACE for as little as $900 for one full year!

Call OBIA 905-641-8877 or Download Media Kit: www.obia.ca/OBIAReview

We design individual programs to assist ABI survivors to build skills and maximize their strengths to live healthy, meaningful lives.

For More Information:
Tel. 519-668-9023 ext. 319
Fax. 519-668-6782
www.daleservices.on.ca
admissions@daleservices.on.ca
WHAT WILL HIS FUTURE LOOK LIKE?

WE’RE COMMITTED TO HELP MAKE THE FUTURE A BRIGHTER ONE FOR YOUR LOVED ONES.

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.

Tel 416.408.4252 | Toll Free 1.866.308.7722 | www.gluckstein.com
Thanks so much for referring me to them.