OBIA REVIEW

OFFICIAL PUBLICATION OF THE ONTARIO BRAIN INJURY ASSOCIATION

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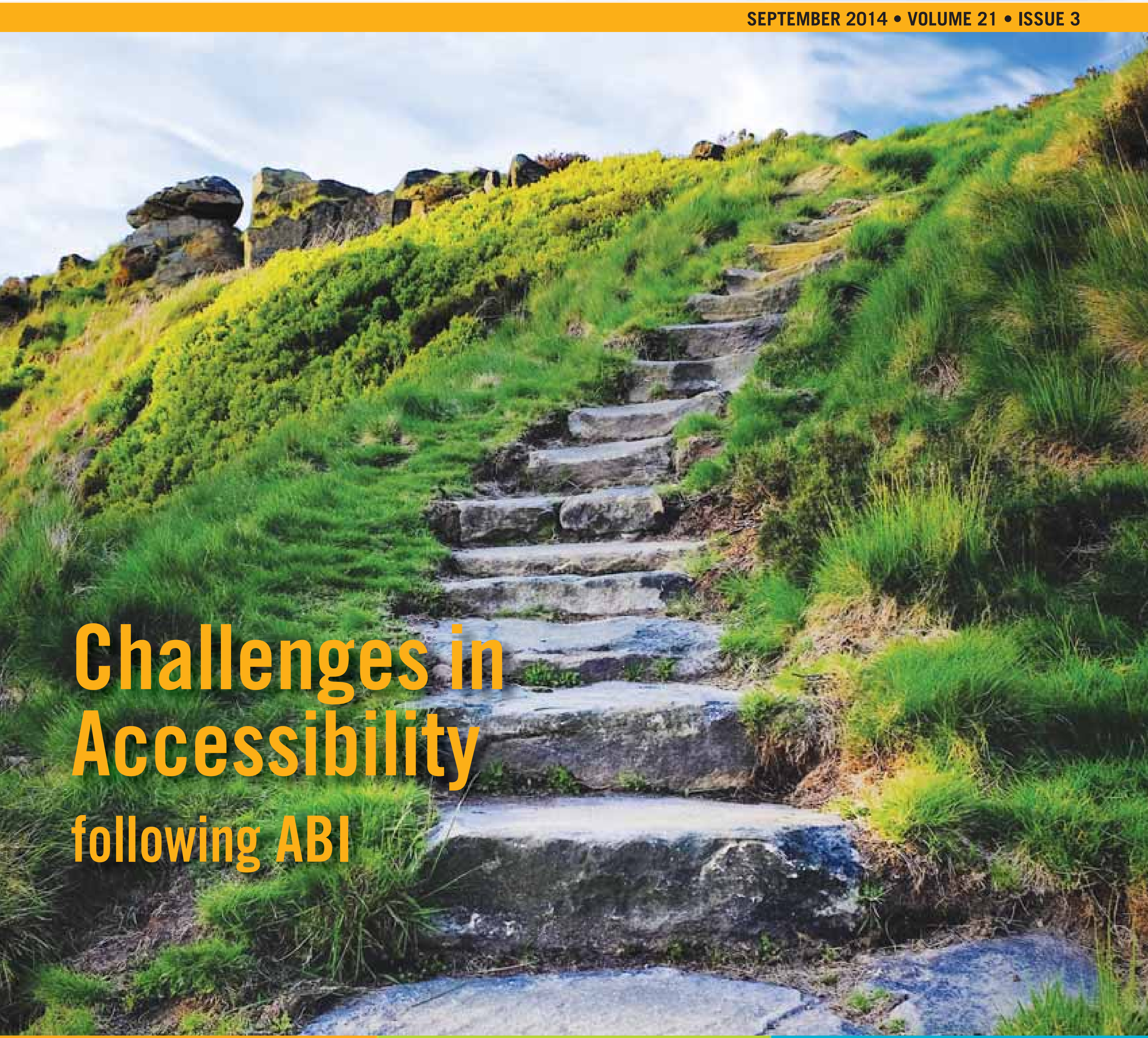

Challenges in Accessibility following ABI

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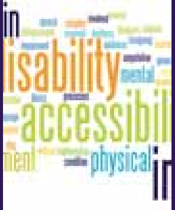

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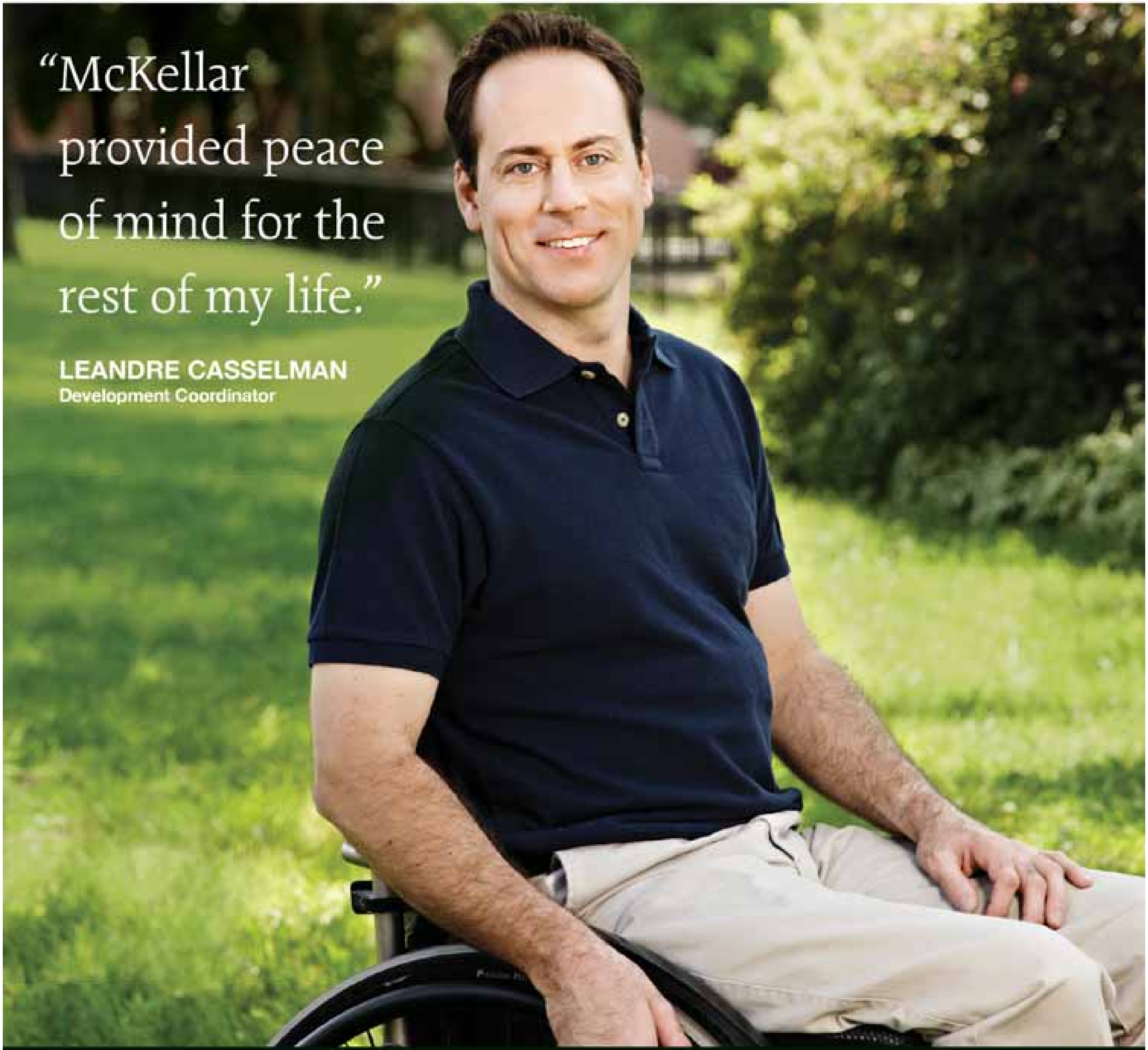
"McKellar provided peace of mind for the rest of my life."
LEANDRE CASSELMAN
Development Coordinator

OBIA
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Imagine Canada

Accessibility to financial security remains problematic for many survivors of brain injury. According to the Council of Canadians with Disabilities, poverty is a significant factor as persons with disabilities experience levels of poverty at almost twice that of persons without disabilities.

RUTH'S DESK

Accessibility Remains a Challenge for People Living with Brain Injuries

By Ruth Wilcock, Executive Director, OBIA

Over the past several decades Canada has taken many positive steps to make our society more inclusive and accessible for those living with disabilities. The recent Accessibility for Ontarians with Disabilities Act (AODA) is a good step in addressing some of the needs of those living with disabilities (see page 29). As a result of the Act, Ontario now has accessibility standards in the following areas: customer service, employment, information & communications, transportation and design of public spaces. However, there is still a long way to go when it comes to the very important issue of accessibility.

In an ideal world, the issue of accessibility would not even come into play. It would simply be a natural part of the creative process. We need to view accessibility not in terms of design, architecture and space but in terms of human beings. Accessibility is not about making things more "convenient," it is about quality of life, including the ability to engage in meaningful activities such as employment, volunteer work, social and family gatherings.

According to the OBIA Impact Report, 28% of ABI survivors are not satisfied with their ability to participate in activities in the community. Additionally, 24% of respondents indicated that they are not satisfied with their ability to get out into the community independently. Part of this is due to the lack of accessible transportation particularly in our rural and northern communities.

It is important to note that issues of accessibility are not limited to public spaces or transportation. Accessibility to financial security remains problematic for many survivors of brain injury. According to the Council of Canadians with Disabilities, poverty is a significant factor as persons with disabilities experience levels of poverty at almost twice that of persons without disabilities. OBIA knows this first hand from the frequent calls we receive regarding financial concerns from persons living with ABI. Due to the nature of a brain injury, many survivors

are unable to return to work, therefore are reliant upon Ontario Disability Support Program (ODSP) or the Canadian Pension Plan (CPP) for financial support. However, even accessing income support programs has proven to be difficult for some.

The OBIA's Support Services team has helped many people navigate the murky waters of ODSP and CPP appeals. The process can be very complicated. For those who may have cognitive issues, putting together a case for appeal can be extremely daunting. However, I am happy to report that with OBIA's support and guidance many individuals have been successful with their appeals.

The good news is that progress is being made when it comes to accessibility. However, we know that we must be diligent in bringing the issues forward to all levels of our government, as survivors of brain injury continue to face many challenges with accessibility. ◊◊◊

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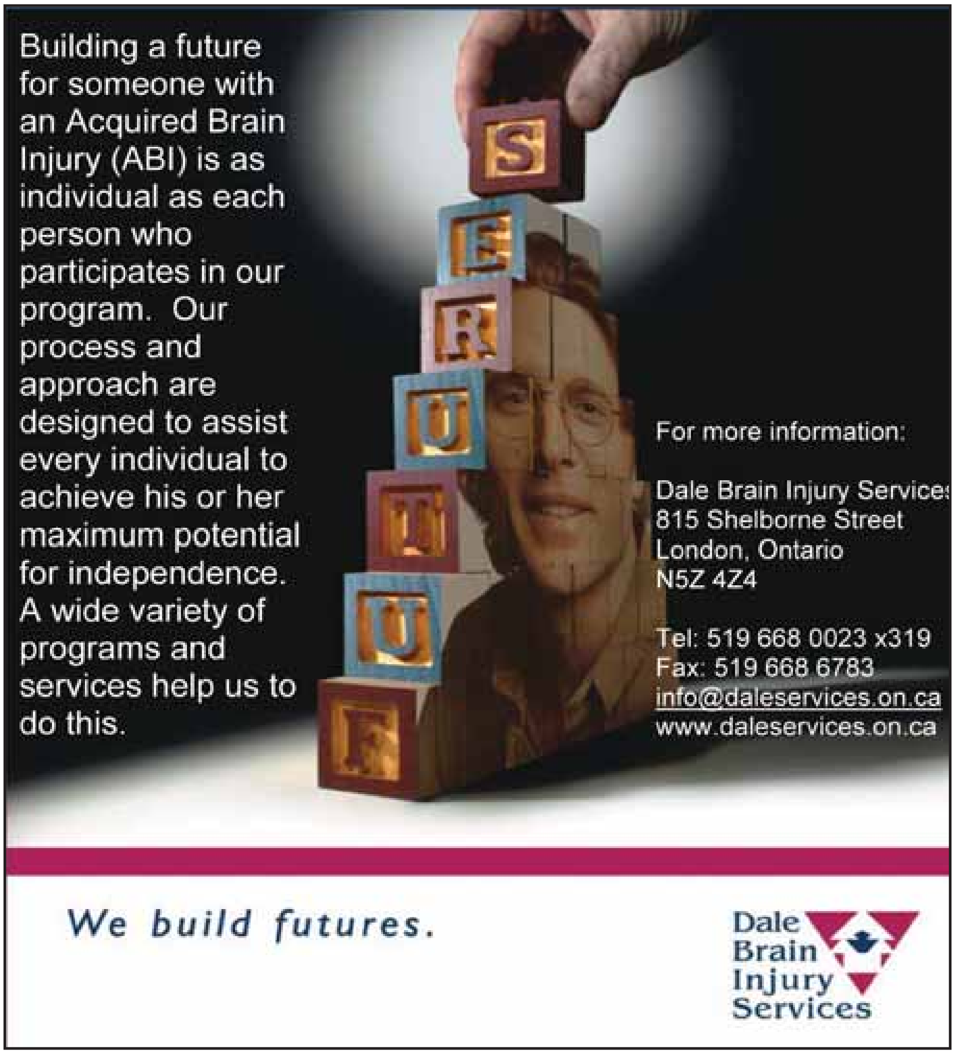

Bartimaeus Rehabilitation Services
Because Experience Matters

Bartimaeus provides rehabilitation services to people who have experienced a severe trauma or brain injury due to a motor vehicle accident.

For more information please visit our website at www.bartimaeus.com or call us at 905-634-8903.

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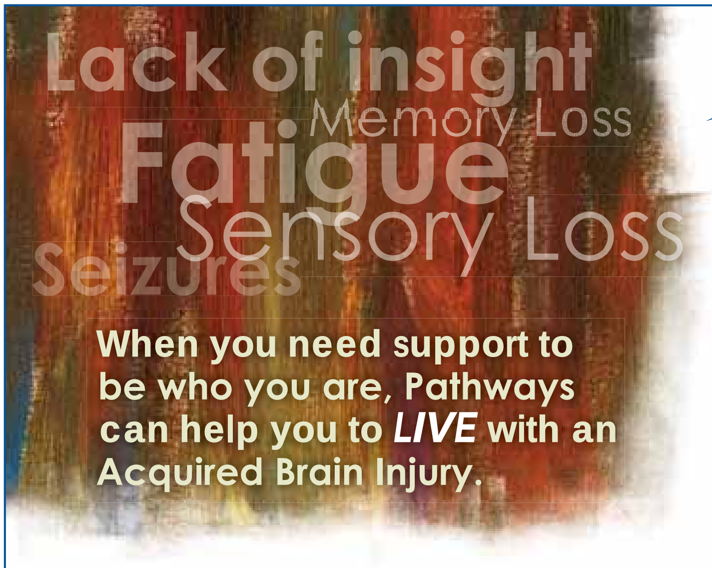
Caring for People...Everyday



When you need support to be who you are, Pathways can help you to *LIVE* with an Acquired Brain Injury.

“I love being a part of this club. I love the shopping, theatre, and all the activities. I’ve met some of my very best friends here”
—“K. B.” Supported Client in Pathways Family Home program

“I like that I have a place to go where I feel safe and comfortable”
—“B. B.” Supported Client at Pathways Club ABI

Pathways
to Independence
Acquired Brain Injury Services

Accredited by the Commission for the Accreditation of Rehabilitation Facilities (CARF), Pathways to Independence specializes in providing community based living services and programs to people living with an ABI.

Pathways ABI programs and services are tailored to accommodate client needs and provide a continuum of care. Pathways works closely with every client to develop a service plan that supports a person’s rehabilitation and reintegration to the community following a brain injury. In addition to assisting with activities of daily living, Pathways employees actively work with the client to access social networks and community partners to develop and support the implementation of a person’s individualized service plan.

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

- 24 hour Supported Homes
- Family Homes
- Respite Services
- ABI day programs
- Employment Supports
- Behaviour Management
- Psychological & Psychiatric Services
- Legal Services
- Medical and Wellness Support such as Physiotherapy, Speech Therapy, Occupational Therapy, Nursing, Dietician

Reach out to us to find out more about Pathways ABI Services :
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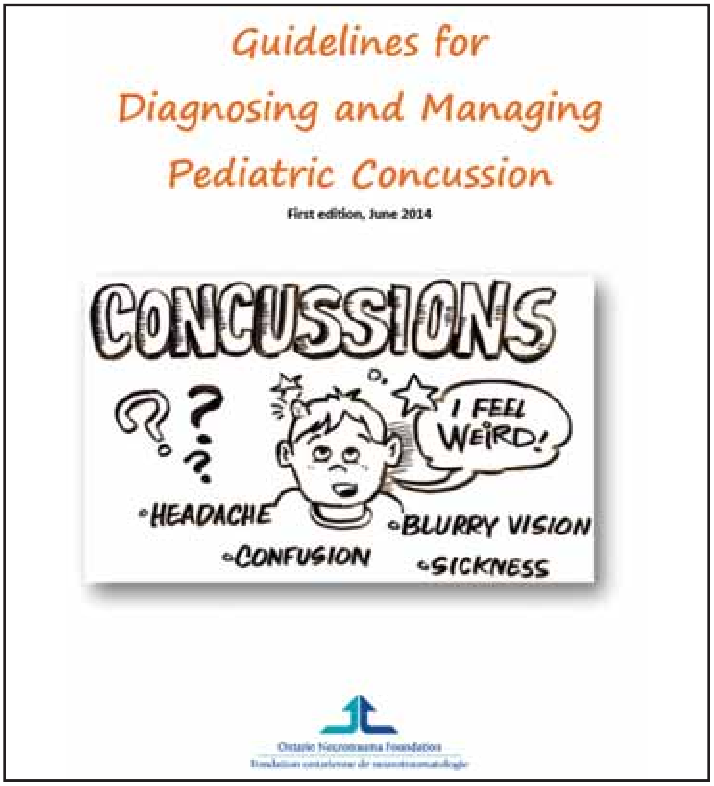
IN THE NEWS

Pediatric concussion guidelines will lead to improved awareness and management

By Corinne Kagan, Ontario Neurotrauma Foundation



Guidelines for
Diagnosing and Managing
Pediatric Concussion
First edition, June 2014

Every day in the news there are stories about concussions. Some say it has become an epidemic, but with better awareness and recognition about the potential consequences of concussion and the need for the injury to be managed properly, good recovery is possible. Approximately 85% of people will recover in a period of a week to a few months, but some will have ongoing and persistent problems that get in the way of their daily lives, health, activities and relationships. Good management of concussion is especially important for children and adolescents, who have the highest rates of concussion and whose brains are still developing.

The Ontario Neurotrauma Foundation (ONF) has been developing clinical practice guidelines that provide recommendations for healthcare practitioners and other professionals working with people with brain injuries for almost a decade. Until now, these clinical practice guidelines, or CPGs as some call them, have been developed for adults given that the evidence wasn't strong enough to provide this kind of guidance for the younger population. Over the past couple of years, ONF and partners finally viewed the evidence as being robust enough to develop a CPG for those under 18 years of age.

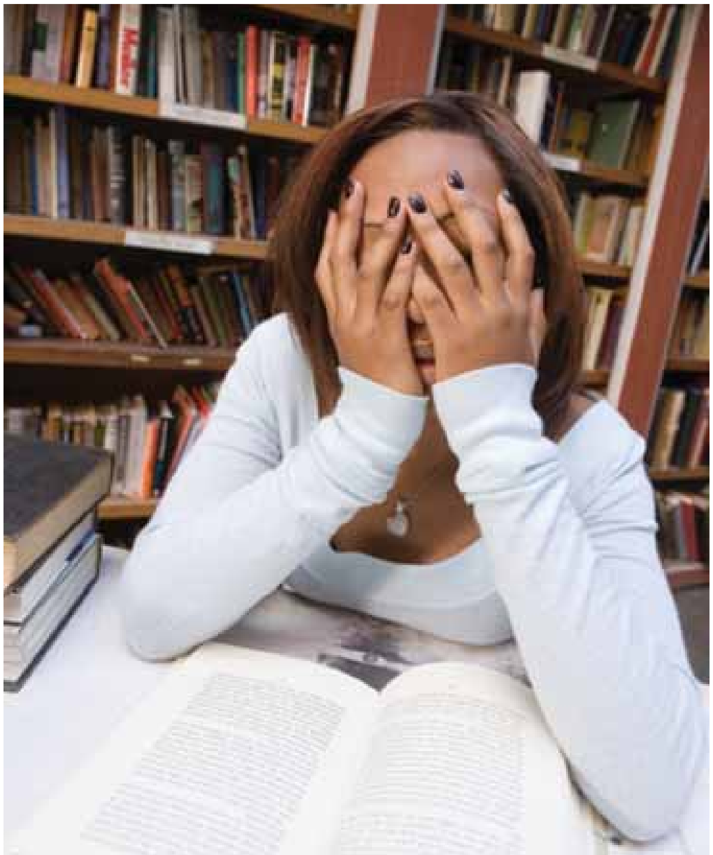
On June 25, 2014, the ***Guidelines for Diagnosing and Managing Pediatric Concussions*** were released by ONF. These guidelines made a big splash in the news and have been making their way through countless networks and associations to get them into the hands of those who can make good use of them.

The guidelines are designated for use by healthcare professionals as the main target group for the management of concussion in children 5 to 18 years of age. They are very comprehensive and encompass various stages when a child or youth would be seen by a healthcare provider for such issues as assessment, diagnosis and short, medium and longer term management if necessary.

It was also very important to the development team that the guidelines provide helpful recommendations and tools for parents in order to foster an improved understanding of the effects of concussions on their children, both at home and with return to school. There are recommendations on what information a parent should expect to receive upon discharge after the child has been assessed by a health profession. This includes, the all-important balance of cognitive and physical rest with some light activity; and how parent can work with the health professional and schools in the interim and after re-assessment. The guidelines are also for use by school boards, qualified school-based professionals and community sporting organizations, regarding policies to address concussions even before they happen. In addition, it will addresss management for return to learn progression and accommodations for return to play and social networks for the child.

It is clear that one of the greatest challenges in brain injury or in any neurological condition, is that the communication between physicians, parents and schools needs to be improved. One of the great things about the guidelines is that a user-friendly approach provides the information in a format of **when**, **who**, **how** and **why** and the level of evidence for each recommendation. We anticipate that some of the recommendations within these guidelines can lay the groundwork to improve these communication channels so that young people can return to school and social activity appropriately and successfully.

ONF always says that nobody 'owns' concussions and that is the reason the organization works with so many partners. People think of concussion as a sports injury, but concussions can occur many other ways, including falls, motor and recreational vehicle incidents and other means. It is, more than any other injury, a multi-disciplinary issue that needs management and input from many perspectives. The guideline development was led by Dr. Roger Zemek, a pediatric emergency room physician from the Children's Hospital of Eastern Ontario,



who worked with 30 multi-disciplinary pediatric concussion experts from across Canada and the United States. The result is the most comprehensive pediatric concussion information available to date.

The document is provided for download on the Ontario Neurotrauma Foundation's website and also on the ConcussionsOntario website. It has been divided into sections for different "users" as well as by timeline and is well hyperlinked to allow easy movement between recommendations and tools.

ONF, the project team and partner organizations like OBIA are working to encourage more standard use of the guidelines in order to improve the consistency of diagnosis and management of concussion and reintegration to school. Also being planned are further ways to cultivate the implementation and use of the ***Guidelines for Diagnosing and Managing Pediatric Concussions***, including a webinar series and the creation of a web-based app/tool to enhance usage by different target groups. ◊◊◊

To find the Guidelines, go to:

http://onf.org/documents/guidelines-for-pediatric-concussion
or
www.concussionsontario.org/guidelines-for-pediatric-concussion

SURVIVOR STORIES

The healing power of Heartstring

By Michelle Loubert

I suffered a sports-related concussion/acquired brain injury (ABI) on August 19th 2012. At the time of my injury I was employed as an occasional French as a second language teacher for the Huron Superior Catholic District School Board and I had just signed a five week contract to work on a film production as a member of the wardrobe crew. Another fun fact about that year: I was honoured by the House of Commons as well as the Province of Ontario for my time on the Executive Board of the Arts Council of Sault Ste. Marie & District.

The early recovery phase of my ABI is a blur. As part of my own initiative towards healing I enrolled in a series of Chakra classes to learn about the principles and understandings of Eastern medicine and of the body, mind and spirit/soul and how they are all connected. With the constant vigilance of my partner Doug, we were able to push my healthcare needs forward. There is much that I do not remember about the early months. According to Doug, the snippets of those times he has slowly revealed to me, I am better off not knowing.

My ABI created many upsets in my organs and skin. My digestive system was severely compromised. I do not quite know how I found the Trauma Program at the March of Dimes, but I am so glad that I did. My social worker, Julie, is a very calming person and has been a positive influence for me. She helped me to put things into perspective following the dramatic physical and emotional changes I was experiencing because of my ABI. Along with my Occupational Therapists, Janice and Rose, who are members of my rehab team, she set to work right away to help me. Initially, I did some short cognitive assessments so they could get a baseline. What followed was many months at home of exercises in visual distortion and discrimination. Most importantly, during that time with my rehabilitation team I relearned how to prepare food and manage the changes in my sensorial reality.

Prior to my ABI, I had created my own creative entrepreneurial company called Heartstring…created by skilled hands (2011). In my first year, I was hired to lead workshops in crochet and embroidery to young adults ages 16-29 as part of a local community arts initiative. Workshops were held at restaurants, community centres and even the Circle of Creative Arts, an Aboriginal Arts Centre put into place by the Missanabee Cree. However, my most exciting workshop was the one I offered at my home studio. It was there that I learned that even with our physical differences and capabilities we can all complete our own versions of art.

Michelle Loubert with her art sculpture "Nipplehead", a concept she has worked on for almost twenty years.

The opportunity to share my artistic productions and my knowledge of coping with the traumatic experiences of my own past has had tremendous healing powers for me personally.

Please view these web links to learn more about my perspective towards the importance of living for one's passions, focusing on one's own sense of purpose for being and celebrating life.

- http://heartbeatsforstring.tumblr.com/
- http://heartstring-michelleloubert.blogspot.com/

◊◊◊

PUBLIC POLICY

Family Caregiver Bill passes vote

By Katie Muirhead, OBIA Support Services

On April 29, 2014 ***Bill 21 – Amendment to the Employment Standards Act, (Leaves to Help Families)*** passed its third reading and received Royal Assent. This legislation will allow caregivers to focus their attention on what matters most - providing care to their loved ones.

What Does Bill 21 provide?

- Up to 8 weeks of unpaid, job protected leave for employees to provide care or support to their family member with a serious medical condition
- Up to 37 weeks of unpaid, job protected leave to provide care to a critically ill child
- Up to 52 weeks of unpaid, job protected leave for parents of a missing child and up to 104 weeks of unpaid, job protected leave for parents of a child who has died as a result of a crime.
- A doctor's note would be required to qualify for Family Caregiver Leave and Critically Ill Child Care Leave.

OBIA is a proud member of the Ontario Caregiver Coalition (OCC), the organization who worked diligently to get this Bill passed. According to Lisa Levin, Chair for the OCC "This Bill is a milestone in Ontario. It demonstrates the provincial government's recognition of the importance of supporting caregivers. The Leaves to Help Families amendment to the Employment Standards Act is the first step in ensuring change that would have a long lasting impact on caregivers and on Ontario's health care system." ◊◊◊

Brain-storming Home Accessibility

> Realizing the needs of ABI survivors from an accessibility perspective may be a lifelong pursuit. The most vital information we rely on is the type of activities they are involved in and perform on a daily basis. These activities must be meaningful, promote rehabilitation and encourage a level of independence.

By: John Groe
Vice-President
Accessible Daily Living

The effects of an acquired brain injury are not the same for each survivor. Impairments and deficits will vary from one person to the other. An individual's response will differ depending on the part of the brain that's affected. Cognitive deficits, issues with proprioception, balance or coordination, mobility, ambulation, weakness, tiredness, paralysis, pain, numbness and problems with bladder or bowel control can all change the way one functions in the home. These are all true of an ABI survivor.

Medical interventions along with rehabilitation are essential components in order for ABI survivors to reach their goals and function safely in their home and in the community. The impact of an ABI on an individual may prove significant. Some deficits may not be noticed until the survivor returns to daily tasks. Changes to the home are most effective when they meet one's specific need. The financial costs can be significant.

There are many variables involved with recommending, planning and implementing modifications to make a home accessible. The two most common are the implementation of an **Inclusive Design** and adhering to **Visitability** guidelines.

Inclusive design takes into consideration the needs of **all** individuals as it relates to the built environment. In most cases individuals with an ABI will return to their pre-injury living environment. Prior to the ABI, the survivor may have been living with family and/or friends. It is imperative that the living environment is functional for all persons and that there is no loss of use of living space.

Visitability is also an important concept that is directly associated with inclusive design. They are, as we see it, one and the same. Visitability is designed to accommodate individuals both visiting and/or living in a home. The design of the home is intended for individuals who may have difficulty climbing stairs or who have mobile disabilities and may use assistive devices such as wheelchairs, power chairs or walkers.

As we know, the impairments and deficits that an ABI survivor may be subject to, is determined by the significance of the trauma experienced and how well they have been able to rehabilitate as a result.

When deciding on the best housing option for a person with a brain injury, there are many issues to consider. At *Accessible Daily Living* the following steps are taken to assess the needs of a client who has sustained an ABI:

1. What kind of living environment is desired by, and acceptable to, the person with the ABI?
2. What kind of living environment is required to meet the physical, safety, cognitive and social needs of the individual with the ABI?
3. Is there financial assistance available (insurance, income, funding)?
4. How will family members (if any) be involved in the care and rehabilitation process?
5. What demands on time and energy are realistic and feasible?
6. What potential does the person with an ABI have for improvement and rehabilitation?
7. What type of living environment will promote a level of independence and progression in rehabilitation?
8. Is there a potential to create a living environment in which an individual with an ABI is able to live as independently as possible while family members and friends maintain productive lives?
9. Will the recommended modifications endorse a living environment that is sensitive to regular activities of daily living, cultural needs and values?
10. Is there a need for accessible transportation? If so, how will it affect the home environment and required modifications?

Ask and Use Experts

An Occupational Therapist along with a Home Modification Specialist will help to determine the most suitable and cost effective solutions that will address any safety issues that may exist and provide solutions for accessible and inclusive living.

If addressed immediately, it is a good idea for ABI survivors to have a trial visit at home before they are discharged from the hospital. If changes and corrections to modifications are required, they can be made before the individual returns home permanently. In any case or situation, home safety and accessibility should be an active component of a discharge plan home.

Options

Many ABI survivors experience difficulty with judgment, behavior, memory, attention span or confusion that may lead to unsafe living situations. There is a need to create an environment that encourages safe practices regarding ambulation and navigation of the home, a secondary exit in the event of an emergency, the use of electrical equipment, performing activities of daily living such as bathing, cooking, cleaning, and tasks such as answering the door, telephone and any other activity that could pose as a safety risk.

In light of the above information, an alternative living environment may be required in the event that the pre-injury living environment cannot meet the current and future needs of the ABI survivor. There is a possibility that the recommended modifications cannot be implemented to the pre-existing living environment due to size and age of dwelling, safety concerns and absorbent costs associated with proposed modifications. Cost effective alternatives may be available that are more suitable and allow the ABI survivor the ability to return to a living environment expeditiously.

It is important to note that not all modifications have to be extensive and expensive. For example, a simple but properly built ramp or grab bar can provide significant independence to an ABI survivor. Before spending a lot of money on modifications, remember function can continue to return and what someone may require in the acute stages of treatment and rehabilitation may not be what they end up needing a year or two post-injury. The basics, like an accessible bathroom usually top the list of immediate needs after discharge home.

The following is a list of recommended modifications that will address the majority of the needs of an ABI survivor. *Accessible Daily Living* recommends that an experienced health care practitioner such as an Occupational Therapist assess functional capacity of an ABI survivor to determine modifications specific to the individuals need.

Vision

- Window treatments (pull down drapes, tinted shades).
- Avoid glossy floor finishing (reflective, glare).
- Careful selection of light fixtures (flickering, noise-humming).
- Exterior lighting located in key area with minimal glare and reflection onto windows.
- Choice of paint colours within home.
- Motion or timed lighting.

Hearing

- Tight window weather seals should be maintained to reduce exterior noise.
- Sound absorbing materials should be used on walls and floors. These materials include acoustical ceilings, carpeting, wall covering, draperies, and wall hangings.
- Audible warning signals, such as smoke alarms, should be equipped with flashing lights.

Touch

- Wall surfaces and flooring may effectively be covered with tactile materials to increase their "readability". Changes in these materials may be used to signify an important feature or location within the living environment. For example, a change in floor covering, from wood to carpet, can indicate moving from a room to a hallway. This concept can also be effectively designed into outside porches and patios.

- Temperature controlled faucets and shower heads and motion sensitive faucets.
- Water heater thermostats can be preset up to 140 degrees, a temperature that can easily burn sensitive skin. Reduce the risk of burns by setting the water heater to 120 degrees.

Cognitive

- Visibility: paint and furniture colour.
- Smart home compatibility (automated).
- Safety gates.
- Temperature controlled faucets and shower heads and motion sensitive faucets.
- Open concept.
- Widen doorways (min 32"-36").
- Automatic door openers (exterior/interior).
- Multi-level access (Elevator, stair glide, tele-cab).
- Secure 24-hour security/alarm/emergency system.
- Exterior pathway, walkway.
- Exterior motion/timed lighting (automated).

Common area

- Hallways and passageways: ideally 3'7", min. 3'0".
- Open concept.
- Clearance of pinch point: 2'0"
- Built-in furniture
- Low window sills
- Large doorways, openings (min. 32"-36")
- Flooring
- Home automation (audible, visual)

Multi-level access

- Elevator
- Stair glide
- Tele-cab
- Vertical platform lift

Kitchen

- Modified kitchen: clear floor space, accessible cabinetry, clearance under sink, insulated plumbing, clearance under work counters, lower and adjustable shelving.
- Built-in features
- Touch release drawers
- Outlets/switches
- ADA compliant appliances
- Counter tops: bull nosed or rounded edges, contrast from appliances.
- Single lever or motion faucets
- Indirect lighting
- Turning radius (5'0")

Bathroom

- Clear floor space
- Efficient design
- Storage
- Mobility device use
- Fixtures
- Grab bars, P.T. rails
- Space constraints
- Water proofing (European wet rooms)
- Options: roll-in shower, pedestal or wall mounted sink
- Slip resistant flooring
- Lighting (motion)
- Entrance (min 32"-36")
- Faucets (temperature controlled and motion)
- For added peace of mind, install a shower system that provides a digital temperature read out. Some shower heads and hand showers, indicate the temperature of the water via an LED color indicator, as well as a digital numerical readout, and can be installed within minutes.

When recommending and implementing the above accessibility solutions in a living environment, consideration should be given to the type of assistive device and /or mobility aid that is being used by the ABI survivor. Examples of such devices or aid are wheelchairs (manual, power), scooters, walkers (standard, wheeled or rollator), canes (single point, quad-cane), white cane (sight) and crutches.

At *Accessible Daily Living*, we believe that in order to provide a safe and

accessible living environment utilizing the principles of Inclusive Design and Visitability, the following should be achieved:

- **Equality**.
- **Flexibility** for further modification in the event the health status of the individual changes.
- The recommendations for modifications are **simple** and **intuitive**, easily understood and perceived.
- **Tolerance for error** (health status of the ABI survivor changes during initial implementation stage).
- Modifications require **minimal effort** for use.
- **Ideal size** and **space** to provide a safe, accessible and inclusive living environment.

Realizing the needs of ABI survivors from an accessibility perspective may be a lifelong pursuit. The most vital information we rely on is the type of activities they are involved in and perform on a daily basis. These activities must be meaningful, promote rehabilitation and encourage a level of independence.

It is important that ABI survivors are able to "live", and that through education, advocacy, development and implementation, a safe, secure and accessible environment will allow them to return to their families, friends, their community and a place they can call home. ◊◊◊

For more information:

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www.accessibledailyliving.com

Follow us:

www.twitter.com/livingADL
www.linkedin.com/in/johngroe

OBIA
ONTARIO BRAIN INJURY ASSOCIATION
education • awareness • support

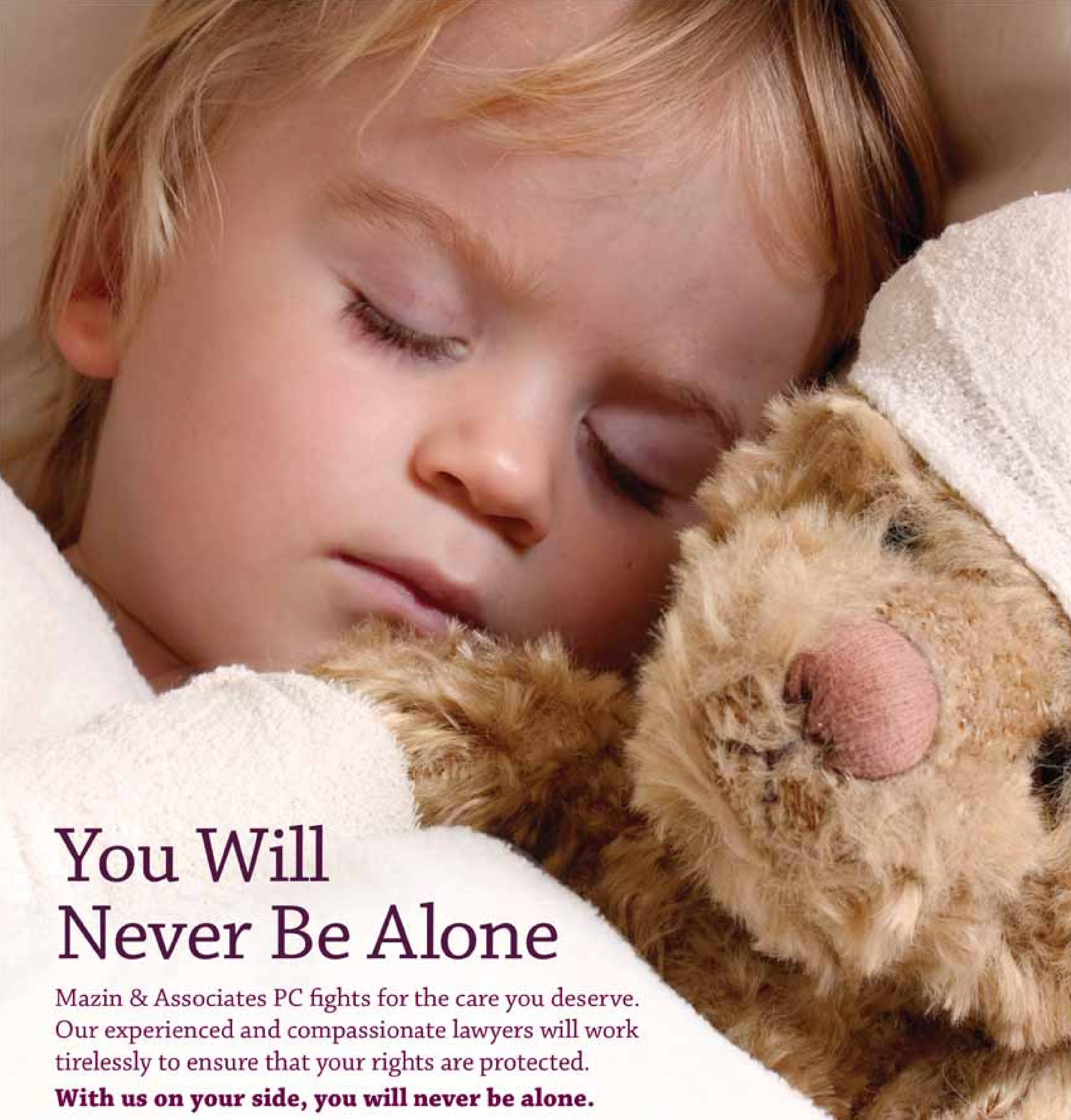
SUPPORT SERVICES

We Can Help.

OBIA's Support Services Program can offer:

- Quick linkage to your local Brain Injury Association and to other needed ABI services
- Connection to our Provincial ABI Peer Support Program
- Access to current information and resources about ABI
- Support/Advocacy as you navigate the often complex system of ABI

Call our toll free Support Line
1.800.263.5404
or email: support@obia.on.ca



OBIA's AGM Award Winners and New Board Members Recognized

Ruth Wilcock presented the following awards at the recent AGM in Toronto. Two new board members were also announced.

Professional Award

Arden McGregor, Psychologist and founder of Brainworks

Fellowship Award

Sean Reyes, Musician and performer at our Provincial Conference

Legal Fellowship Award

Gregory Tucci, Joseph Falconeri and Barry Munro from the firm Falconeri Munro & Tucci LLP

Volunteer Award

Melanie Gardin, Lawyer, Chapman, Gordon, Gardin, Stewart LLP

Media Award

Peter Mykusz, Tribute Video and OAC meeting webcaster

Corporate Fellowship Award

We Care Home Health, accepted by Lori Prins, Community Relations Manager

New Board Members

Hazel Wood, President of Rehab Results

Veronica Pepper, HNHB LHIN ABI Network Service and System Navigator was unable to attend the meeting but was also announced as a new member of OBIA's Board of Directors.

Staff Awards

Ruth Wilcock received her 10 year award and Gail Coupland received her 20 year award. Congratulations to all!

AWARENESS

Navigating the world without the sense of smell:

A closer look at the impact of Anosmia on Accessibility

By: Jenna Copeland, MSc (OT), OT Reg. (Ont)., FunctionAbility Rehabilitation Services

Imagine a world where you cannot smell roses, a holiday turkey roasting in the oven, a fresh cup of coffee, or fresh cut grass on a summer's day. Imagine a world without the smell of garbage, rotting food, or unpleasant body odours. People with Anosmia, the loss of the sense of smell, live in this world. Head injury is one of the major causes of Anosmia (Anosmia Foundation of Canada, 2003). There are few Canadian statistics that indicate how many people live with Anosmia, but some figures report that approximately 2 million Americans suffer from Anosmia (Anosmia Foundation of Canada, 2003). The ability to smell affects one's quality of life but also one's safety in the physical environment. Since the inability to smell is an "invisible disability" it is often not included in discussions on accessibility and this is why I've chosen to explore the impact of Anosmia on accessibility.

Since 2005, with the introduction of the Accessibility for Ontarians with Disabilities Act, the province has been "developing, implementing and enforcing accessibility standards in order to achieve accessibility for Ontarians with disabilities" (Service Ontario, 2005). Since then, most discussions around accessibility tend to focus on the issues of physical accessibility for wheelchair users or persons who use walkers or canes, such as the width of doorways, heights of automatic door buttons, the availability of ramps, elevators and disabled parking. These environmental modifications are a necessity, but I'd like to suggest that the discussion on accessibility should not stop there. When considering accessibility, we often disregard the inclusion of "invisible disabilities" (Anderson, 2007). Persons who do not use assistive devices might be described as having an invisible disability as it is not immediately apparent that these persons have a disability or require accessible features in the environment. Having a hearing impairment, some visual impairments, a mental health issue or brain injury are examples of invisible disabilities (Skoller, 2010). For instance, The Anosmia Foundation of Canada reports that individuals with hearing or vision impairments are recognized as having a disability, requiring assistive devices or environmental modifications but those with anosmia are often not considered as having a disability (Skoller, 2010).

Anosmia is the result of damage to the olfactory system; and as noted above, head trauma is considered one of the major causes of olfactory dysfunction. Depending on the severity of the head trauma, Anosmia might occur in up to 30% of patients (Mueller & Hummel, 2009). It can result from craniofacial trauma, specifically damage to nasal passage ways, shearing injury of the olfactory nerve, or injury to primary or secondary smell centers in the frontotemporal regions of the brain (Zasler, 2010). A study published in the journal Brain Injury found that olfactory deficits were more common in individuals with frontal lesions, and that dysfunction can occur with mild, moderate and severe brain injuries (Fortin, Beaulieu Lefebvre, & Ptito, 2010). Anosmia can be temporary, resolving within a few months after a head injury or be a permanent dysfunction that the person must learn to cope with long term (Fortin, Beaulieu Lefebvre, & Ptito, 2010).

The nose can detect over 10, 000 distinct smells, and recent research has indicated that the sense of smell is more complex than scientists once thought (Anosmia Foundation of Canada, 2003). For example, different odours are sensed simultaneously and identified individually and consecutively in the brain, instead of as a mixed odor (JAMA, 1998). The sense of smell is also closely related to other senses such as taste.

As one of the five senses, the sense of smell plays a crucial role in several ways people interact with their environment but is often described as the most underrated sense. Toller (1999) examined student's perception of the sense of smell, the findings indicated that 78% of study participants reported that if they were forced to lose one of their five senses, they would choose to loose their ability to smell. Interestingly enough, those who chose to smell, could not report on what impact the inability to smell would have on one's life (Toller, 1999).

The Anosmia Foundation of Canada (2003) reports that a person without a sense of smell is deprived of an early warning system. Smell and taste alert people to fires, poisonous fumes, leaking gas and spoiled food (Anosmia Foundation of Canada, 2003). Research indicates that people with a total or partial loss of smell are almost twice as likely as people with normal smell to have certain kinds of accidents, including accidents with cooking, unsafe management of toxic chemicals, eating spoiled foods, gas leaks and fires (National Institute of Health, Senior Health, 2014). Anosmics require environmental modifications to increase their safety in their physical environment. The Anosmia Foundation of Canada recommends installing multiple smoke and carbon monoxide detectors in the home, and having fire extinguishers easily accessible especially in high-risk areas such as the kitchen. The use of gas appliances poses a risk to those unable to smell. Natural gas leaks are first detected through the sense of smell. Electric appliances are safer for this group and reduce the risk of experiencing a natural gas leak. If Anosmics have to use gas appliances they can reduce the risk by getting them serviced regularly (i.e. at least once per year) (Fifth Sense, n.d.). Another danger in the environment is exposure to toxic chemicals. Unlabelled household cleaners are dangerous because the odour of the chemicals will not be noticed to warn the person that exposure to the chemicals is harmful. To increase safety, all chemicals should be clearly labelled (i.e. bathroom and kitchen cleaners, hair products, pesticides etc.). It cannot be assumed that one would be able to rely on their sense of smell in this situation.

The sense of smell and taste are closely linked. Taste is approximately 75% flavor and flavor is dependent on the sense of smell (Anderson, 2007). Sense of smell largely determines the flavour of the foods we eat and beverages we drink (Anosmia Foundation of Canada, 2003). As the two senses are closely linked, it is likely that the loss of smell, also impacts aspects of taste. If you have smelled or tasted sour milk, the experience is likely memorable and warns the individual to not ingest that product. The inability to smell or taste can impact one's ability to detect spoiled food, meaning that individuals risk ingesting rotten food, which poses risks to health. Someone without a sense of smell needs to be extra cautious with reading expiry dates on food, and marking leftovers with throwaway dates to ensure food is safe to eat (Fifth Sense, n.d.). Another consequence of losing the ability to smell is losing appetite for food. The smell and taste of food are important in making food appealing to humans. Research states that smell and taste losses can lead to depression (Anosmia Foundation of Canada, 2003). Many Anosmics find that they have difficulty eating regularly because their appetite has decreased. Physical health depends on eating a regular healthy diet. The Fifth Sense website recommends setting an auditory alarm to signal regular mealtimes, monitoring weight, as well as experimenting with strong flavours, colours and textures to increase the appeal of food for those living with reduced ability to smell or taste (Fifth Sense, n.d.).

Another aspect of smell that is often overlooked is the link between smell and memory. This is especially important for those with brain injury and Anosmia, as brain injury can impair memory abilities. Memories and emotions can be unconsciously triggered through a smell. Research shows that recall memory, or the ability to retrieve something that has been previously learned is affected by sense of smell (Anosmia Foundation of Canada, 2003). For example, studies show that if you learn information in a room with a specific scent, let's use coffee as an example, then at a later date the smell of coffee may increase recall of what you previously learned. The more similar the two environments, the more likely you will be able to recall the information. Those with memory impairments and intact sense of smell are likely using odours as cues for memory, unfortunately those with head injuries who have lost their ability to smell, will have to rely on other senses or external cues to retrieve past memories and emotions.

The ability to smell is not only linked to memories, emotions, and taste but also safety in the physical environment. Accessibility is about removing barriers for persons with disabilities to increase their ability to use physical environments safely. Someone with Anosmia has challenges in the physical environment including the inability to use their sense of smell as a warning system. Suggestions to increase the accessibility of the environment for Anosmics include using electrical appliances, installing carbon monoxide and smoke alarms, purchasing fire extinguishers and writing expiry dates on food regularly. Perhaps Glaser (2002) captured the relationship between smell and the environment best, when he said, "it is only when people actually experience smell loss that they come to appreciate the many ways it enhances their lives and perceptions about the world around them".

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Across the Province

OBIA Advisory Council (OAC)

It is an exciting time for the OBIA Advisory Council and for the OBIA Board. At the June 2014 OAC meeting, elections were held for the two Co-Chair positions on the Council and for one of the Survivor/Family Representative positions. Wendy Charbonneau from BIA Ottawa and Mary-Ellen Thompson, Ph.D from BIA Quinte were voted in as the new Council Co Chairs.

We also welcomed Mary Lou Dallaire from BIA Niagara (who joins Tim Slykhuis from BIA Ottawa) as the newest Survivor/Family representative of the OAC to the OBIA Board.

A very warm thank you to Donna Thomson and Jamie Fairles of London and Melanie Gardin of Windsor who represented the OAC on the OBIA Board for many years.

Community Programs & Events

As always, we are delighted to be able to showcase many of the wonderful programs and events happening around Ontario, including highlights from OBIA's 27th AGM (page 19) and our 2014 Drive Only Never Text (D.O.N.T.) Campaign.

BIA Thunder Bay & Area

For Brain Injury Awareness Month in June, the Brain Injury Association of Thunder Bay and Area held their third annual Bike Helmets on Kids rally. This year's rally was held in conjunction with CARREL+Partners LLP, the Ontario Trial Lawyers Association, the Thunder Bay District Health Unit, and EcoSuperior. A large rally was held, with safe cycling demonstrations and 190 bike helmets were distributed to Crestview Public School in Murillo, Ontario.

For the Summer months, BIATBA is again hosting a Community Garden.

BIA Peterborough Region

BIAPR's display window had posters and stats displayed. On June 6 everyone wore D.O.N.T. t-shirts. A local grade school welcomed the BIAPR's co-op student and a member who met students in the lobby for three hours. Teachers, support staff, and students received thumb rings and cards with contact information. Fleming College students raised awareness with an event including poetry, artwork, and a silent auction. Students handed out surveys about ABI, and posters were placed throughout the school about the D.O.N.T. campaign.

BIS Toronto

On June 11th, we celebrated the 10th Anniversary of the BIST/OBIA Mix & Mingle at the Steam Whistle Brewery. With over 600 attendees it was the best event yet and we are looking forward to planning for next year. Visit our website at **www.bist.ca** to see photos (**see also page 27-28**). A very special thank you to all of our sponsors and the Mix & Mingle Planning Committee.

During Brain Injury Awareness Month in June, the Brain Injury Society of Toronto (BIST) launched its **www.areyouraware.ca** campaign and it was a huge success. We handed out thousands of stickers and pins across the city and encouraged people to share **#areyouaware**. We will continue this campaign throughout the year, so check back to the website often.

The BIST 4th Annual 5K Run, Walk & Roll is taking place on Saturday September 20th and we are anticipating over 500 runners. Visit **www.bistrun.ca** to register today. All proceeds go to support our programs and services. This is a family-friendly event and great way to get out with your family, friends and co-workers to support a great cause.

On Saturday November 22nd, 2014 we are also thrilled to be hosting a one day workshop for families and caregivers supporting someone with a brain injury. Caring for the Caregiver: Enhancing Family Effectiveness after Brain Injury will be offered FREE of charge and will be led by Dr. Jeffrey Kreutzer from the Virginia Commonwealth University and Caron Gan from Holland Bloorview Kids Rehabilitation Hospital. Visit our website at **www.bist.ca** for more information or call 416-830-1485.

BIA North Bay and Area

One of BIANBA's most ambitious initiatives is the association with the MTO's "Safe Driving Committee". Local BIANBA director Debra Cloutier is on this committee which has resulted in increased community awareness for BIANBA but it also provided a means for funding for a coordinated safe driving advertising campaign. This shared approach allows BIANBA to effectively "get the message out" as well as other indirect benefits associated with participation on this committee.

In May 2014, BIANBA launched their billboard advertising campaign and over the following two months, four distinct billboards carrying the D.O.N.T. message were prominently displayed throughout North Bay. BIANBA is recognized as the sponsor of this campaign which will help increase public awareness and help with our charitable donation initiatives. Patterson Signs also provided BIANBA with an "in kind donation" by heavily subsidizing the cost of the campaign with a discount upwards of 75% off the posted rates. The campaign was

co-ordinated and managed by BIANBA board member Debra Cloutier.

BIA Windsor-Essex

"May we always remember, that the human brain is as fragile as a butterfly's wings…"

Canada's first memorial dedicated to those afflicted with a brain injury was presented to the City of Windsor on June 6th, 2014 during a Butterfly Release Celebration. This one-of-a-kind memorial created by local sculptor Jack Byng depicts the release of two butterflies from outstretched bronzed hands. The life of a butterfly symbolizes the life of an individual with a brain injury. Much like a butterfly that develops from a caterpillar during the chrysalis process, the journey of a person with a brain injury can be transforming. Often, an individual with a brain injury is not the person that they once were. Brain injuries can have a lasting effect on families. The care that families provide is critical to the journey made by an individual with a brain injury. The support that caregivers give is represented by two extended hands that are releasing the butterflies.

The bronze sculpture sits on a five foot high granite base. Names of those living with brain injuries and those who are no longer with us will be engraved on the base. This sculpture was commissioned to raise awareness of brain injuries and to provide a lasting memorial to all those affected by brain injuries in our community. Individuals who wish to engrave the name of their loved ones on the memorial can do so by contacting the BIAWE office for details.

BIST
Brain Injury Society of Toronto

OBIA
ONTARIO BRAIN INJURY ASSOCIATION
education • awareness • support

10th Anniversary Mix & Mingle

held on Wednesday, June 11th, 2014

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10th Anniversary Mix & Mingle

Event Photos (**Thanks to** ***damien d photography***)

Accessibility for Ontarians with Disabilities Act

In 2005 the Ontario Government passed the ***Accessibility for Ontarians with Disabilities Act (AODA)*** with the goal of making Ontario fully accessible by 2025. The Act requires that businesses operate within the principles of independence, dignity, integration and equality of opportunity when providing goods or services to people with disabilities.

At the heart of the AODA are core accessibility standards and regulations that apply to all businesses and organizations (public, private, and not- for-profit):

Customer Service (currently under review)

- Regard for the importance of assistive devices, service animals, support persons
- Notice of disruption in service
- Consumer feedback process

Information and Communication

- Accessible print and electronic communication materials
- Accessibility awareness training

Employment

- Emergency workplace response plans for employees
- Accommodation during recruitment/hiring
- Accommodation plans in the workplace

Transportation

- Courtesy seating
- No increased fares for people with disabilities or charges for mobility aids
- Technical requirements for lifting devices, steps, grab bars/ handrails, floor surfaces, lighting, signage, etc.
- Verbal and visual announcements of routes and stops on vehicles

AODA and Human Rights

The AODA and the Human Rights Code work together to promote accessibility and equally for all. The AODA uses the same definition of "disability" as the Ontario Human Rights Code, which includes both visible and non-visible disabilities:

- physical disabilities
- vision disabilities
- deafness or being hard of hearing
- intellectual or developmental disabilities
- learning disabilities
- mental health disabilities

Deadlines and compliance requirements for the AODA vary depending on the size and type of the organization. For more information about the AODA, please go to: **http://www.mcss.gov.on.ca/en/mcss/programs/accessibility/** ◊◊◊

If you've had a serious injury *who* will stand up for you?


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Barbara Hall lays out path to a stigma-free Ontario

Ontario Human Rights Commission explains how to accommodate people with mental disabilities

By: Carol Goar, Star Columnist

We've come a long way since the days of insane asylums and cruel epithets.

Most Ontarians know it is illegal to discriminate against people with mental disabilities. Most employers, landlords and merchants know they are required by law to accommodate people with addictions and mental disorders.

What they don't know is how to convert this principle into action. How far are they required to go to accommodate individuals with mental disabilities? How do they balance the needs of a person with a mental disability and those of other workers, tenants or clients? How do they handle an individual who behaves erratically or frightens others? How do they differentiate between a debilitating addiction and a lack of self-control?

We see examples all the time — from the disruption in civic life caused by 'Toronto's Mayor Rob Ford's serial binges to the tragic confrontations between "emotionally disturbed persons" and police that keep happening. We may even be part of the problem, lobbying against a group home on a nearby street, for instance.

Ontario Human Rights Commissioner Barbara Hall has thought a lot about these issues. Last week she released a policy manual to help citizens and institutions prevent and deal with this deeply entrenched form of discrimination.

The 109-page document doesn't provide a clear-cut answer to every question. It would be impossible to reduce equitable treatment to a simple formula. But it offers guidance, uses legal casework to show what is expected and highlights real-life examples of accommodation. "I hope this policy will become a tool for change," Hall said.

Despite her efforts, the leadership of a handful of enlightened politicians and corporate leaders, the advocacy of human rights groups and the brave testimony of people with mental disabilities, ugly stereotypes persist. Almost half of Canadians — 46 per cent according to a 2008 survey done for the Canadian Medical Association — still believe mental illness is used as an excuse for bad behaviour. One in four (27 per cent) said they would be afraid to be around someone with a serious mental illness.

The first point the guidebook makes is that lack of awareness of the human rights code is no excuse for inaction. Neither is the absence of a specific complaint from an individual alleging discrimination. People with mental challenges often suffer in silence rather than risk their job, their housing or their access to essential services. Some fear reprisals if they speak up. "That's why we took this on: to say to people you do have rights. You can come out and there are remedies," Hall said.

The second key message is that accommodating people with mental health challenges is not discretionary. It is the law, even if the disability is invisible or episodic. This doesn't mean organizations have to incur astronomical expenses or impose an onerous burden on their members. It means decision-makers must inquire about accommodation needs, respect the confidentiality of the individual and make a genuine effort to allow him or her full participation in the organization.

The third segment of the policy is a plain-language manual for managers, landlords and service providers. It features initiatives that have worked, attitudes that have impeded progress and responses that have fallen short:

- Punishing the perpetrator without addressing the organizational culture that permitted or condoned discrimination is not enough. Decision-makers must take further steps such as education, training and the removal of psychosocial barriers.
- Protecting privacy is no excuse for inaction. The needs of individuals with mental disabilities can be accommodated without disclosing sensitive health or personal information.
- Dismissing a request for accommodation because an organization lacks the resources to respond is unacceptable. According to the Supreme Court of Canada, the costs must be so substantial they would alter the nature of the enterprise or materially affect its viability.
- Refusing to take responsibility for the actions of contractors, temporary workers, even customers is a violation of the human rights code. They fall within the "directing mind" of an organization.
- Although there is no legal immunity from allegations of discrimination, an organization's strongest defence is that it made a reasonable effort to accommodate the individual.
- The best way to create a stigma-free environment is to adopt an explicit plan to remove barriers, backed up by a commitment from management and an education program covering all those who fall within an organization's purview.

Hall doesn't expect instant success. But she believes Ontario can be a role model in a world that marginalizes people with mental disabilities. ◊◊◊

"Reprinted with permission – Torstar Syndication Services"

Brain Fast Facts

DID YOU KNOW?

• 17% of survivors use a wheelchair or scooter some or most of the time.

• 82% of survivors have trouble having a conversation in a group.

• 32% of respondents indicated using specialized transit services.

- 2012 OBIA Impact Report

SURVIVOR STORIES

Creating Awareness Outside the Box with The Celtic Brotherhood

By Beau Rooney

Traumatic brain injury—three words that to the majority of the general public don't have much significance and what they may think they do know is most often incorrect. Yet to thousands of people that they may be related to, they work with or who live in the same community, these three words have been life-altering and have had a serious impact on their daily lives. For all these people comes the desperate need for a fourth word to be added—awareness.

Awareness can be the difference between a life saved or a life lost and we know that ignorance about things that are important to others can be both hurtful and harmful. While there are many organizations working daily to help inform those who are directly affected by TBI, many of them are also working in a variety of ways to help educate the public in order to better understand the symptoms and effects of TBI so that a more positive environment can be created for all concerned.

For some, the journey into learning how to cope and live with TBI in their personal lives brings about a strong desire to use their experiences in some positive manner to help others by becoming a support mechanism for the one who is dealing with TBI or by trying to assist their family or friends so they can better understand what the survivor is going through and how they can deal with the character or physical changes to their loved one. If you take that desire to create something positive out of what you might otherwise consider a life's tragedy and you add to that a love of motorcycles, a strong sense of family and need to serve and give back to their community, you have a group called **The Celtic Brotherhood (TCB)**.

It would be easy to misinterpret the meaning of TCB's crest or "Colors" that these men wear proudly on the back of their black leather vests because it does consist of a skull with a shamrock inset into the forehead and flames rising above the skull and all entirely embroidered in the color green. While to some people this symbol or logo might represent something more menacing or foreboding, to these men this patch is their everyday reminder of their commitment to creating and promoting traumatic brain injury awareness and about the task they have taken on by becoming a member of TCB.

Several of the members are TBI survivors, with the oldest injury taking place 20 years ago and the most recent one being about 2 years ago. Several others are dealing with post traumatic stress disorder having served in the military. The remainder of the group are close friends who have elected to dedicate their time and efforts to bringing about awareness to the community.

The design of the patch is broken down into several definitions. First, the skull is meant to depict not only a person's short time on this earth but also reminds everyone that this is the vessel where the brain is housed.

The Shamrock with its three petals was chosen because it best symbolized the collective or trinity of brain, heart and the soul. The Shamrock was also selected for a secondary reason because many of the members were proud of their Celtic ancestry (Irish, Scottish or Welsh descent) and felt that an historical icon would provide some additional pride in how they conducted themselves.

The Flame with its three inner icons is meant to encompass a trilogy of certain folk wisdoms familiar to many:

1) That from the fire the phoenix will rise and start a new and better life.
2) That fire can purify and heal.
3) Fire is needed in order to forge iron into steel, so in a similar fashion, the task ahead requires the members of the brotherhood to have the energy and stamina to bring about awareness, knowing full well it will not be an easy task, but in the end it will make them stronger and better individuals for the effort.

In the beginning many supporters commented the Colours might be mistaken for belonging to a biker gang but the more

that argument was put forward, the more they were reminded that the similarity between anyone misjudging our appearance and the myths that people dealing with TBI would go hand in hand.

Over the years the members of the Brotherhood met monthly to work on projects in the motorcycle community where they felt they could do the most good. While the main theme of the group has been traumatic brain injury and post traumatic stress disorder awareness, a mandate was made that we would lead by example and that there were other projects that were equally important to us. The brotherhood also supports a dog rescue organization that deals mostly with severely abused and unwanted dogs and that the rescue advocates a "no-kill" policy. In the Spring and Fall the brothers spend time fixing and doing repairs to the areas where the dogs are housed. Twice yearly there is a Christmas party for the dogs where homemade dog cookies are given to each individual dog wrapped in cellophane with their name tagged on it and a Christmas tree brought in while the brothers wear elf hats and spend the afternoon spoiling all the dogs with love and attention. By the end of each visit there isn't a dry eye to be seen, especially after spending time with the older dogs and those who are terminal.

Another program created by the TCB is the "Kick Start A Life – The Garth Rooney Project" which promotes and urges all motorcycle charity rides, events and groups to acquire portable heart defibrillators to potentially protect motorcycle riders in an emergency. Initially the money collected for the first AED was funded by the participation of a service dog to one of the TBI members and who affectionately became the group's mascot. Upon his passing away last summer it was decided to continue to name the project in honor of him.

The Brotherhood has for sometime held the belief that service dogs for people dealing with TBI or PTSD holds the potential of making a return to a more normal life much easier due to the actual history of both members and close friends who have

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found service dogs a means of dealing with stress and confusion.

Our group hosts several motorcycle cruise nights at various locations and thanks to the donations of riders who the Brotherhood hands out free water to, the TCB has successfully acquired a number of expensive goggles designed to simulate some of the effects of concussion. During events motorcycle riders are encouraged to wear the goggles and try to navigate a small course while riding an adult tricycle. While the event provides great entertainment to the participants and onlookers alike, it also makes them aware of some of the signs of concussion to look for should they or a friend sustain from even a seemingly mild head injury.

The Brotherhood especially encourages children to try the goggles on and give them a small wood game of tic-tac-toe using coloured golf tees to try and play with, to emphasize to them that should they experience any similar symptoms while playing at school during sports, they should notify their teacher and especially their parents that they may have a concussion. We hope to expand the program to something much more organized next year.

Recently thanks to the generosity of the motorcycle community and the sponsorship of a local Denny's restaurant, the group was able to make the purchase of a fully lithographed shelter.We use this at various events as an information booth and to draw people to our awareness table where wallet-sized health cards are handed out for free and where special stickers for car windows are sold to promote motorcycle awareness safety along with green scarves & skull caps which helps fund future products. Several of the Brotherhood also sit on the board of the motorcycle organization that was responsible for seeing that, in Ontario, the month of May was designated as Motorcycle Awareness Month. At the official opening ceremony at Ottawa's City Hall where Mayor Jim Watson made the official declaration, the group set up the awareness table to promote traumatic brain injury awareness.

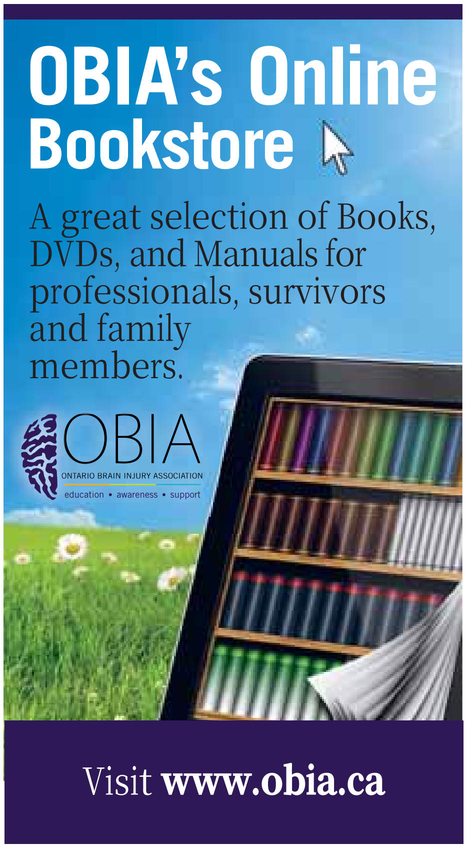
In the future it is the hope that the group will find a corporation or law firm that will join with us to create a more interactive personal health history card that would also have a removable holographic sticker that can be applied to the rider's helmet and if the rider is injured in an accident and unresponsive the sticker would alert the EMT's or police that the rider is in possession of vital medical information so certain lifesaving treatment could be proceeded with immediately.

One of the most important goals that the membership continues to focus on is the determination that one day it will be mandatory in every hospital across Ontario to issue an information package to any individual that has experienced any form of head trauma and as well to family or friends so that they can be aware that it may be several days before certain symptoms make themselves known so that they can take appropriate measures to get the injured person to seek out further medical advice. Some members have even expressed the opinion that they would like family members to be informed to perhaps seek out legal advice because a person suffering traumatic brain injury is sometimes not able to make important decisions that may affect their future.

At the end of each Brotherhood meeting we make the following acknowledgment just to remind all present our core effort

"We Make Our Motorcycle Communities Stronger!.... By Making Them Better!"

To find out more information about TCB or their events, email: tcb.motocyco@gmail.com

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EDUCATION

Events Calendar

September 11, 2014

Thomson Rogers in conjunction with OBIA presents: ***Back to School Conference: Emering Technology and Its Impact on Rehabilitation***
Location: Four Seasons Hotel, Toronto, ON
Website: www.thomsonrogers.com or www.obia.ca

Sept 11 & 12, 2014

OBIA (in conjunction with Brock University) presents:
Neurobehavioural Disorders: Their Origin, Nature and Rehabilitation - Level 2 (Certificate Course)
Faculty: Dr. Rodger L. Wood
Contact: Diane Dakiv
Phone: 1-800-263-5404 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca.

September 19, 2014

AssessMed in conjunction with OBIA presents:
Neuropsychological Validity Testing
Target Audience: Lawyers, law clerks, insurance
Location: Holiday Inn Express - Yorkdale, Toronto, ON
Email: nvtconference@assessmed.com

September 23, 2014

William Osler Health System presents: ***Diversity and Health: Avoiding Cultural Malpractice and Promoting Quality Care***
Keynote Speaker: Dr. Joseph Betancourt, M.D., M.P.H.
Location: Grand Empire Banquet & Convention Centre, Brampton, ON
Email: leslyn.thompson@williamoslerhs.ca
Phone: 905-494-2120 ext.50101

September 24-26, 2014

Brain Injury Association of Canada presents:
BIAC/ACLC 2014 Annual Conference
Location: Crowne Plaza Gatineau-Ottawa, Gatineau, QC
Phone: 613-762-1222 or 866-977-2492
Email: info@biac-aclc.ca
Website: http://biac-aclc.ca/annual-conference/

October 1-2, 2014

OBIA, in conjunction with the BIA Sudbury & District presents: ***Brain Basics***
Faculty: John Kumpf
Contact: Diane Dakiv
Phone: 1-800-263-5404 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca.

October 9, 2014

MRI Appointments presents:
Brain Injury Diagnostics: What's New and What you Need to Know.
Location: Harbour Banquet & Convention Centre, Oakville, ON
Contact: Jean-Marie Fiala
Email: jmf@mriappointments.com
Website: https://mriappointments.eventbrite.ca

October 23, 2014

Brain Injury Association of Niagara's Biennial Conference:
Brain Injury Across the Lifespan
Location: Americana Conference Resort and Spa, Niagara Falls, ON.
Keynote speakers include: Doug Smith , Author - The Trauma Code and Dr. Rob van Reekum
Phone: Pat Dracup at 905-984-5058
Email: pat@bianiagara.org
Website: www.bianiagara.org. Brochure/registration should be available for download after May 8.

October 28, 2014

Gluckstein Personal Injury Lawyers presents: ***Compassion Fatigue Seminars: Connect, Reconcile, Transform***
Speakers: Laura van Dernoot Lipsky and Anne-Marie Ahye
Location: St. Andrew's Club & Conference Centre, 150 King St. West, Toronto, ON
Website:
www.gluckstein.com/about-us/compassion-fatigue-seminars

November 7-8, 2014

OBIA (in conjunction with Brock University) presents:
Children and Youth with Acquired Brain Injury - Level 1 (Certificate Course)
Faculty: Dr. Roberta DePompei
Contact: Diane Dakiv
Phone: 1-800-263-5404 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca ***(see ad on page 48)***

November 13-14, 2014

Toronto Collaborative Neuroscience Symposium ***(formerly Krembil Neuroscience Symposium)***
Educational event brings together health care professionals specializing in the neurosciences from across Canada.
Location: Arcadia Court, 401 Bay Street, 8th Floor, Toronto, ON
Website: www.torontocollaborativeneurosciencesymposium.ca/

November 20-21, 2014

Toronto ABI Network presents:
2014 Biennial Conference
Location: Allstream Centre, Exhibition Place, Toronto, ON
Registration will be open in June.
Email: info@abinetwork.ca

February 17-20, 2015

OBIA (in conjunction with Brock University) presents:
Neurorehabilitation: Assisting Recovery and Function in Everyday Life Following Brain Injury - Level 1 (Certificate Course)
Faculty: Dr. Dawn Good, Dr. Sherrie Bieman-Copland and Dee Sperry, M.Sc., S-LP(C)
Contact: Diane Dakiv
Phone: 1-800-263-5404 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca ◊◊◊

OBIA
ONTARIO BRAIN INJURY ASSOCIATION
education • awareness • support

Get Connected with Peer Support

82% of Mentors say that being a Mentor improved their quality of life!

90% of Partners recommend the Peer Support Program.

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 provided by: Ontario
Hamilton Niagara Haldimand Brant
Local Health Integration Network

Development Sponsors: GLUCKSTEIN PERSONAL INJURY LAWYERS HENDERSON STRUCTURED SETTLEMENTS LP Sibley

Community Associations

All recent changes to information marked in orange.

Toll Free Administration Line
1-855-642-8877

Toll Free **Support** Line
1-800-263-5404
(HELPLINE)

Ontario Brain Injury Association

(Mail) PO Box 2338,
St. Catharines, ON L2R 7R9
(Courier) 3550 Schmon Parkway, 2nd Floor,
Thorold, ON L2V 4Y6
Phone: 905-641-8877 or Toll-free support 1-800-263-5404
Toll-Free admin 1-855-642-8877,
Fax: 905-641-0323
E-mail: obia@obia.on.ca
Web Site: www.obia.ca

Belleville

BIA of Quinte District

223 Pinnacle Street
Belleville, ON K8N 3A7
Phone: 613-967-2756 or toll free:
1-866-894-8884
Fax: 613-967-1108
Email: biaqd@bellnet.ca
Website: www.biaqd.ca

Chatham-Kent

New Beginnings ABI & Stroke Recovery Association

(2 Locations - Chatham and Sarnia)
9 Maple Leaf Drive
Chatham, ON N7M 6H2
Phone: 519-351-0297
Fax: 519-351-7600
Email: info@newbeginnings-cksl.com
Website: www.newbeginnings-cksl.com

Dufferin County

Headwaters ABI Group (HABI)

Orangeville, ON
Phone: 519-215-1519
Contact: Volunteer Intake Coordinator

Durham Region

BIA of Durham Region

24 - 850 King Street West
Oshawa, ON L1J 8N5
Phone: 905-723-2732 or toll free:
1-866-354-4464
Fax: 905-723-4936
Email: information@biad.ca
Website: www.biad.ca
Contact: Frank Murphy, Exec. Director

Fort Erie

HIA of Fort Erie and District

649 Niagara Boulevard
Fort Erie, ON L2A 3H7
Phone: 905-871-7789
Fax: 905-871-7832
Email: hiafeevents@bellnet.ca
Contact: Donna Summerville

Hamilton-Wentworth

Hamilton BIA

822 Main Street E.
Hamilton, ON L8M 1L6
Phone: 905-538-5251
Fax: 905-390-3649
Email: info@hbia.ca
Website: www.hbia.ca
Contact: Adria Repp

London and Region

BIA of London and Region

560 Wellington St., Lower Level
London, ON N6A 3R4
Phone: 519-642-4539
Fax: 519-642-4124
Email: info@braininjurylondon.on.ca
Website: www.braininjurylondon.on.ca
Contact: Donna Thomson

Niagara Area

BIA of Niagara

Office: 10 - 261 Martindale Road,
St. Catharines, ON
Mail: PO Box 20019
Thorold, ON L2V 5B3
Phone: 905-984-5058
Fax: 905-984-5354
Email: pat@bianiagara.org
Website: www.bianiagara.org
Contact: Pat Dracup

North Bay Area

BIA of North Bay and Area

c/o PHARA
280 Oakwood Ave.
North Bay, ON P1B 9G2
Phone: 705-840-8882
Fax: n/a
Email: contact@bianba.ca
Website: www.bianba.ca

Ottawa Area

BIA of Ottawa Valley

211 Bronson Avenue, 3rd Floor
Ottawa, ON K1R 6H5
Phone: 613-233-8303
Fax: 613-233-8422
Email: BrainInjuryOttawaValley@bellnet.ca
Website: www.biaov.org
Contact: Wendy Charbonneau

Peel-Halton

BIA of Peel & Halton

204 - 2155 Leanne Blvd.
Mississauga, ON L5K 2K8
Phone: 905-823-2221
or 1-800-565-8594
Fax: 905-823-9960
Email: biaph@biaph.com
Website: www.biaph.com
Contact: Jorun Rucels

Peterborough Area

Brain Injury Association Peterborough Region

158 Charlotte St.
Peterborough, ON K9J 2T8
Phone: 705-741-1172
or 1-800-854-9738
Fax: 705-741-5129
Email: biapr@nexicom.net
Website: www.biapr.ca
Contact: Cheryl Ann Hassan

Sarnia-Lambton

BIA of Sarnia-Lambton

1032 - 1705 London Line,
Sarnia, ON N7W 1B2
Phone: 519-337-5657
Fax: 519-337-1024
Email: info@sarniabiasl.ca
Website: www.sarniabiasl.ca

New Beginnings ABI & Stroke Recovery Association

Lochiel Centre
180 College Avenue North, 2nd Floor
Sarnia, ON N7T 7X2
Phone: 519-491-2668
Fax: 519-491-2632
Email: info@newbeginnings-cksl.com
Website: www.newbeginnings-cksl.com

Sault Ste. Marie

BIA of Sault Ste. Marie & District

PO Box 272
Richards Landing, ON P0R 1J0
Phone: 705-943-0424
Fax: n/a
Email: braininjuryssmd@gmail.com
Website: www.braininjuryssm.ca
Contact: Elizabeth Eddy

Sudbury and District

BIA of Sudbury & District Branch

2750 Bancroft Drive
Sudbury, ON P3B 1T9
Phone: 705-670-0200
Fax: 705-222-2427
Email: info@biasd.ca
Website: www.biasd.ca
Contact: Sean Parsons

Thunder Bay

BIA Thunder Bay & Area
217 - 1100 Memorial Ave.
Thunder Bay, ON P7B 4A3
Phone: 807-621-4164
Email: biatba@yahoo.ca
Website: www.bisno.org/BrainInjuryAssociationofTBAY/tabid/197/Default.aspx

Timmins

Seizure & Brain Injury Centre
733 Ross Ave. E.
Timmins, ON P4N 8S8
Phone: 705-264-2933
Fax: 705-264-0350
Email: sabicrl@eastlink.ca
Website: www.seizurebraininjurycentre.com
Contact: Rhonda Latendresse

Toronto (GTA)

Brain Injury Society of Toronto
#205-40 St. Clair Ave. East
Toronto, ON M4T 1M9
Phone: 416-830-1485
Email: info@bist.ca
Website: www.bist.ca
Contact: Michelle McDonald

Waterloo-Wellington

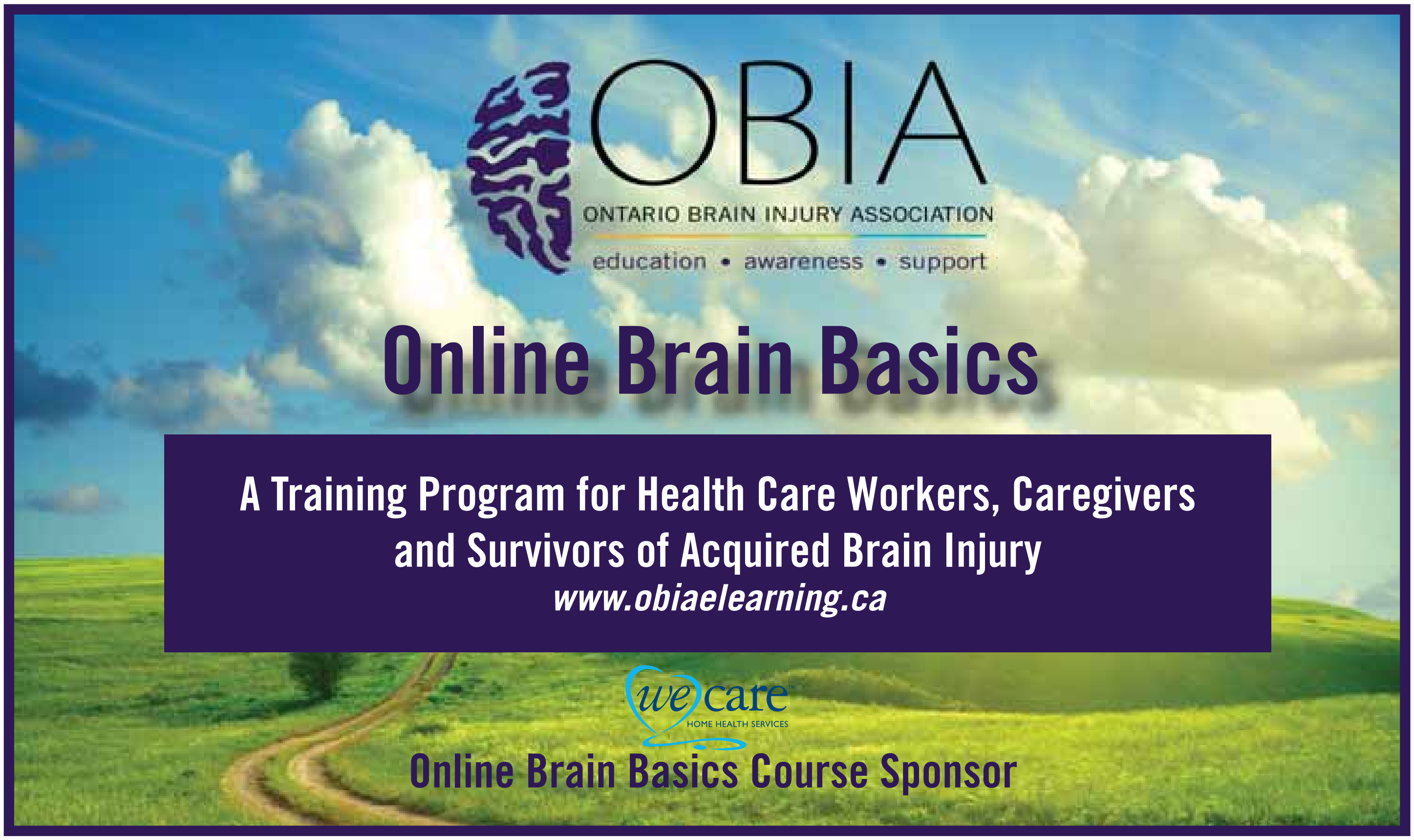
BIA of Waterloo-Wellington
871 Victoria Street North, Unit 1
Kitchener, ON N2B 3S4
Phone: 519-579-5300
Fax: 519-579-0118
Email: patti@biaww.com
Website: www.biaww.com
Contact: Patti Lehman, Exec. Director

Windsor-Essex

BIA of Windsor and Essex County
201 - 200 West Grand Blvd.
Windsor, ON N9E 3W7
Phone: 519-981-1329
Email: info@biawe.com
Website: www.biawe.com
Contact: Mary-Ann Fuduric

York Region

Brain Injury Association of York Region
11181 Yonge St., 3rd Floor
Richmond Hill, ON L4S 1L2
Office Voicemail: 905-780-1236
Fax: 905-780-1524
Email: baebristow@rogers.com
Website: www.biayr.org
Contact: Bev Bristow



Provincial Associations

Brain Injury Association of Canada/Association Canadienne des lésés Cérébraux
200 - 440 Laurier Ave. West
Ottawa, ON K1R 7X6
Phone: 613-762-1222, Toll Free Line: 1-866-977-2492
Fax: 613-782-2228
Website: www.biac-aclc.ca
Email: info@biac-aclc.ca

British Columbia Brain Injury Association
102 – 211 Columbia Street
Vancouver, BC V6A 2R5
Phone: 604-601-5102
Fax: 604-681-4545
Website: www.brainstreams.ca
Email: info@bcbraininjuryassociation.com

Central Alberta Brain Injury Society (CABIS)
#301, 4805 - 58 Street
Red Deer, AB T4N 1S6
Phone: 403-341-3463
Fax: 403-346-1035
Website: www.cabis.info
Email: cabis@telus.net

Saskatchewan Brain Injury Association
Mail: P.O. Box 3843
Regina, SK S4P 3Y3
Office: #322 - 310 Main St. N.
Moose Jaw, SK S6H 3K1
Phone: 306-373-1555 or
Toll Free (in Sask) 866-373-1555
Fax: 306-373-5655
Website: www.sbia.ca
Email: info_sbia@sasktel.net

Manitoba Brain Injury Association
204 - 825 Sherbrook St.
Winnipeg, MB R3A 1M5
Phone: 204-975-3280 or
Toll Free: 866-327-1998
Fax: 204-975-3027
Website: www.mbia.ca
Email: info@mbia.ca

Ontario Brain Injury Association
PO Box 2338
St. Catharines, ON L2R 7R9
Phone: 905-641-8877 or 800-263-5404 (support)
855-642-8877 (admin)
Fax: 905-641-0323
Website: www.obia.ca
Email: obia@obia.on.ca

Newfoundland and Labrador Brain Injury Association
PO Box 21063
St. John's, NF A1A 5B8
Phone: 709-579-3070
Fax: n/a
Website: www.nlbia.ca/index.php
Email: nlbia2011@gmail.com

Regroupement des associations de personnes traumatisées cranio-cérébrales du Québec
220, avenue de Parc
Laval, QC H7N 3X4
Phone: 514-274-7447 (poste 223)
Fax: 514-274-1717
Website: www.raptccq.com
Email: info@raptcca.com

Brain Injury Association of Nova Scotia
PO Box 8804
Halifax, NS B3K 5M4
Phone: 902-473-7301
Fax: 902-473-7302
Website: http://braininjuryns.com/
Email: info@braininjuryns.com

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

Brain Injury Association of PEI
#5 - 81 Prince Street
Charlottetown, PE C1A 4R3
Phone: 902-314-4228 or 902-367-3216
Website: www.biapei.com
Email: info@biapei.com

Alberta Brain Injury Association
n/a

OBIA Training

The Ontario Brain Injury Association in conjunction with Brock University has developed a Certificate Training Program to provide professionals with the tools and knowledge to assist clients with recovery and function in everyday life following acquired brain injury.

Brock Certificate Training Programs:

The program is currently composed of two separate levels and feature guest faculty. Both levels are directed primarily at personnel working in community and home based rehabilitation programs that serve individuals with acquired brain injury.

Featured course

Children and Youth with Acquired Brain Injury:

Recognizing and Treating Cognitive-Communicative Behaviours That Affect Learning and Community Integration (Level One)

Date: November 7-8, 2014

Program Description

This course covers issues in the paediatric population affected by acquired brain injury and will be most valuable to therapists, rehabilitation workers, special education staff, and in some cases, family members. Group problem solving activities will develop methods for assessing and treating educational and social challenges for these individuals from a functional perspective. Participants are encouraged to share information about clients on their case- load and to actively question and provide input throughout the training program.

Faculty:

Roberta DePompei, Ph.D. is a Distinguished Professor and Director of the School of Speech-Language Pathology at the University of Akron. Her major area of research and interest is in cognitive-communicative challenges to the individual with brain injury and the impact of brain injury on the family system. An advocate for the needs of youths with brain injuries and their families, she is on numerous national task forces and committees, as well as co-chair of the Special Interest Group on Children and Adolescents with Brain Injuries for the Brain Injury Association of America. She has helped to develop support groups and a community based collaborative of agencies to problem solve issues for this population. Widely published and a national and international presenter, Dr. DePompei is recognized for her unique and innovative approaches for functional community inclusion. Her specialty is the impact of brain injury upon speech, language, communication and learning.

Day 1

- Who are they? Injury, incidence, prevalence and developmental concerns
- What is it like? Characteristics that impact learning and behaviour
- How can we apply what we know? A video exercise
- How should we plan? Assessment of the individual

Day 2

- How should we plan? Environmental scans and communication partners
- How should we plan? Treatment strategies
- How can we help? Transitions, functional outcomes and collaborations

Please direct all inquiries to:

OBIA Training
Ph: 905-641-8877 or 1-855-642-8877
Email: **training@obia.on.ca**

For details and registration information on these and other upcoming training programs please check the website - obia.ca

Do you have questions about brain injury?

To show our commitment to helping you get answers to the questions you have, we are launching a new ABI Q&A feature in each edition of the OBIA Review.

We will ask the experts the questions you have!

We want to hear from you!

questions@obia.on.ca

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Has an ABI affected your life? Are you willing to share your story with others in the OBIA REVIEW?

If you are a person who is living with the effects of an acquired brain injury, **we want to hear from you!**

We want to help you share your story with others, because **your story may be the inspiration needed by another person living with ABI.**

To talk to us about sharing your story.
Please contact Katie Muirhead at:
1-800-263-5404 ext.229
or
email: **stories@obia.on.ca**

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ABI
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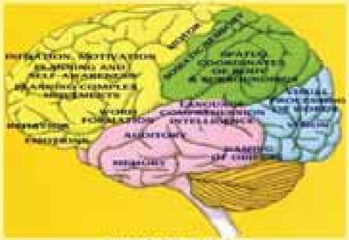

A PROGRAM OF
HAMILTON HEALTH SCIENCES

ABI Community Services is an independent Community-based fee-for-service program within Hamilton Health Science's Acquired Brain Injury Program. ABI Community Services has been providing functional assessment and treatment for adolescents and adults with acquired brain injury for over 20 years. Rehabilitation professionals teach clients practical functional skills in their own environments. Clients are assisted with returning to meaningful roles within their family, community and/or work settings.

To Contact Us / Referrals

Direct	**905-521-2100 ext: 40866**
Fax	**905-577-8231**
E-Mail	**tavaress@hhsc.ca**

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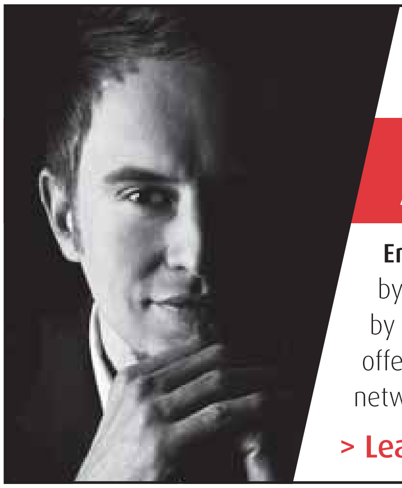

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(866) 394-6240 ext. 0
info@brainworksrehab.com www.brainworksrehab.com

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www.interactionrehab.com

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