



**BRAIN INJURY
ASSOCIATION
OF LONDON
AND REGION**

Spring Issue March 2016

THE MONARCH

Brain Injury and Marginalization





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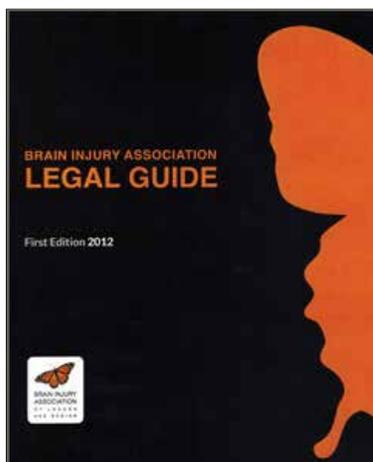
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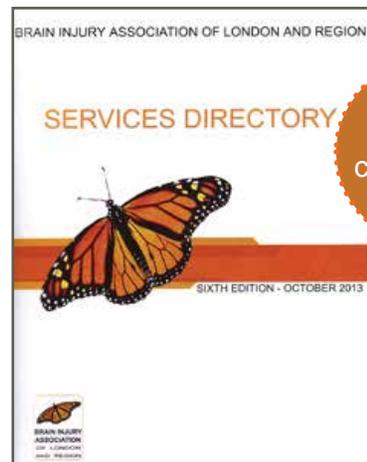
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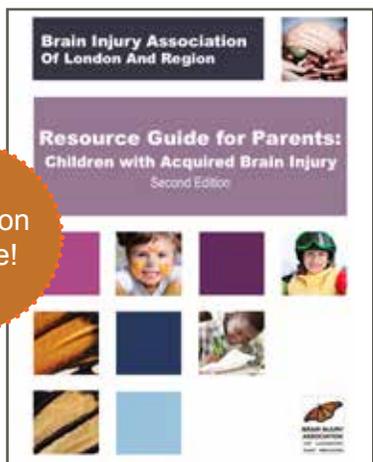


This legal guide is published by BIALR, in collaboration with Harrison Pensa, and is in its first edition. It is designed to provide straightforward accessible explanation of key legal issues and fundamental legal rights of those who have suffered brain injuries and their support teams. Print copies are available from the BIALR office and electronically on the website.



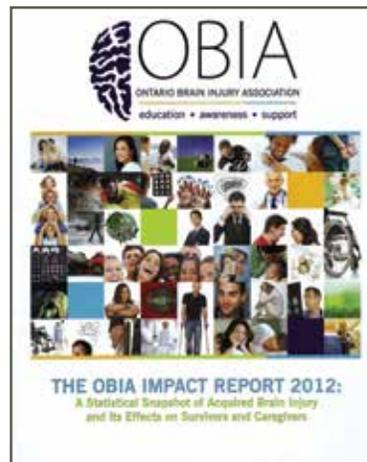
new edition coming soon!

This directory is published by BIA London and Region and is in its 6th edition. It is designed to help individuals suffering from the effects of a brain injury identify and locate the services in London and Region. (Print copies are available from the BIALR office and electronically on the website.)



new edition available!

This resource is published by BIALR and is in its first edition. This compilation of articles is designed as an informational resource for parents of children who are suffering from the effects of an acquired brain injury. Print copies are available from the BIALR office.



The OBIA Impact Report 2012 is published by the Ontario Brain Injury Association (OBIA), with support and funding provided by the Ontario Neurotrauma Foundation. It is designed as an easy to read statistical snapshot of acquired brain injury and its effects on survivors and their caregivers. Electronic copies are available on the OBIA website.

Online Resources:

- Brain Injury Association of London and Region - braininjurylondon.on.ca
- Ontario Brain Injury Association - obia.ca
- Brainline.org, preventing, treating, and living with traumatic brain injury - brainline.org
- Brain Injury Association of Queensland - synapse.org.au
- National Resource Center for Traumatic Brain Injury (Virginia Commonwealth University) - www.tbinc.com



Letter from The Executive Director

This year marks the 30th Anniversary of the Brain Injury Association of London & Region. Plan to join us at our Annual General Meeting on June 17 to commemorate this milestone.

I want to extend a great big thank you to our dedicated annual sponsors, who have pledged their financial support again for this year. Each individual sponsor contributes to our organization year after year and are the backbone of the Association. We would not be able to continue to provide the programs and services offered without their help. For those who have not sponsored in the past, please consider it. A copy of the Sponsorship Opportunities 2016 catalogue is available on our website, or if you wish to discuss in person, I would be happy to meet with you!

The fundraising committee hosted 140 people at our recent 'Mardi Gras Madness' event on March 5. Many thanks to the attendees, volunteers, donors and guest speaker Vanessa Zita Vanderidder for making this a night to remember. Plans are now underway for Mikes Walk for Brain Injury the last week of May and our 2nd Annual Boots & Brains event at the Plunkett Estate on October 1, 2016.

The Conference committee will host part 2 of the Statutory Accident Benefits workshop on March 31, with updates on the impending changes that are coming in June. In addition, plans for our 19th Annual Conference, 'Travelling through Time' are almost finalized. Registrations and exhibit spaces can be reserved online at www.braininjurylondon.on.ca.

The Helmets on Kids Community Partnership is busy with the organisation of our 15th Annual Helmets on Kids Campaign. The event will be held on June 16, at Holy Rosary Catholic Elementary School. We are seeking donations to help us cover over \$10,000 in costs to purchase the helmets and also need volunteers to train for helmet fitting events.

The Brain Health Network is pleased to launch its website www.brain-healthnetwork.ca on March 1. Monthly webinars will continue to be presented and a Brain Fair is planned for May.

Donna Thomson

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We Need Your Help!

Volunteer Opportunities Available

If you or someone you know is interested in volunteering, we are looking for energetic people to join our team!

We are currently seeking volunteers to assist us with various support groups, charitable events and committees.

Support Group Leaders and Speakers:

-For all 5 counties: London/Middlesex, Perth, Elgin, Oxford and Huron

Committee Members:

- Community Awareness
- Fundraising
- Support Services
- Conference
- Editorial

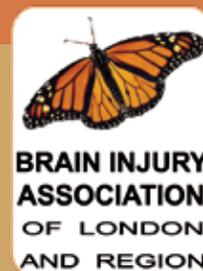
50/50 Ticket Sellers:

- Nationals Hockey Games



If you are interested in volunteering or have questions please email:

volunteer@braininjurylondon.on.ca



Highlighting Our Volunteers

Just A Note To Say Thank You!



Joan Rolph

Tell us a little about yourself?

Where do I start? I am a very busy lady and spend most of my days out and about, sometimes it may not sound like it but I am truly thankful for all of it. Between volunteering at my ABI group, to actively running as Executive for Br #008, also the Ladies Executive.. Stratford Legion, helping to organizing church & funeral lunches, bazaars and fundraisers, keeping up with my beautifully blended family of 6 kids, their spouses and 11 Grandkids, staying connected with the Stratford community, and loving my handsome cat Mr. Smoke. I also enjoy relaxing after a long day with a nice glass of wine!

How long have you been volunteering with the Brain Injury Association?

I started in 2010 (Chartered Member) and I hope to continue for many years to come!

Why did you choose to volunteer with the BIA?

After the unfortunate incident that caused my husband Darrell a severe brain injury in 2009, we struggled with rehabilitation for a year before we became aware of the lovely group in Stratford. After Darrell started attending he looked forward to the weekly meeting and we returned every week until he passed away..

What makes you come back to BIA year after year?

When Darrell passed in 2012 I had made life long friends with my ABI (The Grateful Heads' group and loved them all very much. I knew it would be hard to not connect with them every week, so I continue to return every Wednesday to this day to keep in contact with my friends who have helped me through so much.

Do you have a favorite moment from your time here that you would like to share?

It is hard for me to pick just one memory because I have shared so many fantastic moments with the Stratford group. The times that are most dear to me are all of the potlucks we have, conversations and lots of food and fun! Plus spending time with the Great Group Leaders.

What would you say to someone that is considering volunteering with BIA

If someone is willing to spare their time to volunteer with a ABI group in their community they will get so much back in return. When volunteering with BIA I leave every week with a feeling of fulfillment, gratitude and a big smile on my face. I am constantly learning more about acquired brain injuries, spending time with the fascinating survivors and learning their stories, goals and achievements. I admire every single one of my ABI comrades and appreciate the opportunity this volunteer group has given me. I wouldn't want to be anywhere else on a Wednesday afternoon!

Support Education Advocacy



Awareness

Brain Injury Support Groups

If you or someone you know has experienced a brain injury, you may benefit from participating in one of our many support groups. Groups meet either monthly or weekly and offer you the chance to learn more about living with ABI. Discuss common issues and problems or have fun in a positive environment.

 <p>Huron County Support Group Meets the second Monday of the month OMAFRA Office 100 Don Street Clinton ON 6:00 - 8:00pm</p> 	 <p>Oxford County Support Group Meets the First Tuesday of each month Dundas United Church 285 Dundas Street Woodstock, On 6:30 - 8:30pm</p>
 <p>Perth County Support Group Meets the last Tuesday of each month Zehrs Markets 2nd Floor Community Room 865 Ontario Street Stratford, On 7:00 - 9:00pm</p>	 <p>Elgin County Support Group Meets the second Monday every month Community Room at the Elgin Mall 417 Wellington Street St. Thomas, On 6:30 - 8:30pm</p>
 <p>Perth County Social Leisure Group Meets every Wednesday of each month Central United Church 175 Waterloo St. S Stratford, On 1:00 - 4:00pm</p>	 <p>London/Middlesex Support Group Meets the last Thursday of each month First Baptist Church London 568 Richmond Street (parking in rear) London, On 7:00 - 9:00pm</p>

Peer Support Coordinator's Report



Jamie Fairles
Peer Support Coordinator
519-642-4539
editorial@braininjurylondon.on.ca

This month's theme is brain injury and marginalization. Brain injury, like most other disabilities is a very isolating and thus marginalizing condition that nobody wants to experience. When proper help and resources are not sought, a brain injury has been known to lead to even worse isolating and marginalizing conditions as drug and/or alcohol abuse, homelessness, and in some instances even incarceration! The Peer Mentor Support Program is an ideal way to beat marginalization by speaking with another person who has faced or is facing similar troubling issues as yourself. I am currently in the process of scheduling the spring mentor training session, so we can welcome new mentors to the provincial roster! If you're interested in becoming a mentor to share your own experience dealing with a brain injury, whether you're a survivor, family member or unpaid care giver, or if you would like a mentor to speak to, contact me at the office.



Looking To Get Involved?

We are looking for individuals to become mentors in our Peer Mentor Program. Mentors provide support and share information and resources with partners who are coping with a similar ABI-related situation. We are in particular need of mentors who are family members and caregivers. Visit our website or contact our Peer Support Coordinator for more information.

www.braininjurylondon.on.ca



Joint Membership Program

Brain Injury Association of London and Region & the Ontario Brain Injury Association

Invite you to belong to both organizations for one low fee! Further information and the application form can be found on the Brain Injury Associations website:

www.braininjurylondon.on.ca
under "how to help"



Disclaimer:

The Monarch is published by the Brain Injury Association of London and Region.

Opinions expressed in the articles are those of the authors and do not reflect the opinion of the Board of Directors.

All articles remain in their submitted un-edited form to preserve the original views and intent of the author.

The publication of an advertisement does not imply support of the advertiser by the Association. If you have any questions, comments, or concerns please contact us at:

Phone: 519-642-4539
Fax: 519-642-4124
Email: info@braininjurylondon.on.ca

Editors: Editorial Committee

**Layout and Design:
Stephanie McGill**

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We Want To Hear From You!

Do you have a suggestion for the Monarch magazine? Let us know!

We would love to hear your feedback.

email your suggestions to
editorial@braininjurylondon.on.ca



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After 20 long days of healing and rehabilitating at the hospital, I was finally allowed to go home. To my displeasure, this idea of “going home” was far from an immediate return to my life pre-accident. I had to spend most of my days in my room with the lights off, as the headaches I experienced were nearly constant and excruciatingly painful. I had to be homeschooled, since returning to a 6 hour school day was simply not yet a possibility. I didn’t go out and see my friends, as the steroids I was taking to cure my facial paralysis led to extreme acne and weight gain (as a 15 year old girl, this was almost worse than a half-working face and slurred speech). But, as time went by, I slowly started to feel more and more like myself. Six months after the accident, I was back at school full time, made my return to the social scene, and was no longer defined by impairment from the accident.

Today, almost 3 years later, I attend Western University and complete the same workload under the same conditions as every other student. Some people would call this, a “full recovery”.

Unfortunately, that is far from the reality of my situation.

Every brain trauma is different, but for my personal case, the damage from the crash was done to my frontal lobe. Damage to this particular part of the brain caused noticeable changes in emotional control and personality: an intolerance for frustration and introverted tendencies are a few of the changes I have been seeing in myself, lately especially. In addition to long term and short term memory problems, all of these symptoms are very much so a part of my everyday life. The problem is, living with a brain injury, is living with an injury that is completely invisible. There’s no cast or bandage to explain why I can’t always act the way I want to, or the way people expect me to. I don’t believe the term “full recovery” can apply to those who have managed to return to normal life after a traumatic brain injury. All of my physical injuries have healed completely, but the person I was before the crash is not at all who I am today.

Pre-crash, I loved spending the majority of my waking hours around friends. Post-crash, I prefer spending most of my time alone.

Pre-crash, I could have a bad morning, but easily bounce back and save the day. Post-crash, I find myself unable to move on from the smallest arguments or misfortunes.

Pre-crash, I had no problems answering questions or getting myself where I needed to be, when I needed to be there. Post-crash, I find myself having to pause to seriously search through my brain to answer simple conversational questions, and use my phone, or mother to remind me about plans and appointments.

The damage from the injury I suffered is here to stay, but I am extremely lucky to have people in my life who do all that they can to understand this.

My loving mother has so much patience with me, showing understanding rather than annoyance, when I forget to be somewhere or do something. My boyfriend Holdyn supports me through bad days and always finds a way to make me smile, rather than reacting resentfully to the unnecessary attitude he may receive. My roommate Sydney allows me to shut my door and have time to myself, but also reminds me how fun and entertaining it can be to spend my time with others.

This incredible support, has allowed me to cope with the complications and difficulties that are a part of life after a traumatic brain injury. This post is not at all meant to be dark or saddening; my life today is filled with more happiness than ever before. My hope is to raise awareness about the seriousness of brain trauma, since invisible injuries can be hard to understand.

For more information on this topic, these are a few websites that I have found most helpful:

http://www.brainline.org/landing_pages/categories/behavioralsymptoms.html

<http://www.mayoclinic.org/diseases-conditions/traumatic-brain-injury/basics/symptoms/con-20029302>

Life After A Traumatic Brain Injury

When I was 15, I crashed my snowmobile into a barbed wire fence, resulting in a 20 night stay at the London Children’s Hospital. Or at least that’s what everyone tells me happened, considering I remember next to nothing from this very significant month. Most people who know me well have heard the summary of this story, and consider me to be very lucky. I too feel extremely lucky to have healed as well as I did, however, there are so many elements of having an acquired brain injury that most people are completely uninformed about.

My stay in the London Hospital was perhaps the darkest time of my life. I faced physical struggles such as dealing with double-vision and migraines, relearning how to walk, and a case of Bell’s Palsy. Beyond the physical injuries, there was the psychological changes. When I am told of things I said, and attitude I displayed while in the hospital (cursing at nurses, refusing to eat, constant sobbing, etc.), I am in disbelief that I would be capable of such behaviour. All of these trials darkened my previously bright spirit, to a point where I no longer felt like myself.

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Concussion Symptom Relief Just A Click Away

A self-professed weekend warrior with a passion for mountain biking, hockey and snowboarding, Cliff Coté estimates he has sustained more than six concussions. As a result of his latest concussion in January, he was experiencing persisting post-concussion symptoms. “Thundering headaches, low energy, blurry vision, nausea and anxiety were plaguing me 24/7,” explains Coté, a 50 year old entrepreneur from Bayfield, Ontario.

Now for people like Cliff who are dealing with persisting symptoms following a concussion or mild traumatic brain injury (mTBI), help is just a click away with new web pages developed by the Acquired Brain Injury (ABI) team at St. Joseph’s Health Care London’s Parkwood Institute.

“These web pages provide information to help people self-manage some of their persisting concussion/mTBI symptoms, and to empower families and clinicians in the community who might not otherwise know what to do about concussion/mTBI.” says physiotherapist and project lead Laura Graham.

The web content includes videos with topics focusing on strategies for improving organization, concentration/attention, vision, balance, and relaxation techniques. In some cases, actual outpatient education sessions were videotaped so the web content is the next best thing to being there. There are also helpful links to community resources and research.

Cote’s family is referencing the site to find answers, and he has recommended it to friends with mTBI/concussion so they too can find ways to help manage their symptoms.

“When concussion/mTBI symptoms occur you feel absolutely lost, but the information on the web pages is like a compass that helps you navigate through the symptoms and find yourself again,” Cliff adds. This project is funded by a St. Joseph’s Health Care London President’s Grant for Innovation.

The concussion/mTBI web pages are found at: <https://www.sjhc.london.on.ca/concussion-mtbi>

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A Family's Challenge

Republished with Permission from Ontario Neurotrauma Foundation

The following is a compilation of several case studies, submitted by Carolyn Lemsky, Clinical Director, Community Head Injury Resources Services (CHIRS) and Director of the Substance Abuse and Brain Injury Bridging Project (SUBI).

Daniel and his parents faced some real challenges in getting the supports they needed.

Daniel sustained his injury at the age of 10 when he got sick with meningitis, has a seizure and a fall. Although he was lucky enough to survive without obvious physical difficulties, he struggled quite a bit with memory, attention and organizing himself. He needed help in school, and the transition to high school was very difficult.

By the age of 15, Daniel started to use marijuana regularly. At the age of 22, he developed signs of psychosis that including hearing voices and having unusual ideas. At first, the focus of his treatment was on the new psychiatric symptoms because his injury was so long ago. When he didn't respond like his peers to treatment, his parents started to talk to his care providers about his medical history. This is when they started to have difficulty getting services.

“When we talked to the mental health folks”, his parents explained, “they suggested that we needed help from people who know brain injury. But when we asked for help for his brain injury, they told us his injury was too long ago to get services, and that they didn't really have supports for people who have schizophrenia.”

His parents had a lot of questions. What was the cause behind Daniel's problems? Was it really schizophrenia, or was it related to brain injury? What part did his marijuana use play? Did his mental health providers understand enough to help him the right way? How could they get the help they needed?

It was clear to them now that they had to learn more about the impact of substance use, brain injury and mental health together so that they could get Daniel the care he needed and advocate more effectively for him.

After a wait, they were able to get a neuropsychological assessment and consultation about his cognitive impairments. This information helped his psychiatrist and the people at his day program understand his needs better. Outreach supports helped him to benefit more from the mental health services and work on strategies to stay organized.

His parents learned that complicated problems take a long time to get sorted out. They also found out that they were not alone. There were other families like them living with an individual with concurrent needs and facing similar challenges. Learning about concurrent conditions and how to advocate for a family member, as well as knowing how to pace themselves and take care of their own needs all made a difference in the quality of Daniel's care.



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The medical driving assessment program has two options:

Driver Assessment Rehabilitation Program

Driver assessment and rehabilitation services for those:

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- with physical disabilities who may require equipment and/or modifications
- wanting to learn how to drive who need special instruction or vehicle adaptations

DriveABLE

- A driving assessment program for older drivers with a confirmed or suspected cognitive impairment such as dementia or Alzheimer's.
- Outcomes for a DriveABLE assessment include pass (an individual is safe to continue driving) or fail (it is no longer safe for that individual to drive)

One easy referral number for both options: **519-685-4070**

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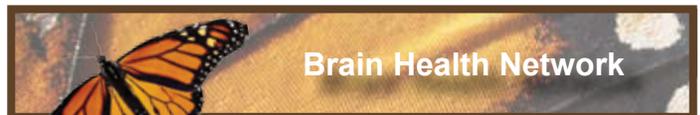
For more information: www.sjhc.london.on.ca/darp



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Brain Health Network

Announcing the new website for the
Brain Health Network

www.brainhealthnetwork.ca



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HELMETS ON KIDS



Volunteers Required Bicycle Helmet Fitting

It is the law for children under the age of 18 to wear a
properly fitted bicycle helmet. We are looking for vol-
unteers who are interested in learning to fit helmets for
our popular Helmets on kids program and to assist at
various other local events throughout May and June.

Each volunteer is required to attend a Helmet Fitting
Training session provided by our Association and the
Middlesex London Health Unit.

If you are interested in this opportunity please contact:
Donna Thomson @ 519-642-4539 or info@braininjurylondon.on.ca





Study Shows Brain Injury Increases Drug, Alcohol Risk In Teens

By John Lavitt 02/09/15

Rates of alcohol and drug use increased dramatically in teens suffering from traumatic brain injury.

Canadian researchers have found that teenagers who have suffered a concussion or other traumatic brain injury are more likely to abuse alcohol and drugs compared to peers with no history of such an injury.

In a study published in the *Journal of Head Trauma Rehabilitation*, Ontario high school students who had experienced a traumatic brain injury (TBI) were compared to their classmates. Incredibly, the use of non-prescribed tranquilizers and opioid pills as well as drugs like cannabis, cocaine, and crystal meth was two to four times higher for students suffering TBI.

Researchers defined a TBI as any hit or blow to the head that resulted in a student being knocked unconscious for at least five minutes or spending at least one night in hospital due to symptoms associated with the injury. Some of these brain injuries could have been classified as concussions, which are mild to moderate forms of brain injury. It was surprising how many students had experienced such an extreme injury.

One in five of the Grade 9 to 12 students reported a previous TBI or hard hit to the head. As a result, the study pool for comparative purposes turned out to be larger than expected. Besides having a higher rate of alcohol and drug use, students with past concussions also were 2.5 times more likely to have smoked one or more cigarettes daily during the previous year and nearly twice as likely to have engaged in binge drinking in the previous

month. The definition of binge drinking is the consumption of five or more alcoholic drinks in a single sitting.

“It’s a really toxic combination when you have the two together,” said principal researcher, Dr. Michael Cusimano. “We know that people who have alcohol or substance use problems don’t recover as well from a brain injury... They can’t participate as well in the rehab, and they don’t recover their original abilities as well as people who have not been using drugs and alcohol.”

Early drug and alcohol use also can impede adolescent brain development. In addition, many recreational drugs also can affect physical performance and judgment, setting up a person for potential harm. In any given year, about 5% of teenagers will suffer a concussion or other brain injury, and about 60% of them will occur while participating in sports.

“What we found in this research is that... there does appear to be a cluster with these injuries of problematic behavior, substance abuse and mental health concerns,” said Dr. Robert Mann, senior scientist at the Centre for Addiction and Mental Health and the co-leader of the study. “The effects of the injury may be such that it may predispose them to use the substances.”

“On the other hand, we also know that people who are substance users may be more likely to have these kinds of injuries,” Mann continued. “The classic example is alcohol. Alcohol impairs psychomotor performance, so you’re more likely to have an injury, perhaps more likely to have a head injury.”



I'm Doing The Best That I Can

Submitted by Nikki Fodor

I started volunteering at the Brain Injury Association over a year ago and have always loved it when it comes time for Gala's and other events. I also love being a part of the Monarch. I really like sharing ideas and stories. When the Association first mentioned Marginalization, I thought to myself ... What is that? After some Googling and some brain storming this is what I can share with our readers.

A simple definition for marginalization is "to put or keep (someone) in a powerless or unimportant position within a society or group" (<http://www.merriam-webster.com/dictionary/marginalize>).

I feel I have been in this situation at least a few times over the years. I obtained my brain injury 8 years ago. Since my brain injury I am unable to work, I am on disability compensation, and I am cognitively impaired to a degree. I also get a lot of headaches, am easily fatigued, suffer from mood disorder and have both short and long term memory impairments, to say the least. However, a lot of times society or the social groups around me will only see those first three things – I don't work, I am on disability, and I can be cognitively impaired at times; however, I can volunteer. This is what I have experienced:

Situation/Atmosphere – Family Social Gathering where I am socializing

Person - “Hey how you doing? I hear you have been doing some volunteering lately.”

Me - “Hey. Yes I have. It’s been going really good. I like it. It’s very tiring but I do really enjoy it thanks.”

Person - “Well that’s really good to hear. So you’re going to start looking for work?”

Me – “Um no I don’t think so. “

Person - “Well why not?”

Me – “Well because as you know I have a head injury. My short and long term memory is affected. I am in bed by 7 pm usually and get quite overwhelmed and fatigued quite easily.”

Person - “But you are here right now and it’s 9 pm and I hear some of your volunteer things go until quite later in the night.”

Me – “Well yes but you don’t see the after effects of those nights”

Person - “Oh you’re just making excuses. I think you could work most certainly.”

Conversation Ended

This is a real conversation that has happened to me on a couple occasions in different social gatherings. What really bothers me in that specific conversation is that I’m never asked (or very rarely) what the after affects are. The conversation is usually ended just like that and most times the “Person” has walked away and I am put in that box of “taking advantage of the system.” This makes me feel very uneasy around the person and even at the gathering now. Most times I will then isolate myself or sometimes I will feel the need to just get out of there and go home. If it is a new “Person”, I usually don’t see them for the rest of the night and it is very hard not to feel if it is because of my social status.

What I would like to happen in situations like that is for the “Person” to ask about the after affects or maybe even a bit about brain injury. I would then tell them one of two things depending on how comfortable I felt.

1. I like volunteering and that is what is best for me right now. Thank you for asking. (If they wanted to know more, I would perhaps tell them).

2. Yes I am once again volunteering and I am enjoying it. If it is a person who knows me, they will also know that I did try volunteering before more frequently and was unsuccessful at it. I would then point that out. I would tell the person that yes sometimes volunteering now does go into the night but what they don’t see is the after affects it has on me. When I volunteer until 9pm and there are lots of people and there is music, lights and other stimulation; I will need a good rest for at least a day if not two thereafter, not to mention it is likely I will have a horrible headache and sometimes even be grumpy. (However I would not give up the volunteering. It is just something I wouldn’t do every day. I recognize my limitations.)

I will also tell them that yes I have thought about work but I am the person that knows me best. I know how much I suffer from headaches, fatigue and tiredness; I know how often I have to write down simple tasks and lists, etc. and though I get that they think maybe I should work and I do value that, I hope that they can also value my thoughts when I tell them that I am sure it’s not a good idea for me to work right now. I am doing the best that I can and that is all that matters to me.

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Ask A Lawyer

Marginalization and ABI – Careful Planning The Key To Success

When someone suffers an ABI, the road to recovery can be long and, oftentimes, imperfect. The person who has suffered the ABI may make gains, but may never fully resemble the person they were before the ABI, leaving them with what I often refer to as the “new normal”. It can be difficult for both the injured person and their family and friends to reconcile the new normal with the person they were before their injury. This dissonance can lead to breakdowns in relationships with family and friends and, potentially, marginalization, with the injured person withdrawing from their previous life.

While the law cannot prevent such withdrawals, the law can assist in ensuring that if those withdrawals happen, there is a safety net in place for the injured person.

If the person is injured but has the capacity to make financial decisions, then they can appoint a Continuing Power Of Attorney For Property to deal with financial matters. If the person is injured but has the capacity to make personal care decisions, then they can appoint a Power Of Attorney For Personal Care to deal with personal care matters. The Continuing Power Of Attorney For Property and the Power Of Attorney For Personal Care work independently, so that you can appoint one, both or none. Similarly, you need not appoint the same person to act as both the Continuing Power of Attorney For Property and Power Of Attorney For Personal Care, although you may. With either power of attorney, the injured person decides who will act as power of attorney. It goes without saying that the person selected should be honest, trustworthy and perform their duties in good faith, and in fact this is an obligation under the law.

If the person is injured but you are unsure as to whether they have the capacity to make financial decisions or personal care decisions, then a capacity assessment may be required. An assessment can be done to determine the person’s capacity to make financial decisions, and a separate assessment can be done to determine the person’s capacity to make personal care decisions. Sometimes someone has the capacity to make personal care decisions but not financial decisions, or vice versa. In such cases, only one assessment may be required. If the person is determined not to have capacity to make financial decisions, then a Guardian Of Property may need to be appointed. If the person is determined not to have capacity to make personal care decisions, then a Guardian Of The Person may need to be appointed. Unlike a power of attorney, the court appoints the guardian through an application process.

There are a number of resources that can help clarify these processes. The Office of the Public Guardian and Trustee has a very good website, which can be found here: <https://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/index.php>. The Substitute Decisions Act is the piece of legislation that governs powers of attorney and guardianship applications, and can be found on the e-laws website here: <https://www.ontario.ca/laws/statute/92s30#BK74>. Of course they are no substitute for good legal advice, but they may be a starting point for your investigation.

We're All In This Together!

The celebration of Earth Day began in 1970 and has grown into a global event recognized by over 192 countries. We spend this special day as a way to demonstrate how much we care about the future of our planet. No matter what you like to do, there's a way to get involved in Earth Day. Remember, you don't have to wait for Earth Day to show your love for the planet we call home.

Do a Home Energy Audit

Not everyone has their own home, but if you do, nothing tells the planet "I love you" more than a home energy audit. Since most of the world is still powered by fossil fuels, that means your home is too, and if energy is pouring out of it because of poor construction, you are inadvertently releasing unnecessary greenhouse gases into our atmosphere. Don't feel guilty about it because it's not your fault, but you can make a difference by calling up a certified auditing company to audit your home. They will tell you exactly what steps you need to take in order to tighten up your energy efficiency, like sealing windows and unplugging appliances

Start a compost bin

Instead of throwing out your food scraps, turn them into soil for your garden. This process is called composting. Banana peels, egg shells, carrot tops and avocado skins don't belong in the trash, where they'll just end up in a landfill. To start composting, Collect all of your food scraps (except for meat and dairy products) in a closed bin.

Add leaves, sticks, grass clippings and other organic items to the mix. Turn the mixture every few days using a pitchfork. The compost will break down into a rich, brown soil after several months of turning.

Get Involved in a Community Garden

If you have never experienced the magic of rolling up your sleeves and digging up some earth, then now is the perfect opportunity. Gardening is a wonderful way to reflect on how much we depend on the earth for our survival. If you don't have your own garden or you live in a city, don't fret. A quick google search should lead you to at least one communal garden or rooftop garden and we're almost certain they won't turn down your help. Plus you'll get to meet new people who love the planet as much as you.



Celebrating Earth Day!

April 22nd 2016

Clean Out Your Closet and Donate to a Charity

It may not always be so obvious, but manufacturing new clothing requires both energy and water, and there are many people who don't have money to buy their own. So this Earth Day, why not clean out your overstuffed closet and then donate those t-shirts and shorts you haven't worn in years to a local charity. Not only will this make you feel good about lightening your load, but the people who receive your lightly used clothing will so thankful you'll wonder if it's Christmas and not Earth Day!

Cook a special Earth Day meal

Invite friends and family over for a meal, and plan a menu that uses locally produced foods, is healthy and has minimal impact on the environment. Favor vegetables, fruit and other produce, as these use less resources to grow than mass-farmed meat. If you still would like meat, look for locally produced, organic meat. Try to have organic food completely. To decorate for the meal, use recycled decorations made by you and your friends instead of buying brand-new decorations. When you wash up after the meal, use the low-water dish-washing method. Teach those who are helping how to use it, too.

Turn off lights and unplug cell phone chargers

This one couldn't be simpler. Walk around your house, notice any unnecessary lights that are on and turn them off. Don't forget to unplug cell phone chargers, mp3 player chargers, etc. Your chargers are using electricity even though your electronic devices are not connected to them.

Curb your junk mail

This not only saves tons of paper, but you'll save time by not having to fish through a sea of junk mail to find your personal mail and birthday cards! How? Pull out the pre-paid stamped envelope in your junk mail, write "please remove" on the envelope and send it back to them - on their dime. In the long run it helps everyone -- they don't have to pay for future mailings and you are no longer buried in piles of junk mail.

Plant a tree or three

With Arbor Day (April 27th) just around the corner from Earth Day (April 22nd), this is your chance to practice planting a fruit tree or any other kind of tree! Why? Trees remove CO2 from the air and help fight global warming. They produce oxygen, give us shade in the summer, and provide a home for your neighborhood birds. Need another reason? Plant a fruit-bearing tree and you'll have a yummy reward for doing so! How? Check out your local nursery. They will be able to help you pick one out and give you planting advice. Make it an annual family event and within a few years you may have enough shade to drastically reduce your home cooling costs and some tasty fruit to boot!

Carry your own water bottle

Reduce the amount of plastic water bottle waste in the world by carrying your own. Stainless steel and polycarbonate drinking bottles are both non-toxic and super-durable.

Learn more about the environment

Earth Day is a good time to make a commitment to learning more about the environment and how you can help to protect it. Read articles to get up to date on the current issues affecting the environment, like pollution, water shortages, and climate change. Or, learn about a region you've never considered before, like the Arctic, the deserts, or the rain forests. Not sure where to start? Check out your local news sources for information about environmental issues in your own backyard.

Understand how climate change works, and what you can do about it. If you live in a city, look into urban environmental issues like contaminated drinking water and energy conservation. If you live near a body of water, do research to find out whether it's healthy or in need of help. Learn more about fracking, which is affecting many communities in the United States. Find out which species native to your area are under threat of extinction.

Remember that every day is Earth Day

Anything to help our environment is a perfect thing to do on Earth Day and every day. Don't restrict yourself to just one day a year; learn about how you can make a difference to environmental protection all the time. It's going to take a lot of work to heal our planet. Leading by example will help others remember that the earth is important every day of the year.





How Walking in Nature Changes the Brain

written by Gretchen Reynolds

A walk in the park may soothe the mind and, in the process, change the workings of our brains in ways that improve our mental health, according to an interesting new study of the physical effects on the brain of visiting nature.

Most of us today live in cities and spend far less time outside in green, natural spaces than people did several generations ago.

City dwellers also have a higher risk for anxiety, depression and other mental illnesses than people living outside urban centers, studies show.

These developments seem to be linked to some extent, according to a growing body of research. Various studies have found that urban dwellers with little access to green spaces have a higher incidence of psychological problems than people living near parks and that city dwellers who visit natural environments have lower levels of stress hormones immediately afterward than people who have not recently been outside.

But just how a visit to a park or other green space might alter mood has been unclear. Does experiencing nature actually change our brains in some way that affects our emotional health?

That possibility intrigued Gregory Bratman, a graduate student at the Emmett Interdisciplinary Program in Environment and Resources at Stanford University, who has been studying the psychological effects of urban living. In an earlier study published last month, he and his colleagues found that volunteers who walked briefly through a lush, green portion of the Stanford campus were more attentive and happier afterward than volunteers who strolled for the same amount of time near heavy traffic.

But that study did not examine the neurological mechanisms that might underlie the effects of being outside in nature.

So for the new study, which was published last week in Proceedings of the National Academy of Sciences, Mr. Bratman and his collaborators decided to closely scrutinize what effect a walk might have on a person's tendency to brood.

Brooding, which is known among cognitive scientists as morbid rumination, is a mental state familiar to most of us, in which we can't seem to stop chewing over the ways in which things are wrong with ourselves and our lives. This broken-record fretting is not healthy or helpful. It can be a precursor to depression and is disproportionately common among city dwellers compared with people living outside urban areas, studies show.

Perhaps most interesting for the purposes of Mr. Bratman and his colleagues, however, such rumination also is strongly associated with increased activity in a portion of the brain known as the subgenual prefrontal cortex.

If the researchers could track activity in that part of the brain before and after people visited nature, Mr. Bratman realized, they would have a better idea about whether and to what extent nature changes people's minds.

Mr. Bratman and his colleagues first gathered 38 healthy, adult city dwellers and asked them to complete a questionnaire to determine their normal level of morbid rumination.

The researchers also checked for brain activity in each volunteer's subgenual prefrontal cortex, using scans that track blood flow through the brain. Greater blood flow to parts of the brain usually signals more activity in those areas.

Then the scientists randomly assigned half of the volunteers to walk for 90 minutes through a leafy, quiet, parklike portion of the Stanford campus or next to a loud, hectic, multi-lane highway in Palo Alto. The volunteers were not allowed to have companions or listen to music. They were allowed to walk at their own pace.

Immediately after completing their walks, the volunteers returned to the lab and repeated both the questionnaire and the brain scan.

As might have been expected, walking along the highway had not soothed people's minds. Blood flow to their subgenual prefrontal cortex was still high and their broodiness scores were unchanged.

But the volunteers who had strolled along the quiet, tree-lined paths showed slight but meaningful improvements in their mental health, according to their scores on the questionnaire. They were not dwelling on the negative aspects of their lives as much as they had been before the walk.

They also had less blood flow to the subgenual prefrontal cortex. That portion of their brains were quieter.

These results "strongly suggest that getting out into natural environments" could be an easy and almost immediate way to improve moods for city dwellers, Mr. Bratman said.

But of course many questions remain, he said, including how much time in nature is sufficient or ideal for our mental health, as well as what aspects of the natural world are most soothing. Is it the greenery, quiet, sunniness, loamy smells, all of those, or something else that lifts our moods? Do we need to be walking or otherwise physically active outside to gain the fullest psychological benefits? Should we be alone or could companionship amplify mood enhancements?

"There's a tremendous amount of study that still needs to be done," Mr. Bratman said.

But in the meantime, he pointed out, there is little downside to strolling through the nearest park, and some chance that you might beneficially muffle, at least for awhile, your subgenual prefrontal cortex.

You Are Not Alone: New TBI Resource Supports Caregivers and Clinicians

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Ontario Neurotrauma Foundation

Unfortunately, there are few services specifically designed to meet the needs of the roughly 1 in 4 individuals living with both a brain injury, and serious mental health and substance use problems. These “concurrent issues” make their lives particularly challenging. The families who care for them also struggle. There is no “how to” manual for a clinician to provide to families who are caring for a person with concurrent issues that explains what to expect, what to do, or even the diagnostic terms.

As a result, thousands of families have difficulty getting the right services and feel alone.

“The individuals dealing with complex needs have no where to land,” explained one service provider, “and neither do their families”.

Finding and filling the gap

“We often hear from family members that their loved one has not been accepted for care because their mental health problems are too great for brain injury providers, and mental health and addiction providers are reluctant to help because of the brain injury-related issues”, says Dr. Carolyn Lemsky, Clinical Director at CHIRS and Principal Investigator for SUBI (Substance Use and Brain Injury Bridging Project). “Trying to advocate for a loved one

across service provision sectors becomes an almost impossible task”.

Materials have been created through the ONF-funded SUBI project for clinicians to be trained across sectors, but there has been nothing provided for the families who must manage day-to-day.

“In my clinical practice”, Lemsky explains, “we do our best to address the needs of families and clinicians dealing with these complex conditions. Everyone was clear about the need for materials for families living with complex co-existing conditions”.

Building the resource

Judith Gargaro, Research Coordinator, worked with Lemsky to create an initial outline of such “family materials”.

The project began with focus groups with clinicians and families to find out what would be most helpful. The project team then continued to review excellent resources in order to extract the most appropriate therapeutic component, strategies and techniques for coping, problem solving and advocating. “There was no need to reinvent the wheel”, says Gargaro, who now is in the process of compiling the final document.

Right information at the right time in the right way

Every step along the way, the team was encouraged to make the materials a “one stop shop” resource so families could find the information they needed without having to visit countless printed and online sources. The information needs to be in a concise format, easy to understand and practical. One focus group advised that it had to be “conversational”, not like a text-

book, with single page tip sheets on topics relevant to daily life, e.g., positive communication tools and tips for de-escalating a crisis.

Being able to advocate for a loved one or client is another major challenge. The materials will list the types of services and resources available so it is clear who to call, when and for what. Local service providers will be asked to add information relevant to each community.

Dealing with crises and emergencies

The selection in the family materials that addresses emergencies and crises is particularly relevant to families of those with concurrent conditions. Topics address how to tell the difference between a crisis and an emergency, and what to watch for if the situation requires emergency intervention. A crisis planning tool is included that takes caregivers through the typical phases of a crisis, records the behaviour observed and recommended responses. There even is a list of what to put in a crisis kit.

Addressing self-care

“We know that the road can be long for the caregiver and self-care is essential”, says Lemsky. The materials include ways to cope; how to gain perspective and patience when times are difficult; and practical suggestions for getting a break.

An unexpected benefit of creating the resource has been the reaction from caregivers and service providers when they learn the project is underway.

“They tell us ‘thank you for doing this - now we know we are not alone,’” says Gargaro.



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2016 Acquired Brain Injury Survivor and Family Education Series

The goals of this series are to share information, provide opportunities to meet other individuals and family members affected by brain injury, and to encourage peer support.

The sessions are held on Tuesday evenings from 6:30-8:00 p.m. in the Parkwood Auditorium on the main level of the Main Building at Parkwood Institute. See dates and topics of sessions below.

The sessions are also video-conferenced each Tuesday evening to participating sites throughout Southwestern Ontario, including:

- Grand Bend Grand Bend Area Community Health Centre
- Hanover Hanover & District Hospital – Family Health Team Office, 2nd floor
- Owen Sound Home and Community Support Services office
- St. Thomas CMHA Elgin office
- Sarnia Community Living Sarnia-Lambton
- Stratford Stratford General Hospital
- Windsor Windsor Regional Hospital – Oullette Campus
- Woodstock Woodstock General Hospital, Althone Ave. entrance

Please note: Additional sites may be added prior to the beginning of the series

March 22nd	Brain Injury 101 – Part 1 Speakers: Kelly Williston	 <p style="color: green; font-weight: bold;">You are welcome to attend, one, some, or all of the sessions.</p>
March 29th	Brain Injury 101 – Part 2 Speakers: Kelly Williston & Jill Bowen	
April 5th	Practical Strategies for Managing Your Life Speaker: Becky Moran & Manny Paiva	
April 12th	Finances after ABI – Looking at Ontario Disability Support Program and Canada Pension Plan – Disability Speakers: The London Employment Help Centre	
April 19th	Dealing with Headaches and Pain Following Brain Injury Speakers: Dr. Keith Sequeira	
April 26th	The Practice of Mindfulness with an ABI Speaker: Lisa McCorquodale	
May 3rd	Life After Brain Injury: Reintroducing Leisure into your Lifestyle Speakers: April Zehr & Nadia Andretta Whelan	
May 10th	Survivors' Stories	

If you have any questions regarding the series or the locations, please contact Wendy Davis at 519-685-4064 or toll-free at 1-866-484-0445.



Up Coming Events



5th Annual Mike's Walk

visit: www.braininjurylondon.on.ca
May 23 - 27, 2016

SABS Workshop - Part 2

visit: www.braininjurylondon.on.ca
March 30, 2016

19th Annual Brain Injury Conference 2016 and Annual General Meeting

visit: www.braininjurylondon.on.ca
June 17, 2016

Helmets on Kids Kickoff

visit: www.braininjurylondon.on.ca
June 16, 2016

Camp Dawn

visit: www.braininjurylondon.on.ca
September 15, 2016

15th Annual Golf Classic

visit: www.braininjurylondon.on.ca
September 22, 2016

2nd Annual Boots and Brains Barn Dance

visit: www.braininjurylondon.on.ca
October 1, 2016

9th Annual Casino Night

visit: www.braininjurylondon.on.ca
November 12, 2016



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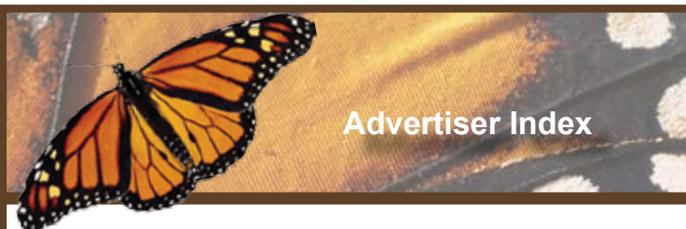
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Case Management Standards Matter

Case Manager

“a person who assists in the planning, coordination, monitoring and evaluation of medical services for a patient with emphasis on quality of care, continuity of services, and cost-effectiveness”

– Merriam Webster

Rehab First Case Manager

- Regulated professional
- Serious injury and illness expertise
- Average ten years of professional experience
- **Client Pathways**[™] multi-disciplinary planning, budgeting and management model
- Medical, psychological, occupational and vocational scope
- Benefits technical knowledge
- Paediatric expertise
- **Collaborative**
- **Compassionate**

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Siskinds Represents Dylan.

Trina Stefan experienced every parent's worst nightmare when her son Dylan was struck by a truck. The Siskinds Personal Injury Team was able to help Trina gain the control she needed to begin to focus on what was important, caring for her son and his future.

Let Siskinds Represent You.

Contact us today to start your recovery. We would be pleased to help and there's no charge for a consultation.

519.672.2121

Toll Free 877.672.2121

680 Waterloo Street, London

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LAW
FIRM

To learn more about Dylan's story visit our website
www.SISKINDS.com/Dylan

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