

The Monarch

June 2007

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Memberships are an important source of revenue. A charitable receipt will be sent to you. Please make cheques payable to The Brain Injury Association of London and Region. **Change of Address:** Please advise the office if you change your address. This will ensure that you continue to receive *The Monarch*. It will also save us unnecessary postage.

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The **Monarch** is published by the *Brain Injury Association of London and Region*. Opinions expressed are those of the authors and do not necessarily reflect the opinion of the Board of Directors. Submissions to the Monarch are welcome at any time, but should consist of not more than 325 words. When you send in an article from a paper/magazine, please include the date and name of publication. Please include a cover letter with your name and telephone number. Published letters can be anonymous, but the editors must verify the information and obtain permission to reprint the letters, as well as have a contact for questions and responses. Advertising rates are available on request. The publication of an advertisement does not imply support of the advertiser by the Association. All submissions must be received by the first Wednesday of the month prior to publication, at the office located at: 307-111 Waterloo St., London, N6B 2M4 Phone: **(519) 642-4539** Fax: **(519) 642-4124** E-Mail: **london.braininjuryassoc@bellnet.ca** **Editors:** Editorial Committee, **Layout & Design:** Advance Imaging



EXECUTIVE DIRECTOR'S REPORT

Anger is often an emotion that leads to brain injury and is frequently evident in both survivors and family members following an injury. In this edition of the Monarch, we have attempted to capture many different perspectives on anger with articles including road rage, shaken baby syndrome, results of anger seen by the police and survivor stories as well as a tip sheet on how to manage anger.

It is hard to believe that June is here already. June is Brain Injury Awareness Month and we have been busy planning events to commemorate it. Sue Hillis, Executive Director of Dale Brain Injury Services and I have jointly sent requests to all of the municipalities in the five counties we serve to request that each Mayor officially proclaim June as Brain Injury Awareness Month.

We have also prepared a media campaign that includes a request to all the newspapers and radio stations in our area to help us promote brain injury awareness.

The Londoner will once again feature an insert dedicated to brain injury. The Association will be represented at several brain injury related events during June. We now have several volunteers who are trained in the proper fitting of helmets and they will be at Dale Brain Injury Services 2007 Awards BBQ at East Park and Innerkip Public School Bike Rodeo on June 2; The Children's Safety Village Birthday Party June 3 and our annual Helmets on Kids campaign kickoff June 21. I will be volunteering at the Moving Ahead Together 3 survivor conference on June 5 & 6. Our own conference Two Problems Only Please..Secondary Symptoms of ABI will be held June 15. We will be ending this important awareness month with our 2nd Annual Brain Injury Awareness Day at East Park on the

first day of summer for the kids on June 28. Our Annual General Meeting will also be held at 7:00 p.m. that evening.

Looking ahead over the summer, there are several things we are working on. We are currently seeking a new home for our Association and hope to be moved by the next issue of the Monarch in September. We continue to provide much support to Camp Dawn and plans for the Annual Golf Classic co-hosted with H.A.B.I.T. are well underway.

The Ontario Brain Injury Association assures us that they are moving ahead with the preparations of a Shared Activity Agreement that will offer all members the opportunity to belong to both organizations for a low fee. More details will be available in the next issue of the Monarch.

Have a safe and enjoyable summer!

Donna Thomson

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Plan on joining the
Brain Injury Association of London & Region
at our
2ND ANNUAL

BRAIN INJURY AWARENESS DAY



Thursday June 28th, 2007

12:00-7:00 p.m.

East Park Golf Gardens

1275 Hamilton Road

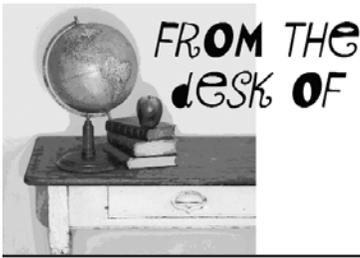
Enjoy the Wally Combo, All Day Waterpark Pass plus one additional activity for only \$12.99

Join us at 7:00 p.m. for our Annual General Meeting

Visit us in the picnic area to learn more about brain injury

*Come out and join in on the fun for the whole family in
supporting your local Brain Injury Association*





Joe Zablocki Support and Volunteer Coordinator

A Summer Joy.....or Danger?

The warmer air and sunshine remind us that summer is just around the corner, lazy days filled with picnics, days at the beach, golf and gardening. Summer is also the time we pull our family's bicycles from the garage, basement and storage sheds for another season. For a child a bicycle is adventure, freedom and fun, fun, fun.

We all remember our first bicycle and the joy we felt when we finally made our first solo ride. No dad, mom or older brother holding the seat to balance you. No training wheels to keep you upright, just you and the open road. The warm air brushing against your face, laughter from friends as you rode together to your favourite park. Yes, this is summer.

Fear was not part of your vocabulary; danger was something for parents to worry about and was not part of your thinking. No, you have your first bike and you have reached another milestone of growing up.

Over the next several weeks and months this scene will unfold over and over on the streets of neighbourhoods all over Ontario. This is a happy time, a rite of passage but take time to consider the risk. Bike riding is a lot of fun, but accidents happen. Every year, thousands of children go to the emergency department because of bike accident injuries. Some of these injuries are so serious that children die, usually from head injuries.

A head injury means a brain injury. That's why it's so important to **wear a bike helmet**. Take time to review bicycle safety with your child and set an example by always wearing a helmet when you ride and follow these simple but important safety tips:

-  Go with the flow...Ride with traffic.
-  Check for traffic...Be aware of traffic around you.
-  Learn the rules of the road...Obey traffic laws.
-  Check brakes before riding.
-  Check your wheels..."Quick release" wheels should be securely fastened.

Volunteers Needed

In association with many local organizations, the Brain Injury Association of London and Region participates in many activities promoting bicycle safety, including the Helmets on Kids Program. This program provides helmets to school-aged children and assists in proper fitting of these helmets. We also provide information about helmet safety and assist with proper helmet fitting at many events across our region.

We need volunteers who would like to help protect a child to assist with our helmet fitting activities throughout the year. Training is provided and there are several opportunities available at local schools and community events to help protect a child. If you are interested in participating in this life-saving opportunity please contact us at london.braininjury-support@bellnet.ca.

-  Protect your head...Wear a helmet.
-  See and be seen...Wear bright fluorescent colors during the day.
-  Avoid biking at night...If riding at night, equip your bicycle with head and tail lights and wear reflective clothing.
-  Stay alert...Keep a lookout for obstacles in your path.

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GOLF AND BALANCE

Sari Shatil MSc PT
Physiotherapist, Continuum

Brain injury results after trauma or injury to the brain tissue. The outcomes are variable and each person living with brain injury has a different presentation than the next. Post-injury, healing begins. This healing is directed by the activities we perform with our bodies and minds via neuroplasticity. Neuroplasticity is defined as the process by which new nerve pathways in the brain are created. Practice facilitates neuroplasticity.

Because our ability to balance depends on communication from many parts of the brain, it is commonly impaired after brain injury. Before balance retraining can begin, the systems that contribute to balancing must be assessed. Impairments in the motor or sensory systems, and in the brain itself can contribute to reduced balance. Lower extremity or trunk weakness makes it difficult to maintain stability. A loss of proprioception sense makes it difficult to know what position one is standing in and hence difficult to stay steady. Changes in vision can alter how we see the world around us and thus how we steady ourselves in it. Dizziness associated with inner ear changes, common after brain injury, also affects how we balance.

In order for a person to balance in standing or sitting, each system must work effectively and communicates with the brain. The information travels throughout the brain electrically and converges on the cerebellum. The

cerebellum considers all this information and gives a final order for the body to stabilize effectively in the form of balance reactions. All of this happens quickly, sometimes before we even know we are losing our balance.

If any component of the balance connections has been injured, the result is difficulty with balance.

Rehabilitation of balance is effective in balance training. Activities in sitting and standing are incorporated. Freedom of trunk and spine movement can be improved with stretching and reaching. Leg strengthening may be necessary. Standing activities where weight transfers and reduced support further challenge balance and are effective. Gaze coordination can improve dizziness. Functional mobility such as walking is also important.

Golf is a sport that enhances all components of the balance system. The positions required to swing a club aid trunk flexibility, postural alignment and reaching. Weight transferring increases feedback from the joints and muscles to the brain. A focused gaze (VOR) increases stability. Rotation challenges the inner ear (vestibular system). The cerebellum, in the back of the brain, mediates this entire process.

Swinging a golf club requires moving from address position, to the top of the back swing, through impact to the follow through position. All this occurs in less than 1.3 seconds. And usually requires both arms and both

legs. Early and speedy balance reactions are critical. Arms must coordinate with legs and trunk must generate power. Weight is transferred from side to side through rotation of the trunk and momentum of the club. The weight transfers compress joints and activate muscles surrounding them. This information must be gathered quickly so the brain can successfully keep the body stable once the ball is hit, making golfing activities ideal for balance retraining.

Golf practice, prescribed exercise and swing drills facilitate neuroplasticity through learning, thereby creating new, faster connections within the nervous



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system. This is supported by research demonstrating that older women golfers score higher on balance tests than non-golfers.

In a research project at the University of Western Ontario evaluating the benefits of golf-based physiotherapy, significant improvements on the Balance Scale (day to day balance) were accompanied by earlier stability reactions in the leg muscles in those golfers who participated, suggesting improved balance.

HOW TO PREPARE YOUR BALANCE REACTIONS TO OPTIMIZE YOUR GOLF SEASON

Since practicing golf improves balance performance, it stands to reason that practicing balance will improve golf performance.

The following activities are suggested as a pre-game balance workout to prepare your body for it's best golf performance. Ideally they should be practiced as part of a comprehensive golf exercise routine including stretching.

- Sit to Stand
- Rise on Toes
- Stand with Feet Together and Eyes Closed
- Neck Rotation
- Trunk Rotation

- Hip Circles
- Assume Address Position
- Weight transfers backswing to follow through & back
- Partial swings (1/4 swing, 1/2 swing)

Please refer to Table 1 for more information on some of these recommendations.

GOLF STRETCHES

In order to prevent injury while golfing, it is helpful to maintain a limber body. Start stretching at least one month before your golf season begins, and accompany it with a walking program. Cardiovascular endurance will prevent fatigue and accompanying poor performance on the course.

Regular stretching of the neck and back, shoulders and wrists, hips and ankles is recommended and should ideally be accompanied by a balance program. The following are some stretching suggestions:

- Shoulder horizontal adduction
- Wrist Flexion
- Wrist Extension
- Trunk Rotation
- Hip internal rotation
- Peronei

- Soleus
- Hamstrings
- Groin

Therapeutic Golf Rehabilitation (TGR) is a program designed to improve balance while participants learn, practice and play golf. It has been reported that participants will experience some increase in their quality of life as an additional benefit.

The program is comprehensive and includes a detailed physical and golf swing analysis. A personalized program of manual therapy, stretching, strengthening, balances, walking, and coordination exercises are initiated.

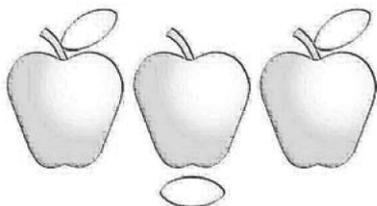
Modalities such as ultrasound and TENS are used if indicated. TGR incorporates golf lessons at East Park with a CPGA professional, physiotherapy at Continuum, and exercise. Golf is an activity widely enjoyed in the London area and we proudly boast The Parkside 9, a Wheelchair Accessible Golf Course.

TGR has been lucky enough to have had support from local corporations such as London Health Sciences Center, London District of Ontario Physiotherapy Association, Physiotherapy Foundation of Canada, University of Western Ontario, School of Physical Therapy, The Downtown Clinic, Eastpark Golf, The City of London, and Continuum.

For more information on TGR, please contact Sari at golftherapy@rogers.com, or call Continuum at (519) 434-9814.

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2007 Annual Dinner / Dance The 70's Rock & Roll to Disco

Submitted by Gary Phelps, Fundraising Committee Chairperson



Thanks to all who worked to make The Brain Injury Association of London and Region's Annual Dinner/Dance become one of the best charity events in the City.

This year, on March 3, 2007, we enjoyed an excellent meal, great silent auction and superb entertainment by The Blushing Brides and Disco Inferno. We increased our involvement with corporate sponsors,

increased our attendance and raised a record \$30,000 to assist those affected by brain injury.

This event is the Association's key fundraising event of the year. I would like to thank the fundraising committee and each and every person/organization that supported us by attending the event. I would especially like to thank our corporate sponsors for their generosity which makes this event possible.

We are already planning next year's exciting event. Please call us if you have any thoughts on how we can make this event even better!

See you same time next year!!!



Thank You to Our Sponsors

The Brain Injury Association of London & Region would like to thank the following organizations for their financial support or In-Kind donation during the 2006-2007 fiscal year. Without your generosity, we would not be able to provide the programs and services offered by our Association.

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**Zehrs Markets - 2nd Floor Community Room
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Stratford, ON
Meeting Time - 7-9PM
Last Tuesday of each month
Wheelchair Accessible**

**Huron County Health Unit
77722B London Road RR 5, Clinton, ON
Meeting Time – 7-9PM
Last Thursday of each Month
Wheelchair Accessible**

Beginning in September

**Woodstock Public Library
445 Hunter Street, Woodstock, ON
Meeting Time – 7-9PM
Third Thursday of each month
Wheelchair Accessible**

We will also have leaders for a group soon to be in St Thomas; please watch for details.

For information on Support Groups or any of our services please contact us at our London office or by e-mail london.braininjurysupport@bellnet.ca

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The 6th Annual

London Brain Injury Golf Classic

Proceeds benefit Brain Injury Treatment and Awareness

Thursday, September 20, 2007

Greenhills Golf Club, London Ontario

Registration from 11:00 a.m. to 12:30 p.m.

12:30 p.m. Tee Time

Presented by:

H.A.B.I.T. (Helping Acquired Brain Injury Treatment) and
The Brain Injury Association of London & Region

If your company/business would like to Sponsor a hole or donate a prize, please contact us at 672-4942.

For further information or
registration forms contact:
Lisa c/o H.A.B.I.T 672-4942
or habit@rogers.com

I'd like to come for dinner only

Yes, I would like to golf

Name- _____

Address- _____

Phone- _____

E-mail- _____

Yes, I would like to sponsor a hole

Name to appear on
sponsorship sign-- _____

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CONTROL+SAFETY = LESS PREVENTABLE INJURIES

Submitted by Tom O'Brien

Sergeant Traffic Management Unit London Police Service

In 27 years of policing I've seen "life altering" head injuries associated to drivers and passengers of vehicles, bicyclists and pedestrians. I've seen permanent head injuries sustained in consensual assaults as well as unprovoked attacks. I

can tell you there have been a few deaths in London as a result of a "one punch" incident.

Many of these situations are preventable. With all the advancements in seatbelts, airbags and car seats, serious head injuries are still a concern whenever there is a significant collision.

Why do I say these head injuries are preventable? I'm not talking about safety features as much as I am decision making. Aggressive driving, red light running, amber light disobedience, these are all choices made that could lead to a disastrous event.

Side impact collisions occur when someone runs a red light. The occupants in the car that is struck broadside are very susceptible to serious head injuries due to the side force on the body. The head often contacts the frame of the vehicle despite the use of seatbelts. The advent of side "curtain" airbags is an attempt to deal with such injuries.

The point is, the collision was preventable through "choice" and that choice affected the lives of many persons and changed the life forever of the person who suffered the head injury.

Head injuries sustained by cyclists and pedestrians involved in collisions are more often caused, not by the impact with the vehicle but the secondary impact with the roadway, curb or other objects. Helmet use on the part of cyclists is an important method in preventing this. We certainly don't see pedestrians walking around



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wearing helmets however, pedestrians must take control of their own safety and not be "aggressive walkers". When those around us don't care for our safety then we should care for our own.

In London, road rage is not foreign to our roadways. We have seen a number of occurrences where motorists, offended by the action of another driver have become so upset that they aggressively attack the other vehicle with dangerous driving practices and assaultive behaviour when the vehicle stops at a red light or a nearby destination. I've seen a number of incidents where the drivers have become engaged in a fist fight in the middle of the road. (While children are in the vehicles!).



This behaviour is preventable with self control of emotions. Remember one punch, one mistake through a stop sign, one wrong step as a pedestrian and a "life altering" head injury could result.

Use restraint! Seatbelts are restraints in vehicles. Calm and cooperative emotions are restraints for aggression.

Don't get involved in road rage incidents! Get the information for the police to investigate.

The head isn't like a computer. If the hard drive is the brain of the computer and something happens to it, we go to the store and get a new one. We can't do that with our brain. Protect it, we only get the one!

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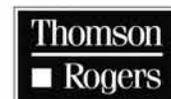
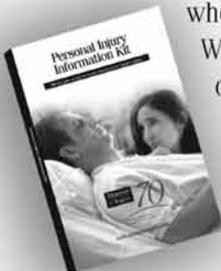
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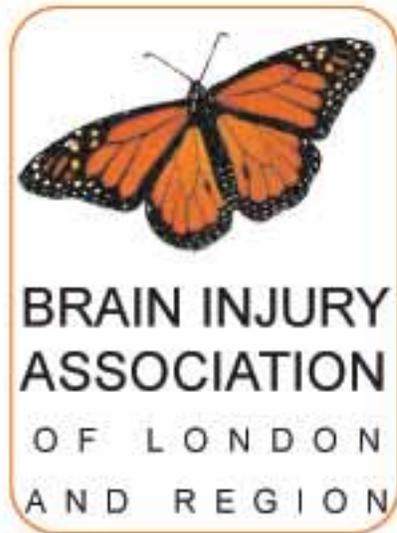
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Annual Report



Year Ending March 31, 2007

MISSION STATEMENT

To maximize the quality of life of individuals with brain injury and their families and friends through:

- Peer and Community Support
- Information about services, resources and programs
- Public awareness of the causes, impact and prevention of brain injury
- Advocacy on behalf of those affected

Brain Injury Association of London and Region

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Secretary: Sari Shatil

The Brain Injury Association of London and Region is a non profit registered charity and a recognized affiliate of the Ontario Brain Injury Association. Our mission is to improve the quality of life of people with brain injury through support, information, public awareness and advocacy.

Our association supports the counties of Oxford, Elgin, Huron, Perth and Middlesex, with services such as, support groups, resource materials, a peer mentoring program and a quarterly journal (The Monarch). In addition we hold an annual conference, provide public awareness presentations, and publish a brain injury services directory. Well over 50 active volunteers fill important roles in the provision of our services and we serve as a teaching agency for several professional programs at The University of Western Ontario and Fanshawe College. We are active members of the Acquired Brain Injury Network of Southwestern Ontario.

PRESIDENT'S REPORT

Brain injuries involving some type of blow to the head are among the most common in our society. Some 700,000 people in North America suffer traumatic head injuries each year, and between 70,000 and 90,000 are left permanently disabled. Head injuries can range from relatively minor damage to the scalp and face such as lacerations, abrasions and bruising to more serious consequences involving damage to the brain.

The Brain Injury Association of London & Region understands that caring for people living with an acquired brain injury requires Passion and compassion.

Over the past year the board has been focused on constantly seeking ways to improve services to our members and their families. The Brain Injury Association of London and Region, has made some positive changes over the past year. The Monarch has taken on a fresh new look, we are about to launch our Respite Care Program, enabling families who are expe-

riencing the critical care stages of Acquired Brain Injury to apply for funding for respite help, and also our Peer Support Mentoring Program, and our Peer Support Groups, enabling survivors or family members, living with a brain injury to speak to someone sharing the same experiences. There are also several other programs in the works for the coming year, so stay tuned.

It has been my pleasure and honor to have served on this board filled with such enthusiastic and goal oriented members. Each member has volunteered much of their own time to making this our most successful year to date; I thank you all for your hard work and dedicated hours that you have given to help achieve this. I know that this board and the in-coming board are certainly headed in the right direction.

As we stand on the threshold of a new year this will be an exciting and prosperous year for the Brain Injury Association of London and Region. I look forward to returning to the board for another year.

Mary Carter , President

TREASURER'S REPORT

This has been an exciting year of accomplishment at the Brain Injury Association of London and Region.

As can be seen from our financial reporting below, our finances have enjoyed a very healthy increase in both revenues and expenses. Our revenues have increased due to the two-year Trillium Grant we began receiving this year, the success of our Annual Dinner/Dance and the continued interest of personal and corporate donors.

Our expenses have increased, and will continue to do so, as we expand our services. This year, our service expansions include our involvement in the Peer Support Mentoring Program, three new support groups located in London-Middlesex, Perth and Oxford, preparations for two new support groups to

begin in Huron and Elgin and a conference specific to family members.

Our committees have worked hard and grown in both size and scope of their goals and accomplishments. Our generous corporate sponsors have continued with their tremendous support. This places us all in a position to be able to act on the great ideas we have to continue to improve the level of assistance we provide to those whose lives have been changed after the impact of brain injury.

On the following page, in condensed form, is a summary of our unaudited year end financial results. Greater detail will be found by reviewing the auditor's report.

Submitted by Gary Phelps

UNAUDITED	March 31, 2007	March 31, 2006
	\$	\$
Balance Sheet		
Assets		
Cash	67,126	38,131
Other Assets	<u>20,002</u>	<u>10,413</u>
	<u>87,128</u>	<u>48,544</u>
Liabilities	25,569	22,580
Equity		
Opening Equity	25,964	26,779
Operating Results	<u>35,595</u>	<u>(815)</u>
Ending Equity	<u>61,559</u>	<u>25,964</u>
Total Liabilities and Equity	<u>87,128</u>	<u>48,544</u>
Operating Statement		
Net Revenue	178,790	90,901
Net Expense	<u>143,195</u>	<u>91,716</u>
Surplus/Deficit	<u>35,595</u>	<u>(815)</u>

EXECUTIVE DIRECTOR REPORT

This past year was very prosperous in many ways for our Association. We have experienced much growth in the programs we offer, volunteer involvement and financial resources. By far, the greatest asset we have is the dynamic volunteers whose passion, commitment and dedication to our organization is key to this success.

Kudos goes to the Support Services Committee for their successful grant application to the Ontario Trillium Foundation. The Association received a grant in the amount of \$88,000 over a two-year period to increase volunteerism especially in the rural areas we serve as well as improve and expand the Support Groups in all five counties. As a result of this funding, we hired Joe Zablocki to fulfill the role of Support & Volunteer Coordinator. Since September 2006, Joe has developed volunteer policies, formalized the volunteer application process, recruited volunteers and is responsible for getting the Support Groups up and running.

Another significant milestone with our Association occurred with the implementation of a shared activity agreement with the Ontario Brain Injury Association to provide the Peer Support Mentoring Program. The program is a province wide initiative and is funded by the Ontario Ministry of Health. Our Association was the first in Ontario to have mentor training.

The Fundraising Committee chaired by Gary Phelps, planned an outstanding dinner dance event in March of this year. "The 70's Rock & Roll to Disco" was held at the London Convention Centre with 310 persons in attendance. The event raised an incredible \$18,000 over that raised at last years 'British Invasion' event. Another important fundraising venture was the annual London Brain Injury Golf Classic held September 21, 2006 and co-hosted with our partners from Helping Acquired Brain Injured Treatment. Plans are underway for the 6 annual tournament and we look forward to once again co-hosting this event with H.A.B.I.T.

The Helmets on Kids partnership of nine organizations welcomed the Honorable George Smitherman, Minister of Health to its annual campaign kick-off last June. At the writing of this report, over 1,000 helmets are en-route from the manufacturer for this years campaign scheduled for June 21.

The Conference Committee chaired by Jim Mays is to be commended for providing a family workshop 'Strengthening Families After Brain Injury' and the annual conference 'Practical Magic' last June. Plans are complete for our 10th annual conference 'Two Problems Only Please..Secondary Symptoms of ABI, featuring Dr. Barry Willer and Canadian Football Hall of Famer,

Terry Evanshen. In addition, we have also signed a shared activity agreement with OBIA to assist with the planning and presentation of the provincial conference 'Quilting the Pieces' to be held in Kitchener in October of this year.

The Community Awareness Committee chaired by Terry Kane was instrumental in the development of a promotional video produced by 3 Fanshawe College Multimedia students as part of their internship. The video, which features survivor stories, major sponsors and an overview of the services we offer, was premiered to an audience of over 300 attendees at the fundraising gala. In addition, several other videos were filmed and are currently being edited for future use as educational tools. The First Annual Community Awareness Day was held last August at Springbank Park. Plans are well underway to host the second annual awareness day at East Park Golf Gardens on June 28, 2007.

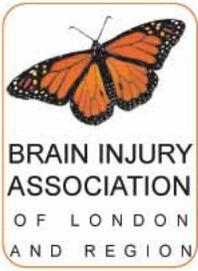
The newly formed Governance Committee chaired by Mary Carter has been busy with the development of a Respite Care Program designed to offer limited relief to family members who are providing continuous care to their brain injured survivor. A grant application has been submitted to Andersen Windows Foundation and the committee continues to seek out alternative funding sources for this important program. The committee is also actively reviewing the current by-laws of the organization, along with developing and implementing improved operational standards.

The creativity of the Editorial Committee chaired by Joni Dobson is evidenced in the new and improved look of the Monarch. The website continues to undergo improvements and now offers the convenience of registering and payment of memberships, conferences and event ticket purchases on-line.

Many of the Associations endeavors this year were made possible through various student internships/placements offered by programs at Fanshawe College and the University of Western Ontario. The students brought fresh new ideas to the Association and were a delight to work with.

I would like to thank the many financial contributors that help us continue to provide the services we offer. Without generosity of our sponsors, the donation of services, auction items and monetary gifts, we would not be able to carry on.

Last, but certainly not least, I would like to thank our board of directors, who give so freely of their time and talents. Congratulations to all who served on the board this past year and contributed to the success of the organization!



Brain Injury Association of London And Region Organization Overview

About Us:

- Registered charity. Incorporated in 1986
- In its 21st year of providing services to Middlesex, Oxford, Perth, Huron & Elgin counties
- Provides support, education advocacy and public awareness of brain injury

Services Provided:

- Respite Care Program ****New****
- Monthly Support Groups in Elgin, Oxford, Perth, Huron, London/Middlesex counties
- Peer Support Mentoring Program
- Publication of Brain Injury Services Directory
- Publication of quarterly journal *The Monarch*
- Annual Brain Injury Conference
- Helmets on Kids partnership
- Camp Dawn partnership
- Resource materials
- Public Awareness Presentations
- Workshops

Partnerships

Helmets on Kids - raise the funds to purchase & distributes helmets to needy children

Partners include:

- Ontario Trial Lawyers Association
- London Police
- London Safe Communities
- London Health Sciences Centre, Trauma
- Childrens Safety Village
- Middlesex-London Health Unit
- Thames Valley School Board
- London District Catholic School Board

Camp Dawn

An annual weekend retreat for survivors of brain injury. The Association was a founding partner of Camp Dawn, which is now a registered charity. The Association continues to provide much support to the Camp initiative and our Executive Director serves on the Camp Dawn Board of Directors

Ontario Brain Injury Association (OBIA) Advisory Council

Conduct advocacy on a provincial level and to set province wide standards. Recently entered into two shared activity agreements with OBIA to deliver province wide programs: Peer Mentoring & Dual Membership

Partners include:

- Ontario Brain Injury Association OBIA
- All 19 Community Brain Injury Associations

London Brain Injury Golf Classic

Co-organize charity fund raising golf tournament

Partner:

- Helping Acquired Brain Injury Treatment (H.A.B.I.T)

In addition to the partnerships listed our Executive Director represents the Association within several organizations including:

- Cornerstone Clubhouse Advisory Board
- Acquired Brain Injury Network of Southwestern Ontario
- Thames Valley Acquired Brain Injury Network
- Interagency for the Coalition for the Disabled
- London & Area Association for Volunteer Administration (LAVA)
- Pillar Nonprofit Network
- Brain Injury Services Directory funded by Siskinds the Law Firm
- The quarterly newsletter "The Monarch" funded by Legate & Associates

Why are services offered by a Brain Injury Association needed?

1. There is a steady increase in the number of individuals who survive an acquired brain injury ("ABI") and who are eventually discharged to their home and community.
2. A significant number of ABI survivors experience long-term, life-long difficulties as a result of their ABI, which makes successful reintegration into home and community challenging.
3. There are relatively few community-based ABI services available to support survivors and their families, particularly in rural areas of Southwestern Ontario.
4. ABI research has demonstrated that better support networks are associated with better outcomes for ABI survivors.
5. Quality ABI support groups and respite care programs are key to providing community-based support.



Ask a Lawyer

Karen Hulan

Remedies available to victims of assault

If you have been the victim of an assault you should contact your local police department to report the crime. Where the police lay charges against the perpetrator, the Crown Attorney (a lawyer representing the branch of government that prosecutes crimes) will take the case to Criminal Court in an effort to discipline the perpetrator for the crime.

You will be contacted by the police or the Crown Attorney for your statement.

In essence, you become a witness in the government's criminal case against the person who harmed you. There are many benefits associated with contacting the police and participating in a criminal case.



First, the perpetrator is being held accountable for the crime he or she committed.

Second, you are assisting the police and Crown Attorney in protecting the public from any other criminal acts the perpetrator may commit.

Third, it may be very important to you to know that the person who harmed you is held responsible and punished for the crime. Whether or not a criminal prosecution is successful or even where charges are not laid, the victim of assault may still initiate a lawsuit against the perpetrator.

A lawsuit can be successful even where the criminal conviction is not. It is not necessary to have contacted the police or for charges to have been laid to proceed with a lawsuit.

A civil law lawyer will initiate a lawsuit to recover monetary compensation for you. You may be

entitled to compensation for your pain and suffering, loss of income as well as expenses you incurred as a result of the assault such as the cost of medical treatment or therapy.

Certain family members may also have a claim for compensation for their out of pocket expenses, loss of income, as well as for the manner in which their relationship with you was affected as a result of the injuries you sustained.

Another source of potential compensation available to victims of crimes in Ontario is through the Ontario Criminal Injuries Compensation Board (CICB).

You can apply for similar types of compensation as you would in a lawsuit and can pursue compensation through both the CICB and the lawsuit at the same time. The CICB process can be quicker than a lawsuit; however, the amounts of compensation available are often less than obtained through a lawsuit. If you do proceed with both then the CICB award, which is available to assist you in the short term, may have to be repaid from awards made in the lawsuit.

It is important to know that there are remedies available to you through the criminal and civil law systems. If you have been a victim of an assault or sexual assault then you may wish to consult a lawyer to determine which remedies may be available to you.



Karen Hulan
Legate and Associates
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SHAKEN BABY SYNDROME

submitted by Kim McDonald

Child Protection Worker, Children's Aid Society of London & Middlesex

Babies cry. Some babies cry a great deal and some cry less, but they all cry. It's their only form of communication and they rely on the adults in their lives to comfort them, determine what the crying means and respond appropriately. Even for the best and most well intentioned parents this can be frustrating and difficult, and in some instances can lead to tragic events with devastating consequences.



blindness, hearing loss, and severe brain damage resulting in seizure disorders, cerebral palsy, learning difficulties, mood disorders, paralysis and even death.

Although certainly not the only cause, the most common trigger causing infants to be shaken is constant, inconsolable crying and the resulting anger and frustration in the adult caregiver.

Babies cry and even bouts of inconsolable crying is normal. Caregivers sometimes feel at a loss as to how

Shaken Baby Syndrome is the medical term used to describe a constellation of injuries that occur when children, most commonly infants, are shaken violently. These injuries can include

to respond and can get frustrated and angry during those times. That's also normal. What's important is what caregivers do with those feelings.

Some things to try when the baby cries include:

- Check to see if the baby needs changing or is hungry
- Offer a pacifier if they use one
- Check to see that the baby doesn't have a temperature, is not too hot or cold and that clothing is not too tight
- Attempt to comfort the baby by holding and/or rocking him
- Talk softly in a soothing voice or sing quietly to her
- Change the environment by playing music, going for a walk outside, taking a drive
- Lower noise levels and lights to reduce the infant's stress
- Swaddle the infant in a soft warm blanket
- Create "white noise" such as running a vacuum, turning on the dryer or letting water run into the tub for a few minutes - babies are



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sometimes soothed by consistent rhythmic noise.

- Take a break - call someone for support - ask them to help care for the baby if possible to provide additional relief.

- Count to 10 and take deep breaths

Caring for infants is stressful and for some people elicits a high level of anger and frustration which can lead to an impulsive, angry action. Caregivers need to know their own limits and be patient. Babies who are cuddled and held when they cry tend to cry less.

However, if the caregiver is angry and frustrated it can actually lead to increased crying as the infant senses the tension.

If nothing works, put the baby down in a safe place, walk away and let him cry for a few minutes while taking some time to calm down - *crying won't hurt the baby but the caregiver losing control could be deadly.*

Shaken Baby Syndrome is a completely preventable form of brain damage.

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UNDERSTANDING ANGER

*Mikelle Bryson-Campbell
Behaviour Therapist, Dale Brain Injury Services*

Anger is an emotional state that may arise from many situations; if we think we deserve something we do not get, if we think we are going to lose something that is important to us, or if we think someone is offending or hurting us. Sometimes we are not even aware of the source of our anger. Anger is something we all feel from time to time but as Jack Nicholson said in *Anger Management*, "Your temper is the one thing you can't get rid of by losing."

After a brain injury anger seems to appear more often than before. This is because many things in life are more frustrating than they were before the injury. After an acquired brain injury there may be an increase in stress and physical or emotional pain, a decrease in sleep, self-esteem, and a loss of friends.

What are some typical ways of expressing anger? To answer this question I surveyed some participants at Dale Brain Injury Services with the simple question, "what do you do when you are angry?" One respondent said he, "yells really loud," another said he "hits things," a few reported they, "walk away." One could argue that some of these approaches are better than others. So what makes a good coping strategy?

Any effective coping strategy should be "socially desirable". Screaming at someone in the grocery store for taking too long or shaking your fist at a neighbor because they were rude to you may release your anger but it is not a socially desirable response to anger. So, what are some positive or socially desirable coping strategies?

One strategy that may work well is recognizing the cues that make you angry and leaving that situation at the first sign of anger. If you are waiting in line to buy some produce and the guy in front of you is talking non-stop, recognize this is annoying to you and leave the line-up before getting angry at the man. Find yourself something that you enjoy doing to distract yourself when you're angry.

Another strategy is to try not to personalize

the situation. If you are walking down the street and a fellow pedestrian walks in front of you cutting you off, instead of thinking, "that girl is a jerk, she cut me off because she thinks I walk slow" try thinking "that girl must be in a rush to get home to her family." It will help decrease the anger you feel about getting cut off.

If you know a situation is going to arise, plan ahead and plan to problem solve the situation. For example, if you know that because it is Thursday night both you and your roommate are going to want to watch your favorite TV shows at 8:00 pm and having only one TV makes that impossible, try using a problem solving approach to address the issue such as the SOLVE approach. Sit down with your roommate and State the issue, Order responses, List alternatives, View consequences to each alternative, and Evaluate the results. Develop a compromise you can both live with such as he watches *Grey's Anatomy* this week but next week the TV is yours.

Some people use self talk to decrease feelings of anger after they've arisen. If you feel yourself getting angry, take a deep breath and remind yourself that yelling at someone or trying to hit them is not a good way to release your anger as it may get you in trouble.

After you've avoided a potential situation pat yourself on the back as you are in control of your anger which is exactly where you want to be!



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THE VICIOUS CIRCLE OF ANGER

By Jamie Fairles

There are two kinds of brain injuries: Traumatic and non traumatic. The difference between the two is whether or not the head has received a physical blow as a result of a motor vehicle accident, a fall, or any other instance where the head is slammed into a hard surface.

Being the recipient of both a traumatic and non traumatic brain injury, I have come to the conclusion that there are 2 additional types of brain injury that aren't discussed as frequently; an injury that is the result of anger and one that is the result of nature. My "natural" brain injury was the result of a brain tumour, which I was born with so there was nobody to hold accountable for my injuries and subsequent rehabilitation. My second, most recent injury occurred when I was attending a fraternity party in Toronto, and being the Good Samaritan that I am, I attempted to stop a fight from occurring between my brother and another party attendee. I realized how much anger fueled this individual as soon as he deemed me "weak" after I told him, "Nobody's going to fight tonight". To summarize things, he ended up assaulting me, giving me a second brain injury. After everything that I went through with the brain tumour and the 6 brain surger-

ies I had been through, this one random act of senseless violence obliterated all the gains I'd made since my first rehabilitation. Therefore, I was upset and angry because as I have pointed out, there was nobody to blame for the existence of the tumour. This was not the case for the second injury however. I did have some anger issues because there was somebody to hold accountable. I was furious at the individual that caused this injury and I even held some resentment toward my brother for not backing down from the fight in the first place, necessitating me to step in and stop it from happening.

There was also some anger towards my father who never really has fully comprehended brain injury in its entirety and wasn't as supportive as he should have been. My poor mother, who was there for me during both brain injuries, caught the brunt of my anger as I lashed out subconsciously.

Brain injury survivors often have feelings of anger over what has happened to them and this often fuels a chain of anger for the victims and the ones they love, and both the survivor and his or her loved ones get caught in the viscous circle of anger, which isn't healthy and may impede any further rehabilitation.

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HOW I CHanneled MY ANGER

By Joel Willemse

After I got out of the hospital and was recovering from my ABI (Acquired Brain Injury) I experienced a lot of anger. I wasn't the same person.

Naturally, I could get along with my parents or siblings. I always had to have my way which was totally out of the ordinary of my regular self. In some cases I would get in physical fights with my siblings or my father.

On one occasion, the police were called but no charges were laid. Thanks to my understanding family, it became apparent to us all that I had to find a way to channel my aggression and anger in a more productive way.

Before my brain injury I was a Bouncer, and I wanted to go back to that so it was looking like a good Idea to take some self defense lessons to prepare me for the future and hit the heavy

bags for a while. I enrolled in a Muey Thai Kickboxing Class and it worked like a charm.

After every class I came home refreshed and stress free and looking forward to my future. I also played other active sports to make sure my testosterone would not take over -- like Volleyball and Basketball. Since I have done all of these activities there has not been an incident to speak of.

I recommend taking part in sports especially self- defense classes if you have an ABI. It helps your balance and channels your anger to a better place. I know for a fact I'm not the only one to use Self-Defense lessons as a rehab device.

In fact I was advised by a friend who happens to be an ABI survivor to do so, and he said It helped him tremendously.



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AVOIDING ROAD RAGE

On January 29th 2000 the lives of three young men were snuffed out on Wonderland Road in London Ontario, all due to a tragic mixture of anger and carelessness on the part of two drivers. It was a case of "Road rage", claimed the police when all evidence was in.

One of those killed was my son, Jason Edmonds, 23. Injured in the crash was the 21 year-old whose irresponsible driving behavior not only killed three of his best friends but left him with head injuries which although not debilitating, have adversely altered his personality and his memory. One small blessing amid this is that he has no recollection of the night of the crash. Thus he is spared at least some of the nightmares which would have no doubt plagued him forever.

The rage and frustration I felt when I found out what caused my son's death has fueled a journey of discovery about what cause such incidents. Here is a small sample of what I have learned.

Anger is potentially within all of us; but when we face confrontation with another human being we tend to consider reason and certain social restraints which limit our expression of anger. For example if someone ahead of us in a bank line were to not move when the teller says, "Next..." we would not likely yell and scream at this person but more likely say something like, "Excuse me,

you can go now..." or something equally polite but efficient. Why then when someone in a car ahead of us doesn't move ahead quickly enough or at all when we feel they may, are we prone to blasting the horn or even yell at them to get going? In a bank line we are polite and patient; in our car we callously express our anger.

The reasons for this behavioral discrepancy are many: we feel safe surrounded by a "steel cocoon" i.e. no immediate physical threat from our "opponent"; we have power and can get away with great speed if need be; we feel anonymous behind the wheel as no one can tell who we are or whether we are big or small etc.

This feeling of safeness is completely misleading and a potentially deadly error. In our cars we are in fact statistically in the most dangerous place we can ever be, as vehicle collisions are the number one leading cause of permanent injury and death in North Americans aged 12 to 25. As well, brain injury is one of the leading killers and disablers among Ontarians under the age of 45. It can be a forever burden. Release from the hospital can mean a lifetime of rehabilitation for a survivor. It can also mean the loss of sense of identity, loss of career, & loss of family & friends. Some 45,000 Canadians join the list each year.

How to avoid the danger?

Simple, but not necessarily easy, the steps when another driver commits an annoying act are as follows, with each being necessary only if the previous is unsuccessful:

1. Take several deep slow deep breaths, exhaling with lips almost closed so the air makes an audible sound.
2. Turn on some gentle music, which may get your mind off the incident.
3. Envision someone you love and what it would feel like to lose them or have them lose you.
4. Avoid eye contact with the other driver ... never make an angry gesture. This includes aggressive horn blowing, a mechanical form of "yelling".
5. Find a place to pull over and calm down, ONLY if you see the other driver is not doing so too and may approach you in person. A physical confrontation at this point is inevitably very dangerous.

We all can become angry, especially when someone does something rude or dangerous. Controlling that anger is possible for anyone. I only wish I could have taught this to the two drivers involved in the crash that killed my son.



ANGER AND ACQUIRED BRAIN INJURY

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Anger is a common reaction experienced when coming to terms with how a brain injury has changed one's life.

Following a brain injury, there is often damage to the area of the brain that controls our more basic impulses such as anger. Impulses to shout or hurt others are usually controlled and more

appropriate actions occur. The individual with a brain injury has often lost this control and may experience rage in situations they used to tolerate or ignore completely.

There can be an 'on-off' quality to this anger too. The person with the brain injury may be calm minutes later while those around are stunned by the angry outburst and may feel hurt or shocked for hours, if not days, afterwards.

Family members and partners often struggle to understand these angry outbursts, with resentment and bitterness often building up over time.

Once they understand that their loved one feels unable to control their anger, they can often begin to respond in ways that will help to manage outbursts.

In some cases, the individuals with a brain injury have problems with self-awareness. They may not even acknowledge they have trouble with their anger, and will blame others for provoking them.

Again, this can create enormous conflict within a family or relationship. It may take carefully phrased feedback and plenty of time for the person to gradually realise they have a problem at all.

The next step is for the survivor to re-learn anger management skills they used to take for granted. A good place to start is identifying a pattern in how the outbursts are related to specific frustrations. Such triggers may originate from the environment, specific individuals or internal thoughts.



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COMMON CAUSES OF ANGER

- Being confronted with tasks the person is no longer capable of doing.
- Other people's behaviour e.g. driving, insensitive comments.
- Inaccurate thinking e.g. falsely believing that people are laughing at them.
- Unrealistic self-expectations.
- Barriers getting in the way of goals or routines e.g. queues.
- Build up of stress.

Identifying the cause of anger can be a challenge. It is important to consider all possible influences relating to:

- The environment e.g. too much stimulation, lack of structure, change of routine.
- The person's physical state e.g. pain, tiredness
- The person's mental state, e.g. existing frustration, confusion
- How well the person is treated by those around them

RECOMMENDED STRATEGIES FOR COPING WITH ANGER

Steps to successful self-management of anger include:

Becoming motivated:

The person identifies why they would like to manage anger more successfully. They identify what benefits they expect in everyday living from improving their anger management.

Self-awareness

A person becomes more aware of personal

thoughts, behaviours and physical states which are associated with anger. This awareness is important for the person in order for them to notice the early signs of becoming angry. They should be encouraged to write down a list of changes they notice as they begin to feel angry.

Awareness of situations

The person becomes more aware of the situations which are associated with them becoming angry. They may like to ask other people who know them to describe situations and behaviours they have noticed.

Levels of anger and coping strategies

As the person becomes more aware of situations associated with anger they can keep a record of events, triggers and associated levels of anger. Different levels of anger can be explored (e.g. mildly annoyed, frustrated, irritated and higher levels of anger).

Develop an anger management record

The person may keep a diary or chart of situations that trigger anger. List the situation, the level of anger on a scale of one to ten and the coping strategies that help to overcome or reduce feelings of anger.

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A simple and effective technique for reducing levels of anger is the **Stop - Think technique**. In the STOP - THINK technique A person notices the thoughts running through their mind.

- 1 Stop! and think before reacting to the situation (are these thoughts accurate/helpful?)
- 2 Challenge the inaccurate or unhelpful thoughts
- 3 Create a new thought. A plan can also be developed to help a person avoid becoming angry when they plan to enter into a situation that has a history of triggering anger.

An example of a personal plan is using the **Stop - Think technique** when approaching a shopping centre situation that is known to trigger anger. My goal: to improve my ability to cope with anger when I am waiting in long queues. Typical angry thoughts: 'The service here is so slack. Why can't they hurry it up? I'm going to lose my cool any moment now'.

Stop thinking this!

New calmer and helpful thoughts: 'Everyone is probably frustrated by the long line - even the person serving us. I could come back another time, or, I can wait here and think about pleasant things such as going to see a movie'.

COPING WITH HIGH - EXTREME ANGER

It is hoped that people with brain injury can make use of the strategies previously described

when they notice themselves becoming angry and therefore avoid feeling high - extreme anger. However, this is clearly not always possible.

For situations where people feel they cannot control their anger they can have a personal safety plan. Possible steps in a personal safety plan:

- Plan ways to become distracted from the stressful situation e.g. carry a magazine
- Explain to another person how they can be of help to solve the problem
- Leave the situation if possible
- Phone a friend, Lifeline or a crisis centre to talk about the cause of anger
- Avoid situations which are associated with a high risk of becoming angry
- Make changes to routines and surroundings e.g. avoid driving in peak hour traffic
- With a general practitioner or psychiatrist explore the benefits of using medication.

Other fact sheets that may prove useful at www.biaq.com.au include:

- Challenging behaviour
- Coping with conflict.
- Domestic violence and brain injury.

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Some Thoughts on Anger

Anger is a tough topic for me to write about because I don't get angry. After my brain injury, I should be angry but I'm not. Anger is an emotion that leaves you drained and without any energy to carry on life. Anger is an emotion that has no purpose. Once anger has grabbed your brain, you are helpless to act with other emotions and actions. Until that energy is spent, you are helpless and lack any energy to make any other helpful moves. Once you learn this effect on yourself, you no longer want anger to direct your life.

By Doug Everett

Just in case the use of the word 'ANGER' in my title is making you angry, (who does he think he is using a word like that!) I'll define it according to our handy Oxford thesaurus. Anger is defined as 'anxiety, fear, apprehension, worry, foreboding, disquiet and uneasiness.' Covers a few acres of bad feelings, doesn't it? They can, with a little work, get you into a real ugly mood. The point is that the word anger is not simply anger but often includes or is caused by angst.

A child or teenager comes home much too late and the anxiety his or her parents feel hoping all is well translates instantly into anger the second the kid gets home. "Where were you anyway?" "Your mother and I were worried sick about you!" "Couldn't you at least have telephoned?" "Don't you ever do something like that again or you'll be grounded for a month!" Not exactly a "Welcome back kid, good to see you're alright!" is it? Strange as it sounds, that burst of anger was actually relief that their child was ok. Anger never exists in isolation and often finding the real cause of anger is harder than it seems. That's because we often use the word anger when another emotion might be what we're feeling.

For example, I'm a high school student who is worried about an exam I have to write. It's not one of my favorite subjects and I've had a struggle with it all year long. Now the final exam looms like an academic Goliath in my life and to say I'm concerned is a gross understatement. The truth is, I feel that despite all my nervous preparation and study for this test, I'll still fail it. As I beat the issue to death with worry, I become angry at my teacher for not making things more clear when giving classes. I tell myself "That incompetent @&*%\$@ could make the simplest thing sound like rocket science!" "No wonder I'll probably fail this exam". Everyone else in my class thinks the teacher makes the material very clear and interesting. I'm making myself angry and settling myself up to fail. It's a classic cases of self-fulfilling prophecy and of course I'll use my poor teacher as the excuse.

When angry, it's a lot easier and handier to look for a scapegoat outside yourself, isn't it? I mean, it couldn't possibly be us, could it? Naw, that's too simple-minded for most of us to swallow. But the truth is folks, often the problem starts with us and ends with us. We can try to farm it out all we want but the truth is most day to day situations we can be our own worse enemies. I'm not suggesting that there aren't real and tragic issues in the world which generate a good deal of anger, but that's a different story.

For most of us living in this free and prosperous country, a good percentage of the anger we often feel is of the nickel and dime variety that could more often be attributed to poor sleeping habits, a bad day at work, traffic conditions or any number of minor daily events and irritations. I know the world isn't going to change just to accommodate little ole me so I guess in a lot of situations, I'm going to have really work at changing my attitude.

By Norm Shephard

Anger is a major problem in some people, specially those with a brain injury. For some people they have a problem controlling how mad they get, what they get mad over or whom they get mad at. There are some ways to handle it that I have both heard they help and have used. Some of the ways that you can use are:

1. Put up some notes around your house so that when you get mad at something for not working a certain way or the right way, you will know what to expect.
2. Put up some notes around your house so that they can help you calm down in stressful situations
3. Keep a note in your pocket for when you have a episode in public, it can help calm you down sooner.
4. Wear a necklace or ring so whenever you feel it coming on you can rub it and help center yourself.
5. Excuse yourself to the bathroom so you can help bring yourself back to normal.

These are some of the ways to control my anger and emotional outbursts that I have. Until I got control of it, it was taking over my life. I had troubles going out in public with any of my friends or family for fear of losing control. But once I started using some of these methods, I was able to control my outbursts and I stopped embarrassing my friends, family and most importantly, I stopped embarrassing myself. Good luck handling your anger!

By Natalie Molinaro



Upcoming Conferences and Events

Children's Safety Village Birthday Party- Helmet Exchange

June 3, 2007
Fanshawe Park, London

Moving Ahead Together 3 Acquired Brain Injury Survivor's Conference

June 5-6, 2007
London, Ontario
For further information, contact Cornerstone Clubhouse Ph: 519-679-6809 Website:www.cornerstoneclubhouse.com

June 6

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Beating The Odds Ontario March of Dimes Acquired Brain Injury Services 5th Annual ABI Conference

June 13, 2007
Army Air Force Barrie, Ontario
For further information, contact Julie Clayton Phone: 905-773-7758 ext. 6236
E-mail: jclayton@dimes.on.ca

Understanding, Assessing, and Treating Visual, Perceptual, and Cognitive Dysfunction in Adults with Brain Injury

Presented by Barbara Zolton MA, OTR
June 13-14, 2007
Holiday Inn, Peterborough Waterfront, Peterborough, Ontario
For further information, contact MindWorks
Phone:705-741-3412 (ext. 13)
Email:info@mindworksgroup.ca
Website: www.mindworksgroup.ca

Two Symptoms Only Please..Secondary Symptoms of ABI Brain Injury Association of London & Region's 10th Annual Conference

June 15, 2007
Four Points Sheraton, Wellington Rd. London
For further information, contact Donna
Phone 519 642-4539
Email: london.braininjuryassoc@bellnet.ca
Website www.braininjurylondon.on.ca

Festival of International Conferences on Disability, Aging, and Technology presents four concurrent conferences:

- Growing Older with a Disability
- 2nd International Conference on Technology and Aging

- Advances in Neurorehabilitation
- Caregivers: Essential Partners in Care

June 16-19, 2007, Toronto Ontario
For further information, contact Sheila Casemore, Provincial Assistant, Government Relations, Ontario March of Dimes Phone: 416-425-3463 or toll free:1-800-263-3463 (ext. 388) Website:www.ficdat.ca

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6th Annual Helmets on Kids Campaign, June 21
Aberdeen Public School 580 Grey Street, London, Ontario, 9:30 a.m.

2nd Annual Brain Injury Awareness Day 12:00-7:00 p.m.

East Park Golf Gardens 11:00a.m. - 7:00 p.m. Bring the kids for a fun filled day.

Brain Injury Association of London & Region Annual General Meeting

7:00 p.m. June 28
East Park Golf Gardens, London

Camp Dawn

September 13-16, 2007
For further info: www.campdawn.ca

6th Annual London Brain Injury Golf Classic

September 20, 2007 Greenhills Golf Club

Coming Together: Quilting the Pieces after Brain Injury - 2007 Provincial Acquired Brain Injury Conference

October 24-26, 2007
Holiday Inn and Convention Centre Kitchener, Ontario
For further information, contact Ruth Wilcox (ext. 238) or Terry Wilcox (ext. 234) Ph: 905-641-1887
Email:obia@obia.on.ca Website:www.obia.on.ca/2007conference

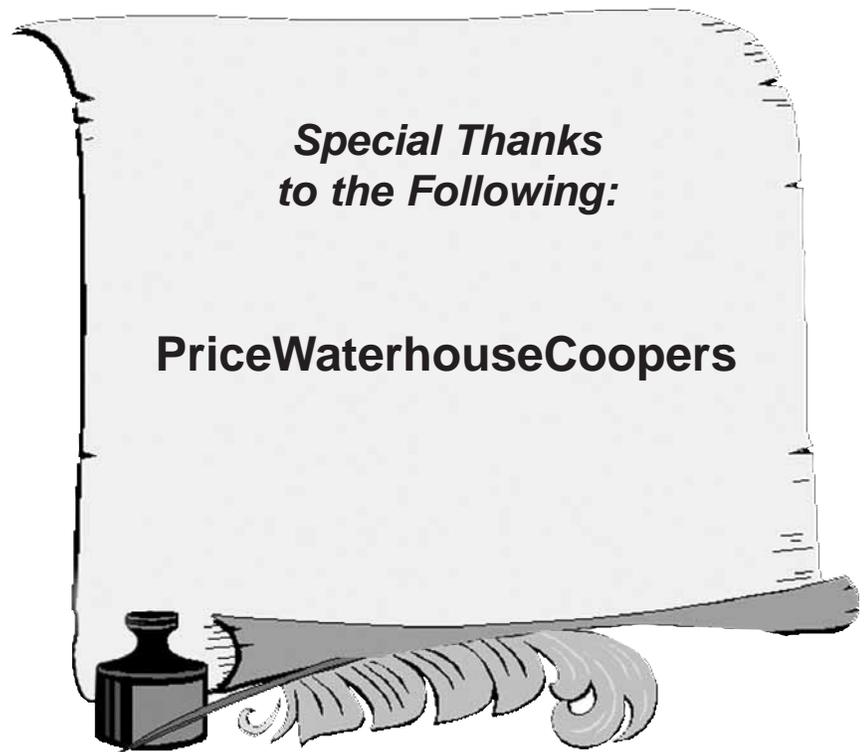
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Brain Injury Services of Hamilton, Haldimand-Norfolk, Niagara 3rd Annual Conference
November 7, 2007
For further information, contact Brain Injury Services Hamilton, Haldimand-Norfolk, Niagara.
Website:www.braininjuryservices.com



The Brain Injury Association of London & Region gratefully acknowledges the following people and businesses that have made a donation since the last publication of the Monarch.

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