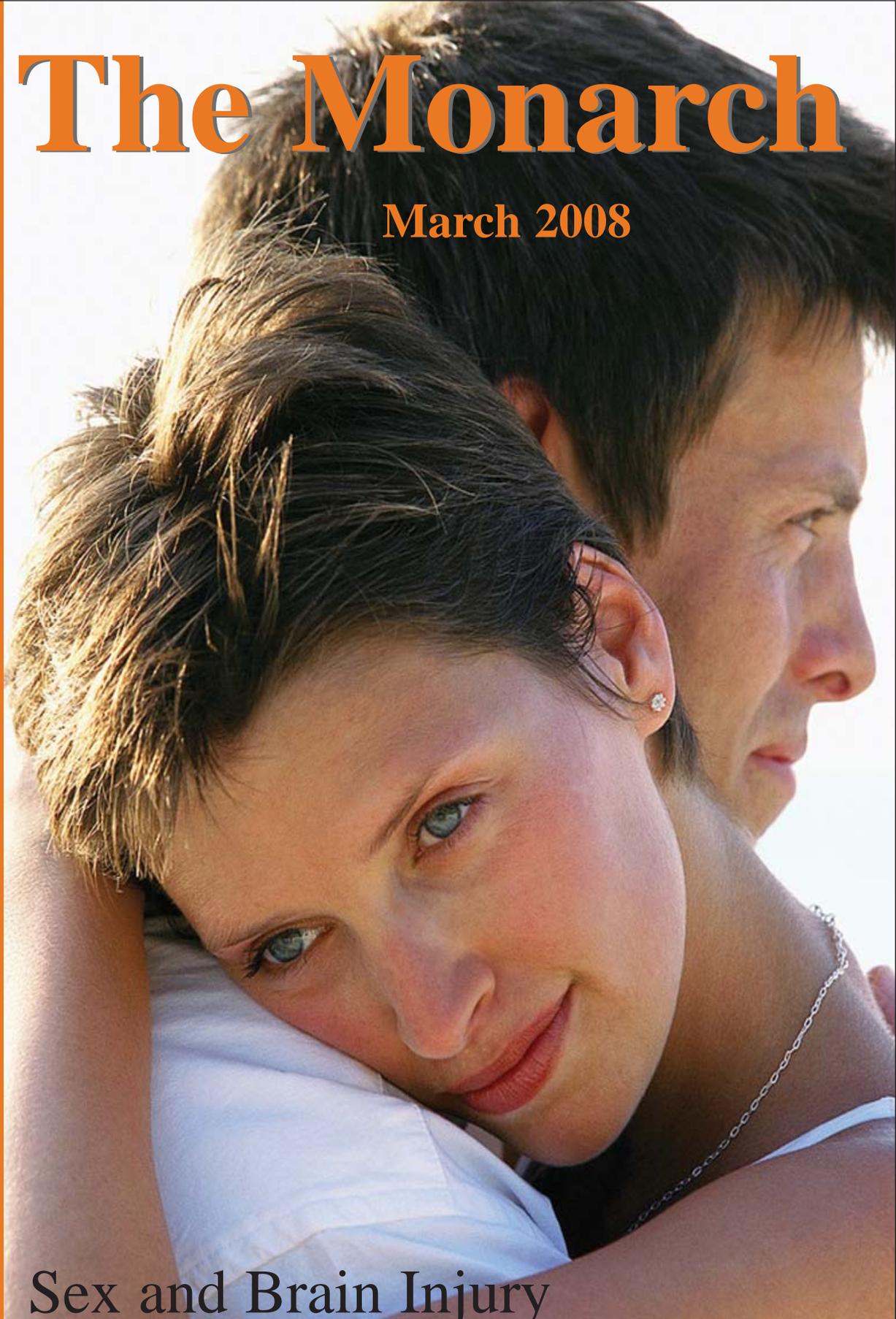




The Monarch

March 2008



**BRAIN INJURY
ASSOCIATION
OF LONDON
AND REGION**

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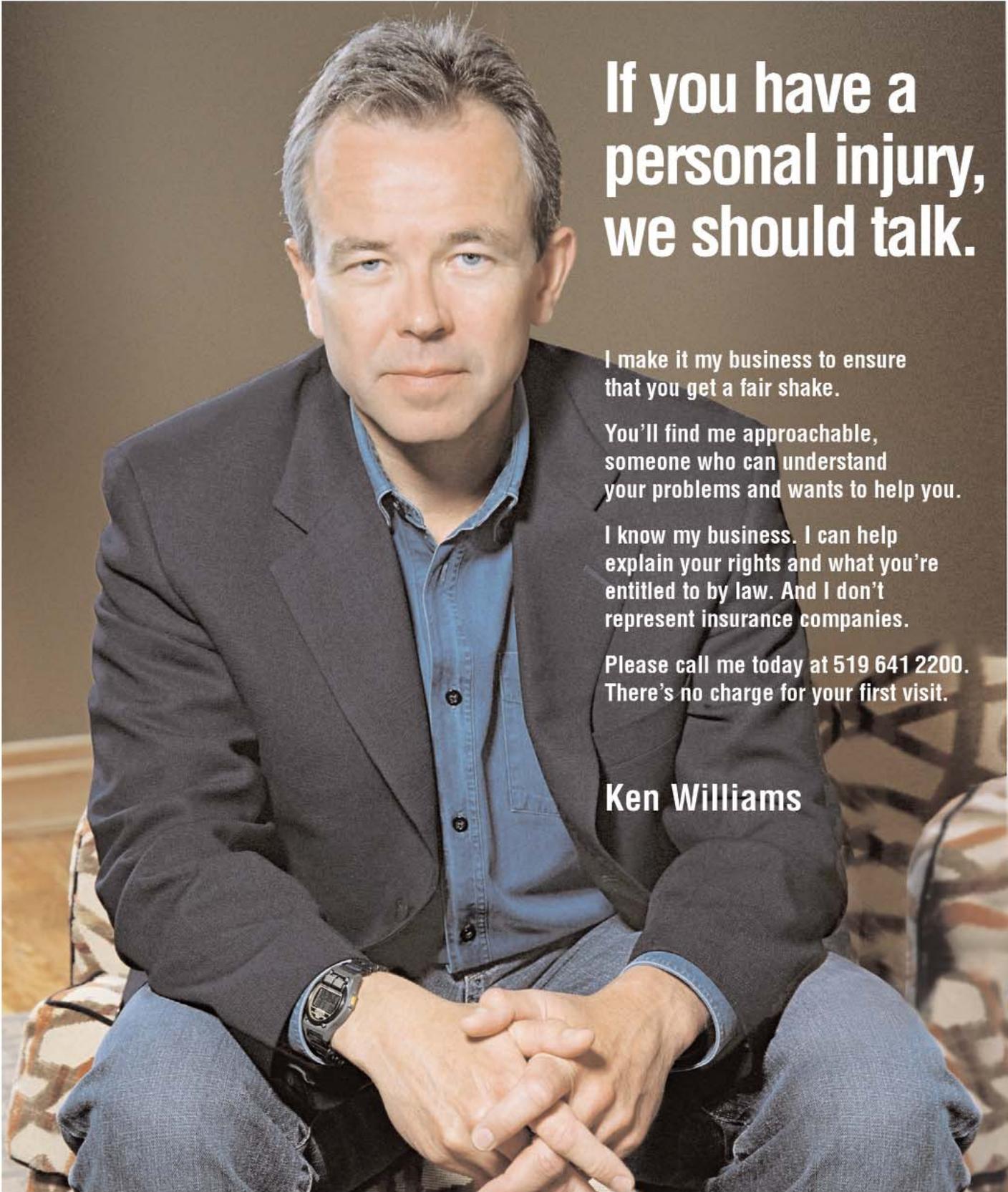
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Sex and Brain Injury

This issue contains articles addressing issues of sexuality in the context of brain injury, and is intended to provide important information about this difficult subject matter.

This issue is intended for adult readers only.

The Brain Injury Association of London and Region acknowledges the generosity of Legate & Associates as sponsors of this publication.



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Registered Charitable: 139093736RR0001

Reminder:

Membership Renewals are due
April 1st, 2008.

Dual Memberships now available
with Ontario Brain Injury Association
and the Brain Injury Association
of London and Region.

See Pages 5 & 6 for new Membership
Application Options.

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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: 560 Wellington Street, Lower Level, London, ON, N6A 3R4

Phone: (519) 642-4539

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E-Mail: info@braininjurylondon.on.ca

Editors: Editorial Committee

Layout & Design: Advance Imaging

Canada Post Publications Mail

Agreement Number 40790545

Return undeliverable

Canadian addresses to :

**560 Wellington Street,
Lower Level
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EXECUTIVE DIRECTOR'S REPORT

The need for love, intimacy and sex is a normal part of every human life, yet in our society, sex is often a taboo subject. Following brain injury, many people experience changes in their libido or intimate relationships, but are too embarrassed to talk about it. They often suffer in silence, with the belief that they are alone. In this issue of the Monarch, the Editorial Committee has aspired to present various topics concerning sex after brain injury. We hope to illustrate that sexual dysfunction can be a common occurrence following a brain injury and offer encouragement to those who are experiencing difficulties.

The Association is currently involved in planning several activities and initiatives. At the writing of this report, the final plans for our 8th Annual Dinner & Dance 'Let's Get It On..Groovin to Motown' are almost complete. We offer our thanks for the generous sponsorships provided by Lerner's; Siskinds; Astral Media; Brown Beattie O'Donovan; PricewaterhouseCoopers; Legate & Associates; King-Reed Investigations; DMAREhability; Rehab First; Continuum and ING.

June promises to be another busy month with several activities including our 11th Annual Conference 'Open Minds'. Exploring Neuroplasticity and Non-Traditional Therapies. Dr. Norman Doidge author of the best seller 'The Brain That Changes Itself' will be the keynote speaker, along with Dr. Cheryl Letheren, Marilyn Macmillan and Michelle Meehan. Our Annual General Meeting will be held at the end of the conference. The Community Awareness Committee is busy with plans for our 3rd Annual Brain Injury Awareness Day at East Park. The event is scheduled for June 26 and we are seeking interested parties to sponsor this event.

Since the beginning of January, our office has had the great fortune to host student placements and internships from Fanshawe College, UWO and The University of King's College. With the assistance of these bright young minds, we are working on several projects including a new promotional video; development of an expanded Advocacy Program; grant applications and increasing public awareness of the Association.

On behalf of the Association, I would like to thank Leah Ledgley, Executive Director of the Easter Seals Society for inviting us to be involved in two of their recent community events.



John Kumpf recently presented the Association with a cheque from OBIA in the amount of \$2,174.71 for our portion of the proceeds of the Provincial Conference (*see photo*). Our board recently renewed the Framework Agreement with OBIA along with signing a Dual Membership Shared Activity Agreement. This allows our individual members the option to become a member of both our Association and OBIA. Look for the article on Dual Membership in this issue (*see pages 5 & 6*). Our Board also approved several changes to our membership structure and fees, which are described in detail in this issue of the Monarch. Membership renewals are due April 1, 2008

On closing, we truly hope you find the information contained in this issue of the Monarch interesting and educational. We invite you to submit ideas of future themes, topics or articles for the Monarch to info@braininjurylondon.on.ca.

Donna Thomson



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Announcement!!!

New Changes in Membership Options

The Ontario Brain Injury Association and participating community brain injury associations have formally linked their organizations to become the **Community Support Network (CSN)**. The main purposes of this arrangement are to provide a stronger voice for people living with acquired brain injury and to develop province wide programs. The Peer Support Mentoring Program is a prime example of these programs.

The Brain Injury Association of London & Region is pleased to announce that we have now signed a Dual Membership Shared Activity Agreement with the CSN. This agreement offers our individual members the opportunity to belong to both OBIA and our Association for one low price. Please see the next page for the details.

Members of the Brain Injury Association of London & Region now have the following membership options:

Dual Membership to OBIA & Brain Injury Association of London & Region

Individual Membership	\$30.00
Family Membership (2 or more persons in same household)	\$50.00
Subsidized (available if required)	\$ 5.00

OR

Membership to Brain Injury Association of London & Region Only

Individual Membership	\$25.00
-----------------------	---------

*****please note that effective April 1, 2008 the following changes to membership with the Brain Injury Association of London & Region are:*****

- only individual memberships to the Association are available
- corporate memberships that are considered to encompass all employees is now discontinued
- corporate sponsors will now receive complimentary individual memberships as part of their sponsorship agreements as follows:
 - Gold Sponsor >\$1,000 2 memberships (BIALR only)
 - Platinum Sponsor >\$2,500 4 memberships (BIALR only)
 - Diamond Sponsor >\$5,000 10 memberships (BIALR only)
- the complimentary memberships must be assigned to designated persons (to be determined by the sponsor). All others persons wishing membership will be required to pay the individual membership fee.
- professional membership fees are now discontinued. All professionals are encouraged to take advantage of the Dual Individual Membership option or become an individual member of our Association.

As you can see, the option of Dual Membership to OBIA & the Brain Injury Association of London & Region offers the best value for your membership dollar! All applications for the Dual Membership should be sent directly to OBIA (see application form). Should you wish to belong solely to the Brain Injury Association of London & Region, simply send your name, address, phone number, email address along with your payment to our London address, or you can apply online at www.braininjurylondon.on.ca.



The Ontario Brain Injury Association
&
Brain Injury Association of London & Region

You Can Now Belong to Both Associations for One Low Fee!!

Program Highlights

- ◆ Membership in both the Ontario Brain Injury Association (OBIA) and the Brain Injury Association of London and Region (BIALR). Individual members shall be entitled to one vote at both BIALR and OBIA's Annual General Meeting. Family members shall be entitled to no more than two at both BIALR and OBIA's Annual General Meeting.
- ◆ Membership in Community Support Network/Reseau De Soutien Communautaire (CSN/RSC) is available to individuals and families who support the aims and objectives of participating community associations and OBIA. Corporations, associations, partnerships or other types of organizations are welcome to support participating community associations and OBIA by listing or advertising in the online ABI Directory of Services, but may not hold CSN/RSC membership.
- ◆ Members will receive a one-year subscription to OBIA Review and The Monarch newsletter.
- ◆ Members may participate in the Peer Support Mentoring Program for People Living with ABI.
- ◆ Members will have free access to OBIA's resource library and be eligible for a \$25.00 discount on most of OBIA's training programs.

All membership fees are equally divided between OBIA and BIALR

OBIA & BIALR Dual Membership Application Form

Name _____
Address 1 _____
Address 2 _____
City _____ Postal Code _____
Home Phone _____
Work Phone: _____
Email: _____

Yes! I wish to purchase a Dual Membership and I understand that I will hold membership to both Ontario Brain Injury Association and the Brain Injury Association of London & Region.

Annual Membership Fees

Individual \$30 Family \$50 Subsidized \$5

Please make cheque payable to Ontario Brain Injury Association or pay using:

Visa MasterCard American Express

Card Number _____ Expiry _____

Ontario Brain Injury Association
PO Box 2338
St. Catharines, ON L2R 7R9
1-800-263-5404 obia@obia.on.ca
Registered as a Canadian Charitable Organization, Registration #10779
7904RR0001





Joe Zablocki

Support and Volunteer Coordinator

Where Have all the Friendships Gone

In the 1960's Peter Seeger wrote and sang the ballad, "Where Have all the Flowers Gone" the opening verse asks the question:

Where have all the flowers gone
long time passing?
where have all the flowers gone
long time ago?

For many individuals with an Acquired Brain Injury the words could be changed to reflect a reality many face:

Where have all the friendships gone
long time passing?
where have all the friendships gone
long time ago?

Acquired Brain Injury causes a disruption in an individual's daily activities and often removes them from the activities and social networks where relationships were formed and friends interacted. It may be that the person can no longer attend school, go to work or participate in hobbies, sports and social events. Also, changes in the person's ability to communicate, fatigue, personality and abilities have an affect on everything they do. If this is a short period of time friendships may remain strong, but what if this persists for weeks, months, sometimes years?

Loss of friends, co-workers and sometimes even family relationships is often one of the greatest obstacles and disappointments faced by persons with an Acquired Brain Injury. The survivor often asks questions; "Where are all the friends who came to see me when I was in the hospital? Why don't my friends ever call? or Why do people not like me anymore?" These are difficult questions to answer and even more difficult to accept. So how can the person with an ABI start over and form strong and lasting friendships?

Remember that you are still you. Eleanor Roosevelt said: Friendship with oneself is all important, because without it one cannot be friends with anyone else in the world. There are people who still care for you but they may feel awkward and not know what to say or do when they are with you. Explain to them what has happened to you without always talk-

ing about your problems. Tell them that it may take you longer to do something but you still enjoy the same things you did before your injury. Take time to listen to other people and try not to always focus on yourself and your problems.

Get out in the community. Make an effort to go places where you have an opportunity to see old friends and/or make new ones. Start by making a list of things you like to do, places you would like to visit and people you would like to see. Then make some phone calls and you may be surprised at how many people are happy to hear from you.

Join a group. There are many groups and organizations that are always looking for new members. Once you have identified the things you like to do look for organizations who offer these types of opportunities. If you like to play board games like Monopoly or Scrabble there may be a group of people who meet to play in your community. The same is true for sporting events, hobbies and crafts. Maybe you like to read, if so you could visit the library to find out information about book clubs in your area. The Brain Injury Association of London and Region has several support groups that may be of interest and may provide opportunities to meet new people.

Be a volunteer. Many organizations are always in need of good volunteers. Make a list of things you are good at and seek out opportunities to use these skills to help others. Many people meet some of their best friends at places they both volunteer.

Attend your place of worship. If you have an affiliation with a faith-based organization check out what activities, groups and volunteer activities they have to offer.

It is difficult to lose friends and you may think that you will always be lonely, but this is only true if you choose for it to be true. It will take an effort to make new friends, you may feel uncomfortable sometimes but in the end it will be worth the time and effort.

Finally, remember and practice the advice of Ralph Waldo Emerson; "The only way to have a friend is to be one."



The Provincial Picture - An Introduction to the OBIA Advisory Council (OAC)

The OBIA Advisory Council met on November 24. We dedicated much of the meeting to reviewing the changes we have made in the ways that local associations and OBIA work together to deliver programs and services. Each of the 22 associations in Ontario is an independent organization, with its own board of directors. That means that your local association is accountable to its members and to the community it serves, and can operate independently from any other association.

However, in recent years, we have put a lot of time and energy into collaboration so that brain injury associations across Ontario are more consistent in their services and communication with stakeholders - members, other service providers, government and decision makers.

We know that it is important that we support one another to help raise awareness and understanding of ABI, and to give the same message to government and decision makers in order to

have an impact on public policy.

To date, we have created a Framework Agreement that identifies our willingness to work together. The associations that participate in the Framework have formed the Community Support Network (CSN). The CSN has worked collaboratively on the;

- Peer Support Mentoring Program, in 14 associations
- Provincial ABI Conference, with 10 associations participating

We are currently working on a program that would create a dual membership and create an on-line directory of ABI services. The dual membership means that you would have the option of joining both your local association and OBIA for the cost of \$30. Or, you could join your local association only or OBIA only.

Current membership offers will continue to be available. For example, if you are a member

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of OBIA through the CISL program, you will be able to continue. So, you might wonder why we would add the dual membership option? By creating a dual membership, we can become stronger, together. Each association will become part of a larger movement - your local association might have 100 members, but you will be able to tell your stakeholders that you are 100, in a group that will reach into the thousands.

At OBIA, the dual membership will allow us to talk to government and policy makers about the thousands of members that are part of our network, instead of the hundreds that have joined OBIA alone. For members, it means just one step to keep informed of issues, activities and initiatives at the local and provincial levels.

With the on-line directory of ABI services, we are creating a resource that is like the "Yellow Pages" of ABI. It will include listings for services for people with ABI, including hospitals, rehabilitation services, case management, legal services, vocational programs, and of course, local brain injury associations.

Like the Yellow Pages, a basic listing will be

free. Organizations can purchase an enhanced listing to provide more information about their services if they choose. While OBIA will review listings to be sure that they provide services to the ABI community, the directory will not include information about the quality of any particular service - so users will have to check them out themselves to be sure that they meet their needs.

Working together, local associations will help with information about services and organizations in their area, while OBIA will seek listings from province-wide organizations and will host the database. Our goal is to launch the directory in April. In the meantime, we are looking for organizations to list with us.

At this time, each association is considering their participation in this agreement and its fit for the needs of the local community.

If you have questions, or an opinion about any of these activities, let your local association know, by calling (519)642-4539 or email, info@braininjurylondon.on.ca. Or, contact OBIA at (800)263-5404, email obia@obia.on.ca.



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We are currently seeking applications to our Board of Directors

The Brain Injury Association of London & Region will be holding their Annual General Meeting at the Four Points Sheraton on June 20, 2008 at 4:30 p.m. During that meeting, potential candidates for the Board will be presented to the general membership by the Governance Committee for approval. The Governance Committee is currently seeking candidates for various positions on the Board of Directors. Applications will be accepted until May 15, 2008.

Duties of the Board:

- Oversee the operations of the organization
- Determine goals and objectives
- Ensure all financial matters are handled properly & all legal requirements are met
- Establish policies, guidelines and limits for agency operations
- Long range planning and development of strategic directions for the organization
- Authorize programs sponsored by the agency
- Evaluate the results of the organization

We welcome all applications, including those with experience in the following areas:

- Library work
- Strategic planning
- Family member of a person with a brain injury
- Fund development/fundraising
- Event planning
- Cultural diversity
- Marketing
- Medical
- Member of the general public

Potential candidates must recognize that the expectation of serving on this Board includes:

- Regular attendance at all monthly meetings
- Each Board member must chair or serve on at least one committee
- Participation in all fundraising activities is mandatory

Please consider joining our dynamic Board of Directors and become part of this exciting organization! Application forms are available by contacting our office. For more information please contact: Donna Thomson
Phone: (519) 642 4539, Email: info@braininjurylondon.on.ca.



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Acquired Brain Injury 2008 Survivor and Family Education Series

This eight-week series explores topics of interest to Southwestern Ontario residents recovering from an acquired brain injury, their families, friends and caregivers. The goals of the series are to share information, provide opportunities to meet other individuals and family members affected by brain injury, and to encourage peer support.

Parkwood Hospital, part of St. Joseph's Health Care London, is hosting this series. It will be broadcast by videoconference to local hospitals so people can view the series and interact with speakers without having to travel to London. At the time of publication the following sites are confirmed for the Spring 2008 series: Alexandra Marine and General Hospital in Goderich, Hôtel Dieu-Grace Hospital in Windsor, South Bruce Grey Health Centre in Walkerton, Windsor Regional Hospital, and Woodstock General Hospital.

Several other sites may join, so if you're interested in finding out if a hospital in your area is participating call Wendy Dorau at **519-685-4064** or toll-free **1-866-484-0445**. Wendy can also help you with questions you may have on topics and speakers. Call Wendy to reserve a seat.

The education series runs Tuesday evenings from 6:30 - 8:30 pm.

- | | |
|-----------------|---|
| March 18 | Brain and Behaviour Relationships
Speaker: Dr. Margaret Weiser, Psychologist |
| March 25 | Pain, Headache, and Fatigue
Speakers: Dr. Harpreet Sangha & Dr. Steve Macaluso |
| April 1 | Thinking about Thinking: Attention, Memory and ABI
Speakers: Lana Rossi, Clinical Consultant & Kelly Williston-Wardell OT |
| April 8 | Practical Strategies
Speakers: Kathleen Murphy OT and Mireille Testa OT |
| April 15 | Vision Rehabilitation
Speakers: Dr. C. Letheren, Optometrist and Joanne Andrews,OT |
| April 22 | Addictions and ABI
Speaker: Cathy Irwin RSW, Addiction Services of Thames Valley |
| April 29 | Legal Issues and ABI
Speaker: Dr. Brian Murphy, M.D., LL.B. |
| May 6 | Parenting and ABI
Speakers: Kevin McGregor, Jamie Fairles, Irene Fairles |





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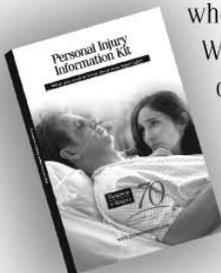




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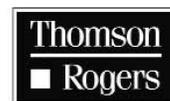
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Ask a Lawyer

Tara Pollitt

Lost Love

The physical and cognitive effects of a brain injury can impact a number of areas in a person's life, such as the ability to go to school or earn a living. They can also make it more difficult to form a lasting relationship with another person. Just as an injured person may receive compensation for an inability to work or go to school, where an injured person can show that he or she has lost the opportunity to form a permanent relationship, the court may award an amount to compensate that person for that loss. This type of compensation is known by several different names: loss of interdependent relationship, loss of opportunity to marry, lost opportunity of family income or loss of shared family income. The main basis for awarding compensation is to compensate an injured person for losing the financial benefits that arise from a relationship with a partner. The claim

for loss of independent relationship is not gender specific and it can apply not only to marriage, but also to common law or same sex relationships.

There can be real financial losses to a person who has lost the opportunity to form an interdependent relationship.

There are three main types of benefits that can be lost:

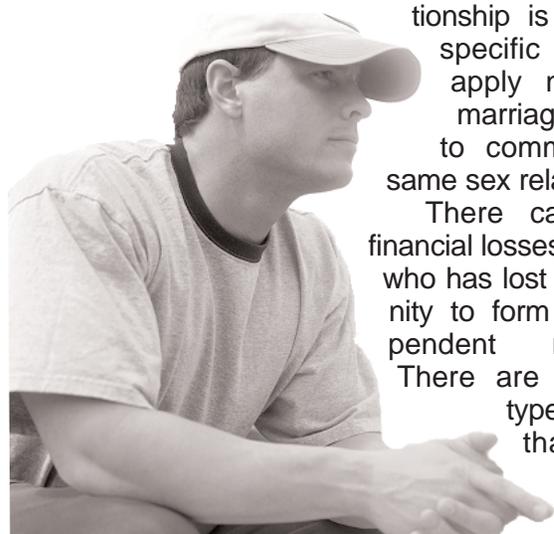
Increased income. This component stems from an individual's inability to enjoy a higher standard of living in a joint relationship. Generally, two income earners earn more than a single person. This branch tends to have particular significance for women, as men frequently earn more than their female partners.

Shared expenses. The basic concept here is that two people can live more cheaply than can one. Many expenses can be shared between two wage earners in a single living arrangement, which lowers the cost for both of them. Where there are joint earners, the percentage of gross income they have to spend is smaller, so they have more discretionary income to spend on other items.

Shared homemaking. A partner's homemaking is usually provided at a lower cost than a commercial service and the amount of homemaking in a shared situation is less than the sum of individual homemaking.

A court will likely look at a number of factors in trying to determine whether an injured person is entitled to this type of compensation, such as family background, past relationships, the chance of entering into a relationship in the future and Canadian statistics with respect to relationships and shared family income. The court may also reduce the amount the injured person receives in order to take into account possibilities such as the person actually does marry in the future or the possibility that the person would never have married even without the brain injury.

Tara Pollitt
Legate & Associates Professional Corporation



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Also featuring:

Dr. Cheryl Letheren
Ms. Marilyn Macmillan
Ms. Michele Meehan

FRIDAY, JUNE 20, 2008

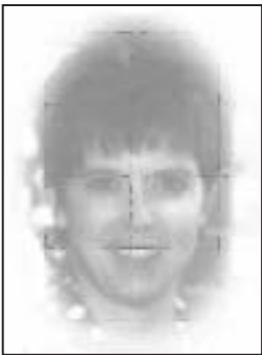
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FEATURED SPEAKERS



Dr. Norman Doidge is the author of *The Brain That Changes Itself*. A New York Times Bestseller, that was #1 in Canada, it is an international bestseller being translated into 13 languages and turned into a film. Dr. Doidge is a research psychiatrist, psychoanalyst, poet and essayist, on faculty at the Columbia University Center for Psychoanalytic Training and Research, and the University Of Toronto Department Of Psychiatry. Dr. Doidge has presented his research at the White House, and won four National Magazine Gold Awards in Canada for his writing.



Dr. Cheryl Letheren graduated from the University of Waterloo's School of Optometry and graduated in 1991. Since 1991, Dr. Letheren has been in private practice in downtown London. She worked for 4 years as the Optometric Clinical Director at The Laser Centre. In 1995, Dr. Letheren earned a fellowship to the American Academy of Optometry and served on the Ontario Association of Optometry Board of Directors from 1996-1998. She has published articles in both Optometric Research Journals and popular press. Currently, Dr. Letheren is enrolled in the fellowship program with the Neuro-Optometric Rehabilitation Association for brain injuries and the College of Vision Development Fellowship program in pediatrics.



Michele Meehan, MA, CCC, CRC is a Counselor and Psychotherapist specializing in Integrative Breath Therapy. Her education includes a Masters Degree in Rehabilitation Counseling, training in hypnotherapy, yoga, Reiki, and Shamanic studies. Michele has more than 15 years experience working with people recovering from traumatic injury, chronic or terminal illness, and disability. She has assisted people to heal core beliefs and negative emotions that have limited them from the full experience of life.



Ms. Marilyn Macmillan: Encouraging and insightful, Marilyn Macmillan inspires her audience to see disability as the beginning of one's career, not the end. After suffering an acquired brain injury in 1988, doctors were sure that Marilyn would not go on to live a normal life; but, Marilyn now lives an extraordinary life and is involved in making sure others with disabilities can too. Although she does not deny the hardships associated with career transitions after an ABI, Marilyn employs funny, thought-provoking presentations to encourage others to share her amazing zest for life.

SCHEDULE

- 7:30am: Set up Exhibits, Registration, Continental Breakfast
8:25am: Welcome and Opening Remarks by Jim Mays, Conference Chair
8:30am: **Traumatic Brain Injury and Vision; The Neuro-Optometric Approach**, Dr. Cheryl Letheren
9:30am: **Understanding Alternative and Complementary Therapy; from Breath Therapy to Yoga**, Ms. Michele Meehan
10:30am: Break and Visit Exhibits
11:00am: **A Survivor's Story: A New Zest for Life**, Ms. Marilyn Macmillan
12:00pm: Lunch, Networking, and Visit Exhibits
1:00pm: **The Discovery and Meaning of Neuroplasticity**, Dr. Doidge
2:30pm: Break and Visit Exhibits
2:45pm: **The Discovery and Meaning of Neuroplasticity** Cont'd., Dr. Doidge
4:00pm: Closing Remarks: Donna Thomson, Executive Director, Brain Injury Association of London & Region

REGISTRATION FORM

Please send completed registration form along with your cheque payable to:

Brain Injury Association of London and Region

560 Wellington Street, Lower Level,
London ON N6B 2M4

OR

You may APPLY ONLINE at www.braininjurylondon.on.ca

NO registration on the day of the conference.

NO refunds after **June 13, 2008**, but substitution allowed.

Fees include materials, continental breakfast, lunch and breaks.

PLEASE USE A SEPARATE REGISTRATION FORM FOR EACH PERSON ATTENDING.

CONFERENCE FEES

Professionals and service providers \$165

Survivors, family members, caregivers: \$50

Students: \$60

Exhibitor Space (includes one registration): \$300. Check here if electric outlet needed. _____

Total payment: \$ _____

Individual Name: _____

Organization Name: _____

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PRIVACY CONSIDERATIONS

1. A list of conference participants will be issued. Please check here if you do NOT wish your information to appear on the list. _____
2. May we contact you from time to time regarding other programs of the Brain Injury Association?
YES _____ NO _____

ABOUT THIS CONFERENCE

The Brain Injury Association of London & Region is holding its Eleventh Annual Conference on June 20, 2008. Open Minds: Exploring Neuroplasticity & Non-traditional Therapies will provide service providers, survivors, family members with education and interactive exploration into the evolving neuroplasticity and alternative therapy landscape. As always, this conference will provide an excellent opportunity to explore informative exhibits and network with industry professionals.

CONFERENCE LOCATION

Four Points Sheraton
1150 Wellington Road South
London, Ontario
(519) 681-0600
Take Wellington Road North exit off Highway 401

CONFERENCE COMMITTEE MEMBERS

Jim Mays, Chair
Doug Bryce
Cheryl Hartridge
Lisa Jadd
Jacki Flood
Maia Bent
Donna Thomson

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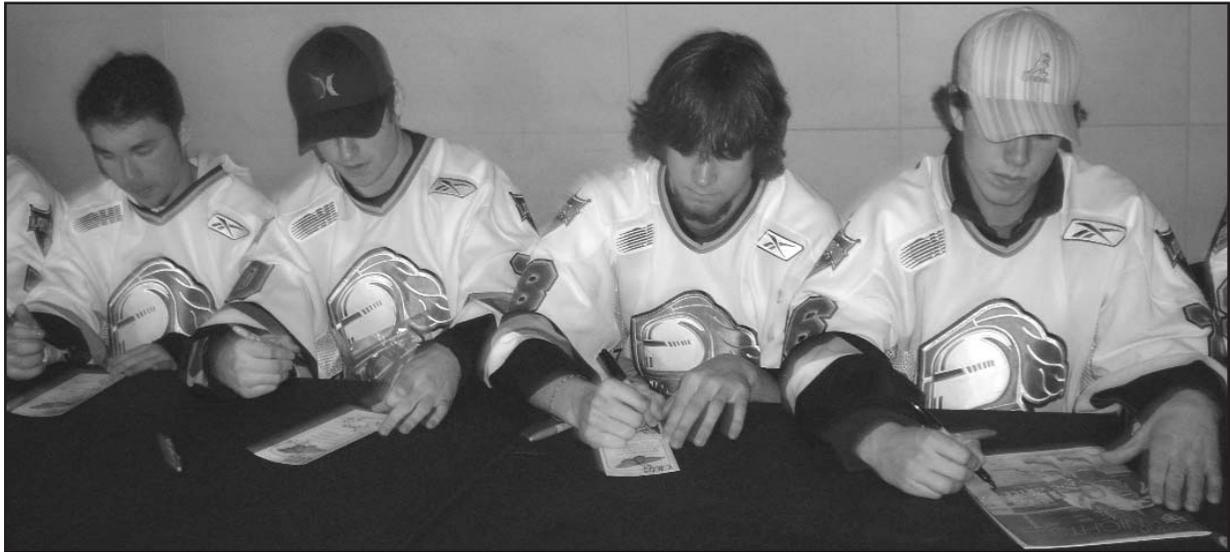
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EXHIBITORS

You are invited to participate as an exhibitor at the conference. Space is limited. Register early. Average attendance at our conferences in the past six years has been 125 consumers and service providers. This is an excellent opportunity to let conference participants know about your programs. Draped tables are provided. Electrical outlets are available. To register as an exhibitor, please complete the registration form. Your fee includes one participant registration. Additional participants pay the individual rate.

Partnership with Easter Seals Society

The Brain Injury Association of London & Region was on hand to promote brain injury awareness and provide helmets for a donation at the Easter Seal Society's 'Skate with the Woodstock Renegades' on December 7, 2007 and 'Skate with the London Knights' January 12, 2008.



Top: London Knights signing autographs at the "Skate with the London Knight's".

Right: Enjoying skating with the London Knights.

Below: Woodstock Renegades meet and greet skaters before joining them on the ice.

Below Right: Leah Ledgley, Executive Director of Easter Seals with Donna Thomson at the Woodstock "Skate with the Renegades".



Sex After Brain Injury? One Spouse's Perspective

Anonymous

I am the wife of a person with an acquired brain injury. My husband was one of the "lucky" ones whose physical recovery has been complete enough that friends and acquaintances claim not to notice any changes in him. That's because the changes are subtle, profound, and carefully hidden, both by him and the family who cares for him. This is not easy to do, or to write about.

My husband's injury left him hypersensitive to some emotional stimuli, such as raised voices. This means that family get-togethers are situations he often avoids. The sound of the kids laughing and teasing each other in fun is as intolerable to him as yelling and arguing in anger. He spends most of his time alone.

His awareness of his body is blunted. I can come home to find him covered in cuts and bruises that he

didn't even notice happening. He is mostly indifferent to physical touch, and totally uninterested in sex. Vulgar language upsets him, and dirty jokes embarrass or outrage him.

He is nonetheless concerned about our lack of sex life, because being uninterested is "not right" or "normal", and he feels it is not fair to me. So, from time to time, he brings up the subject and asks how I feel about it. How I actually feel about it is a whole complicated can of worms, so I just say "I'm okay", and the subject gets dropped for another year or so.

I can accept that, for now, I am in a relationship that is asexual; not without regret and certainly not without anger, but with resignation. I fear that bad sex - or worse, failed attempts at sex - could be the straw that breaks the camel's back in our marriage. I also fear that bad sex would be worse than no sex at all,

and I cannot imagine what combination of events could ever possibly allow us to have good sex again.

My husband has been seen by many different doctors during his long recovery. Those interested in addressing sexuality seem to have only Viagra to offer. Viagra may be a good solution for physical dysfunction, but if the problem is due to lack of emotional and physical desire, what is the point of trying to arouse the body without the spirit?

The thought of trying to manipulate my husband's body into a sexual response without any accompanying emotional response makes me feel exhausted and utterly icky. If orgasm was all I wanted, I'd get a bottle of tequila and a blow up doll with a built in vibrator and be done with it. What I want is a whole person, fully interested and involved in our mutual pleasure. Unfortunately, the person I live with and love is no longer that person. So, for now, we carry on in limbo.

Dr. Alvin Harvey Shapiro Psychologist

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- Accurate Mental Diagnoses
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Brain Injury and Sexuality

By: Carl R. Lokko, BA (Hon), MSW, RSW

In general terms, human sexuality is how individuals experience and express themselves as sexual beings. When we talk about sexuality therefore, we could cover a wide range of internal and external activities that humans are involved in. They include how we view, feel and think of ourselves and others in various ways, how we behave, how we communicate in a variety of ways with others and ourselves: physically, psychologically, socially, emotionally, spiritually, and philosophically. It includes how we view, find, nurture and maintain relationships. The way we express our sexuality also has medical, legal, cultural, and social aspects to it. In many ways, there are subtle and very obvious rules that guide how we go about our sexuality. This means that in many cases we have to make some adaptive decisions about how we interact with others and how we communicate with them.

There is no aspect of how we go about our thinking, expression or reception of sexual matters that don't have something to do with our brains and ourselves as individuals. That brings us to the issue of brain injury and how it has something to do with our sexuality. Our brain and its component parts influences among other things, how we feel, think, perceive, receive, process, remember, choose, store and use information. Our brain enables us to have insight, and problem solve. Our brain helps us to attach emotions and meanings to words, people, places, objects and different kinds of behaviours that can be a big part of how we go about the business of communication, relationship building, intimacy and how we define ourselves and our sexuality.

While most professionals focus on complex tasks and goals for functional activities of daily living, our clients in the men's sexuality group at Dale Brain Injury Services in London talk mainly about having a meaningful relationship as really important to them. By this, none of the men meant simply having physical intercourse with a partner, although for some, that would be really nice too! For the vast majority, they want to give love, feel loved and understood. So why is giving love and being loved such a big deal after brain injury? Sexuality is a big part of adjustment to ABI!

According to the men in the men's sexuality group, our sense of self, our confidence in how we look, how we work and earn money, how we are able to participate in intellectual, physical and recreational activities, how we are able to help

others and contribute to society, and our feelings of being able to call the shots with regards to the direction of our lives influence our self esteem, and our ability to initiate and express our sexuality the way we would prefer. Our men's group believe strongly that when a person is lacking in any of these areas, it affects how people treat them, and chips away at their chances of having and maintaining meaningful relationships. More than 95% of our clients do not have what they would characterize as a meaningful relationship with a partner after having had an ABI.

Often, role changes and adjustments, physical, cognitive, psychosocial, psychological, medical and organic limitations resulting from brain injury can mean unpredictable mood states, decreased sex appeal, reduced interest and sexual functioning, diminished or over heightened libido, erectile dysfunction, orgasmic dysfunction, impulsiveness, anger and irritability, physical and emotional pain, anxiety and depression, reduced social circles, isolation, and diffi-

continued on page 22



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Maureen Nagle mnagle@incarehealth.com
Joe Zablocki jzablocki@incarehealth.com



continued from page 21

culties in remembering important nuances and information necessary for maintaining loving relationships.

Having a disability like ABI can also affect where people live, their privacy, what they can afford, and their expectations - all these have an effect on forging and maintaining a meaningful sexual life.

So what do our men think can help deal with these challenges? How could one find a more meaningful way of expressing their sexuality, how they feel and think about the need to work, love and play? Our men believe that this starts with reorienting our expectations, educating ourselves about life post ABI, staying as active as possible, finding alternate but adaptive ways to enjoy and express our sexual needs and garnering as much support as we could to get us closer to our ultimate goal of meaningful sexual expression. So I asked the men to give me a list of some things to do.

Here are some of their pointers:

One man in the men's group believes it all starts from being with people who are supportive and understanding, for they can help strengthen one's self esteem, self confidence and how one feels about their sex appeal.

A sexuality group could be a good way to get such support. It helps to also get out and participate in activities as much as you can, as this helps to

meet people and also helps sharpen our communication skills.

For James, working on one's personal care, grooming and hygiene, anger management, managing nervousness, negative thoughts and communication skills can really help create and maintain relationships. Sometimes, seeing a doctor to help with sexual dysfunctions can be helpful, and a Clinical Social Worker can help individuals and couples with adjustment and relationship management issues.

Tom believes that you could try to get as close as you can to expressing your sexual needs by discussing sexual issues with peers and partners in an open and honest way, checking out ABI chat rooms on the internet that discuss the issue, looking at pornographic magazines in the privacy of your room, masturbating and engaging in self pleasure, going to the strip club if it is safe, using safe sex toys, flirting or having sex with consenting adult partners.

According to Clarence, any of these is better than nothing when done safely, but his most preferred sexual life will be with someone that he loves and who loves him unconditionally - someone who truly cares. One man said with a wink "you don't really have to have sexual intercourse in order to enjoy sex". For the men, the bottom line is, ABI can mess up with your sexuality, but it can't take your sexuality out of you!

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Back Pain With Sex??

Sari Shatil PT MSc, Physiotherapist at Continuum London

Many persons who have been involved in a trauma causing brain injury also suffer from persistent back pain. When pain interferes with intimacy, it can be frustrating and put strain on your personal relationships.

Seeking help is important. Physiotherapists can assist by providing detailed postural and movements assessments, and by recommending sexual positions that will minimize your symptoms. Feeling comfortable to discuss these problems with your physiotherapist is the first step.

The following are some tips on how to increase your comfort with intimacy:

- Learn ways to ease pain including exercise and positioning
- Work together with your partner; Ensure that he or she understands your repercussions from sex and intimacy
- Find comfortable positions; Are you most comfortable when your back is bent (flexed), straight (neutral) or arched (extended); Consider positions in lying on your back, lying on your side, kneeling or sitting
- Start slowly and keep your back supported as much as you can
- Use touch massage from your partner as a way to reduce symptoms and increase sensuality
- Be prepared; Gather supports such as pillows and towel rolls in advance; use a supportive mattress; have ice or heat nearby in case you need it afterwards

If you would like further information on positions that may be effective in creating comfort during intimacy, please contact The Brain Injury of London and Region. Everyone is different. If you would like to explore this topic in greater detail with a physiotherapist who can recommend positions tailored to your needs, please contact Sari at Continuum London (519-434-9814).



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The ABCs of an ABI: How to Act, Behave, and Consider your Child's Sexual Functioning After an Acquired Brain Injury

By Mallory Seager

Many people assume ABI induced sexual impairments occur in adults exclusively; but, the truth is that an ABI can greatly impact the social and sexual development of children. Much like an adult, a child's sexuality is an extension of his or her values and identity, but the difference is that a child has to endure these changes during the tender development of physical and

hormonal maturity, sexual preferences, and body image.

Although many children who suffer a brain injury will go on to develop normal and healthy sexual relationships, some may have difficulty dealing with an altered sexual development and/or unusual sexual behaviour. This is why it is important for parents, family, and teachers to understand the varying conditions and know how to deal with them appropriately.

In addition, the physical disabilities that may prevent adolescents from enjoying a normal sex life may fail in comparison to the social and image issues he or she may endure at such a fragile time in his or her life. For example, according to The Royal Children's Hospital in Melbourne, dis-inhibited sexual touching may lead to social rejection, humiliation, or even exploitation. Additionally, a child may suffer depression, anxiety, and low self-esteem.

To alleviate the shame and isolation that a child may feel, The RCH suggests the following actions:

- Seek appropriate counseling and options for engaging in social and sexual activities
- Ensure the child understands the key issues of sex education
- Give clear explanations about which sexual behaviours are inappropriate and why. Outline consequences for unacceptable behaviour.
- Look for ways to enhance self-esteem (focus on the person's strengths)
- Always contact a rehabilitation team when you have a concern about sexuality issues

For more information and suggestions on this subject please visit: www.rch.org.au/kidinfo/factsheets.cfm?doc_id=10995



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Hyposexuality vs. Hypersexuality after a Brain Injury

By Mallory Seager

Sex sells. And even the most conservative companies have used sex to entice unlikely customers to buy their products. But, what if the sight of a barely-clothed Pamela Anderson or George Clooney on the cover of a magazine doesn't raise your temperature one notch; or, what if that vision does just the opposite and makes you want to do the hanky panky right there in the supermarket lineup?

Sure, these extremes may seem highly unlikely, but the truth is that either one of these situations can be a reality for someone who has suffered an Acquired Brain Injury.

Although sex is a sensitive subject and it becomes even more sensitive when it is talked about in regards to the uncontrollable urges, or lack thereof, that may be the result of an ABI, it is important to get information about the two possible contrasting sexual effects of brain injuries.

Hyposexuality

According to the Brain Injury Association of Washington, hyposexuality (the loss of sexual interest or desire) is a common consequence of a traumatic brain injury. Often the loss of desire can come from a range of causes including depression, anxiety, relationship breakdowns, medications, and associated injuries.

Hypersexuality

On the other end of the spectrum, a person may show sexual disinhibition, a form of hypersexuality that may lead to impulsive sexual behaviour. Such behaviour may include inappropriate grabbing or touching, public masturbation, and sexual comments.

How to Help

Communication is integral to the retraining of sexual practices for both the hyper and hyposexual individual. The reactions of family, friends, and spouses can both aid or halt adjustment to these sexual changes.

According to the Better Health Channel, the best way to approach hyposexuality is to encourage open communication with your partner and with your doctor. This may include talking about your expectations and feelings or discussing treatment options for both physical and emotional difficulties.

As for approaching the issue of sexual hyperactivity, it is important to seek advice from your doctor, and also learn how to react appropriately to inappropriate displays of sexuality. For instance, talk with the individual and set boundaries on sexual behaviour. Try to appear calm, as shocked reactions could make the individual feel ashamed.

To find out more information about this sensitive subject you can visit The Better Health Channel at www.betterhealth.vic.gov.au

Or The Brain Injury Association of Washington website at <http://www.biawa.org>.



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Sexuality

By: Natalie Molinaro

What does sexuality mean? Well, personally I think it could mean a lot of different things like everything from who you are attracted to or what kind of parent you are and everything in between.

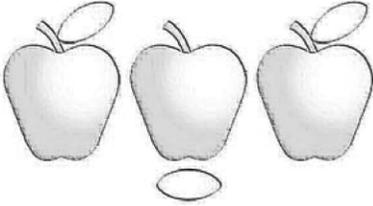
Let's look at who you are attracted to first. Well, there are terms like homosexual and heterosexual which are the polite ways of saying gay or straight. Personally, it doesn't matter.

All I know is gay men are great to go shopping with, tell problems to and not feel judged and lesbian women know about how to fix some things and what way men think or how to fix a problem with your boyfriend without feeling judged. When it comes to what kind of parent you are it depends also on what

kind of family you are from. There are those families with two mothers or two fathers and/or one father plus one mother. I don't see a problem but some people do. You are a good parent if you are loving, caring, and flexible. Beyond that it shouldn't matter what kind of family you have.

My thought in this area is it doesn't matter if you like being homosexual and heterosexual just go whichever way feels better or more natural. In today's society it is gradually getting to the point it does not matter. So be who you are and who you want to be with because to people who matter it will only matter if you feel good.

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How and where can I meet new friends or people to date?

Finding someone special like a close friend or romantic partner is an important goal shared by most people. Having another person you can trust to discuss your interests, dreams, and goals can add countless joy and meaning to life. Many people find that sharing life with an important person enhances the journey and experience of living.

Sorry to say that many survivors express doubt that they will ever find someone special after their injury.

Have you heard yourself say something like...

- “no-one will ever love or care about me now that I’ve had a brain injury.”
- “it’s impossible to meet new people in this town.”
- “Who’s going to want to be my friend? I’ve got too many problems.”
- “All the people I know are either in a significant relationship or married. There’s no one left to date.”
- “I never meet anyone new or interesting. Even if I did, I wouldn’t know how to act or what to say.”
- “What’s the use in meeting someone new? All my past relationships have turned out badly.”

Like many tasks, reaching the final goal of having someone special in your life can be broken down into smaller, more manageable steps. First, you should make a reasonable plan to meet new people. You’re more likely to be successful at finding a suitable match if you consider your own likes and dislikes, and plan accordingly. If you don’t like heavy metal music, you may not want to plan meeting someone at a rock concert. On the other hand, if you admire books, you may find someone sharing a similar interest at your local library or bookstore. Make a list of things you like to do that offer a chance to meet and talk to others. Remember, pursuing your own interests with a plan to meet others is a great way to make new friends.

Second, you must make yourself available to meet others. That means getting out of your house, apartment, or car and being around

new people. Try to do activities you enjoy, in the company of others, as much as possible. Trying a new activity is another great way to meet other people. If you’ve ever wanted to learn about Chinese cooking or scuba diving, this is a great time to take a group class or lesson. Although some have found meaningful relationships in the newspaper or on-line, quality relationships are usually best formed in person.

Third, you should try to be the kind of person someone else would like to meet. Think about people you admire and their qualities that attract others to them. What do they look like? How do they act? Do they have a good sense of humor a caring or giving nature, a cheerful smile, or an interesting story to tell? Which of these attractive qualities do you possess or have the ability to develop? Keep in mind that every person has something unique to offer others.

Have confidence that you will make someone a great friend

This article is reprinted from the National Centre for Traumatic Brain Injury.

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Last Thursday of Each Month
Mar 27, Apr 24, May 29

18-30 Social Support Group

Location Varies – Contact Association for
Information
Last Monday of each month
Mar 24, Apr 28, May 26

Paediatric Support Group

Thames Valley Children's Centre
Baseline Rd, London, ON
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Mar 26, Apr 30, May 28
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Sara Sommers (519) 685-8500 ext 53483

Perth County

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Last Tuesday of Each Month
Mar 25, Apr 29, May 27

Oxford County

Woodingford Lodge
300 Juliana Drive Woodstock, ON
Last Tuesday Each Month
Mar 25, Apr 29, May 27

Woodstock Public Library
445 Hunter St, Woodstock, ON
Third Thursday of Each Month
Mar 20, Apr 17, May 15

Huron County

Huron County Health Unit, 77722B
London Road, South, Clinton
(located behind Huronview)
Last Thursday of Each Month
Mar 27, Apr 24, May 29

Elgin County

St Thomas Senior's Centre
225 Chestnut St, St Thomas ON
Third Monday of Each Month
Mar 17, Apr 21, May 19

*These Support Groups are a free service of
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Unless noted otherwise all groups meet from 7-9PM and all locations are wheelchair accessible
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to the Following:

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. It is this type of generosity that enables the association to maintain our commitment to maximizing the quality of life of individuals living with the effects of brain injury.

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Anonymous Donor of \$3,000

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Vivii Riis, guest speaker at the HCAI Workshop. **Many thanks to Siskinds for sponsoring this fundraiser!**

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Upcoming Conferences and Events

April 9-12, 2008

The International Brain Injury Association is pleased to announce details for the Seventh World Congress on Brain Injury at Pestana Palace Hotel in Lisbon, Portugal

The IBIA World Congress is the biggest gathering of international professionals working in the field of brain injury. For further information visit www.internationalbrain.org

June 20, 2008

Brain Injury Association of London & Region presents its 11th Annual Conference Open Minds..Exploring Neuroplasticity & Non Traditional Therapies

Location: Four Points Sheraton, Wellington Road, London

FOR FURTHER INFORMATION:

Contact Donna Thomson Phone: (519) 642-4539

Email: info@braininjurylondon.on.ca

Web:www.braininjurylondon.on.ca

June 20, 2008

Brain Injury Association of London & Region Annual General Meeting

Location: Four Points Sheraton, Wellington Road, London

FOR FURTHER INFORMATION:

Contact Donna Thomson Phone: (519) 642-4539

Email: info@braininjurylondon.on.ca

Web:www.braininjurylondon.on.ca

June 26, 2008

Brain Injury Association of London & Region presents its 3rd Annual Brain Injury Awareness Day

Location: East Park Golf Gardens, London

FOR FURTHER INFORMATION:

Contact Donna Thomson Phone: (519) 642-4539

Email: info@braininjurylondon.on.ca

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