



**BRAIN INJURY
ASSOCIATION
OF LONDON
AND REGION**

The Monarch

June 2009



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Following a Brain Injury**

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The “B-B-Q King”

“No doubt about it. A permanent spinal cord injury will depress you... but you have to work through it and realize that life goes on and still has a lot of wonderful surprises for you.”

Frank Nunnaro



Frank Nunnaro is a regular guy with a real talent for barbeque cooking. He was a produce manager at an Orillia IGA when he had a terrible car accident that damaged his spinal cord and left him a paraplegic.

After intensive rehabilitation at Lyndhurst Hospital, and with the loving help from his wife Vicky, Frank has gone on to become one of the great BBQ hosts of the century. Every year in the middle of the summer, Frank and Vicky host an amazing barbeque party at their Wasaga Beach home. Frank likes to think of it as a real celebration of life. We like to think of it as a testimony to the human spirit.

We are honoured to have represented Frank Nunnaro in his lawsuit and to count Frank as a friend and one of the many everyday heroes we have been able to help.

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Reminder:

Membership Renewals are now due!

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

See OBIA.BIALR Dual Membership
Application Inside

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EXECUTIVE DIRECTOR'S REPORT

Did you know there are currently an estimated 500,000 persons living in Ontario with the effects of Acquired Brain Injury? The incidence of brain injury is reported to be greater than Breast Cancer, HIV/Aids and Spinal Cord Injury. June is Brain Injury Awareness Month across Canada, where many stakeholders make a concerted effort to increase the public awareness of this disability. Our Association strives to promote awareness of brain injury throughout the entire year through various modes including the publication of articles in the Monarch, our website, assisting the Ontario Alliance for Action on Brain Injury, OBIA and the Brain Injury Association of Canada to promote their efforts in getting the word out.

We have been quite busy with several initiatives that include presentations to staff at several long term care facilities on how to work effectively with residents who have sustained a brain injury, and recently hosted 35 participants at the first Brain Basics course offered in London.

We co-developed a formal training program for volunteers to learn how to correctly fit bike helmets in partnership with the London Middlesex Health Unit. Several helmet fitting events are planned throughout the summer months in addition to the Helmets on Kids campaign kickoff scheduled for June 17. We now have a roster of 15 volunteers who are trained to fit helmets. We also have bike helmets available for a donation to the Association for both children and adults.

All of our student internships are now completed and we wish all the students well in their future endeavours. We have already been approached for several internships for September. Of special note is a big thank you to Nicole Williams for the tremendous amount of work she did in gathering all of the updated information for our Fourth Edition of the popular Brain Injury Services Directory. We anticipate its completion in time for our Conference and Annual General Meeting on June 19.

I would like to thank Jamie Fairles and Amy Roth for promoting both the Peer Support Mentoring

Program and Camp Dawn at the Parkwood Hospital Family Education Series.

June also marks the time when all of our Support Groups (with the exception of the Huron Group in Clinton) typically take a break over the summer months.

We are so very fortunate to have

dedicated volunteers to facilitate the Groups each month in all the counties. Thank you to Bonnie Miller (Oxford); Irene Fairles(London); Kim Piggott; Tish Byrne (Perth); Christine Willman(Elgin); Mickey Gurbin(Huron), and Sue Labrash (Oxford) for their ongoing commitment to leading the groups. The Perth Group has been working on special project in which they are preparing to meet with their local MPP to share their stories and to let him know what is needed in their area. We are hoping to develop a template for other groups to use to increase awareness of the MPP's within their communities.

We are looking forward to winding down Brain Injury Awareness Month at the MDM Reporting Services Charity Golf Tournament on June 29 which is being organized in our honour. All proceeds will be donated to our Association. We are extremely grateful to Vanessa Breakwell for her amazing support in the planning of this event.

The Editorial Committee hopes you enjoy this issue of the Monarch which is dedicated to the topic of Return to Work after Brain Injury. Please feel free to contact me if you have topics related to brain injury that you would like us to publish in the Monarch.



Donna Thomson



Across the Province - OAC Report, March 21, 2009

At the recent meeting of the OAC, representatives learned about the services provided by Legal Aid Ontario. The Legal Aid program has several components;

- ✓ a certificate program that allows people to access legal services from participating lawyers
- ✓ a network of 80 legal aid clinics
- ✓ Duty counsel
- ✓ Student law societies

Legal Aid provides assistance with a range of legal issues including;

- ✓ Landlord/Tenant disputes
- ✓ Domestic violence, including child custody
- ✓ Immigration issues
- ✓ Criminal offences
- ✓ Employee rights
- ✓ Human Rights
- ✓ Income maintenance programs, like OSDP

The legal aid program includes a number of specialty clinics that assist people with disabilities, seniors, aboriginal people and Spanish-speaking people. These clinics are not limited to a specific geographic community.

Legal aid is available for people with limited incomes. The eligibility assessment includes review of income and assets.

For more information about these services, you can visit www.legalaid.on.ca. Other sites that may also be helpful are; www.archdisabilitylaw.ca and www.pblo.org (Pro Bono Law Ontario)

Ruth Wilcock reported on the continuing plans for the Provincial Conference, which will be held October 28-30, 2009 in Niagara Falls. She indicated that the committee has had sold all lead sponsorship categories, but is still seeking corporate sponsorship.

Ruth outlined the Creative Energy Exhibits planned for the conference. Each participating local association is invited to have a display of the creative talents of their members at the conference.

Artists are invited to submit their paintings, photography, poetry, sculpture, or any other visual art. Contact your local association for more information.

Michele Meehan gave an update on the activity in the Peer Support Mentoring program. The program currently has 79 trained mentor volunteers and 52 partners. Mentor training sessions are planned for this spring in Peel Halton, Quinte and Four Counties. For more information on how you can participate in the Peer Support Mentoring Program, contact your local association, or OBIA.

Other developments in Ontario include efforts to establish a new association that will support people in Simcoe and Muskoka. Contact Michele Meehan at OBIA (1-800-263-5404) to find out how you can be involved. In York Region, the Head Injury Support Group is taking steps to incorporate and register as a charity. These actions will allow them to become a member of the Community Support Network and to expand their services through participation in shared activities.

OBIA and several community associations reported that they were contacted by the media following the death of Natasha Richardson. This tragic story has brought greater awareness of the seriousness of brain injury and its potential to affect anyone.

The next OAC meeting will be held on June 27. The OAC meeting will be followed by OBIA's Annual General Meeting.

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HELMETS ON KIDS

a Community Partnership

is pleased to announce their 8th annual
Helmets on Kids Campaign Kickoff Event

Wednesday, June 17, 2009 9:30a.m.

Woodland Heights Public School
474 Springbank Drive, London Ontario

Thanks to the generosity of members from the Ontario Trial Lawyers Association we are putting over 1,200 helmets on the heads of children to promote their safety.

The Helmets on Kids Community Partnership will distribute bicycle helmets to children through the Thames Valley District School Board and the London District Catholic School Board.

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Peer Support Mentoring Program for People Living with ABI

By Jamie Fairles
Peer Support Coordinator

Returning to work following a brain injury can be a long arduous road. Some people return to work successfully; some take some time, and then there are those whose injury prevents them from being employed in the competitive workforce.

Some of these people turn to volunteering to fill their time and give them a new purpose in life. The Peer Support Program is a great way to feel effective by offering your own experience to help others in a similar situation.

Mentors, Partners, and even the Peer Support Coordinators for each association are all individuals who volunteer their time to help out others affected by acquired brain injury. Because of my injury, I can no longer work, but I consider my "job" to be the Peer Support Coordinator for the Brain Injury Association of London & Region.

I come into the office every Wednesday to vol-

unteer my time on a program that is such a valued resource to those who have many questions about the new life they have been unfortunately forced to live. Although it is a volunteer position, I feel I am paid by knowing that I can make a difference in so many others' lives.

My role as PSC has truly given meaning to my life again. The program is still going strong with only a few Mentors and Partners unmatched. I find that there is a huge deficit in both the younger demographic and the majority of mentors and partners are survivors, so there is also a lack in the caregivers, of both spouses and children. But then again, being a caregiver can be classified as a full-time job too. If you think you'd make a good mentor, give me a call and we can arrange for me to do an intake with you. I'm typically in the office on Wednesdays from 9-4.

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You are cordially invited
to attend the

Annual General Meeting

of the

Brain Injury Association of London

Friday June 19th, 2009

4:15 p.m.

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&
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

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Card Number: _____ Expiry _____ / _____

Ontario Brain Injury Association
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St. Catharines, ON L2R 7R9
obia@obia.on.ca
Registered as a Canadian Charitable Organization, Registration #10779
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Monthly Support Groups

All of the monthly support groups are taking July and August off for the summer with the exception of the Huron County Support Group.

Huron County

Huron County Health Unit
77722B London Rd. South
(Located Behind Huronview)

Clinton, On.

Last Tuesday of each month

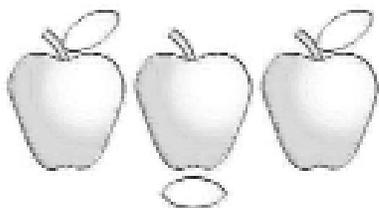
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On May 12th & 13th, 2009 the
The Ontario Brain Injury Association,
in partnership with the Brain Injury Association of London & Region
offered the

Brain Basics Training Program



Pictured here is the panel of experts on brain injury: survivors and caregivers who fielded questions from the participants at the course.

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Ask a Lawyer

Sean MacIntosh

Returning to Work after a Serious Injury: Obligations, Rights and Supports

The ability to return to work after a serious injury is an important step to the return of one's dignity and independence.

However, it can be stressful particularly where the attempted return to work takes place after a lengthy period away from the workplace or where there is a change in the type of employment. There also may be additional concerns such as the loss of the security of income related benefits and the uncertainty of success. I will address some common concerns below in relation to income related benefits through Automobile Insurance Accident Benefits (AB's), Long Term Disability (LTD's), Canada Pension Plan Disability (CPP), and Ontario Disability Support Plan (ODSP) benefits.

Do I have to try to return to work?

If you are receiving certain income related benefits, such as AB's and LTD's, you may be required to make reasonable efforts to return to work or to participate in rehabilitation programs to assist you with a return to your previous or alternative work. Furthermore, if you commence a lawsuit against someone that is at fault for your injuries, you may be required to attempt to return to work because the law requires you to take reasonable steps to "mitigate" (or "minimize") your losses. However, as discussed below, any return to work program should be approved by your treatment providers.

Are there any supports available to assist me with my return to work?

If you are receiving income related benefits you may be entitled to receive funding or assistance with your return to work through AB's, LTD's, CPP or ODSP. These supports may include vocational counseling, re-training, and other assistance to ensure that your attempt to return to work will be safe and successful, and to ensure that the particular work is the most suitable work for you.

Your return to work should always take place under the guidance of your treatment providers and it should be monitored to address or remedy problems or concerns.

Will I still receive income benefits while I am attempting to return to work?

This will depend on the type of benefit that you are receiving and the amount of income that you are able to earn. However, with AB's and most LTD's your insurer will deduct a percentage of your earned income from your benefit. For CPP benefits you can earn up to \$4,900 in 2009 before you must contact CPP regarding your income so that they can determine whether you might be able to return to regular employment. For ODSP benefits, your entitlement to ongoing benefits will depend on the amount you earn but 50% of the net income will be exempt from any deduction from your benefit and you will be entitled to an extra \$100 work related benefit.

What if my return to work is not successful?

Depending on the type of benefit you are receiving, and the extent and duration of the attempted return to work, many policies will allow you to attempt to return to work without affecting your ability to resume your income benefits if you fail.

Returning to work following a serious injury can be a rewarding experience when you have the proper supports in place and the guidance of qualified treatment providers.



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Acquired Brain Injury PROVINCIAL CONFERENCE 2009

Sheraton on the Falls Hotel, Niagara Falls
Wednesday, October 28 – Friday, October 30, 2009

HARNESSING THE POWER AFTER BRAIN INJURY

DO YOU WANT TO DISPLAY YOUR TALENTS?



This is an invitation from the Brain Injury Association of London & Region to its members to showcase their own vision of creative energy projects, which may include but not limited to art, poetry, writing and photography. This showcase is designed to provide a medium for the creative voice of individuals living with the effects of brain injury.

The Ontario Brain Injury Association (OBIA) in collaboration with the Community Support Network (CSN) and with host association the Brain Injury Association of Niagara (BIAN) are organizing the 2009 Provincial Acquired Brain Injury Conference on October 28 – 30, 2009 at the Sheraton on the Falls, Niagara Falls.

This year's conference theme is **"Harnessing The Power after Brain Injury"** and was chosen to represent the power of the Falls and how the region has harnessed that power to generate electricity. As part of the conference, we encourage all community associations to share the power of their members by participating in the **"Creative Energies Display"**.

If you are interested in showcasing your creative talent, please contact Brain Injury Association of London & Region at info@braininjurylondon.on.ca or 519 642-4539 for further details.



Brain
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Niagara



OBIA

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12:30 Tee Time

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Silent Auction

Door Prizes



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Talaal F. Bond



Simply

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Top Left: "Tina" kicking off the end of the evening

Bottom Left: The evening's entertainment: "Tina", her backup singers, and her band

Top Centre: Treasurer, Gary Phelps, Board member, Doug Bryce and Donna Thomson thanking the attendees for making Simply The Best the most attended gala to date

Middle Centre: The band warming up

Bottom Centre: The dance floor got plenty of use while the band provided music

Top Right: Executive Director, Donna Thomson and guest speaker, Peer Support Coordinator, Jamie Fairles

Bottom Right: One of the many silent auction items: an autographed Bobby Orr hockey jersey



Anyone Can Work. Really.

Jeffrey S. Kreutzer, PH.D.



A twenty-nine year old construction worker had a moderate brain injury. He was hospitalized for less than a month. Even with medication, he suffered from “stabbing” headaches daily for three to five hours at a time. When they came on, he had to stop whatever he was doing and sit down until he felt better.



A fifty-five year old bookkeeper had a severe brain injury. He was unconscious for three weeks and hospitalized for five months. Cognitive evaluation at the time of discharge revealed standardized math test scores at the second grade level.

A forty-six year old newspaper editor had a concussion and lost consciousness for less than an hour. He was seen briefly in the emergency room and returned home. The editor was unable to sleep more than three hours at a time and could not remember what he read. He spoke slowly, often went off topic, and had word finding problems.



Brainworks

*The entire Brainworks team
extends our warmest congratulations to*
Gary D. Davies, MSW, MA, RSW

on his retirement after 40 years of service in Social Work; and we are delighted to announce his continuing relationship with Brainworks on a part time basis as

Manager, Social Work

After a long and successful career, Gary will retire this August as Brainworks' Manager of Community and Professional Services. Prior to joining Brainworks in 2005, Gary was employed in London's charitable sector, most recently as Executive Director of the Brain Injury Association of London and Region, a position he held for over 11 years.

Gary can be reached at (519) 657-1180 ext. 104 or by email at gary.davies@brainworksrehab.com.



Each of these people had a serious injury and each had a challenging job. Yet, they were all able to hold a job and felt secure in their positions.

How Did They Do It?

The bookkeeper and construction worker were employed in businesses owned by immediate family members. The editor had been working with the same group of co-workers and support staff for more than 20 years. All three of them were given as much understanding, patience, and support as they needed.

In each case, co-workers gladly took on at least some of their job responsibilities.

Job counselors have had a hard time predicting work success from medical data and standardized test results. Support in the work environment seems to be the most important predictor of success.

What Can I Do?

There are at least three things you can do to affect the level of support you receive in the workplace.

First

You can avoid choosing or staying in a job where employers and co-workers don't believe in supporting one another.

Second

You can do things to encourage the support of co-workers and supervisors.

Third

You can avoid doing things that discourage others from supporting you.

This article was adapted from "The Brain Injury Work Book" published by the National Resource Center for Traumatic Brain Injury at Virginia Commonwealth University. For more information, including a catalog, please contact us at www.nrc.pmr.vcu.edu, mbking@vcu.edu, or 804 828-9055.



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Employment Through the Clubhouse

Member Leighanne Hayes, Facilitator John Ferriero, Facilitator Vicky Eaton

As we approach the tenth anniversary of Cornerstone Clubhouse this article will focus on one of the pillars of our organization. This significant area is paid employment, which has three main components 1. Transitional Employment 2. Supportive Employment and 3. Independent Employment. The Clubhouse enables its members to return to work in the above mentioned area but the Clubhouse does not provide in-house employment ie sheltered workshops. Now I'd like to discuss in more detail about our Transitional Employment program. The Clubhouse offers this to members who want to work in business or industry. The Clubhouse secures the position and maintains it. A qualified member fills this position for a defined period of time, part time & time limited; the position usually is 20 hours per week. A defining characteristic of Transitional Employment is guaranteed coverage in all placements during member absences. According to I.C.C.D. standards we

have to maintain 25% of our membership employed in Transitional Employment and according to our last two accreditation visits, which were successful, we continue to maintain this high standard. In the following section one of our founding members, Leighanne Hayes, will discuss her T.E.P. at Lerner Law in London.

I have now taken over the position at Lerner's law firm from Fernanda. I used to work there in the mail-room. I work there 3 days a week or sometimes 5 days a week. My duties consist of checking the faxes. I also put the mail through the machine. I also deliver to the two floors that I am responsible for. The work that I do is very important to me and I also take my job very seriously. When I work there I am very professional. I make minimum wage. The employees that I work with are very nice and they treat me with respect. I love working with all of my employees. We work together as a team to get the duties done that have to be done. This job could lead into a full time job or a part time position at Lerner's or another law firm.

The members of our Clubhouse often progress from our Transitional Employment (TE) into Supported Employment after getting job skills. Supported Employment means we may assist with finding members a suitable job or help with resume writing or conduct mock interviews. The members may find a job on their own and then we help with any issues that may arise in the workplace. The Members would approach Facilitators at the Clubhouse as needed. There are many types of jobs which members currently work at. Some resource centers, Restaurants, Security Guards, Grocery store clerks, and Law Firms just to list a few. Most of the members work as parttime Employees because of fatigue. Some Clubhouse members would really like to work more than they currently do, but for various financial reasons they are unable to do that. We currently have more than 15 members who work in Supportive and Indendant Employment which means those individuals only access the Clubhouse with Employment concerns when they chose to.



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Working from our head office on Ridout Street, Chris can be reached at (519) 657-1180 ext. 320 or by email at chris.papastamos@brainworksrehab.com.



Duty to Accommodate: Accommodation for Individuals with Acquired Brain Injuries

Nancy J. Gowan, BHSc(OT),

Worklessness (or the inability to work) was found to be as costly to your health as smoking 10 cigarettes per day (study completed in the UK, 2008). Work provides a purpose and identity for individuals. Having meaningful and productive work to do, is part of a well balanced quality of life.

For many individuals with Acquired Brain Injury the road back to work can be difficult and even mild brain injuries can interfere with being able to complete job tasks. It is important to understand the employer's duty to accommodate individuals with disabilities when returning to work and your responsibilities as a worker in order to find the most suitable work duties and processes for your needs.

In order to help you stay healthy and recover well, here are some points to assist you with the return to work planning process.

1. Recovery from many medical conditions is more rapid and complete when people are able to stay active and keep life as normal as possible. This also usually slows or reverses the progress of chronic conditions. The ability to function normally will probably come back step-wise rather than all at once. You and your physician can help to make this process easier. You should ask your physician for an activity prescription that describes specifically:
 - ⇒ What activities or tasks you need to avoid because of risks of further injury or delay in healing
 - ⇒ What you should and can safely do now both at home and at work, and
 - ⇒ How and when that will change over time.
2. In developing an activity prescription, you and your doctor should consider:
 - Demands of the job.** What specific activities do you need to do at work?
 - Risk.** Any specific medical harm that might come from doing particular tasks or functions.
 - Capacity.** Temporary or permanent changes to your previous ability to perform specific things such as lift,

walk, reach, grasp, see well in the dark, make important decisions, etc.

Tolerance. Your ability to cope with or endure discomfort, fatigue, and other sensations.

3. If you are temporarily unable to do some parts of your usual job, talk to your employer to see whether adjustments can be made, or if there is something else productive you can do at work -- as long as the tasks are medically safe and within your current ability. Most jobs can be modified simply to allow you to have the capacity to do the work i.e. getting help temporarily for lifting, rotating jobs, building in rest breaks, making ergonomic changes. It is healthy to return to your own job duties as quickly as possible even with slight modifications
4. In addition, you can:
 - ⇒ Ask your physician for a referral to an expert who can analyze your workplace situation and suggest modification. An occupational therapist can assist you in this process.
 - ⇒ Either informally ask your employer to work with you to find a solution, or make a formal request for a reasonable accommodation under your collective agreement (if applicable) or under the Ontario Human Rights Act if your impairment meets that law's definition of disability. Many times a simple and very low-cost change is all that is required;
5. If you are unable to return to your own job.
 - ⇒ Ask your employer to consider other jobs that you have the skills and abilities to perform that is available in your workplace.
 - ⇒ Consult a vocational or career counsellor through WSIB, your insurer, your legal counsel, or a community service.

Over the past 20 years I have had the opportunity to work with employers of all shapes and sizes on the challenges of accommodation in the workplace. As arbitrators, judges, commissions and the Supreme Court of

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Canada debate the “duty to accommodate”, the employer dealing with day to day accommodation continues to ask; “What is accommodation?”

Duty to Accommodate can be found under the Ontario Human Rights Code, 1990: The following provides the definitions and sections where Accommodation is considered.

Accommodation Section 17 (2)

“The commission, a board of inquiry or a court shall not find a person incapable unless it is satisfied that the needs of the person cannot be accommodated without undue hardship on the person responsible for accommodating those needs, considering the costs, outside sources of funding and health and safety requirements, if any”

Disability is defined in the Human Rights Code as follows in Section 10(1):

- ⇒ Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect, or illness and, without limiting the generality of the foregoing, including diabetes mellitus, epilepsy, any degree of paralysis, amputation, lack of physical coordination, blindness, or visual impediment, deafness or hearing impediment, or physical reliance on a guide dog, or on a wheelchair or other remedial appliance or device;
- ⇒ A condition of mental retardation or impairment;
- ⇒ A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;

- ⇒ A mental disorder;
- ⇒ An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

What is Accommodation?

The general rule is easy: The duty to accommodate involves investigating whether existing positions can be adjusted, adapted, or modified for the employee or whether there are any other positions in the workplace that might be suitable for the employee.

When asking about accommodation one might suggest that there are three key questions:

1. Can the employee achieve the outcome of the job?
2. If not, would changes to the equipment, process or environment allow for the employee to achieve the outcome of the job?
3. Do these changes constitute UNDUE HARDSHIP?

- The most appropriate and successful accommodation
- ⇒ respects the dignity of the person with a disability
 - ⇒ meets individual needs (each case is unique)
 - ⇒ a promotes integration and full participation in the workplace
 - ⇒ ensures confidentiality, and
 - ⇒ allows the person with a disability to perform a useful and productive job for the employer.

What is Undue Hardship?

Although the OHRC only stipulates considering the

- ⇒ Financial hardship - this means that the company will not be able to afford the accommodation without causing bankruptcy
- ⇒ Impact on collective agreement - only when no other accommodation is possible should a proposal that would interfere with collective agreement rights be adopted.
- ⇒ Problems with employee morale - some coworkers may not be able to provide the support required for accommodation
- ⇒ Interchangeability of the work force and facilities - usually linked to size of the operation but looks for flexibility of operations, schedules, and work assignments, re-bundling of workload. If you are returning to an organization with many departments and job functions, there is more likely to be accommodation available
- ⇒ Size of the employer’s operations - the larger the operation the more likely that accommodation would not pose undue hardship
- ⇒ Health and safety - safety of other workers is given more strength than safety of the employee himself. The employee may understand and accept a small amount of risk within the legal bounds of the law. The employer will require substantial evidence to prove that the accommodations will effect others safety.

What are the responsibilities in accommodation process?

The Employer:

1. Use good faith approach to accommodate to the point of undue hardship
2. Use individualized approach to accommodation
3. Use an expert where required to assess accommodation options



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The Union

1. Ensure that the collective agreement does not impede accommodation
2. Participate in good faith in the process of accommodation

The Employee/Legal representative

1. Share information with the employer regarding the need for accommodation
2. Actively cooperate in investigating options
3. Accept reasonable accommodation offers
4. Offer reasonable explanations for refusal to accept offers

The Health Care Professional:

1. Encourage return to work as early and safely as possible
2. Encourage employee to discuss accommodation with employer
3. Provide information about any medical risks/ contraindications that should be adhered to in a return to work plan
4. Provide duration of the medical risks and contraindications (temporary or permanent)
5. Provide information about side effects of medications should medications cause safety risks

What is reasonable accommodation for ABI?

Depending on your job duties you may be asking for some of the following accommodations. These are all reasonable considerations for accommodation. These should be discussed with the employer so that you can plan your work accordingly.

1. Tolerance of some absenteeism due to the disability
⇒ You may need to attend specialist appointments or therapy that cannot be scheduled outside of work hours.
2. Changes to equipment or physical set up
⇒ You may require a special workstation or accessibility of entrances and wash rooms, etc.
3. Work schedule changes
⇒ You may require adjustment to work hours or may have difficulty with certain shifts because of medication usage.
4. Modification of duties of a position
⇒ You may need to modify the work that you do and how you do it. You may require compensatory techniques to perform the job or need assistance to perform a task
5. Reassignment of duties to other employees
⇒ You may need someone else to do certain tasks such as lifting or carrying, climbing ladders or even complicated calculations. These may need to be assigned to a co-worker while you do one of their tasks
6. Training / retraining
⇒ You may need training on new computer programs, processes and line duties. You may also need some refresher on your health and safety duties in the workplace to keep you and your colleagues safe
7. Placement of employees in available positions

⇒ You may need to change jobs and find other suitable jobs that you can perform with your new abilities

8. Placement in a lower paid position

⇒ If you cannot do your own job and need to look at alternate work, taking a different job may require a reduction in pay or work hours.

What is not reasonable?

When asking for accommodation you also need to understand that there are some things that may not be reasonable for an employer to accommodate. An employer must be able to continue to be a viable business and performance in your job will be expected according to the regular performance standards. When asking for accommodation an employer cannot offer you a position which will do any of the following:

1. Compromise the safety of other workers or the public
2. Displace other workers from their jobs
3. Create a job for you that is outside of the core business duties.

Finding the most reasonable and suitable accommodation is a difficult and complex process. It can be overwhelming to return to work after any injury or illness and after being off for a period of time. Ensure that you have the assistance that you need to help you to make this a success. Your employer may have staff that help with return to work that will work with you and your rehabili

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Phone 519 227-0389 Fax 519 227-1723

Maureen Nagle mnagle@incarehealth.com

Joe Zablocki jzablocki@incarehealth.com



tation team. The disability management process can provide:

1. A forum for collaboration between employer, employee, union and health care provider
2. An objective approach to assessing accommodation needs
3. A comprehensive assessment of accommodation options and implementation implications
4. A documentation process that can support transparent review of the process
5. A knowledge base of accommodation solutions
6. A communication process that allows the stakeholders to work together in good faith toward meaningful solutions

It is important to understand that accommodation is a process of trial and error and many attempts at accommodation may be necessary to adjust the work to your needs. The help of a disability manager/occupational therapist can make this process successful but working closely with your employer you can find the best accommodation to meet both the business needs and your needs.

Steps in the accommodation process

1. Early communication between the employer, employee and the health care professional on func

tional capabilities and restrictions

⇒ in most cases the longer someone is off work the more likely that the occupational bond is lost and accommodation is less likely to be made available
⇒ it is both the employee's and the employer's responsibilities to maintain contact during an absence

⇒ It is the health care professional's responsibility to provide timely and meaningful functional information to allow accommodation decisions to be made by the employee and the employer.

2. Exploration of accommodation (temporarily or permanently) to allow the employee to do the essential duties of the job

follow the hierarchy of return to work

- i. own job with same employer with or without modifications
- ii. another job with the same employer with or without modifications
- iii. similar job with or without accommodations outside the employer setting
- iv. another job based on transferable skills outside the employer setting
- v. retraining
- vi. self employment

in order to complete this you may require

- i. assessment of the physical, cognitive demands of the job
- ii. functional assessment evaluation of employee
- iii. transferable skills analysis
- iv. vocational assessment
- v. labour market survey

3. In planning return to work there is a need to ensure that the appropriate trial of accommodation is completed

⇒ A disability management professional can assist with return to work planning

⇒ An occupational therapist can provide an assessment of assistive devices or technology required for return to work or modifications to the work process

⇒ The employee and the employer need to be able to attempt several accommodations prior to finding the best solution

The employee may not always get the PREFERRED solution but the most reasonable solution

⇒ There is an expectation of financial investment in accommodation although the average accommodation costs under \$500

⇒ Documenting all attempts for accommodation is important to demonstrate "the reasonable efforts to use the accommodation and allow the person to continue employment."



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Return to Work Strategies for the Client with an Acquired Brain Injury

Christie MacGregor

Assisting individuals with acquired brain injury in their transition back into work takes innovation, dedication and at times, intensive support. A comprehensive approach including vocational rehabilitation counselling, occupational therapy, and job coach support, to the return to work process can increase a person's successful re-integration in to the work force.

Once an individual has been identified as ready to re-enter the workforce, it is important for a vocational rehabilitation consultant, along with an occupational therapist to work with the person to determine a reasonable and realistic employment goal. This is completed through various assessments, including interest testing, transferable skills analysis and a labour market analysis.

During this assessment phase, we also observe the individual's general work ethic, habits, ability to organize, process information and communicate. This observation period aids in the evaluation of potential deficits and how they may present in the work environment. These assessments will provide a better understanding of the supports, assistive devices and cognitive strategies required to function successfully in the work.

The next step in the return to work process is a volunteer placement. Attending a volunteer placement prior to attempting to secure permanent employment situation allows the individual the opportunity to restore stamina, and endurance levels, while confirming job skills, interests, and work habits.

The individual will be able to improve underdeveloped skills and learn coping skills in regard to the effects of the injury, as it applies to a work situation. Within this volunteering stage, the opportunity to further identify assistive technology and compensatory strategies which may help maximize job performance can be established.

Generally, these volunteer positions are with accommodating employers, which will aid in the development of self-esteem and confidence, while providing a current reference and relevant job experience for the

improvement of the individual's resume.

Once an individual has completed the volunteer placement with the necessary assistive devices and compensatory strategies in place, the person may then wish to commence a job search for the position of choice. When an employment situation has been secured, supportive employment job coaches can provide additional on-the-job training and guidance as needed to help learn new responsibilities and adjust to the new environment.

The job coach can also be a valuable resource to the employer, providing education on the effects of brain injury and compensatory strategies which may assist an individual in meeting the demands of the job, leading to sustainable, meaningful employment.

The co-ordination of vocational rehabilitation and occupational therapy during the return to work program, enhances an individual's opportunity to establish employment goals, and improve the likelihood of securing and maintaining meaningful employment in a suitable labour market situation.



Building a future for someone with an Acquired Brain Injury (ABI) is as individual as each person who participates in our program. Our process and approach are designed to assist every individual to achieve his or her maximum potential for independence. A wide variety of programs and services help us to do this.

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Returning To Work Fact Sheet

From The Brain Injury Association of Queensland Inc. www.braininjury.org.au

One of the main hopes and expectations people have when leaving hospital is that they will return to the work or study they were involved in prior to the injury. However it is very common for a person to feel that they are ready to return to their previous position well before everyone else thinks they are. The individual's unrealistic expectations are often due to poor self-awareness or denial. If a neuropsychological assessment took place during rehabilitation, this should provide some indications about the areas of difficulty that will need to be addressed in returning to work.

The ability to hold a job is one of the most potent measures of community integration. The single most important factor in predicting a return to work is active participation in rehabilitation and in the therapeutic community. The second best predictor is the injured individual's self-awareness. The ability to manage emotions is also a significant factor in employability.

Potential Barriers

- An individual's desire to work being greater than their actual readiness
- Accessing support e.g. being linked with the right employment agency
- Cognitive impairment
- A lack of opportunities for people to demonstrate what they're capable of
- Poor control over emotions
- Fatigue and other

- Experiencing a loss of self-control after unsuccessful attempts
- Loss of motivation

Support

Employment support agencies and rehabilitation services often provide programs that may focus on the person returning to their previous position. However, this is usually not possible straight away. The results of different assessments can gather information about the person's strengths and deficits to provide guidelines regarding employment potential. Sometimes, a meeting can be organized between the person who was injured, family members, the employers, and rehabilitation professionals to discuss a gradual return to work plan. A work trial may be organized to assess how well the person can cope with the demands of different tasks. On-the-job training provides the opportunity to relearn previously acquired or learn new skills.

STRATEGIES FOR MANAGING IMPAIRMENTS

Understanding the different forms of recovery and adjustment becomes particularly important when people return to work after their injury. It is often helpful to consider which area of impairment might benefit from which form of recovery and adjustment.

Remediation

This involves relearning skills with practice until a certain level has been achieved (e.g. practicing typing skills).

Substitution

Substitution requires maximizing previous skills or learning a new skill to overcome a difficulty (e.g. using self instruction to improve concentration skills).

Accommodation

This is when a person adjusts their goals to match their level of capability (e.g. aiming for a position with less responsibility and a reduced work load).

Assimilation

Assimilation is modifying the environment and expectations of other people (e.g. introducing specialized equipment, supportive work environments and educating employers and colleagues about the nature of support required).

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Some common recommendations for returning to work include giving plenty of rest periods, a routine and structure to tasks, flexibility, reduced hours, supervision and support. Some individual characteristics that may influence level of achievement include self-awareness, motivation, determination, and adaptability.

VOLUNTEER WORK

Individuals who are assessed as not being ready for work may wish to pursue volunteer work (e.g. at a charity organization to improve their skills, awareness of abilities and level of experience. However, employment may not be a realistic option for many people with acquired brain injury. Accepting this situation can be very distressing for people who have often spent most of their lives building a career. It is hoped that people can pursue other avenues for achievement, satisfaction, and productive use of their leisure time.

MANAGING FATIGUE

Fatigue is a very common outcome after a brain injury and it has a serious impact on someone's ability to resume work, especially in jobs needing concentration or fast paced decision making. Often survivors can manage a workload if they can approach one task at a time, work in a quiet environment without distractions, and have a flexible schedule for rest breaks if needed. The problem, of course, is that many work environments don't allow some, or possibly any of these to happen.

LEGAL ISSUES

After rehabilitation some people manage to return to their jobs only to be fired shortly after - there may be grounds for objecting on the grounds of discrimination.

The Ontarians Disability Act states "the people of Ontario support the right of persons of all ages with disabilities to enjoy equal opportunity and to participate fully in the life of the province."

It continues to add, "Ontarians with disabilities experience barriers

to participating in the mainstream of Ontario Society."

The Act declares that the right of persons with disabilities to equal treatment without discrimination in accordance with The Human Rights Code is addressed in a number of statutes and regulations which it lists.

The Act also states that employers should make reasonable adjustments to accommodate the needs of someone with a disability.

This means the employer must examine the physical and organizational barriers which may prevent the employment, limit the performance or curtail the advancement of people with a disability.



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Barriers in Return to Work After Brain Injury

Angie Blazkowski

For many people their occupation is a meaningful activity that defines who they are, provides structure to their day, and serves as a source of accomplishment. Losing the capacity to work due to an injury or accident is a major source of stress, contributing to negative emotions and loss of social interaction. However, there are many barriers in return to work for people with acquired brain injury that must be addressed to facilitate successful return to work.

In the early stages post injury people want to return to work as soon as possible to re-establish a familiar routine and sense of self. The injured person or his/her employer may not realize that he/she may not be able to function at the same capacity as pre accident due to injuries sustained. Premature and unsupported return to the pre-accident job may cause fatigue, anxiety and loss of confidence. There may be barriers at work involving accessibility, use of equipment or machinery threatening the person's safety.

There are many difficulties a person with brain injury may encounter with premature return to work. Performance speed may be affected due to problems with motor skills, concentration, and memory. These symptoms are further magnified by fatigue creating significant difficulties in job performance. Certain effects of brain injury such as seizures/dizziness, visual field deficits, and communication deficits

may not allow the person to return to occupations such as driving, technical trades, or teaching. Impairments in executive functioning including problems with planning, organization, judgment, problem solving and self-monitoring are barriers for all self-directed occupations or specific job tasks requiring independent thinking. Return to work may further aggravate emotional difficulties experienced due to brain injury. A person with brain injury may encounter difficulties in coping with pressure causing irritability, frustration and aggression. This can lead to behavioral difficulties and problems in relationships with colleagues or supervisors.

There are also barriers in delayed return to work for people with acquired brain injury. A long rehabilitation process and absence from work may contribute to anxiety about return to work and loss of self confidence. New information and job tasks need to be learned creating an information overload. A new job role means having to gain a new understanding of the responsibilities and practices at work. Often people with brain injury demonstrate poor performance at work in spite of appearing to have the required knowledge and skills, because of problems in applying strategies developed in rehabilitation to the workplace.

Employers and colleagues may have unrealistic expectations of the injured person's recovery and performance. Most employers lack awareness of

effects of brain injury and have difficulty recognizing vocational implications. Some employers have a difficulty accepting the need for accommodations or in implementing an agreed upon plan for return to work, especially for the long term.

There are multiple barriers for successful return to employment after brain injury. It requires a multidisciplinary approach to overcome or minimize these barriers. Assistance and support from a vocational rehabilitation consultant, occupational therapist and job coach are essential to address the many issues with return to work for people with brain injury.

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Survivor Poem

Jordan Ackworth

*Brain injury
What does this mean?
I'll tell you it's like being trapped in a bean
It is not fun
I don't even get to drink
It's like the only thing I'm allowed to have is out of the sink
My family worries too much
It makes me want to kick and punch
If only I could live life real
For I am starting to peel
I sit in my room all the time
My parents never see me whine
They say if I hit my head too hard
I'll be back to the number one card
That's not true because I have gotten staples in my head
From some girl smashing it against a wall
I didn't even fall
To end this I'll tell you the truth
It's like being stuck in a wall
You have nowhere to crawl
You're in a cage
Always filled with rage
This is no life*



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Upcoming Conferences and Events

For a great reference of upcoming Brain Injury conferences around the world, mark this website as a favorite!

http://www.northeastcenter.com/brain_injury_conference_event.htm#top

What: Children's Safety Villiage Birthday Party-Helmet Exchange

Where: Fanshawe Park London On

When: June 7th, 2009

Website: www.braininjurylondon.on.ca

What: 4th Annual Brain Injury Insert

When: June 10th, 2009

Pick up your free copy of the "Londoner" to see our featured insert

What: Moving Forward... Treatment Trends Brain Injury Association of London & Region 12th Annual Conference

Where: Four Points Sheraton London, On

When: June 19th, 2009

Website: www.braininjurylondon.on.ca

What: 8th Annual Helmets on Kids Campaign Kick Off

Where: Woodland Heights Public School 474 Springbank Drive

When: June 19th, 2009, 9:30 a.m.

Website: www.braininjurylondon.on.ca

What: Annual General Meeting Brain Injury Association of London & Region

Where: Four Points Sheraton London

When: June 19th, 2009 4:15 pm

Website: www.braininjurylondon.on.ca

What: M.D.M. Reporting Services 1st Annual Charity Golf Tournament

Where: West Haven Golf Club

When: June 29th, 2009

Website: www.braininjurylondon.on.ca

What: Sick Kids Centre for Brain and Behaviour International Symposium: Brain Injury in Children

Where: Four Seasons Hotel, Toronto, Ontario

When: July 8th-10th, 2009

Website: www.sickkidsfoundation.com

What: 8th Annual London Brain Injury Golf Classic

Where: Greenhills Golf Club

When: September 24th, 2009

Website: www.braininjurylondon.on.ca



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