



**BRAIN INJURY  
ASSOCIATION  
OF LONDON  
AND REGION**

# The Monarch

**December 2010**

See our Special Section on  
**Mental Health  
and  
Acquired Brain Injury**  
starting on **Page 20**

**In this issue:**

ABI Across the  
Province  
*Page 3*

Annual Golf  
Tournament  
Thank You  
*Page 10*

Camp Dawn  
*Centre Insert*

2011 ABI Provincial  
Conference  
*Page 32*

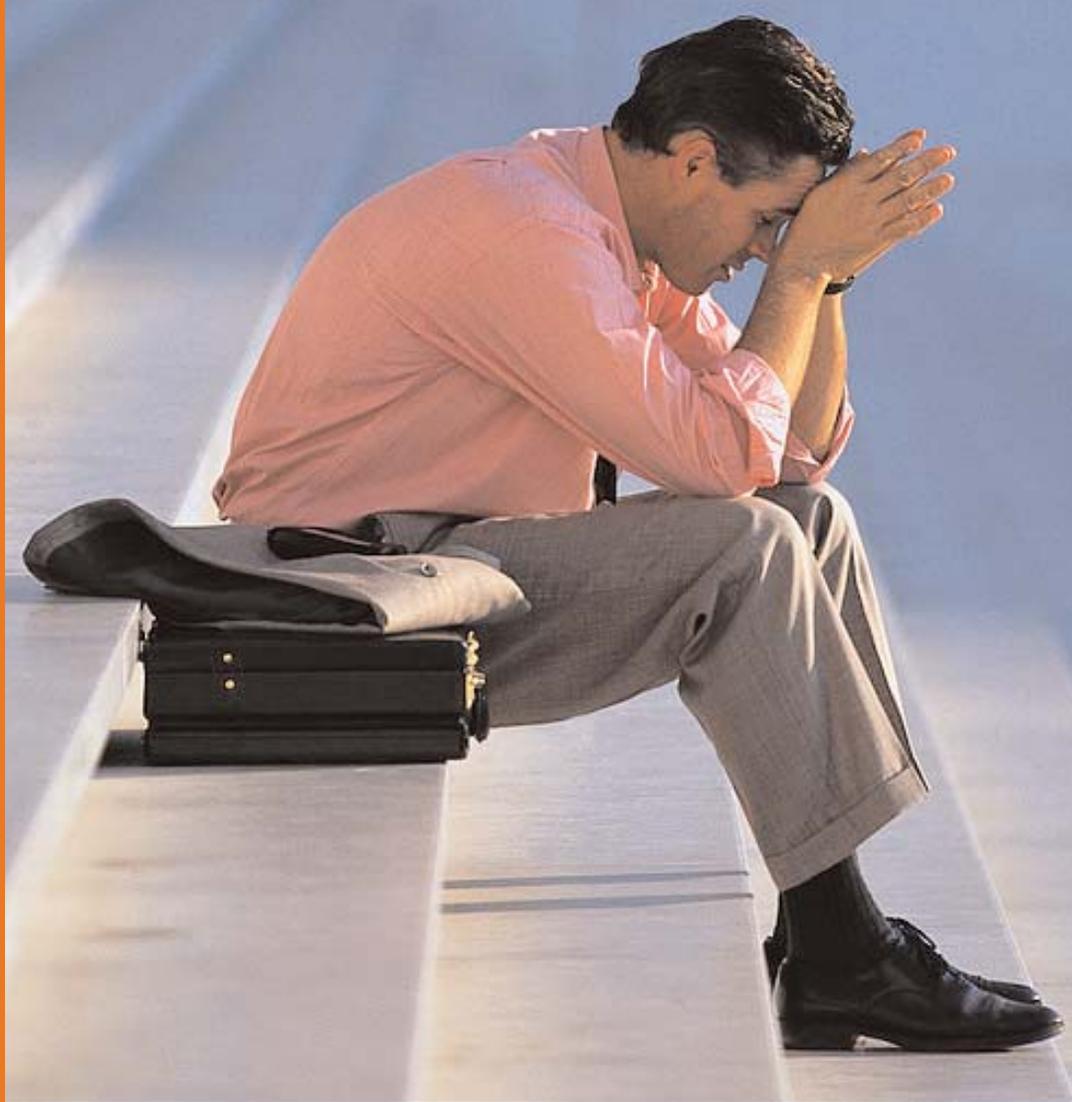
**In every issue:**

Executive Director's  
Report  
*Page 2*

Peer Support  
Mentoring Program  
*Page 6*

Ask A Lawyer  
*Page 12*

Monthly Support  
Groups  
*Page 19*



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

# 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.

**THOMSON, ROGERS** Barristers and Solicitors  
416-868-3100 Toll free 1-888-723-0448  
[www.thomsonrogers.com](http://www.thomsonrogers.com)

*YOUR ADVANTAGE, in and out of the courtroom*

**Thomson**  
Rogers

## Brain Injury Association of London and Region

Serving London, Middlesex, Huron, Perth, Oxford and Elgin  
560 Wellington Street, Lower Level, London, ON N6A 3R4

**Phone:** 519 642-4539 **Fax:** 519 642-4124 **Toll Free:** 1-888-642-4539

**Email:** info@braininjurylondon.on.ca **Website:** www.braininjurylondon.on.ca

**Registered Charitable:** 139093736RR0001

**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

### Board of Directors & Staff

**President:**  
Mary Carter

**Vice President:**  
Doug Bryce

**Treasurer:**  
Gary Phelps

**Secretary:**  
Larry Norton

**Directors:**  
Angie Blazkowski  
Talaal Bond  
Jamie Fairles  
Lorrinda Mabee  
Nancy McAuley  
Yvonne Pollard  
Joanne Ruediger  
Mary Hansen

**Executive Director:**  
Donna Thomson

**Program Assistant:**  
Becky LeCouteur

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 no 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

**Fax:** (519) 642-4124

**E-Mail:** info@braininjurylondon.on.ca

**Editors:** Editorial Committee

**Layout & Design:** Cindy Evans, Advance Imaging

Copyright 2010 All rights Reserved

### Canada Post Publications Mail

Agreement Number 40790545

Return undeliverable

Canadian addresses to :

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



# EXECUTIVE DIRECTOR'S REPORT

Brain injury is often a catastrophic, life changing event for individuals and their families. Many ABI survivors experience dramatic and permanent changes in work status, roles, income, family life, support network and quality of life. This in turn, often predisposes them to mental health issues such as depression, suicidal ideation and other psychiatric problems. We hope you find the articles in this edition of the Monarch informative.

Throughout 2010, we have continued to offer several programs and services relating to providing support, education, and advocacy as well as increasing public awareness. We are happy to report the new Perth Social Leisure Group is gaining momentum and is quickly becoming an important weekly event for several survivors in the Stratford area to attend. I must say that the success of the popular Peer Support Mentoring Program is directly attributed to the outstanding efforts of Peer Support Coordinator Jamie Fairles.

The Board of Directors is currently organizing a strategic planning session to set the future direction of the Association. Since it is of utmost importance that we meet the current needs of the brain injury population, many stakeholders were invited to share their ideas and opinions through completing a survey online

The Conference Committee is busy planning several half day workshops, as well as our 14th Annual ABI Conference scheduled for June 17, 2011. Watch the March Monarch for the Conference Registration form. Information on the individual workshops will be available on our website & notifications will be sent via email. If you wish to be included on our email distribution list, simply send your request to [info@braininjurylondon.on.ca](mailto:info@braininjurylondon.on.ca).

One of the major challenges for any charitable organization is to raise enough funds to provide programs and services. For the past 3 years, we have been extremely privileged to have the support of Vanessa Breakwell, owner of MDM Reporting, who has organized a Casino Night in our honour. This year's event was held November 20th and raised an amazing \$15,000 for our organization. In addition, she managed to convince Eric Lindros and Dr. Paul Echlin to show their support of the Association by being special guests at the event! Nicely done Vanessa!!



Our Association continues to meet the Affiliation Standards of the Ontario Brain Injury Association. Through our involvement in the Framework Agreement, we are able to participate in several Shared Activity Agreements with OBIA. We are pleased to again be part of the Provincial Conference that is planned for November 2011. On a personal note, I am honoured to be selected as co-chair of this world class conference. You will find a call for abstracts in this edition of the Monarch.

Throughout 2010, we have been blessed with the support of sponsors, donors, partnerships, students, dedicated volunteers and our Program Assistant, Becky LeCouteur. On behalf of the people we serve, I would like to say thank you to everyone who has contributed to the ongoing success of our organization. Without you, there would be no Association!

Have a safe, healthy and happy holiday season.

Donna Thomson

## ST. MARYS COMMUNITY REHABILITATION

268 Maiden Lane, Suite 209, P.O. Box 219  
St. Marys, Ontario N4X 1B1  
Tel: 519-284-0904 • Fax: 519-284-0870 • [info@stmarysphysio.com](mailto:info@stmarysphysio.com)  
[www.stmarysphysio.com](http://www.stmarysphysio.com)

**"Providing treatment when & where it is needed."**

*Home, Clinic & Community Settings  
Physiotherapy, Social Work & Registered Massage Therapy  
Rehabilitation Therapy & Kinesiology Services*



The OAC met on September 25, 2010 in Toronto at the Miles Nadel Jewish Community Centre. At this OAC meeting, we saw great representation from local associations as well as representation from some newer groups across the province. Additionally, this was the first meeting of the OAC with Ruth Wilcock attending as the new Executive Director of OBIA.

The meeting began with a presentation of the “Helmets on Kids” program. Donna Thomson, OAC Co-Chair talked about BIA London’s early involvement with the program, while Linda Langston, Executive Director of the Ontario Trial Lawyer’s Association (OTLA) discussed OTLA’s ongoing execution and support of the program in communities across Ontario. More information about the program can be obtained through OTLA. Their contact information can be found at: [www.otla.com](http://www.otla.com).

The remainder of the morning and early afternoon focused on Support Groups across the province. In the morning, an open discussion took place where representatives at the table had the opportunity to talk about the Support Groups being offered through their respective associations. After lunch, there was a panel discussion, where representatives from various support groups across the province talked about what their group is currently doing and about support group ideas/plans for the future. Thank you to the following individuals for making up this dynamic panel:

Dennis Radman, (BIA Windsor and Essex)

Darrin Davidson, (Headwaters Acquired Brain Injury Support Group in Orangeville)

Jamie Fairles, (BIA London and District)

Donna Thomson (BIA London and District)

Near the end of the day, after the Support Group Panel, Co-Chairs Donna Thomson (BIA London and District) and Melanie Gardin (BIA Windsor and Essex) presented some minor changes to the Terms of Reference of the OAC. These changes were voted on and accepted by

the OAC. The revised Terms of Reference will be attached to the OAC Minutes. Additionally, the Co-Chairs stated that the OBIA Board of Directors ‘Future Provincial Conferences’ Committee needed more OAC representation and took the names of those around that table that volunteered for that committee.

Ruth Wilcock talked briefly about the important role of the OAC and her expectations that OAC meetings not only allow for the sharing of information and best practices, but also facilitate building capacity among all of the brain injury associations and groups. Additionally, she confirmed that OBIA was successful with their funding application to Trillium and will be moving forward on a marketing project which involves re-branding and new logo development for OBIA. She also shared that the keynote speakers for the 2011 Provincial Conference had been confirmed.

Lastly, Tammy Falovo had the opportunity to introduce herself to the group and present on some of the activities she is involved in as Community Association Liaison, including recent trips to Sault Ste Marie and Thunder Bay. Tammy also presented on the Peer Support Mentoring program, outlining that Mentor training has occurred recently in Sault Ste Marie, and will occur in London on October 2 and in Thunder Bay in January 2011. Also, the Provincial Peer Support Coordinator’s (PSC’s) will hold their annual meeting in Toronto the day before the OAC Meeting in November.



**Cornerstone Clubhouse**

"A day and evening program for adults living with the effects of an acquired brain injury."

- A place to come and belong
- The opportunity for meaningful work
- The opportunity for meaningful relationships

781 Richmond St. N.,  
London, Ontario, N6A3H4  
Tel: 519-679-6809  
Fax: 519-679-6988  
E-mail: [cornerstoneclubhouse@rogers.com](mailto:cornerstoneclubhouse@rogers.com)  
Website: [www.cornerstoneclubhouse.com](http://www.cornerstoneclubhouse.com)

**"Supporting Success"**





## Brain Injury Can Happen to Anyone

# ONTARIO BRAIN INJURY ASSOCIATION



## Ontario Brain Injury Survey

Dear Friend:

We are pleased to announce the launch of the new Ontario Brain Injury Survey. This survey replaces our former Caregiver Information and Support Link (CISL) Questionnaire which OBIA has been using since 1989. This new survey will be used to provide valuable information annually to researchers, service providers and government policy makers.

Your local brain injury associations is assisting OBIA with this project. By completing the attached Survey Release of Information Form you are agreeing to have a representative from OBIA contact you to provide you with more information about the Ontario Brain Injury Survey. Then, with your consent we will mail a copy of the survey to you with a postage paid return envelope. In appreciation of your time to complete the survey we are offering you a free dual membership to OBIA and a local association of your choice. For every survey completed the local association will receive \$15 to assist them in providing programs and services.

### Benefits of Membership

- ✓ Survivor ID and Dual Membership Card
- ✓ Quarterly issues of the OBIA Review Newsletter
- ✓ Access to our Resource and Lending Library
- ✓ Discounts on training courses

As always information provided to OBIA will be kept strictly confidential.

If you have any questions about our Ontario Brain Injury Survey or the membership programs, please do not hesitate to call OBIA at 1-800-263-5404.

The attached consent form can be completed and sent back to OBIA via fax, email or by regular mail. Thank you for your support!

PO Box 2338, St. Catharines, ON, L2R 7R9, Tel: (905) 641-8877, 1-800-263-5404, Fax: (905) 641-0323  
E-mail: [obla@obla.on.ca](mailto:obla@obla.on.ca) Website: <http://www.obla.on.ca>  
Registered as a Canadian Charitable Organization. Registration #10779 7904RR0001



## Ontario Brain Injury Survey Release of Information

Name: \_\_\_\_\_

Please specify:     Survivor                       Caregiver

Age of survivor:     Adult (16 yrs+)     Child/Youth (under 16 yrs)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Area Code & Telephone: (\_\_\_\_\_) \_\_\_\_\_

Association/Service Provider: \_\_\_\_\_

I give the Ontario Brain Injury Association (OBIA) permission to contact me regarding the *Ontario Brain Injury Survey*. All information provided to OBIA will be kept strictly confidential.

\_\_\_\_\_  
Signature of Survivor/Caregiver

\_\_\_\_\_  
Witness Signature

Date

Date

\*Completed forms can be sent back to OBIA, via email, fax or regular mail.

PO Box 2338, St. Catharines, ON, L2R 7R9, Tel: (905)-641-8877, 1-800-263-5404, Fax: (905) 641-0323

E-mail: [obia@obia.on.ca](mailto:obia@obia.on.ca) Website: <http://www.obia.on.ca>

Registered as a Canadian Charitable Organization. Registration #10779 7904RR0001





## Peer Support Mentoring Program for People Living with ABI

*By Jamie Fairles  
Peer Support Coordinator*

On Saturday, October 2 The Brain Injury Association of London & Region held its third peer mentor training and is happy to announce that 7 new mentors have joined the roster of people willing to share their experiences to support others living with ABI. London was not only the first Association in Ontario to hold a mentor training, but London is now the first and, so far only Community Association to have a child of a survivor of brain injury as a mentor! The Peer Mentor Support Program offers support to all affected by a brain injury including survivors, spouses, parents, siblings and even children of survivors.

Seeing as this month's theme is mental illness, I can say with confidence that once one has acquired a brain injury, their whole world is turned upside down to the point where they think they're losing

their mind. For the past year I have been informally mentoring a woman with whom I share a mutual friend. This woman thought she was going insane because of the thoughts, emotions, and behaviours she was now exhibiting since having a brain tumour removed a couple of years ago. I told her that she wasn't crazy, she is now brain injured and the things she was experiencing were quite normal. This is an example of how important having somebody who can relate and empathize with to talk to on your own journey with brain injury.

If you think your journey can benefit somebody else, or if you desire an empathetic ear, please don't hesitate in contacting the Brain Injury Association of London & Region to inquire about this remarkably helpful program!

**Phone:** 519 642-4539 **Toll Free:** 1-888-642-4539



### Legal minds. Caring hearts.

**If you or someone you love has suffered serious injury, our experienced lawyers will listen to your problems and help you get the best possible results.**

- Car accidents
- Motorcycle accidents
- ATV and snowmobile accidents
- Brain injury claims
- Spinal cord injury claims
- Fatality claims
- Slip and fall claims
- Insurance disputes
- Other injury claims

Free initial consultation.  
Hospital or home visits.  
Free second opinions.  
Free parking.

[www.lerners.ca/personalinjurylawyers](http://www.lerners.ca/personalinjurylawyers)

London  
**519.672.4510**  
Toronto  
**416.867.3076**  
Injury Help Line  
**1.800.263.5583**

### LERNERS

Personal Injury Lawyers



# ANNOUNCEMENT

**Southlake Regional Health Centre is pleased to announce a new program for helping to diagnose patients with mild to moderate brain injuries.**

Do you have a client with a post-mva head injury?

Does any of the following apply?

- Cognitive changes
- Headaches
- Normal CT scan
- All of the Above

⚡ A new MRI sequence is now available that is especially sensitive for evidence of even very small areas of prior bleeding.

⚡ Patients also receive a SPECT scan, which provides functional information by examining perfusion of tissues.

⚡ When interpreted together, both sets of data provide a better understanding of the patient's condition.



Call today - 1 866 899 4674

Southlake Regional Health Centre  
596 Davis Drive  
Newmarket, ON L3Y 2P9



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

obia@obia.on.ca

Registered as a Canadian Charitable Organization, Registration #10779

7904RR0001



## **Acquired Brain Injury 2011 Survivor and Family Education Series**

This seven-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 communities within Southwestern Ontario so people can view the series and interact with speakers without having to travel to London. At the time of publication, the following communities will have sites to access the series via videoconference: Goderich, Windsor, Woodstock, Grand Bend, and Samia. Details regarding specific locations within these communities will be provided in the upcoming months. Additional sites may be added prior to the start of the series and will be confirmed in the March edition of the Monarch.

**This year the education series will run Tuesday evenings from 6:30 – 8:30 pm, March 22 – May 3, 2011.**

**Topics for this year's series will include:**

- **Brain Injury 101**
- **Practical Strategies for Managing Your Life**
- **Role Changes Following an ABI**
- **Management of Chronic Pain**
- **Sleep and ABI**
- **ABI Community Supports and Survivor-Run Programs**
- **Survivors' Stories**



Since 1996 The LifeSkills Centre Inc. has been supporting individuals living with an Acquired Brain Injury in achieving their identified goals.

**Find out how we can help you  
By Calling**

**Phone: 519 680-3808  
e-mail: [thelifescillcentreinc@rogers.com](mailto:thelifescillcentreinc@rogers.com)  
[www.lifescillcentre.ca](http://www.lifescillcentre.ca)**



**The Brain Injury Association of London and Region & H.A.B.I.T.  
Would Like to Say**

***THANK YOU TO ALL OF THE SPONSORS  
of our annual Golf Tournament  
MAJOR SPONSORS***



*DMARehability  
Lerners LLP*

**LERNERS**

Personal Injury Lawyers

*McKellar Structured Settlements Inc.*

*Siskinds LLP*

**SISKINDS** | THE LAW FIRM

**McKellar**  
STRUCTURED SETTLEMENTS

***HOLE IN ONE PRIZES  
COURTESY OF***



*Huron Motor Products*

***SPECIALTY HOLE SPONSORS***



Case Management & Life Care Planning



*Longest Drive - Yvonne Pollard & Associates & RehabFirst*

*Closest to the Pin - Dr. Emilie Newell & Davis Martindale*



*Closest to the Line - DMARehability &  
Oasis Counseling & Consulting Services*



*Putting Contest - Next Step Rehab Therapy Inc.*



*On the Green Contest - InCare Inclusive Health Care Management*

***SURVIVOR GOLFER SPONSOR***

*Personal Rehabilitation Counseling Services Inc. - Ike Lindenberger*



# HOLE SPONSORS

*Tish Byrne, Bartimeus Inc.*  
*Entwistle Health Solutions*  
*Foster, Townsend, Graham & Associates*  
*Legate Personal Injury Lawyers*  
*Henderson Structured Settlements*  
*Rival Office Solutions*  
*Adaptable Design Group*  
*Truppé Health Care Products & Services Ltd.*  
*Joanne Ruediger Cognitive Communication Assessment & Treatment*

*GBF Associates*  
*Dr. Jane Gillett*  
*Financial Horizons*  
*Pursuit Health Management*  
*Bayshore Home Health*  
*Mobilie Link*  
*DuraMed*



## LIVE AUCTION PRIZES COURTESY OF



*Clublink Corporation-*  
*EZaccess Ltd*

*MDM Reporting Services*  
*Amy Noble*



*EZ access*  
INCORPORATED

## SILENT AUCTION PRIZES COURTESY OF

*Bayshore Home Health*  
*3M Canada Company*  
*Dr. Jane Gillett*  
*Windermere Manor*  
*John Barry Pursuit Health Management*  
*Entwistle Health Solutions*  
*Guarantee Company of North America*  
*Clublink Corporation*  
*Grand River Rafting*  
*NeuroTrauma Rehabilitation at Parkwood Hospital*  
*B Home*  
*Cedar House Martini Bar & Restaurant*  
*Continuum a division of Community Rehab*  
*Double M&M Janitorial Services*  
*Studioworks*  
*Holly O, Appletree Designs*  
*Kane Rehabilitation Services*  
*Shelly Cosma, Medical Rehabilitation Associate/Nurse Consultant*

*Elizabeth Skirving*  
*Thames Office System*  
*Nigel G. Gilby*  
*GBF Associates*  
*YoYo's*  
*Able Translations*  
*Kathrine Grant*  
*Gluckstein & Associates*  
*DMAREhability*  
*A Little Photo Lab & Studio*  
*Robyn Linn*  
*Amelia's*  
*Stand*  
*Hall Linens*  
*Sandy Lanning*  
*The Motion Group*

*Printing by @Print*





# Ask a Lawyer

Carrie L. Simmons

## When Brain Injury Impacts Mental Capacity

When a person is under a “disability,” there are rules and procedures that must be followed in a lawsuit.

A person under a disability could be a minor, or someone considered mentally incapable. A person may be considered mentally incapable if he or she is not able to understand relevant information to decision-making in the management of property, health care, nutrition, shelter, clothing, hygiene or safety, or appreciate the consequences of a decision or lack of decision.

### Who acts for a person under disability?

A person under a disability must be represented by a litigation guardian. This could be any person not

under a disability. Generally, an appropriate person would be a child’s parent, or a person’s spouse. If a person already has a guardian with authority to act as litigation guardian, or alternatively, has a power of attorney with authority, that person shall act. If there is no proper person willing and able to act, the Court will appoint the Children’s Lawyer (if the person under disability is a minor), or the Public Guardian and Trustee. The litigation guardian, except the Children’s Lawyer or Public Guardian, must be represented by a lawyer and instruct that lawyer in the conduct of the case.

### How can I become litigation guardian?

The litigation guardian must file an affidavit in which he or she consents to act as guardian. Amongst other things, the litigation guardian must: confirm he or she has given written authority to a named lawyer to act for the person under disability, outline the nature and extent of disability and the nature of their relationship and state that his or her interests are not at odds with the person under disability.

### What does the litigation guardian do?

The litigation guardian is permitted to do anything that the person under disability would be required or authorized to do. For example, the litigation guardian may start a lawsuit by issuing a Statement of Claim. This does not mean the person under disability is not involved in his or her case. For example, the litigation guardian may be examined for discovery in place of the person under disability. However, if the person under disability is competent to give evidence, the person under disability may be examined.

### Are there safeguards to protect the person’s interests?

A litigation guardian is required to “diligently attend the interests of the person under disability and take all steps necessary for the protection of those interests.” Where the litigation guardian is not



**Moving Towards Wellness Ltd.**  
P.O. Box 1055 Clinton, ON N0M 1L0  
Tel: 519-482-7181 Fax: 519-482-3799  
E-mail: mtw@lawsonel.com  
Website: www.movingtowardswellness.ca

**Meggy Hansen, RRP, CCRC**  
Director and Senior Consultant

Dorothy Dittler, Office Manager/Intake Coordinator

Services Offered by Moving Towards Wellness Ltd:

- Catastrophic Case Management
- Disability & Medical Case Management (Non-Catastrophic & Personal Injury)
- Discharge Planning to Rural & Urban Communities
- Life Care Plan (Future Care Cost Analysis)
- Social Work (Adjustment Counselling)
- In Home Assessments: Activities of Daily Living and Assessment of Attendant Care
- Rehabilitation & Recreation Therapy
- Vocational Consulting and Assessments
- Return to Work Planning & Facilitation
- Ergonomic Assessments and Implementation
- Job Site Assessments with Physical Demands Analysis
- Functional Capacity Evaluations
- Therapy Intervention Programs: Home Exercise, Aquatic Rehabilitation, Community Based Programs

*Servicing the urban and rural areas of  
MIDWESTERN AND SOUTHWESTERN ONTARIO*



acting in the best interests of the person under disability, the Court may substitute another person, or the Children's Lawyer or Public Guardian, to act as litigation guardian. In addition, there are particular steps in the law suit which can only be taken with a judge's approval.

### What happens when a case resolves?

The case cannot settle without approval of a judge. The litigation guardian and lawyer must bring a motion for approval and present evidence to support the proposed settlement, including the proposed minutes of settlement. The Court will examine the settlement and ensure it is in the best interests of the person under disability.

In certain circumstances, the Court may order that an award for damages, or a settlement, be paid through a structured settlement. The Court will not order a structure if it is not in the best interests of the person under disability considering all the circumstances. The Court will consider whether a defendant has sufficient means to fund the scheme,



whether the plaintiff has a plan that is better able to meet the needs of the person under disability and whether a structure is practical.

The Brain Injury Association of London and Region, and experienced personal injury lawyers throughout London and Region, can assist in answering any questions you may have about steps to take when you or a loved one is considered to be under a disability.



## **OASIS COUNSELLING & CONSULTING SERVICES**

**Providing Services in Southwestern Ontario**

**CARL R. LOKKO, M.S.W., R.S.W., C.Ht.**  
**Clinical Social Worker**

- Brain injury & other catastrophic injury rehabilitation
- Psychosocial assessments
- Neurobehavioral & psychosocial adjustment counseling
- Rehabilitation program design & analysis
- Brain injury-related training and consultation
- Medico-legal work
- Cognitive behavioural therapy (CBT) and/or hypnotherapy
- Chronic pain management and rehabilitation
- Fear of driving, PTSD, anxiety, depression, relationship management

**Telephone: 519 • 318 • 6500**

**Email: [carllokko@rogers.com](mailto:carllokko@rogers.com)**

**Fax: 519 • 681 • 1474**

**Office: 370 Queens Avenue, London, Ontario, N6B 1X6**

Evening & weekend services available in client's home or at our office location





# 3<sup>rd</sup> Annual Dinner & Casino Night

*In Support of the Brain Injury Association Of London and Region*

*A very special thank you to  
Vanessa Breakwell of MDM  
Reporting for organizing this night  
to remember. Her efforts raised  
over \$15,000 for the Association!*



**Photo to the right:** Special guest Eric Lindros with Donna Thomson, Mary Carter and Vanessa Breakwell  
**Photo far left:** Casino First Prize Winners Wayne Stoker & Jen Attenborough with their new television.  
**Photo Left:** Casino Second Prize Winner Bob Collins showing off his new barbecue.

Do you suffer with  
brain injury, chronic pain  
sleep disturbance  
or depression?  
**We can help!**



Psychology • Social Work • Vocational Services • Rehabilitation Therapy / Assistance  
Psychovocational Assessments • Academic Support • Case Management



**Call us for details!**

London: (519) 657-1180 ext. 0    Windsor: (519) 970-9259  
Huntsville: (705) 787-7500 ext. 0    Toll Free: (866) 394-6240 ext. 0  
Website: [www.brainworksrehab.com](http://www.brainworksrehab.com)    Email: [info@brainworksrehab.com](mailto:info@brainworksrehab.com)  
 [www.facebook.com/BrainworksRehab](https://www.facebook.com/BrainworksRehab)    [twitter.com/BrainworksRehab](https://twitter.com/BrainworksRehab)

Direct services available throughout Southwestern Ontario and the Muskoka region.  
Consultation and education service capabilities throughout Ontario.





*The real winners of the night are those that benefit from the programs offered by the Brain Injury Association of London and Region*



**Many thanks to the Sponsors & Silent Auction Donors  
Your support helped MDM Reporting Services raise over  
\$15,000  
for the Brain Injury Association of London & Region!**

Siskinds the Law Firm  
Lerners  
MRI Marketing  
Foster Townsend Graham & Associates  
Judith Hull & Associates  
Harrison Pensa  
Brown Beattie O'Donovan  
Bayshore Home Health  
Makenzie Lake Lawyers  
Trent Zimmerman  
Rick Shaheen  
Amy K. White Chartered Accountant  
Aroma Mediterranean Restaurant  
Artistic Esthetic Spa  
At the Office  
Bayshore Home Health  
Best Western Lamplighter  
BOB FM  
Bob Martin's  
Bob Martin's Golf  
Boston Pizza  
Cafe of Life Chiropractic Studio

Canadian Tire  
Channers  
Children's Museum  
Christie and Scott MacGregor  
Classic Courier  
Covent Garden Market  
Crabby Joe's  
Davis Martindale  
Delta London Armouries  
Dianne Nash  
Domino's Pizza of London Ontario  
East Park Golf Gardens  
Fire Rock  
Flamenco Dance Studio London  
Fleetway Bowling Centre  
Forest Motel  
Four Points Sheridan  
Giant Tiger  
Hennessy Gibson Hogan  
Janeen Dara  
Jills Table  
John Labatt Centre  
Keyz Thankz  
Luigis

Marienbad Restaurant  
Incare Inclusive Healthcare Management  
Melody Smith  
Michael King Chartered Accountant  
Nash Jewellers  
Orchestra London  
Patio Palace  
Perani's Hockey World  
Posno Flowers  
Prospect Hill Camping Grounds  
Proviva Wellness Strategies  
Shauna Powell  
Spencer & Co  
Sunningdale Golf & Country Club  
The Grand Theatre  
The Salad Bistro  
Tina's Nails  
Tina's Treasury  
Van Horik's Greenhouses Ltd  
West Haven Golf & Country Club  
Yvonne Pollard & Associates





# Camp Dawn

With every  
dawn a new  
path is found

Camp Dawn has come and it was a wonderful time, great friends, and good music. It was great to be back at Camp, especially when something happened and we didn't have it last year.

This year I had so much fun. Good food, high ropes and great games. There were even some people fishing. They asked anyone to come, even

those people that have no experience. I even went down for a little fishing and even though I didn't bring any fishing equipment they had a few extra fishing rods and lots of worms.

Well I have a little experience, but with a rod for children and it has been over a decade since I last went fishing. Thankfully one of the campers helped me learn how to work the new fishing rod and a few people reminded me how to put a worm on a hook and to impale myself. After a little while I somehow caught three fish. They were little fish but they were fish. Unfortunately some fish ended up eating my little worm sandwich. Let me explain: we ran out of worms and used some bread. I ended up having a little piece of bread and then a worm and a little more

bread and some fish stole it and didn't get caught. It was a lot of fun.

There were also some cabin challenges which were fun like the flag or when we were given some odd objects and had to make an outfit out of all the pieces. We also had someone in the group to wear it while another person went up in front of everyone to give a creative explanation. The person who got up in front of the whole camp to explain the outfit my cabin had created was me and it was scary. I am afraid of speaking in front of people but I had a choice to go up and speak or not, and I was able to face my fears.

There were also a few of us campers that stayed up late at night to play



## "The Brainwaves Show"

*Hosted by Donna Thomson*

Tune in to AM980 every Sunday at 1:30 p.m. for a half hour of information about the hidden disability that is brain injury. Host, Donna Thomson will be joined by experts to discuss various issues surrounding brain injury. The show is also available on podcast on the [www.am980.ca](http://www.am980.ca) website under 'Hosts and Shows'.

*Thank you to the following sponsors for their generous support of the show over the past year:*

Bayshore Home Health  
Brown Beattie O'Donovan  
Foster Townsend Graham & Associates  
Legate & Associates  
Lerners  
London Speech & Language Centre  
M. D. M Reporting Services  
Siskinds the Law Firm



# 2010

by Natalie Molinaro

*As part of a cabin challenge I was selected to speak in front of the whole camp to explain the outfit my cabin created - I was scared, but I faced my fears and I did it (photo to the right).*



*Campers and Leaders hang out at Camp Dawn. This is also where we played cards - and where the dance was on the last night at camp.  
(Photo to the left and below)*

*Campers had the opportunity to go fishing in Rainbow Lake. The Lake also provided a beautiful view for all campers to enjoy.*

*A camper is helped on the high ropes at Camp Dawn.  
(Photos on next page)*

cards. There were almost always three different card games going on. One was poker and another was euchre. The third was crazy eights, which had at times two or three different decks of cards going while playing one game. It was very interesting. While playing I hate to say it but I made someone else pick up 16 cards. I am so sorry.

We also had a great dance at camp on our last night there. We had a lot of FUN.

There was a live band that played. We had some major fun. There were a lot of campers there dancing plus the band played some really good songs. Well my recommendation is that we have that band back next year.

I know I had a lot of fun and made a lot more friends.

Well all I can say is I had a blast and can't wait to see all of my new friends next year.



## **A BIG THANK YOU**

### **to Camp Dawn's 2010 sponsors**

With your support, Camp Dawn's 7<sup>th</sup> year  
was second to none.

Once again, ABI Survivors from across  
South Western Ontario had the chance to  
expand their horizons and meet new  
challenges



With every dawn a new path is found

[www.campdawn.ca](http://www.campdawn.ca)

### **CAMP DAWN' S 2010 SPONSERS**

#### **GOLD \$2500**

Bayshore Home Health

Mackesy Smythe LLB

#### **SILVER \$1000**

Brainworks

Bernie Gluckstein

#### **Bronze up to \$1000**

Dr. Lisa Keith

Dale Brain Injury Services Ltd

Robert J. Hooper

A Special Thank You also goes  
out to our Guest Speaker:

**Mr Walter Gretzky**

And to:

Our Leaders and Campers for  
making this all worthwhile.

**Thank you, and see you next year!**





## Monthly Support Groups

The following is a list of the current groups offered by the Association. All groups run from 7:00 p.m.-9:00 p.m. unless otherwise indicated. Information can also be found on our website [www.braininjurylondon.on.ca](http://www.braininjurylondon.on.ca) or by contacting Becky at either (519) 642-4539 or by email [support@braininjurylondon.on.ca](mailto:support@braininjurylondon.on.ca).

### London/Middlesex

First Baptist Church  
568 Richmond Street  
London, ON  
*Last Thursday of Each Month*

### Oxford County

Woodstock Public Library  
445 Hunter Street  
Woodstock, ON  
*Third Thursday of Each Month  
6:30 to 8:30 p.m.*

### Oxford County

CMHA Oxford Branch  
522 Peel Street  
Woodstock, ON  
*Third Tuesday of Each Month*

### Social Group for Age 18-30

Cornerstone Clubhouse  
781 Richmond Street N  
London, Ontario  
*First Wednesday of Each Month 6:30 - 8:30 p.m.*

### Perth County

Zehrs Markets  
2<sup>nd</sup> Floor Community Room  
865 Ontario Street  
Stratford ON  
*Last Tuesday of Each Month*

### Elgin & Huron Counties

Currently on Hold

### Perth Social Leisure Group

Central United Church  
194 Avondale Ave.  
Stratford, Ontario  
*Every Wednesday of the month  
1:00-4:00 pm*

## Personal Rehabilitation Counselling Services Inc.

### E. "Ike" Lindenburger

M. Div., M.S.W., C.C.R.C., C.Ht.

Psychosocial Rehabilitation  
Individual, Couples and Family Therapy  
Independent Medical Assessment  
Catastrophic Injuries  
Stress and Anger Management  
Grief and Loss, Bereavement

### Helena Wood

M.S.W., (R.S.W.)

Cognitive/Behavioural Therapy  
Capacity Assessment  
Hypnotherapy  
Pain Management  
Fear of Driving and PTSD  
Relationship Management

### Appointments at office or in clients' home

#### Mailing Address

900 Adelaide St. South P.O. Box 37088  
London, ON N6E 3T3

#### Phone:

Ike: 519-645-7393 Fax: 519-645-6195  
Email: (Ike) [elindenburger@yahoo.ca](mailto:elindenburger@yahoo.ca)

#### Counselling Office

190 Wortley Road  
London, ON (Lower Level)

Helena: 519-280-5196  
Email: (Helena)  
[helena.wood@sympatico.ca](mailto:helena.wood@sympatico.ca)

### Supporting people to gain healthy functioning



# Depression and Acquired or Traumatic Brain Injury - Fact Sheet

Depression is a common outcome following a brain injury. A person may be confronted with not returning to work, deficits that will never completely disappear, loss of friends, fatigue and difficulty with managing anger and frustration. On top of this they may have lost the strategies used in the past to combat depression and these will need to be re-learned.

A number of factors influence a person's level of depression following a brain injury.

It is important to consider each of the following factors:

- Life situation
- Level of traumatic stress experienced
- Person's perception of their life situation
- Personality, mental health state and emotional well-being before the injury
- Nature of the person's brain injury
- Stage of recovery
- Other health conditions that may cause or exacerbate the symptoms of depression, e.g. heart disease or kidney failure

## Signs and Symptoms

The common signs and symptoms of depression include changes in:

- Mood e.g. extreme sadness, despair, flat emotional reactions and irritability
- Thinking patterns e.g. a sense of hopelessness, pessimistic beliefs
- Behaviour patterns e.g. reduced attention to physical appearance, withdrawal
- Physical symptoms e.g. sleep disturbance, appetite changes, and tiredness.

Some of the changes described are common symptoms following an acquired brain injury, which means it can be difficult to recognize the development of depression. People's experience of depression usually occurs on a continuum ranging from very mild to very severe. The most important consideration is therefore the severity of the person's depression and how long it lasts. Many people are able to self-manage their depression using strategies. Other people require psychological support or other forms of treatment from professionals.

One of the most important factors to consider when planning any treatment, or evaluating the success of a treatment strategy, is whether or not the person with depression feels as though they are in control of their own life. A feeling of not being in control makes any depression worse, or can lead to depression.

# Restore yourself.

If you've been seriously injured, Judith Hull & Associates can help. Our focus is on your needs – there's no reason to go through a major trauma alone. When your future is at stake, trust Judith Hull & Associates.

- Motor Vehicle Collisions
- Traumatic Brain Injuries
- Orthopaedic Injuries
- Spinal Cord Injuries
- Wrongful Death Claims
- CPP & Disability Claims
- Dangerous Premises
- Historic Sexual Abuse
- Product Liability

Call 519-438-4981 today, or visit [judithhull.com](http://judithhull.com) for more information.

*We do not represent insurance companies.*



**JUDITH HULL & ASSOCIATES**  
Personal Injury Lawyers

Service, Integrity, Results.

Judith Hull & Associates Professional Corporation



## Endogenous and Exogenous Depression

Although the treatment approaches are usually similar, depression can be divided into exogenous (“Reactive”) depression which occurs when life events overwhelm your ability to avoid depression and maintain good mental health, and endogenous (“organic”) depression which arises as a direct result of chemical processes in the brain.

Exogenous depression can be helped by anti-depressant medication, but addressing the causes through life changes or coping strategies will remove the need for medications.

Endogenous depression can be helped by life changes and coping strategies, but medical intervention will probably be necessary, sometimes life-long.

## Personal Strategies for Coping with Depression

The following strategies have been suggested by people with acquired brain injury and may be useful.

- Having a nap
- Listening to music
- Watching television
- Working on a personal project
- Socialising
- Walking or other exercise
- Mental stimulation (which will also assist with cognitive rehabilitation)
- Scheduling activities and making short-term plans
- Self-Talk or thought challenging.

## Self-Talk

Self-Talk is a useful technique for modifying inaccurate and upsetting thoughts. It requires the practiced art of replacing upsetting thoughts with constructive explanations. For example instead of thinking, “I’m useless and I never get anything right,” the person can replace their thoughts with a constructive explanation such as, “My memory let me down, I will make better use of my diary in future.” A variation of Self-Talk is to prepare a rethink card. Rethink cards contain helpful coping statements for particular situations. The card can be carried around and read when the person notices unhelpful thoughts in certain situations e.g. a coping statement for being stared at while riding public transport: “People may stare at me because they are naturally curious about why I walk with a limp - that is part of human nature”.

## Peer support

Do not underestimate the importance of social contact for the maintenance of good mental health, including depression. In his landmark book *The Anatomy of Melancholy*, first published in 1621, Robert Burton wrote “Observe this simple precept – be not solitary; be not idle.” Social contact, and in particular peer support,

is often of immense help to someone with depression. Your local brain injury association or mental health association can put you in touch with peer support groups for brain injury or for depression.

## Exercise

Be not idle. Time and again, research indicates that exercise, alleviates the symptoms of depression. A major depressive disorder cannot be treated by exercise alone, but every little bit helps and, particularly if you have an attack of the blues, getting moving can not only help you feel better but accelerate your rehabilitation.

If you are currently recovering from physical injury or physical deficits as a result of a brain injury, discuss any exercise program with your GP or rehabilitation team.

## Treatment Approaches for Depression

It is common for some people to experience depression after a traumatic event and require additional treatment to the strategies suggested. Treatment options include the following:

### Psychological therapy

This form of treatment is usually most effective with mild or moderate to severe forms of depression. In general, people with very severe forms of depression will require other interventions e.g. hospitalization or medication. After a person’s state of mind has improved they may be more likely to benefit from psychological support to further reduce symptoms and provide ongoing management.

### Antidepressant medication

Medication is often used in association with psychological therapy for the person with depression who does not respond well to psychological therapy. Medication may help to relieve depression by adjusting the chemical levels in the brain. Depression is often caused by an excess or a deficiency of particular chemicals in the brain. Such chemicals are created naturally within our bodies and influence our moods, thinking, behaviour, sleep, energy levels, appetite, concentration and other daily functions. In cases of depression, a doctor may suggest medication to address any chemical deficiency that may exist.

The choice of medication depends upon a range of considerations such as:

- Side effects
- The person’s previous response to medication
- Interaction with other medication being taken
- Safety in overdose

Most antidepressants take about two weeks before a person will notice any change in mental and



physical state. Medication needs to be trialled for at least 4-6 weeks and should generally be taken for approximately 6-12 months even if the person feels better after a few months. People are advised to see a general practitioner or psychiatrist to discuss issues relating to medication.

### Electro Convulsive Therapy (ECT)

Although it may have a bad reputation, particularly in the movies, ECT is an extremely effective and very safe treatment for severe depression. ECT works by passing an electric current through the scalp to the brain, inducing a seizure. The current is controlled to be safe for the heart, and the patient is given a general anaesthetic and a muscle relaxant to prevent convulsions. Although ECT does impair short term memory, this is minimised in modern practice by only treating one hemisphere of the brain.

ECT is usually used as a treatment of last resort – used only when depression has not responded to other treatments.

### Suicide

Given the many difficulties faced by someone who has survived a brain injury, it can be quite common to feel suicidal at times. It is crucial to look for support or see a doctor during this period as appropriate support will normally allow the person to get through these deep depressive episodes.

The symptoms of suicide are not always the symptoms of depression. Warning signs to look for include:

- Making statements like 'It would have been better if I had died' or making threats about committing suicide

- Suddenly and unexpectedly becoming cheerful after a long period of depression (which may indicate the individual having decided to use suicide as a solution).

- If the person with Acquired Brain Injury has tried to commit suicide before, you should particularly be aware of cues and try to assist them to seek professional help.

- Having a plan for suicide, and the means to achieve it.

It is particularly important to realize that the existence of an achievable plan must be taken seriously. All suicidal com-

ments need to be addressed, but having a plan and the means to achieve it is a sign that professional help needs to be sought as a matter of urgency. If the situation is critical, call 911.

For more information see our fact sheet, Suicide and brain injury.

### Can a Brain Injury Directly Cause Depression?

There is still debate over whether depression can be directly caused by an injury to the brain, rather than by the effects that the injury has upon the person and their life.

A study published online by Science magazine in 2007 reported that a link has been found between depression and a reduced level of activity in the hippocampus, a C-shaped region of the brain on the inside of the Temporal Lobes which is also a key to short term memory. It was believed that the hippocampus plays a central role in affect (emotional experience), but the details are not yet understood. This result suggests that injury to the hippocampus may directly result in depression, but more research is needed to confirm this.

#### References and further information

- *The Anatomy of Melancholy – Full text*
- *Beyond Blue: The National Depression Initiative Brain Pathway may underlie depression (Scientific American)*



### PARKWOOD HOSPITAL Driver Assessment Rehabilitation Program Ministry of Transportation Approved Driving Assessment Centre

Driver rehabilitation services provided by experienced Occupational Therapists and licensed driving instructors. We specialize in driver assessment and rehabilitation services for:

- ◆ persons whose changed health status due to trauma, illness and natural aging
- ◆ persons with physical disabilities who may require equipment and/or modifications
- ◆ person wanting to learn how to drive who need special instruction or vehicle adaptations

#### We Provide:

- ◆ Clinical Assessment
- ◆ On Road Assessment
- ◆ Passenger Assessment
- ◆ Driving refresher program for healthy elderly driver
- ◆ Psychology services to assist with anxiety and post traumatic stress issues relates to driving
- ◆ Full certificate driver education program for new drivers with physical and/or learning disabilities
- ◆ Vocational Driving Assessment
- ◆ Equipment and Vehicle Modifications
- ◆ In car driver training

Call Us At:  
Phone: (519) 685-4070  
Fax: (519) 685-4576

Our Address  
801 Commissioners Road East  
London, Ontario N6C 5J1



# Suicide, Depression and Brain Injury - Fact Sheet

People with an acquired brain injury may be at risk of suicide at some stage of their recovery process.

An Acquired Brain Injury can cause a sudden and lasting change in a person's thinking, how they react to certain situations, their work and how they relate to others. People who have experienced an Acquired Brain Injury might have increased stress, greater difficulty with relationships, difficulty managing their own emotions, but fewer skills for dealing with these problems.

Even though the person may seem the same as they were before, they may feel a disturbing sense of change in who they are. They may also be more impulsive and may find it hard to consider other perspectives or think differently about things. Without appropriate support they may find themselves feeling isolated and helpless.

It is important to realize that because of these and other factors, people with an Acquired Brain Injury might experience feelings of depression and may be at greater risk of suicide. For people who think about ending their lives, suicide may represent an answer to what they feel is an otherwise unsolvable problem. The choice may appear preferable to circumstances such as enduring emotional distress or disability, which the person may fear more than death.

It is particularly important for family members, friends and those who care about the person to know the danger signs, know ways of being helpful and know who you can turn to for advice or referral.

## Recognising the First Signs

A suicide attempt is rarely made following a sudden or impulsive decision. Rather, it is more common for individuals to shift between the stages on a continuum which range from the initial thoughts about suicide to committing suicide. The stages may be bi-directional (i.e. a personal may move forward, return to an earlier stage or no longer consider suicide as an option):

- Planning
- Organizing means
- Suicide attempt (intentional or sub intentional)
- Commit suicide.

Some may engage in self-harming behaviour which has the potential to lead to death while the actual goal is not to die. It is important to be alert to cues that someone may be considering suicide. Things to look out for are:

- If they make statements like 'It would have been better if I had died' or if they make

threats about committing suicide

- If they become very withdrawn or depressed
- If the person with Acquired Brain Injury has tried to commit suicide before, you should particularly be aware of cues and try to assist them to seek professional help.

There are various factors which indicate a higher risk of suicide occurring. The brain injury survivor may have access to lethal means and the development of a specific plan. Drug abuse, engaging in extreme behaviour and catastrophic reactions to relatively mild stress can also increase the risk factor. In some cases a final Crisis may act as a precipitating event.

## How You Might Help

A person who is considering suicide desperately needs to know that others care. Some suggestions on providing support include:

- Sometimes just being with a person is helpful, even if not talking
- Contact others who may be able to provide support
- Listen to what they are saying about themselves and their life
- Avoid saying things like 'You should be grateful you are alive' or 'You'll get over it'
- Tell them you are always willing to talk and that there are others who care as well.
- Encourage them to stay in touch with friends or make new ones
- Make sure they are in touch with a local GP.

## Interventions for individuals at high risk:

• Crisis intervention (levels may include immediate support e.g. telephone counseling, referral to a psychiatrist, closely monitoring the person or moving the person to a less stressful Environment)

- Medical/psychiatric treatment (including medication)
- Hospitalisation
- Psychological therapy
- Mental health case management
- Linking into support systems (e.g. family and community organizations).

## Specific crisis intervention strategies

The general aim is to lower the level of lethality or very high risk of suicide by working to: a) increase the individual's psychological sense of possible choices and b) to increase his/her sense of being emotionally supported.



### Strategies may include the following:

- Establishing rapport (e.g. 'I'm listening and I want to support you')
- Explore the person's perception of the crisis
- Focus on the immediate past (e.g. a recent significant event or problem) and immediate future
- Develop options and a plan of action. Increase the options available to the person and the number of people available to help (professionals and family members)
- Arrange removal of the potential means of suicide where possible
- Encourage the person to develop a plan which includes resources and support in the immediate future. Write down the steps of a personal safety plan to be carried around by the person (e.g. in their wallet)
- Try to increase the person's investment in the future by involving them in small and meaningful activities (e.g. tasks around the house and garden)
- Monitor their emotional state and establish a follow-up plan
- Try to involve appropriate people in the person's natural support system.

### Effective communication

It is recommended that people offering support to a distressed individual avoid using the following techniques:

- False reassurance e.g. 'Everything will be fine, don't worry'
- Inappropriate use of facts e.g. 'You'll recover from your brain injury within a year'
- Confrontation e.g. 'It is time for you to accept that you will never walk again'
- Minimizing a person's feelings e.g. 'Come now, it is not that bad'
- Probing or intrusive questioning (e.g. 'Why do you think your girlfriend left you?')

A combination of the following techniques can be used to convey support:

- Active listening (nodding and minimal responses such as 'okay', 'sure')
- Meaningful eye contact and supportive body language
- Reflection of feeling (e.g. 'You sound really upset', 'I can see that you are frustrated')
- Reflection of content (e.g. 'It sounds like you want your family to give you more space')
- Paraphrasing and summarizing (e.g. 'At the moment you are feeling overwhelmed')

## Serious injury requires care

... delivered by specially trained caregivers

At Bayshore Home Health, we understand the needs of people with serious injuries and are committed to providing the expert care they deserve.

Our nurses and caregivers are specially trained to deliver the highest level of serious injury care, and draw knowledge from internal clinical consultants in areas such as wound, fracture, amputation, spinal cord and acquired brain injury care.

We also offer a range of attendant care services, including personal hygiene, dressing, meal preparation, feeding, light housekeeping and companionship. Our services are available through more than 30 offices across Canada, supported by a National Care Team that provides a convenient, central point of contact.

Experience the Bayshore *Difference*: expert and reliable serious injury care delivered by dedicated specialists.

To learn more, please call our London branch at 519.438.6313 / 1.877.438.6315.

Better care for a better life



[www.bayshore.ca](http://www.bayshore.ca)

**Bayshore**  
Home Health



- Asking permission (e.g. 'I want to help you can I come and sit near you?').

### Support for the supporter

Working with, or being close to someone who is at high risk of committing suicide can be extremely stressful. It is very important that people receive their own support and take care of their own emotional well-being. Support for the person working with the distressed individual may come in the form of debriefing from other professionals. Relatives and friends may also benefit from seeking professional help in order to express their feelings and receive advice.

### If You Are Considering Suicide

If you are the person who has acquired a brain injury and you are considering suicide, you should know that:

- You are not alone
- Most people think about suicide at one time or another. Thinking about suicide does not mean that things can't get better.
- There may be physical issues caused by your Acquired Brain Injury
- These physical issues may be causing you to feel as bad as you do. It is important to

get professional or medical advice to help you deal with some of those physical problems.

- The crisis will pass
- Sometimes problems seem unbearable, but there are always things you or others can do. If you have a brain injury, it might be particularly hard to see your way through some problems. That is why it is essential that you talk about your problems with someone who can help.
- Others do care
- There are always people willing to help you work out your problems. Don't be afraid to ask for help. Let family members, friends, your local doctor or other professionals know how you feel.

There are 24 hour services available. You can call London Crisis Line 519 433-2023 to speak with a telephone counsellor, go to your local hospital emergency department or call your local Brain Injury Association.

*Many thanks to the Acquired Brain Injury Outreach Service (ABIOS) for permission to adapt this information from one of their brochures. You can visit their website at [www.health.qld.gov.au/abios](http://www.health.qld.gov.au/abios).*



**Brown Beattie O'Donovan** LLP  
BARRISTERS & SOLICITORS

## WE CAN HELP

*If you or a family member are suffering the effects of a brain injury or other serious injury, contact Andrew King or Talaal Bond for advice as you may be entitled to benefits and compensation.*



Andrew G. King Q.C.

### FREE INITIAL CONSULTATION

Telephone: (519) 679-0400  
Fax: (519) 679-6350  
Email: [bboinfo@bbo.on.ca](mailto:bboinfo@bbo.on.ca)  
Website: [www.bbo.on.ca](http://www.bbo.on.ca)  
1600-380 Wellington Street  
London, ON N6A 5B5



Talaal F. Bond



# Words are only Words

by Marilyn MacMillan

We all have things said to us that we don't particularly like. It may be because they are assertive comments, demeaning comments, belittling comments, incorrect comments or pointless remarks. A lot of us who are brain-injured have a low degree of tolerance, so our buttons get pushed easily. I, after many years of tribulations, am pleased because I am able to suavely handle remarks that strike me the wrong way. I will share them with you.

Assume someone said something unfavourable about the appearance, vocation or opinion of a family member or you. Our first instinct is to react to their comment. This reaction can be made defensively and with annoyance. We must initially realize that there is no need to react to anything anyone says. In fact, some individuals may be making the statement for the sole purpose of controlling you by making you react. There's no need to play that game. Some suggestions for what I've found effective are:

**INDIFFERENCE:** If you react with indifference to the annoying comment you hear, that usually gripes them and shuts them up. An example would be someone saying "Your children have NO manners." If you can, it is wonderful for you to say "Oh". That

indifferent comment is effectively like putting a period at the end of their comment and withdrawing yourself from participation in it. The effective result of indifference is to shut the annoying person up!

**ACT LIKE A JUDGE:** Sometimes, when you hear something peculiar like "Your car needs replacing." using a judge's words can be very effective. No one argues with a judge so it puts a dead end on further comments. That effective remark of our men in robes is the quiet comment of "irrelevant".

**DISGUISED SUPERIORITY:** When you hear a comment that is an inaccurate slur or barb, it is simply expedient to say "I forgive you". That's letting them know they said something that approaches being an abomination to decency plus it makes you seem superior. If they make another comment, you can simply say it again. After twice, the conversation is completely over about the topic being addressed.

**QUESTION:** When someone says anything annoying to you, asking a question usually puts the issue on their shoulders where it belongs. If they say, for example, "Your clothes are ugly and the colours don't match.", you may ask "What do you say that?", "Is it important?", "You find my wardrobe significant?". "Can you give me specific details?", "What

Community based  
Rehabilitation Support Services  
for children and adults  
who have an  
acquired brain injury

## BARTIMAEUS

Caring for People...Everyday

**Our Rehabilitation  
Support Services  
are offered throughout  
Ontario.**

**Please call or e-mail  
Tish Byrne  
to Inquire about  
Rehabilitation Services  
in London &  
surrounding areas.**

**519-575-2002  
tbyrne@bartimaeus.com**



# ACT LIKE A JUDGE

## Indifference

## Disguised Superiority



## Agreement



## QUESTION



do you think I should be wearing today?" or "Where did you go for your holidays 5 years ago?"

**AGREEMENT:** You could even agree with them, regardless of how you really feel. When you hear a negative comment about your apparel, you could say 'I know. I'm embarrassed to look like this.'

It takes two to tango and it takes two to fight. You never have to be the one in any fight about how you feel, your opinion or what you look like. Reacting in any of the above ways withdraws you from whatever kind of non-issue it is. Uttering any of the above comments may also result in you having felt you did your bit to not let any of it stick on you. That will always make you feel better about yourself. It may even improve the subsequent behaviour and words of the person who tried to be annoying to you.

People should get along amenably. Always set a good example of how people should behave in their language and behaviour. After all, example is the best teacher. Never be the one to cast the first stone or to cast one back. Stonings are passé!

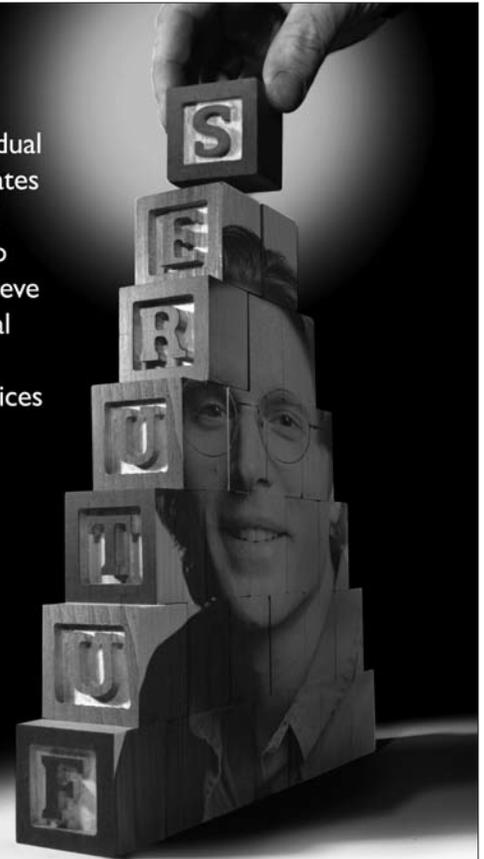
Any of the above ways is not a rebuttal and can't get the other person feel a need to react to your words. The only reason they can get angry at any of those words is because they realize that they've failed to get you to react. That kind of turning the tables on them can give you pleasure! If it doesn't and they say something further that is derogatory to you, it's useful to say "Oh. You're reacting.". They then deny that they are, so that shuts the whole verbal episode down too.

There's no need to dislike them or to retaliate as you've made it a completely closed issue. Their feelings about you are their problem, not yours. Hatred only harms the hater. Stonings are definitely passé! Words are not passé, but words are only words.

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.

### Services:

- Outreach
- Assisted Living
- Consultation
- Training
- Day Services



*We build futures.*

Dale Brain Injury Services  
815 Shelborne Street, London, ON N5Z 4Z4  
Tel: 519-668-0023 ext.319 Fax: 519-668-6783  
Toll Free: 1-888-491-DBIS (3247) Email: info@daleservices.on.ca



[www.daleservices.on.ca](http://www.daleservices.on.ca)



# Benefits of Counselling

by Jamie Campbell, Rehab First

Several times over the course of my career, I have heard many people (i.e. insurance adjusters) suggest that providing counseling to clients with brain injury is a waste of money. To the uninformed people that say those types of things, my response is, "hogwash."

Personally, I am amazed that more people with brain injury do not insist on going to counseling. Many people with brain injury have been involved in very serious motor vehicle accidents.

Many of them have had near-death experiences, have fallen off of their motorcycles, been thrown out of cars, or been injured while travelling at high speed in a car. They have been rushed unconscious by ambulance to hospital.

Many have required life-saving surgery, while their families have been anxiously standing by in hospital waiting rooms. Many are lucky to even be alive. The near-death experience alone would be enough to send most of us without brain injury to years of psychotherapy.

Typically the argument from an insurance adjuster who doesn't want to pay for counseling goes something like this: "Anyone going to counseling needs to have lots of insight before they can benefit

from counseling, and many people with brain injury have lost the necessary insight to benefit from counseling. So, perhaps I shouldn't even bother paying for counseling." I usually say, "hogwash" again, and try to act surprised that I might disagree with a normally very astute person.

Yes, we all know that people with brain injury can have difficulty with physical, emotional or psychological functioning after injury. We know that people with brain injury can go on to develop PTSD (Post Traumatic Stress Disorder), depression, anxiety, and a host of other psychological problems.

To that prudent adjuster, I am willing to concede that some people with brain injury may have even lost some of their perceptual ability (OBIA, 2010) as a result of their injury. However, that doesn't mean that we should assume that a person with brain injury has lost all of their perceptual abilities or all of their insight into the problems in their lives, or all of their ability to talk through some of the issues that they are facing.

Most of the people that I know with brain injury continue to perceive much, if not all, of what is going on around them and they are trying to learn to successfully function in their post injury lives.

Many people without brain injury, who have lost their jobs, can't pay their bills, have separated from their partner, constantly argue with their kids, or who have difficulty sustaining meaningful relationships with their friends, can have difficulty dealing with the psychological stress that comes along with these circumstances.

People without brain injury, when they encounter these types of trying situations, often try to make improvements or changes in their lives with the help of counseling.

So, when brain injury survivors encounter similar types of problems after injury, it should come as no surprise then that they might also encounter psychological distress, and they might want to seek counseling to help them through these trying times. Counseling can be an effective therapeutic treatment, even for people with brain injury who are encountering psychological stress in their lives post injury.

## NEUROTRAUMA REHAB AT PARKWOOD HOSPITAL

Access resources of a well-respected rehabilitation, research and teaching centre Parkwood Hospital.

◆ Our team of rehab specialists helps those injured in car or work-related accidents. Our expertise is in neurological trauma including spinal cord and brain injuries.

◆ Please call us if you, your family member or client needs help:

- Returning to work or school
- Organizing their day
- Finding joy in accomplishments of all kinds
- Exploring strengths and learning new strategies

More information about our fee-for-service program offered throughout Southwestern Ontario:

Phone: (519) 685-4061

Fax: (519) 685-4066

Toll Free: 1-866-484-0445



Counseling is certainly not the solution to all problems and it is certainly not the solution to all of the problems that people with brain injury can have. Many people like to think that they can deal with their problems on their own. However, counseling can help some people to find insight and meaning in their lives.

It can help people to better understand what has happened to them, to understand who they are and the things that are going on around them, and to determine what, if anything, they can or may want to do about the things that are going on in their lives. Counseling can help some brain injury survivors to address some of the issues that they are facing in their lives.

One of the things I have learned over the years about counseling is that counseling is often not fun. It is most often hard work. There can be lots of tears. It can be difficult to build a trusting and therapeutic working relationship with a counsellor. Things can, and often do, get worse during the time someone is going to counseling before things get better.

It can be difficult to open deep, emotional wounds. It can be difficult to explore and talk about hurt or hidden feelings, to plan and follow through on things one finds difficult to deal with on their own. However, I also believe that the "talking cure" can help many people to open up, to share their experiences, to better understand their problems, to learn to feel better about themselves, and to learn to live their lives post injury.

Counseling can help people with PTSD, depression, anxiety, and can help brain injury survivors and their family members adjust to their lives post injury.

So, if you have brain injury, and you want or feel you need counseling, don't be afraid to ask. You are just as worthy of gaining access to counseling as the next person.

If you have been injured in a car accident, don't let an uninformed adjuster put you off. You need to pick up the phone, or walk in the door of a counselor to make an appointment. Recognizing the need, and starting counseling, can be a difficult but very worthwhile thing to do in the recovery process.



Inclusive Health Care Management

*Enhancing Community Inclusion and Participation*

*We are pleased to announce that  
Carolina Cohoon B.A. Rehab Therapist (Spanish)  
Laurie Van Eindhoven BSW, MSW  
have joined our team*

*We are now accepting new referrals for:*

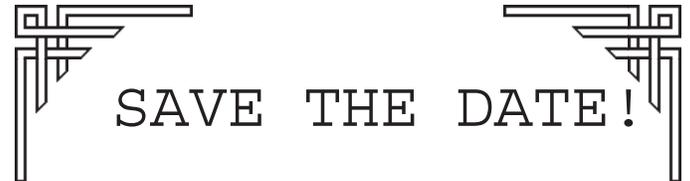
- *Case Management*
- *Rehabilitation Therapy*
- *Case Coordination Task Assignments*
- *Social Work*

**Mission Statement**

*Focusing on specific and identified individual needs, InCare aims to improve the quality of life of persons with a disability*

For further information on our services please visit our website at [www.incarehealth.com](http://www.incarehealth.com). or contact us at

InCare PO Box 309 Grand Bend, Ontario N0M 1T0  
Phone 519 238-2021 Fax 519 238-2047



SAVE THE DATE!

What makes June  
17, 2011 so  
Special?

It is the date of The Brain  
Injury Association of  
London and Region's Annual  
Conference.....

Mark that down on your  
calendar, enter it in your day  
timer, text it to a friend,  
do whatever it takes to

BE THERE!



Where/When: 4 Points Sheridan on



# When Should Help Be Sought?

Submitted by Sarah Vernon-Scott, Ph.D., C.Psych., Clinical Psychologist

Research shows that many people with brain injuries, up to 42% (REF Dikmen et al., 2004), also experience the symptoms of mental illnesses. Given the wide range of emotional, cognitive, and behavioural symptoms that one can experience after sustaining a brain injury, it can be really tough to tell where a brain injury ends and mental illness begins. To guide whether more help is needed to manage symptoms of mental illness in the context of brain injury, think about the frequency, severity, and duration of the symptoms. For example, everyone has times when they are feeling sad or down, but if you're depressed, those times will happen more often (e.g., every day or most days for a period of time), they may feel worse/more severe (e.g., feeling like there's no point, thinking about death), and they



will last longer (e.g., two weeks or more) than a normal dose of the blues.

There are some symptoms that should be addressed immediately, such as suicidal thoughts or attempts, or nightmares/flashbacks related to the traumatic event that caused the brain injury. These symptoms suggest serious illness beyond that which would be expected in brain injury alone.

Other symptoms might be expected within the context of brain injury, but still warrant additional support. For example, many people with brain injuries experience sleep problems. This can be due to symptoms of depression, generalized anxiety, or posttraumatic stress disorder, or it can be due to the areas of the brain compromised in the injury. Regardless, treatment of this symptom can lead to improved functioning. Another example is anger or labile emotions (i.e., emotions that change quickly and dramatically). Depending on the location of the injury, this can be a common symptom, but treatments can help the person and their family cope more effectively.

Whether there is a mental illness or not, improved functioning is the goal. If you aren't sure about the symptoms you're experiencing or observing in a loved one, touch base with your family physician or someone on your rehabilitation team to make a referral to a professional that specializes in assessing and treating mental illness in the context of brain injury. There are treatments that have been proven to work well for many symptoms and disorders, and an experienced professional can tailor these treatments to suit a person with a brain injury.



**Facilitating Independence.**

Continuum provides cost-effective, quality in-home and on-site rehabilitation services to facilitate the transition from hospital discharge to community re-integration. We provide these and other services to adults and children across Ontario:

- Pre-hospital Discharge Assessment
- In-home Assessment & Treatment
- Attendant Care Needs Assessment
- Catastrophic Rehabilitation: ABI, spinal cord, complex orthopaedics
- Future Care Cost Analysis
- Jobsite/Ergonomic Assessment
- Physical Demands Analysis
- Return-to-Work Programmes
- Vestibular Rehabilitation

Call us for more information at 1.800.667.1794 ext. 241 or visit us at: [www.continuumrehab.com](http://www.continuumrehab.com)





# Suicide Attempts Following Brain Injury: Preventing Harm

Rolf B. Gainer, Ph.D.

We know that a brain injury can set a person's life into turmoil in terms of disruption to their pre-injury social relationships and status, cause depression and create feelings of worthlessness. All too often I have heard the person with a brain injury say: "I wish I died in the accident" or "I wish I didn't have to live this way". These are not idle statements, but feelings and thoughts which we need to take seriously as indicators of suicide risk. Often the psychological problems and social isolation associated with a brain injury become barriers to accessing needed care and treatment which increases the risk for suicidal thinking progressing to a suicide attempt.

Brain Injury can set the stage for the onset of suicidal thinking and attempts. The "Perfect Storm" for the onset of suicide for the person with a brain injury develops from a confluence of negative feelings, poor problem solving skills, self-directed anger, thinking about "the end" and impulsive behaviors. Additional factors include: substance abuse; isolation from others; a history of abuse and/or trauma; a history of domestic violence as a victim or perpetrator and a perception of loss of personal status in terms of relationships with family, friends and in the community.

The risk factors are highest among males, those with a history of previous suicidal thinking or attempts, a family history of suicide and current substance abuse problems. Once a person has attempted suicide, their risk for a second attempt increases significantly and can extend for years in some cases. For the person with a brain injury, their impulse control problems, poor self-regulation and Executive Deficits can help a person formulate a plan to harm themselves. The studies related to brain injury and the onset of mental health issues indicate that the potential for depression exists at high rate and extends throughout the person's life. Other conditions such as PTSD as well as other physical disability can contribute to the negative risk factors which underlie suicidal thinking and behavior.

The management of suicide risks requires a pro-active response to the identification of problems and the establishment of effective safety nets. A collaborative effort is needed between rehabilitation professionals, the mental health community, the family, the client and others in the support network to create and maintain safety. It is highly important to assess the person's risk for suicide. This assessment should include a thorough clinical assessment which may include an assessment tool such as the Suicide Probability Scale which supports ongoing re-testing. The degree to which impulsive behaviours factor into the risk analysis becomes important in preventing harm. In the assessments we have learned that the rehabilitation staff and family members can help "fill in the blanks" with information important to assess the person's risk potential. We also caution clinicians not to "contract for safety" with the person and instead work to create a safety net involving family and friends around the person who is expressing self-harm to prevent a negative event from escalating.

As we approach the holiday season let's remember that mental health issues can surface and with them an increased risk for depression, substance abuse and self-harm. The prevention of self-harm requires intervention at the first indicators and follow-through with medication, psychotherapy and ongoing support.

 <b>Cohen Highley</b> LAW FIRM	<p>Our experienced team of specialists provide effective and innovative solutions to the problems arising out of a serious injury. We recognize the issues and stresses that can affect an entire family when someone is injured and are sensitive to the need for a timely and effective resolution.</p>
<p>Suffered a serious personal injury? Contact one of our specialized Personal Injury Lawyers.</p> <p><b>Vicki J. Edgar</b> (edgar@cohenhighley.com)</p> <p><b>John W. Makins</b> (makins@cohenhighley.com)</p> <p><b>Lucy Lee</b> (lee@cohenhighley.com)</p> <p><b>Bradley W. Stone</b> (stone@cohenhighley.com)</p> <p><b>Shawn R. Macdonald</b> (macdonald@cohenhighley.com)</p>	<p>While compensation is available when the injury is the result of the negligence of another, the path to it can seem daunting. We quickly determine who the at fault party is and quantify the compensation to which you are entitled. We provide answers to your questions and ensure that you receive the appropriate medical care, rehabilitation, assistance in return to the workplace, counseling and wage loss benefits.</p>
	<p><b>One London Place</b> 255 Queens Ave., 11th Flr. LONDON, ON N6A 5R8 Tel. (519) 672 9030 Fax. (519) 672 5960 Website: www.cohenhighley.com</p>





# Acquired Brain Injury

## 2011 PROVINCIAL CONFERENCE

Sheraton on the Falls Hotel, Niagara Falls  
Wednesday, November 2 — Friday, November 4, 2011

### *The Art of Living...Life After Brain Injury*

#### CALL FOR ABSTRACTS

*Deadline for Abstract Submissions: January 30, 2011*

The Ontario Brain Injury Association (OBIA) in collaboration with the Community Support Network (CSN), is pleased to announce that the 2011 Provincial Acquired Brain Injury Conference will be held on November 2nd, 3rd & 4th, 2011 in Niagara Falls.

The conference theme is *“The Art of Living...Life After Brain Injury”*. An artist knows no boundaries and each person’s perception of art is very different. To begin with a blank canvass and know that it is up to the individual to fill that canvass can be a daunting task. Many survivors of brain injury often feel that the person they were prior to their injury has been altered. This feeling may leave them grappling with their own blank canvas as they try to conceptualize and establish who they are now. The work of art that will become their new life will encompass both challenges and victories, struggles and strengths. The survivor, family members, friends and professionals are all brush strokes on this new canvass of life.

The Provincial Conference Committee is currently seeking presentations from professionals, survivors and caregivers that will reflect this theme. Topic examples could include, but are not limited to: Community, Relationships, Sexuality, Return to Work and Play, Redeveloping Personal Identity, Ethnicity/Multiculturalism/Diversity, Financial Planning and Humour in Recovery. Our Keynote Speakers are Dr. Robert Fraser, Dr. Tina Trudel, Dr. Gabor Mate and Mr. Tom Dow.

We are inviting potential presenters to submit abstracts for podium presentations. These presentations will occur during five separate concurrent sessions throughout the course of the conference. We would ask that the presentations complement our conference theme and confirmed speakers. We would encourage collaborative presentations that demonstrate links between clinical practice or theoretical issues and the experiences of survivors and caregivers.

All abstracts will be reviewed by the Program Committee for relevance and quality of content, originality and province-wide representation. All abstracts must be submitted to OBIA on the attached forms or completed online at [www.obia.on.ca](http://www.obia.on.ca) no later than January 30, 2011.

If you have any questions about abstract submissions, please e-mail Terry Wilcox at [obia@obia.on.ca](mailto:obia@obia.on.ca).

*“All art requires courage.” ~ Anne Tucker*

#### Sponsors

*Partnering Sponsor: Ontario Neurotrauma Foundation*

*Gold Sponsor: Gluckstein & Associates LLP*

*Diamond Sponsor: Thomson Rogers*

*Silver Sponsors: Bogoroch & Associates & Neinstein & Associates LLP*



**OBIA**  
P.O. Box 2338, St. Catharines, On L2R 7R9  
905-641-8877 1-800-263-5404 fax 905-641-0323





The paths to recovery and life fulfilment  
are as individual as our clients  
and their needs.



[www.rehabfirst.ca](http://www.rehabfirst.ca)



# Sometimes a kiss can't make it all better.

It's a parent's worst nightmare: a child badly or even permanently injured, robbed of their health, hopes and future. The thought of legal action can be overwhelming, but sometimes there is no other way to protect the ones you love. We are Southwestern Ontario's leading personal injury litigators, specializing in helping our clients win back their dignity and a more secure future. In the past ten years, we have earned millions in compensation for victims of negligence, including children and their families. We can't heal everything, but we can help you recover some of what was lost. For a free consultation, contact us at [www.legate.ca](http://www.legate.ca).

*Results for injured children, adults and their families.*



## LEGATE

PERSONAL INJURY LAWYERS

LEGATE & ASSOCIATES PROFESSIONAL CORPORATION

[www.legate.ca](http://www.legate.ca) • 519-672-1953

Ste. 302, 150 Dufferin St., London N6A 5N6 • [admin@legate.ca](mailto:admin@legate.ca)



**BRAIN INJURY  
ASSOCIATION  
OF LONDON  
AND REGION**

**Brain Injury Association of London & Region**  
560 Wellington Street, Lower Level  
London, ON N6A 3R4

CANADA		POSTES
POST		CANADA
Postage paid		Port payé
Publications Mail		Poste-publications
40790545		