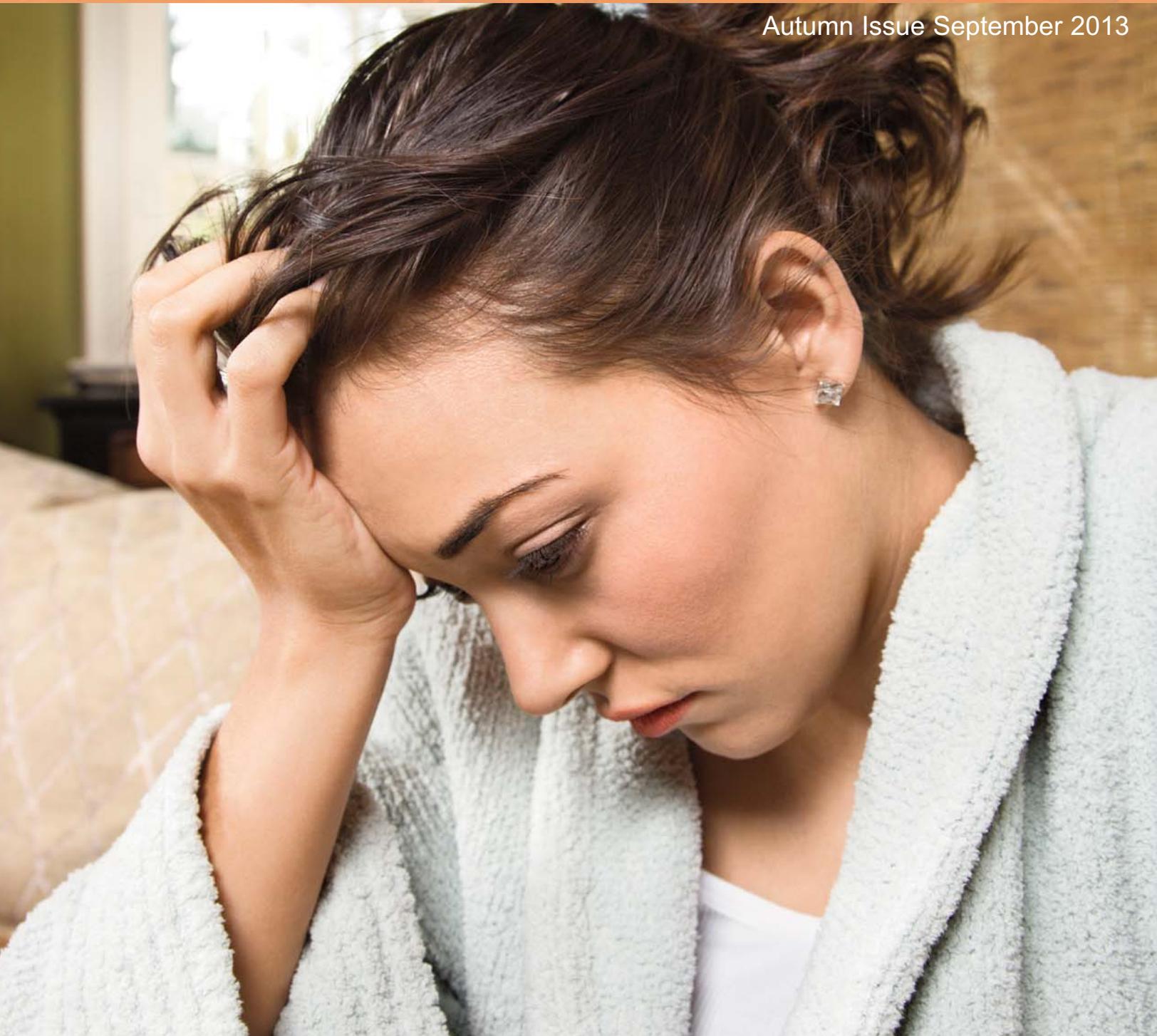




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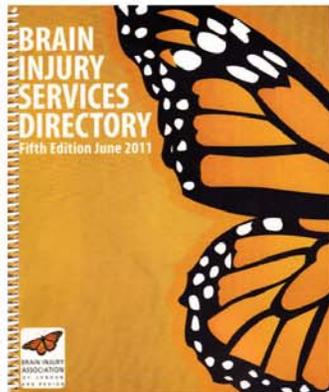
THE MONARCH

Autumn Issue September 2013

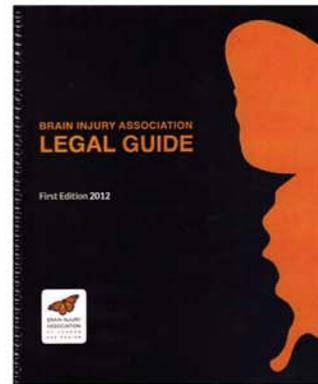


Check Out These Great Resources!

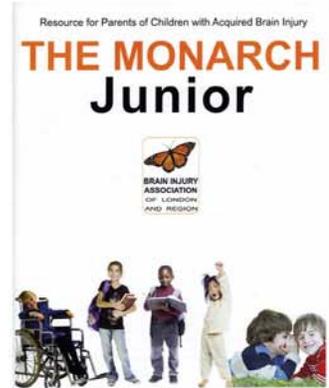
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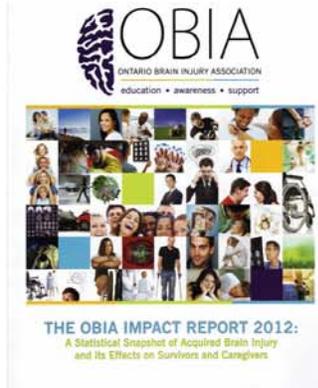
This directory is published by BIA London & Region and is in its 5th edition, and the 6th edition is in the works. It is designed to help individuals suffering from the effects of a brain injury identify and locate the services in London and Region. (Print copies are available from the BIALR office and electronically on the website).



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



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



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

Online:

Brain Injury Association of London and Region – braininjurylondon.on.ca

Ontario Brain Injury Association – obia.ca

Brainline.org, preventing, treating, and living with traumatic brain injury – brainline.org

Brain Injury Association of Queensland – synapse.org.au

National Resource Center for Traumatic Brain Injury (Virginia Commonwealth University) – www.tbinc.com



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RESEARCH QUESTIONNAIRE



OBIA continues to conduct research on ABI in Ontario and in 2012 released **The OBIA Impact Report 2012: A Statistical Snapshot of Acquired Brain Injury and its Effects on Survivors and Caregivers.**

Through your participation in our Research Study, you provide us with the information needed to report on brain injury statistics across the province, allowing us to better inform policy makers, government officials, service providers and the general public.

For information about our Research Study or to request an OBIA Research Questionnaire, please contact: Katie Muirhead at 1.800.263.5404 ext. 229 or kmuirhead@obia.on.ca

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Following a traumatic injury, there is typically an overwhelming outpouring of support for the injured person and their family. As time goes on, the acute and rehabilitation phase of recovery winds down, the support often dwindles. Many people living with the effects of brain injury find their friends and family do not understand the changes the injury has caused and their support system diminishes. Often physical, behavioural or cognitive changes limit the survivor's ability to participate in pre-injury social activities. Social isolation is frequently cited as one of the most troubling issues brain injury survivors face. We hope this issue of The Monarch provides helpful information on Social Isolation after ABI.

The Editorial Committee has worked diligently over the summer to plan major changes and updates to The Monarch. We hope you enjoy the new edition and welcome your comments for further improvements. Also, we are always seeking new, interesting & relevant articles regarding brain injury, so feel free to submit ideas, articles, etc.

June was a busy month with Brain Injury Awareness activities, Helmets on Kids, annual conference and AGM. We joined OTLA, OBIA and other Community Associations in promoting the D.O.N.T. (Drive Only Never Text) campaign. Chances are you may have spotted folks wearing t-shirts with the D.O.N.T. message or the billboard on Wharncliffe Road. Thanks to a generous grant from the Ministry of Transportation, the Helmets on Kids partnership is able to further their efforts of promoting how to fit a bicycle helmet through an awareness campaign. Rack cards were supplied to Canadian Tire that are displayed on each bike handle, a billboard and advertisements placed on LTC buses are among some of the initiatives. We have also partnered with YoYos Frozen Yogurt who are generously providing a \$1 off coupon for a frozen yogurt to be given to kids who are spotted wearing a helmet.

Kids spotted wearing a helmet could get a \$1 off coupon from YoYo's Frozen Yogurt.



We were sad to say goodbye to outgoing board members Joanne Ruediger, Talaal Bond, Jennifer Chapman, Larry Norton and Margo Clinker at the AGM. New board members Nancy Robinson, Julia Armstrong and Agnes Agnelli were welcomed. We currently have two vacant board spots and are seeking representatives from the counties of Elgin and Oxford to fill those vacancies. If you live in either of those counties and have an interest in serving on our board, please contact me for further details.

September typically marks the beginning of our many committees, support groups and the new term of office for our board of directors. In addition to the changes to the Monarch, we have also made some important organizational changes to help us improve our services. We said goodbye to Program Assistant Becky LeCouteur and Shy Taggart, Communications Coordinator. We thank both of these ladies for their contributions to the Association and wish them all the best in their future endeavors. Also, I would like to thank Brianne Murray who temporarily stepped into the Communications Coordinator position for the past couple months. Over the summer, some of you may have had the opportunity to meet our Not for Profit Intern, Jessie Dougall. Jessie commenced full time employment with us at the beginning of September in the role of Services Coordinator. Jessie will be in charge of volunteer management and support services. In addition, we welcome Stephanie McGill in the role of Communications Coordinator. Her primary responsibilities will be promotions, social media, website management and publications coordinator. Both of these young ladies will also be responsible for conference, fundraising and event coordination. We are looking forward to an exciting term of providing enhanced services to those living with the effects of ABI.



**DONNA THOMSON
EXECUTIVE DIRECTOR**

A screenshot of a Facebook post from the Brain Injury Association of London and region. The post features a banner with a monarch butterfly and the text 'LIKE US ON FACEBOOK'. Below the banner is a large white thumbs-up icon. The post text reads: 'Like us on Facebook and be the first to find out about exciting new events and contests! We encourage everyone to share interesting articles and to give us your feedback.' At the bottom of the post, there are buttons for 'Boost Post' and 'Post'. The Facebook logo and the text 'facebook' are visible in the top left corner of the post area. At the bottom of the screenshot, there is a blue bar with the text 'Don't forget to check out our LINKEDIN Page!' and the LinkedIn logo.



DUAL MEMBERSHIP PROGRAM

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

Invite you to belong to both organizations for one low fee!
Further information and the application form can be found at

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




DISCLAIMER:

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

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

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

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Peer Support Coordinator's Report

The theme of this month's issue is Socialization after a brain injury and elsewhere in this issue is a testimony from a former partner in the program how through the program he was matched with a mentor (yours truly) and by sharing our experiences his socialization was increased. Even though our injuries were vastly different, (brain tumour and assault vs. an MVA) we both faced the issues of wanting to return to school, wanting to return to work, and we both lost many friends, which play a key role in our socialization.

The Peer Mentor Program helps to not only make one know that he or she is not the only one experiencing the thoughts and feelings that often accompany a brain injury, but may also find solutions and answers to a problem and issue that has been nagging at you since you acquired your injury.

Call the office to inquire about either wanting a mentor to talk to or becoming a mentor. Plans are underway for another training to be held in October.

Do you feel in need of some support?

For both survivors and their family members, the peer mentoring program offers an alternative and much needed support form of support. You are partnered with a fellow survivor or family member who has experienced a similar situation first-hand and is empathetic to your frustration. Mentoring takes place over the phone, focussing on discussion and resolution (where possible) of particular problems or issues.

Would you like to help others who are experiencing the effects of ABI?

The peer support mentoring program partners up a survivor of their family member with a volunteer who is a fellow survivor/family member. The volunteer has first-hand experience with the particular issues, having experienced a similar situation and is empathetic towards their frustration. As a peer mentor, you would communicate by phone and discuss (or resolve where possible) particular problems or issues, becoming an additional resource for support and education for those adjusting to the effects of ABI.

The Peer Support Program is open to all London and Region adults* (16 years or older) who have sustained a brain injury, or their family members.

For more information on getting a mentor or becoming one, please contact Jamie Fairles at editorial@braininjurylondon.on.ca or visit www.braininjurylondon.on.ca.



JAMIE FAIRLES
PEER SUPPORT
COORDINATOR
519-642-4539

editorial@braininjurylondon.on.ca



Peer Mentors Wanted!

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

www.braininjurylondon.on.ca

Memory Matters: How and Where Can I Meet New Friends or People to Date?

Reprinted with the permission of BrainLine.org.
The National Resource Center for Traumatic Brain Injury,
Virginia Commonwealth Model Systems of Care

Strategies for Remembering What You're Looking for

- Make a plan to Meet New People
- Make Yourself Available to Meet Others
- Try To Be the Kind of Person Someone Else Would Like to Meet

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

Unfortunately, many people with traumatic brain injury (TBI) express doubt that they will ever find someone special after their injury.

Have you heard yourself say something like...

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



Like many important tasks, reaching the final goal of having someone special in your life can be broken down into smaller, more manageable steps.

Make a Plan to Meet New People

First, you should make a responsible plan to meet new people. You're more likely to be successful at finding a suitable match if you consider your own likes and dislikes, and plan accordingly. If you don't like heavy metal music, you may not want to plan to meet someone at a rock concert. On the other hand, if you admire books, you may find someone sharing a similar interest at your local library or bookstore. Make a list of things you like to do that offer a chance to meet and talk to others. Remember, pursuing your own interests with a plan to meet others is a great way to make new friends.

Make Yourself Available to Meet Others

Second, you must make yourself available to meet others. That means getting out of your house, apartment, or car and being around new people. Try to do activities you enjoy, in the company of others as much as possible. Trying a new activity is another great way to meet other people. If you've ever wanted to learn about Chinese cooking or scuba diving, this is a great time to take a group class or lesson. Although some have found meaningful relationships in the newspaper or online, quality relationships are usually best formed in person.

Try to be the Kind of Person Someone Else Would Like to Meet

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

Keep in mind that every person has something unique to offer others.

Have confidence that you will make someone a great friend.

Brain Injury Support Groups

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

<p>This Group is generously supported by</p>  <p>London/Middlesex County</p> <p>First Baptist Church 586 Richmond Street London ON Time: 7:00-9:00pm LAST Thursday of each month</p>	<p>This Group is generously supported by</p>  <p>London Social Club</p> <p>Cornerstone Clubhouse 781 Richmond Street London ON Time: 6:00-8:00pm FIRST Thursday of each month</p>
<p>This Group is generously supported by</p>  <p>Oxford County</p> <p>Dundas United Church 285 Dundas Street Woodstock ON Time: 6:30-8:30pm LAST Tuesday of each month</p>	<p>This Group is generously supported by</p>  <p>Huron County</p> <p>Huronview Home for the Aged 77722A London Road Clinton ON Time:</p>
<p>This Group is generously supported by</p>  <p>Perth County</p> <p>Zehrs 2nd Floor Community Room 865 Ontario Street Stratford ON Time: 7:00-9:00pm LAST Tuesday of each month</p>	<p>This Group is generously supported by</p>  <p>Perth Social Leisure Club</p> <p>Central United Church 194 Avondale Avenue Stratford ON Time: 1:00-4:00pm EVERY Wednesday</p>
<p>This Group is generously supported by</p>  <p>Elgin County</p> <p>Real Canadian Superstore 2nd Floor Community Room 1063 Talbot Street St. Thomas ON Time: 6:30-8:30pm LAST Thursday of each month</p>	<p>This Group is generously supported by</p>  <p>Elgin Social Leisure Group</p> <p>First Christian Reform Church 320 Elm Street St. Thomas ON Time: 8:30-12:00pm(noon) EVERY Thursday</p>



Just a Note to Say Thanks!

Our Volunteer is Mary Carter!

For more than 12 years, Mary has volunteered at the Brain Injury Association of London & Region. She has spent that entire time serving on the Board of Directors, with the past 7 years in the role of President. Mary is also a part of all our committees, and through Bayshore Home Health has helped sponsor our organization. She is an invaluable volunteer and we are proud to have her part our volunteer family.



An interview with our volunteer!

Tell us a little about yourself?

I am the Area Director for Bayshore Home Health, and have been employed here for 19 years. Bayshore is the largest Home Health Care company in Canada. I am married to my husband Don for 38 years, we have 3 children, Jodi, Melissa and Derek, and 4 grandchildren Logan, Madison, Roman and Phoenix. I have been in the Health Care Field for over 40 years.

What made you choose our Association?

The Brain Injury Association is a National sponsor for Bayshore. I contacted them and ask if I could volunteer and first helped with casino nights that they had many years ago. Was ask if I was interested in a position on the board. My husband has had a stroke so brain injury and this charity is close to my heart.

What makes you come back year after year?

There is such a passion on this board, they want to make life better for people living with the affects of a TBI. I feel that this board, with every year that passes, is making a great contribution to the world of BI. Working with Donna has been amazing, she is passionate about her role and always goes above and beyond, and she inspires me to continue on this board.

What is your favourite moment from your volunteer time here?

I guess that my favourite moment is being able to attend Camp Dawn as a representative of the BI Association. This is an awe inspiring event. The camp allows survivors to attend and be with people going through the same things that they are. But it also allows them to be there self. They have a dance during their time at camp and we make an effort to get everyone of the people of dancing, even if it takes two people. One of the older gentlemen that we were helping, started to cry and said that it had been years since he had gotten up to dance, as he always felt out of place, but here they were all the same and he felt that he fit in with everyone else and no one was watching him. It broke my heart and inspired me, to make people living with Brain Injury always feel like they belong.

What would you say to someone who is thinking about volunteering with BIA?

You will never look at people with brain injury the same, they are "handicapable" and make a great contribution to society, if give the chance. By volunteering with BIA you can help these people fit in and have a positive outlook on life.

This is our little way of saying thank you so much for all your years of service to the Brain Injury Association. We are looking forward to having you around for many more years to come.

Check out the next issue of the Monarch for our next volunteer extraordinaire!



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Goodbye Tish & Kim



It is with heavy heart we announce that the Perth County Social Group has said goodbye to their group leaders, Tish Byrne and Kim Piggott. They have been with us for 8 years during which they have proven time and again, their dedication and friendship, Thank you both for all of your hard work over the last eight years, as it has helped make a difference in the lives of many people in the community and within our organization. You will be sorely missed and we wish you all the best in your future endeavours.

Goodluck and all the best.



HELMETS ON KIDS

a Community Partnership

This year we kicked off The Helmets on Kids Campaign at Nicholas Wilson Public School on June 20th 2013. The event was a huge success thanks to the hard work of the Helmets on Kids committee. From the wonderful speakers, to the fun bike rodeo, to a great group of students, it was a fantastic start to the campaign. With two generous grants from the Ministry of Transportation, Helmets on Kids has launched a new website which has all the information about the campaign as well as lots of great pictures from our kickoff event. In addition, we were also able to have greater exposure through banners on LTC buses and billboards around the city.

The Helmets on Kids Campaign has allowed the Ontario Trial Lawyers Association and the Brain Injury Association of London & Region together with community partners to distribute 1,500 bicycle helmets to school children across London and surrounding areas.



Thank You To:

- Mayor Joe Fontana, City of London
- Dr. Christopher Mackie, Medical Officer of Health and CEO, Middlesex-London Health Unit
- Paul McKenzie, Learning Supervisor, TVDSB
- Steven Goodine, Executive Officer, London Police Service
- Jayne Morrish, Parachute Canada
- Sarah Mason, Junior Pan America Cyclist

This year the campaign experienced a shortfall of \$1000. Please consider making a donation to support this important initiative. All donations over \$20 are eligible for a charitable tax receipt. Simply go to:

<http://www.helmetsonkids.ca/index.php/HowToHelp/Index#Donate>



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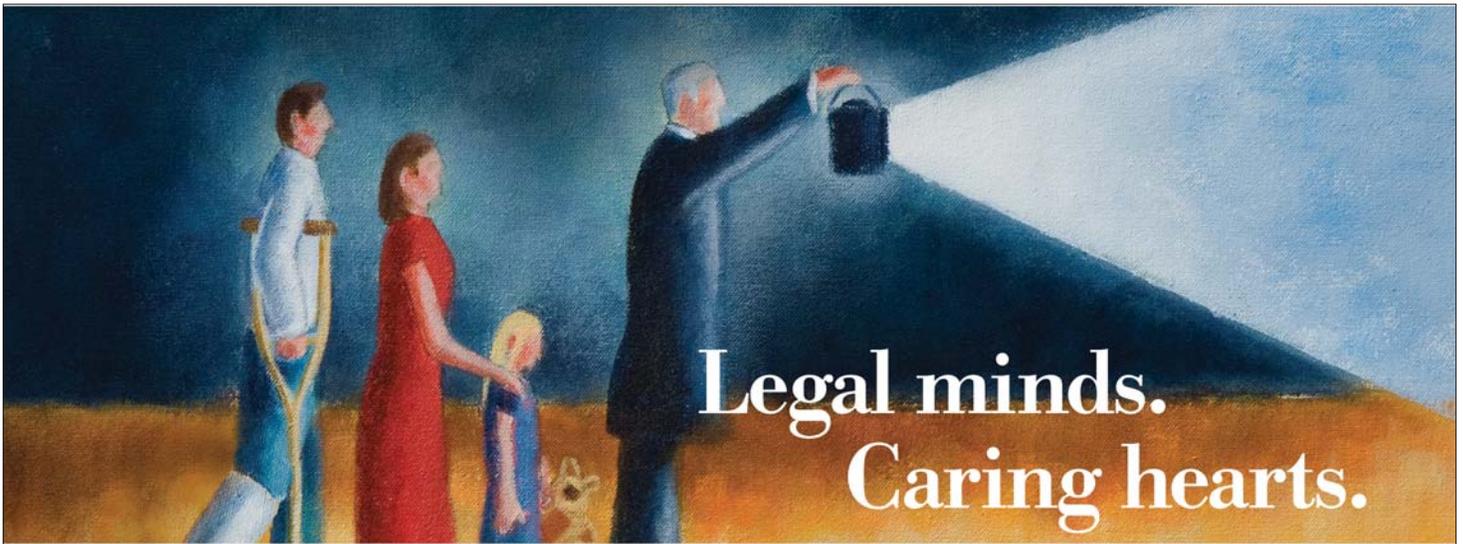
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Can You Make and Keep Relationships If You Don't Have Much Money?

Many People experience difficult changes after brain injury. Feelings of loss and isolation are common. A good number of people are unable to work and many face financial strains. Many people feel that they have few, if any, good relationships. Good relationships rank high on the list of things people want most in their lives.

After a brain injury, you may be thinking, "I have no money, how can I do things I need to do to have good relationships?" We know that being kind to others is one of the best ways to build relationships and there are many ways to do so. Being kind doesn't necessarily mean spending lots of money. The list below will give you some ideas about how you can be nice to others. Take a look at the list and try out the ideas. Be creative and try some other things that aren't on the list.

Try to do at least one nice thing for someone every day. You'll brighten someone else's day as well as your own!

- Don't be shy about complimenting other people. Think about what you like about other people and tell them.
- Pick flowers or vegetables from your garden and give them to others.
- Share a comic strip, joke, magazine article, or book.
- Hold the door or elevator for someone.
- If someone drops something, pick it up for them.
- Tell someone who helps you how much you appreciate them.
- Offer to babysit for someone, take care of their pet, or help with their chores, so they can have some time off.
- Buy someone a snack, coffee, tea, or soda.
- Bake someone cookies, brownies, or a cake.
- Make someone dinner if they are having a hard week.
- Listen carefully and patiently when other people are talking to you.
- Give people the benefit of the doubt. Try not to assume they are doing something to be mean or difficult.
- Offer to keep someone company.
- Mow your neighbour's lawn, rake the leaves, or shovel their walk.
- Write someone a kind note, letter, or email.
- Draw someone a picture or make and send a friendly card. A number of companies offer free cards you can customize and send by email.
- When you find a helpful website, share the address with others who might be interested.
- Offer a ride to a friend or family member.
- Drop a few coins in someone's parking meter if their time has run out.
- Offer to help someone carry his bags at the store.
- Offer to help someone in need.
- On a nice day, invite a friend to go for a walk or go to the park.
- Share a stick of gum from every pack you buy.
- Donate clothes, books, or other things you no longer use to someone in need.
- Give family or friends homemade coupons they can cash in for favours from you.
- Adopt a pet from a shelter.
- Help a friend or neighbour move in or out.
- Offer to help someone organize or clean her house (including basement and garage).
- Offer to pick up your neighbours' mail and newspaper when she goes away, and water her plants.
- Volunteer your time to your church, local library, or other community organizations.
- Smile and say good morning or good afternoon to people.

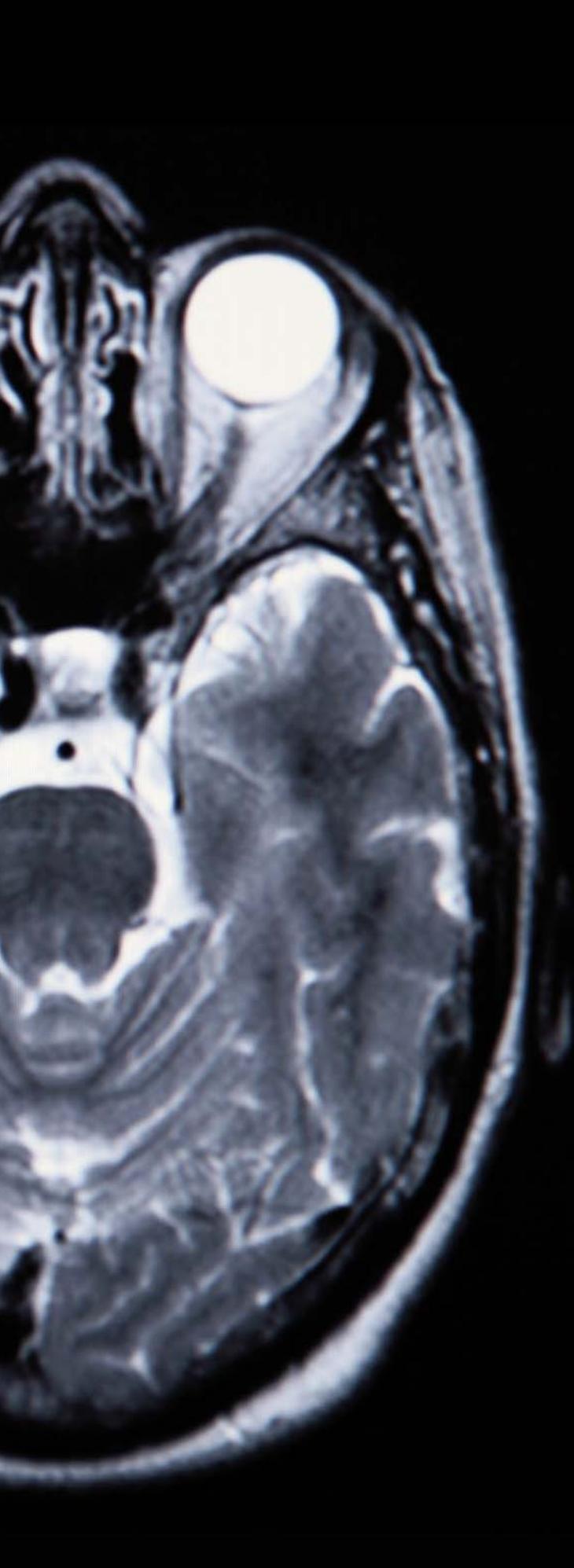


Good relationships rank high on the list of things people want most in their lives.

After a brain injury, you may be thinking, "I have no money, how can I do things I need to do to have good relationships?"

Jeffrey Kreutzer, Laura Taylor, and Lee Livingston, The National Resource Center for Traumatic Brain Injury, Virginia Commonwealth Model

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How My Social Life Changed after Brain Injury

My name is Janko Stukic and I suffered my brain injury back in a motor vehicle accident back in January of 2004. Like many brain injury survivors I too lost a lot of my friends and therefore, my social life declined after my brain injury. However, a couple of years after my accident I got involved in the peer mentor program.

This was a great thing for me because my family and I were new and unfamiliar to brain injury now was able to talk to someone who could relate to me and how I was feeling. My mentor and I became very good friends and he helped me regain some socialization as he recommended Cornerstone Clubhouse to me. In fact, I am now an active Member of Cornerstone and it was through my peer mentor that I also got involved with the social and leisure group.

I have made so many new friends at Cornerstone Clubhouse and the social and leisure group. My peer mentor and I have become good friends and still keep in touch to this very day even though our “mentor relationship” ended a few years ago. I feel very relieved that I got involved in the peer mentoring program because I now feel I have more of a purpose in my life and a lot of wonderful opportunities for me have arisen from my peer mentoring experience!!

How Does Clubhouse Improve Social Skills and Foster Meaningful Relationships?

Submitted by: Caraleen Baker, Clubhouse Facilitator, Cornerstone Clubhouse

Clubhouse provides an environment that has the potential to foster great relationships. By virtue of “coming together with a commonality”, survivors can escape the isolation that they may have had in the community.

The “work-ordered day” provides “meaningful work” which in turn, provides “meaningful relationships”. Members take pride in their daily tasks.

Other activities that happen at the Clubhouse are numerous. The “Yarn Bombers” come together once a week to work on knitting projects for the Clubhouse fundraising. This group of ladies have formed very close relationships. The evening and weekend activities such as Hootenanny and Pool Night, Wellness and Music Education are also examples of Members getting together to enjoy social/leisure activities.

Annual trips to hockey games, baseball games and other sports-related activities pull like-minded people together in an enjoyable activity.

Interestingly enough, our Members come from varied social modalities. Prior to their brain injuries, survivors were doctors, lawyers, accountants, dishwashers, grass cutters, teachers, store clerks, students and on and on.

There is no “class distinction” in a Clubhouse. We are all here to support one another! “MEMBERS HELPING MEMBERS” is a favourite motto and is exemplified by the dedication Members have to one another in support of grocery shopping, banking, housekeeping and various activities of daily living.

In the real world, nothing is perfect! In the world of brain injury, a world that to some, I’m sure, is like a giant puzzle or a fog waiting to be lifted, there are many obstacles to overcome, many roads to travel down.

Together, Clubhouse Members are travelling down that road, hand in hand and remembering that it is not about the ‘destination’ -- it’s the “journey” that counts.

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The Clubhouse Model: Supporting Each Other While Working Together

*Deb Wilson MacLeod
Clubhouse Facilitator
Cornerstone Clubhouse*

One of the most important things about the Clubhouse Model is the relationships Members and staff builds with one another. Without a good working relationship, very little gets done in a Clubhouse. Members need to be able to trust one another and to trust staff in order to feel supported and needed.

The truth of the matter is that, without that feeling that you are needed and welcomed by your peers and by staff, you would probably want to run in the other direction.

Feeling welcome at the Clubhouse is the key to our success. Our Clubhouse has made a concerted effort to ensure that members who have been here for awhile feel welcome still and that new members and tours feel welcome.

This past month the (PCS) Person-Centred Support Committee came up with the idea to build a wall of bricks with people's successes written on each brick. Our wall is pretty much full of member's successes. It's the little things like acknowledging each others' successes that make us feel wanted and needed.

Some years ago, our Clubhouse attended a Canadian Coalition Conference for The International Centre for Clubhouse Development (ICCD) in Sault Ste. Marie. Robby Vorspan, from ICCD spoke about the importance of relationships in the Clubhouse.

She referred to members and staff as "colleagues". It occurred to me, as I listened to her talk, that it is that atmosphere of collegiality that makes Clubhouses around the world more inviting places to work.

The Clubhouse Model really sets the standard for that philosophy of members and staff working side by side to achieve greater things. When we work together there is no sense of staff being in an authoritative position and members not being on an equal par.

It is that philosophy that makes us all feel like our contribution is valued and needed in order to fulfill our hopes and dreams for the future. For those members who are new to Clubhouse, this sense of kinship creates a much more welcoming environment in which to work.



Are you interested in letting your voice be heard?

Are you a survivor, caregiver or a professional?

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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.

All submissions must be received by the first Wednesday of the month prior to publication.

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Social Hurdles? Tips from the Rehab Team

Rehab Team members were asked to comment on the following question:

In your experience in treating people with brain injury, what is a significant issue that people with brain injury face in terms of socialization and what tips do you have to help them overcome that?

Sarah Vernon-Scott, Psychologist, Brainworks

Some people who have sustained brain injuries have to prioritize sleep in order to function well. This often means going to bed at the same time every night, and getting up at the same time every day. If they mess with this sleep schedule, it can take days or weeks to get back on track. This can cramp your style if your friends usually go out late. Rather than suffering from poor sleep, some people will make plans to leave an event in time for their regular bedtime, or try to make earlier plans with select friends. Sometimes, social groups evolve as people find others with similar schedules.

Brenda Watkin, Registered Social Worker, Forest City Counselling Services

Most people find that there are changes following brain injury that prevent them from returning to their former patterns of socializing. Maybe they aren't able to participate in sports or they can't drink alcohol or their friends have moved on with their lives and they no longer share things in common. Some people experience a change in their personality or behaviour and may not be aware that this is getting in the way of being socially connected with others. To assess this, you may want to ask someone you trust, who will be honest with you "How are my social skills"? Questions like "how am I with others, is my humour appreciated, am I good with the give and take of a conversation or do I talk about myself too much"? For some people they have the social skills but lack confidence. Tip: Practice with a therapist or a person you trust. A good place to test it out is by joining a community activity that allows for easy interaction. Join a class, a team, or volunteer, etc. A venue that allows you to meet the same people week in and week out is a good way to forge connection with others during a common interest.

Sari Shatil, Physiotherapist, Neuphysio Rehabilitation

A significant issue that people with brain injury may face in terms of socialization is feeling dizzy or disoriented while in large groups of people. Dizziness and disorientation can occur when the eye muscles do not coordinate working together. This results in the eyes "jumping as they move to look from person to person. Images in the brain become unsmooth and the brain has difficulty interpreting this. The resulting feeling is one of nausea and disorientation. Techniques to assist in reducing this include proper planning of your social visit. Choose a location that does not have fluorescent lights or loud background noise. Position yourself directly in front of the person you are speaking too and look straight at them. Ensure conversation is done by one person at a time in the group to avoid the need to look around at many people. Practice of eye muscle exercises such as following a moving object will help improve the coordination of the eyes and improve your tolerance to social gatherings!



Social Skills Deficits - Fact Sheet

Reprinted with permission of the Brain Injury Association of Queensland.

The most characteristic features of an ABI are the cognitive disturbances that are often present after the injury. Multiple areas may be disrupted, including attention, memory, organization, judgment, perception, communication and social skills.

It is in the area of interpersonal/social functioning that judgment and perceptual changes often lead to the most distressing disturbances. Confusion can arise due to being overwhelmed by the sheer weight of information needed to redevelop adult social skills. Insight and self-awareness can also be directly disturbed, especially by frontal lobe damage. Orbitofrontal damage in particular (injury to the very front of the brain) can disrupt an individual's ability to inhibit unwanted responses such as inappropriate anger, sexual aggression, humour or tears without accompanying sadness. The potential for social isolation is very great unless at least some of these social skills can be relearned.

What are social skills?

Social skills are an incredibly complex system of behaviours that are central to communication between individuals, involving giving, receiving and interpreting messages. Social skills include verbal and nonverbal behaviour. They are influenced by culture and the immediate social group, reflect environmental factors including age, sex and status and depend upon an individual's personality, past experiences and perception of the other person.

Perhaps most importantly, social skills are learnt, not instinctive. They increase with social reinforcement from others and, when social isolation or a developmental or acquired disability impact upon social skills, require feedback from others in order to develop.

Social skills deficits may be related to impulsivity, both verbal and motor, poor visual perception of facial and body language cues, poor auditory perception of verbal cues, invasion of the personal space of others, inappropriate touching, untidiness, disorganization, and a number of other such problems. Mood swings, overreaction, and depression may also provide problems for the individual with learning disabilities.

Social skills are the foundation for getting along with

others. A lack of social skills can lead to behavioural difficulties, emotional difficulties, difficulty in making friends, aggressiveness, problems in interpersonal relationships, poor self-concept, academic and work failures, concentration difficulties, isolation from peers, and depression. In short a lack of social skills is likely to lead to a degree of social isolation.

Social Skills Training (SST) is a form of behaviour therapy used by teachers, therapists, and trainers to help persons who have difficulties relating to other people.

Social skills training should rest on an objective assessment of the patient's actual problems in relating to other people. Complex social behaviours are exactly that: Complex. Each behaviour is composed of multiple small behaviours, any of which may be impaired in a person with acquired brain injury or, alternatively, may be perfectly intact. It makes no sense to focus on a behaviour that is unimpaired: Therefore, a detailed assessment of behaviour should be conducted first.

A Four Step Model for Social Skills Training

1. Identify Social Skill Deficits
2. Select Intervention Strategies
3. Implement Intervention
4. Assess and Modify Intervention as Necessary

1. Identification

The first step in any social skills training program should be to conduct a thorough evaluation of the individual's current level of social functioning. The evaluation should detail both the strengths and weakness of the individual related to social functioning.

2 & 3. Select and Implement Intervention Strategies.

Accommodation and Assimilation

When selecting intervention strategies, it is important to consider the notion of accommodation versus assimilation. Accommodation, as relates to social skills

Social skills are an incredibly complex system of behaviours that are central to communication between individuals, involving giving, receiving and interpreting messages.

The key is to teach skills and modify the environment. This ensures that the new skill is received by peers with both understanding and acceptance.

instruction, refers to the act of modifying the physical or social environment of a person to promote positive social interactions. For example, educating family, friends and work colleagues about the problems in socialization that can be caused by an ABI.

Assimilation refers to instruction that facilitates skill development that allows the person to be more successful in social interactions. The key to a successful social skills training program is to address both accommodations and assimilation.

Providing skill instruction (assimilation) without modifying the environment to be more accepting of the person with an ABI sets the person up for failure. This happens the moment this person tries out a newly learned skill on a group of non-accepting peers. The key is to teach skills and modify the environment. This ensures that the new skill is received by peers with both understanding and acceptance.

Training Strategies

Some commonly used strategies for training social skills include:

Peer mentors have been frequently used to promote positive social interactions. Peer mediated instruction allows us to structure our physical and social environment in a manner to promote successful social interactions.

Role Playing/Behaviour Rehearsal is used primarily to address basic interaction skills. Role-playing consists of acting out various social interactions that the person would typically encounter.

Videotaped Self Modeling

Social skills are primarily acquired through learning that involves observation, modeling, coaching, social problem solving, rehearsal, feedback, and reinforcement-based strategies. VSM is an intervention where the individuals learn skills by observing themselves performing the targeted skill. A strength of VSM is that it allows the individual to learn both through observation and through personal experience.

4. Assess and Modify the Intervention

Although "Assess and Modify" is listed as the last stage in the intervention process, it certainly is not the least important. In addition, it also is not the last thing to think about when designing a social skills program.

Assessment and modification of the interventions is an ongoing process that starts on the first day of the training and in truth never actually ends.



Self-managed Social Skills Training

Because social skills are social - involving more than one person - improving your social skills requires the participation of other people who understand the position you are in and are willing to help by providing encouragement, support and, most importantly, feedback. It is very difficult to be tactful when it comes to social skills, and not everybody has the trick. You must therefore be prepared for daily confronting criticism. Here are some tips if you are unable to access a social skills trainer:

Enlist the help of your family and friends. This may involve first teaching them about acquired brain injury and the effect it has had upon you. Some people may not accept that you have lost skills. On the other hand, some people may be prepared to accommodate even severely inappropriate behaviour. You may need to ask people to be more critical, and to give you more feedback in the home so that you can relearn how to act appropriate in the community.

Join a peer support group.

Access to a group such as this will of course greatly depend upon where you live. Contact your local Brain Injury Association for possible groups in your area. Some groups are for everyone with a brain injury, but there are also groups for specific causes of brain injury - for example, motor vehicle accidents or stroke.

Watch other people.

Don't be too obvious about this! The best way of learning social skills is to practice them, but the second-best way is to watch other people. Of course, not everyone you may watch will behave appropriately - a good tip is to avoid reality television and focus on busy public places. Sit at a café in a shopping centre and watch the world go by.

Is Facebook the Newest Brain Therapy?

Michael Paul Mason, BrainLine

Reprinted with permission of Brainline.org



As the author of a book on brain injuries, I happen to have a lot of friends on Facebook who are survivors of neurotrauma. I enjoy interacting with them and exchanging comments about current events and brain research, but for the past several months, I've been interested in how they've been using Facebook and other social networking sites.

Most people involved in brain injury rehabilitation know that a brain injury has a terrible effect on a person's social life. After the injury, it's much harder to get out and meet people, and so it becomes even more challenging to maintain old relationships and create new ones. But after observing some injured friends using Facebook, I suspected that social networking might play an important role in the recovery of our social lives following injury.

In October of 2009, I sent out an informal, ten-question survey to brain injury survivors using my Twitter and Facebook accounts and was surprised to receive more than 50 responses in a matter of days. In a nutshell, I learned that:

- 88% of respondents use social networking daily
- 71% spent more than three hours a week using social networking site
- 60% rated social networking as either "very important" or "essential"
- People claimed they had an average of 165 online friends

Interestingly, some 80 percent of respondents also suggested that visual problems create a significant challenge to their computer use, and about 20 percent of respondents said they needed some kind of technological aide in order to use their computer.

But most fascinating of all were the passionate comments some people left about their social networking

experience:

"Because of my brain injury, I am no longer capable of holding a full-time position. Social networking has kept me connected to the outside world and relationships."

"I like the freedom and the fact that people get to know me, not my injury. Sometimes the visual appearance of my injury leaves me feeling awkward - or the inability to react quickly in a conversation. I don't want to be treated like I am special; I don't want to be pitied. Online I get to be just me."

"Prior to joining Facebook, I was almost completely socially isolated. This experience has not only helped me socially, but by continued use of the computer I have gained new skills, diminished depression, gained in confidence and self-assurance, and have begun limited work again. Most of my family members live thousands of miles from me - now we can contact each other daily if we want. I no longer feel disconnected from the world. I can honestly say that this experience has increased the quality of my life beyond any other since my brain injury."

More than 30 survey comments indicated that social networking played a valuable role in the lives of people who have sustained a brain injury. So what are the implications of these early findings?

Social networking may offer a way for survivors to slow or even reverse the social upheaval caused by brain injury. It will be up to researchers and rehabilitation professionals to begin studying the correlations between social networking and life satisfaction. They will also need to address the physical and cognitive barriers to computer use, and ultimately determine if social networking skills should be taught at some phase of recovery.

One thing is clear: people with traumatic brain injury are already using Facebook, Twitter, and other sites to supplement their social lives, and they're doing it largely without professional help. At the least, social networking is an important phenomenon that deserves a closer look as a potentially therapeutic tool for anyone with a disability.

Can Facebook Be a Social Life Preserver for People with Brain Injury?

Reprinted with permission of the Brain Injury Association of Queensland.

In an online survey of 96 individuals with traumatic brain injury, researchers found that more than half were regular users of Facebook. Among those who didn't use the social networking site, half reported interest in learning to use Facebook. The study could have important applications for creating and maintaining social interactions after TBI.

Find out more: <http://informahealthcare.com/doi/abs/10.3109/02699052.2011.613086>

KEEPING THE SLATE CLEAN:

Diversion of Brain-injured Offenders as an Alternative to Criminalization

Brain injury can affect social interaction in a variety of ways as a result of the process of disinhibition. Disinhibition, a common occurrence following brain injury, particularly to the frontal lobes, is characterized by a lack of restraint. It can manifest as socially inappropriate behaviour, impulsiveness and aggression. Disinhibited individuals will often miss social cues or disregard socially acceptable behaviour. They can display sexually inappropriate conduct and are prone to overreact in social situations.

Brain-injured individuals experiencing disinhibition can find themselves abruptly on the wrong side of the law. A chance encounter on a bus with a person of the opposite gender can lead to harassment allegations. Incidental contact can lead to harsh words, escalating conflict and even violence.

Because disinhibition mimics alcohol- or drug-induced behaviour, police intervention and criminal charges often follow.

If you or a brain-injured person you know is criminally charged, under no circumstances should you accept a guilty plea without first exploring diversion as an option.

The last thing a brain-injured person needs is a criminal record. While there is still work to be done, London has taken a lead role in attempting to address this problem. Since 2006, the Adult Therapeutic Court (formerly the Mental Health Court) has overseen a mental health diversion programme operated with the goal of diverting brain-injured and other at-risk individuals convicted of minor offences away from criminal proceedings and into a treatment-based program with the goal of rehabilitation rather than punishment.

Minor offences include disturbing the peace, shoplifting, mischief to property and assault without bodily harm. More serious charges are handled in regular court but with the help of health professionals. An initial screening is performed by a liaison officer of the Canadian Mental Health Association in order to identify offenders who might benefit from the diversion programme. Appropriate candidates are assessed by a psychiatric nurse. Often, community support is already in place for the individual. If not, the nurse will help access appropriate resources.

Based on the assessment, the Crown makes the recommendation to divert the file or not. The programme is voluntary and requires a one-year commitment in writing by the offender. During this time, the criminal proceedings are stayed. If the individual completes the terms of the diversion contract, the charges are permanently stayed and no criminal record is imposed.

Historically, many criminal lawyers have recommended that an offender simply plead guilty to a minor offence. If you or a brain-injured person you know is criminally charged, under no circumstances should you accept a guilty plea without first exploring diversion as an option.

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Social Media with a Brain Injury: The Negative Side

Submitted by: Amy Legate-Wolfe

In today's fast paced society, the internet and social media can be a fabulous place to find information and support for those with brain injuries. However, it can also be a stressful environment that can cause you to hurt yourself or others. Although there are a number of positive aspects involved with social media, it is important to highlight the negative side to ensure it is used in the best possible way. The internet has become full of ways to keep up-to-date. But when using these sites with a brain injury, sometimes it can be frustrating to try and keep up. While it's great to find support or connect with friends,



seeing these constant updates can create a fear of being left out. Having a brain injury may mean missing out on fun activities, and suffering the pictures posted afterwards. This can leave people feeling inadequate, and can cause them to act impulsively.

This frustration, however, is not confined to people with brain injuries: "We aren't used to seeing the world as it happens" states Kevin Systrom, the chief executive of Instagram, "We as humans can only process so much data."

Many brain injured patients may also be involved in a lawsuit, where social media is a hindrance and not a help. As Joni Dobson, lawyer and partner at Legate & Associates LLP explains, "[one] should not post information about his or her lawsuit, discussions with lawyers or information about how they are progressing." Courts,

insurers, and defence lawyers will look and use social media for their cases, creating an "unwanted invasion of privacy."

So instead of obsessing on what you aren't doing, book up your calendar and make plans for things you can do. If updates are irritating you, walk away from social media sites for a few days; just do not act impulsively and post something that could hurt someone, or even your court case. If you have issues with someone, or even if you don't, face-to-face communication will keep you from these feelings of inadequacy.

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Expanding Your Social Network

Rehabilitation Institute of Chicago-Brain Injury Tem, Rehabilitation Institute of Chicago, LIFE CENTER

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Everyone is looking for friendship and support - it is part of human nature. When we reach out to others, it not only takes the focus off of ourselves, but it provides us with an opportunity to live our life to the fullest.

Sometimes a life-changing event, can leave a person or family feeling alone. Some feel that no one quite understands what they are going through. In fact, family, friends and caregivers may not know where to turn. Some people report feeling overwhelmed by their new disability and the information that they must learn in order to live as independently as possible.

It may feel awkward interacting with others as they may not know what to say to you or you to them. Sometimes people stop visiting or calling because they don't know what to do or say. These situations are not usual. As a result, many people begin focusing on themselves and all the things that have changed or are not in their control. If this sounds familiar to you, the following examples of individuals with disabilities may help you see how they were able to connect and re-connect with others.

Real People-Real Situations

Judy Panko-Reis - wheelchair user, head injury due to violence: Many people are scared, others feel stranded by the scarcity of transportation and caregiving resources. Many folks are in the process of losing friends and others don't have a clue on how to make new friends. For example, I had no new friends-disabled or able bodied-post injury for at least 10 years. First, I had lost my ability to drive and walk, secondly transit options were terrible. And when I finally got involved with others to improve my transit options for the disabled I got a double surprise-my transit options improved-I made a new set of friends. If you sit home and focus on all of the negatives, you will NEVER stand a chance for improvement or building new relationships.

Karen Boyd -wheelchair user, congenital cerebral palsy: Children come up to me and ask, "What's wrong?" and the parents tell their kids, "Don't ask her that or be quiet!" and I will say "Please don't stop your child from asking me what's wrong. Don't be afraid to ask questions, if you don't ask, how is your child ever going to learn that it's okay to be different." I am finding that by taking this extra time to explain my disability or why I am in a wheelchair, I am connecting with others in a positive way and helping educate them. Therefore, I know that the next time they see someone who is different, they will see the person first, not the disability.

Research has found that individuals who are surrounded by people, have others available to assist them, give positive feedback, or show concern generally experience a higher level of well-being. It



may be family, friends, co-workers, or neighbours. We are all part of a community-be an active participant! When you connect with others, you avoid isolation and reduce the risk of depression. Here are some helpful tips on how to get started.

- Focus on what you are capable of doing, helping, giving and living rather than what you can no longer do.
- Make a list of all the things that you like to do and how you can help others. This will enable your self-esteem and you will see that others can benefit from your abilities, skills, and knowledge.
- Keep a gratitude journal. It will keep you grounded in what really matters to you.
- Set realistic goals and include others in your journey. Sometimes sharing your personal goals and accomplishments helps you stick to your plan. Once you start this process you will feel like the effects of the love you have inside yourself, and it will motivate you to continue a healthy lifestyle and feel good about yourself.

continued on page 28

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Get out there!

- You have to be around people to meet people.
- You can meet people at the hospital, park, support group or even the waiting room of your Dr.'s office. Make eye contact with others and don't be afraid to strike up a conversation. You never know whom you will meet.
- If you are housebound, utilize the telephone or computer. Get out from behind the TV!
- The ideal way to meet others in the living of our own lives as we enjoy our hobbies and passions. This helps us connect to others with similar values while being meaningful in itself. Take some time and some soul searching to find out what they are.
- If you are interested in sports, joining a team can be a great way to meet others. Locating an interest group such as a book club, wheelchair dance, meditation group, religious activities, choirs or outdoor activities such as hiking and/or gardening. The options are endless. If you have an interest in helping others, then you may consider volunteering. There are environmental groups, political causes and mentoring programs to name a few.

The art of conversation.

- Sometimes it's hard to know what to say. It's a good idea to offer information but also ask questions.
- The most important thing is to be a good listener. You can find out a lot of information about someone by just listening. If small talk is difficult for you, the information that you get from listening can help you with your questions. For instance, if someone says that they just moved here from the East Coast, there are several opportunities for getting to know the person from that information. Try to ask open-ended questions such as, "What brought you here to Chicago?" Then that gives the person the opportunity to answer the question in a way that they feel comfortable and thus they may disclose further information that can help you learn more about them. It can also help them to get to know you. Maybe you have family out East. You never know, it is a small world.

The best way to make and keep a friend is to be a friend.

Once a connection has been established, it must be maintained and cultivated which takes intention, attention, courage, creativity, and love. These things all take work but the rewards are rich, and friends can make the intolerable tolerable.



QUICK TIPS FOR EXPANDING YOUR SOCIAL HORIZONS

Treat your body with respect.

Honour yourself and your abilities.

Take initiative.

Try not to be your own worst enemy.

Smile! Show people the real you.

Get out there!

The art of conversation.

The best way to make and keep a friend is to be a friend.



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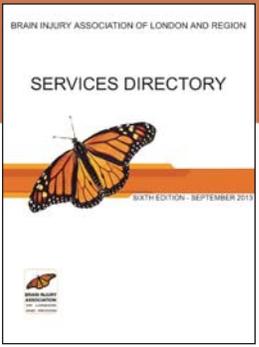


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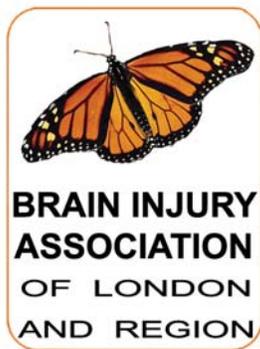
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