



# The Monarch

September 2012

**BRAIN INJURY  
ASSOCIATION  
OF LONDON  
AND REGION**



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**Reminder:**

### Membership Renewals are now due!

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

See OBIA.BIALR Dual Membership  
Application Inside

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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

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# EXECUTIVE DIRECTOR'S REPORT

The carefree days of summer have quickly gone by and now everyone is preparing for the autumn.

This issue of the Monarch is comprised of reprints of various articles that we have published in the past regarding Return to School.

Typically, September also marks the beginning of the committee work here at the Association. Our committees are a very important part of the organization. We are recruiting new volunteers to serve on Fundraising, Community Awareness and Editorial Committees, so plan on joining us for a couple hours each month and help us make a difference!

The Fundraising Committee has begun plans for the 5th Annual Casino Night scheduled on November 17, 2012 at Westhaven Golf & Country Club. We are currently seeking interested sponsors, silent auction donations and anticipate the tickets will be available for sale by mid to late September. Also, mark March 2, 2013 on your calendars now to attend our 13th Annual Dinner Dance Gala.

The Helmets on Kids campaign distributed over 16,000 bicycle helmets to schools in Middlesex, Oxford and Elgin counties at the end of June.

Unfortunately, we have a financial shortfall of approximately \$5,000 to cover and continue to seek donations to this much needed initiative.

In this edition of the Monarch, you will find information on an exciting half day workshop; *Head Injuries: The Diagnosis, The Law, The Case Manager* sponsored

by Simac and MRI Appointments. All proceeds of this workshop are being donated to our Association.

We are thrilled to welcome Shy Taggart in the role of Executive Assistant. Shy will be providing assistance to Support Group Leaders, fundraising initiatives, and keeping our website and social media initiatives up to date.



Donna Thomson

## Bartimaeus Rehabilitation Services Because Experience Matters

Bartimaeus provides rehabilitation services for people with an acquired brain injury and people who have suffered from serious trauma.

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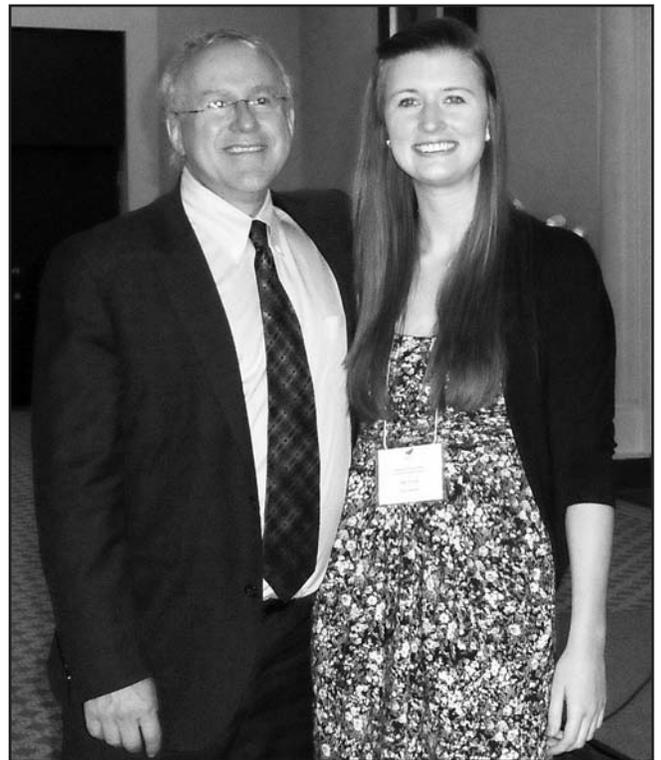
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## Brain Injury Can Happen to Anyone

# 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.

Please contact the Brain Injury Association of London for a consent form.

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: [obia@obia.on.ca](mailto:obia@obia.on.ca) Website: <http://www.obia.on.ca>  
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# Traumatic Brain Injury Family Caregiver Research Study

## TBI Family Caregivers

- Do you provide care (i.e., emotional and/or practical support) for a family member who has sustained a traumatic brain injury (TBI)?
- Bruce King and Dr. Lori Buchanan of the University of Windsor (Canada) are inviting caregivers of relatives who have had a TBI to participate in an online study of the mental, social, and emotional impact of TBI on survivors and on family caregivers.
  - TBI family caregiver definition: Someone who is actively involved in the life of a family member with a TBI, providing emotional and/or practical support.
- Ultimately, the study aims to aid the development of services to improve both the well-being of TBI caregivers and survivors, and rehabilitation efforts.
- Participants would be asked to complete a **confidential online survey**.
- Each participant who completes the survey will be sent an **electronic gift card** by email for their time and contribution. You may choose one of the following:
  - a \$25 (CAD) gift card from Amazon.ca
  - a \$25 (USD) gift card from Amazon.com
  - a £15 (GBP) gift card from Amazon.co.uk
  - a R190 (ZAR) gift card from Kalahari.com

**To participate** please contact the primary researcher, Bruce King, by email at [king1e@uwindsor.ca](mailto:king1e@uwindsor.ca)

After participation requirements are confirmed, Bruce King will send you by email an invitation to participate in the study. This invite email will include a link to the online survey and an invite code (a unique password) for accessing the survey.

Please note that you have the option of deciding not to participate after receiving an invite email.

- The survey begins with a Letter of Introduction that explains the study in more detail.
- Please note that accessing the survey does not obligate you to participate.

If you have **questions** about the study please contact Bruce King by email at [king1e@uwindsor.ca](mailto:king1e@uwindsor.ca)

Thank you





## Peer Support Mentoring Program for People Living with ABI

By Jamie Fairles  
Peer Support Coordinator

The last time The Monarch published a Back to School-themed issue was 6 years ago when I was new to the editorial board and I was awaiting training to become a mentor myself. Once I was trained, the partner I was matched with had the same issues I had with returning to school after being diagnosed with a brain injury. Both of us were good students before our injuries, but after our respective injuries we doubted our own capabilities of learning and retaining new information. He said at the time of his injury he was in university on a scholarship, and since his injury he wasn't able to return to that university so, he wanted to attend Fanshawe College here in London. Since I had successfully returned

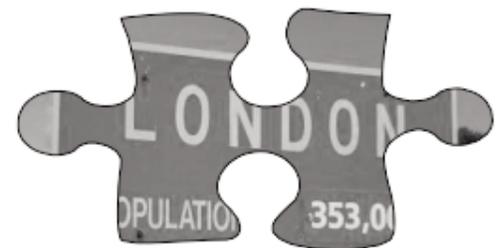
and graduated from both secondary school and university following my injuries, I was in a position to encourage him to do so and I'm proud to announce that he persevered and graduated from Fanshawe College shortly after our partnership ended! Sometimes all it takes is knowing that somebody who has been in a similar position as you are to show you that it is possible to return to school successfully if you have the proper supports in place. This is only one of the many benefits of the peer support mentoring program. If you would like a mentor to talk to, or if you think you would like to be a mentor yourself, please do not hesitate to call the office and inquire about this truly fabulous program!

**If you think you would make a good mentor,  
or would like to have a mentor,**

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Our Toronto office remains available as our central administration and referral office for services across Canada.





# 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. These groups meet on a monthly or weekly basis and offer people who live with the effects of a brain injury the chance to: meet and discuss common issues and problems, learn more about living with ABI and to have fun in a positive environment.

<b>London/Middlesex County:</b>	<b>First Baptist Church</b> 568 Richmond Street London, ON Last Thursday of each month Time: 7-9pm	<b>18-30 Social Group</b> <b>Cornerstone Clubhouse</b> 781 Richmond Streets London, ON First Thursday of each month Time: 6-8pm
<b>Oxford County:</b>	<b>CMHA Oxford Branch</b> 522 Peel Street Woodstock, ON Third Tuesday of each month Time: 6:30-8:30pm	<b>Dundas United Church</b> 285 Dundas Street Woodstock, ON Third Wednesday of each month Time: 6:30-8:30pm
<b>Perth County:</b>	<b>Zehrs – 2<sup>nd</sup> Floor Community Room</b> 865 Ontario Street Stratford, ON Last Tuesday of each month Time: 7-9pm <i>(No Meeting December 25<sup>th</sup>)</i>	<b>Perth Social Leisure Club</b> <b>Central United Church</b> 194 Avondale Ave Stratford, ON EVERY Wednesday Time: 1-4pm
<b>Elgin County:</b>	<b>Real Canadian Superstore</b> 50 – 1063 Talbot Street St. Thomas ON Second Wednesday of each month – Time: 6:30-8:30pm	<i>November Meeting rescheduled to 1<sup>st</sup> Wednesday (November 7<sup>th</sup>)</i>

\* In case of potential changes please visit the events calendar found on our website: [www.braininjurylondon.on.ca](http://www.braininjurylondon.on.ca)



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

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

**Program Highlights**

Membership in both the Ontario Brain Injury Association (OBIA) and the Brain Injury Association of London and Region (BIALR). Individual members shall be entitled to one vote at both BIALR and OBIA's Annual General Meeting. Family members shall be entitled to no more than two at both BIALR and OBIA's Annual General Meeting.

Membership in Community Support Network/Reseau De Soutien Communautaire (CSN/RSC) is available to individuals and families who support the aims and objectives of participating community associations and OBIA. Corporations, associations, partnerships, or other types of organizations are welcome to support participating community associations and OBIA by listing or advertising in the online ABI Directory of Services, but may not hold CSN/RSC membership.

Members will receive a one-year subscription to OBIA Review and The Monarch newsletter.

Members may participate in the Peer Support Mentoring Program for People Living with ABI.

Members will have free access to OBIA's resource library and be eligible for a \$25.00 discount on most of OBIA's training programs.

**All membership fees are equally divided between OBIA and BIALR**

**OBIA & BIALR Dual Membership Application Form**

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**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

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# Mikes Walk for Brain Injury

## What an inspiraton!

Mikes Walk raised over

# \$14,000

to support programs offered  
at the Brain Injury Associations of:

Chatham/Kent  
Windsor/ Essex  
London & Region



**Photo above:**

Dave Ryerse, Donna Thomson, Michael Hamilton, Lori Gall, Executive Director, BIA Chatham/Kent, Dr. Anne McLachlan, Board of Directors, BIA Windsor/Essex

**Photo top right:**

Mike is an inspiration to everyone that he meets, including Kerry Goulet, professional hockey player and director of [www.stopconcussions.com](http://www.stopconcussions.com)



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## Returning to School After a Concussion or a Brain Injury

A child, teen or adult student, returning to school after a traumatic brain injury may face unexpected difficulties which also challenge parents and educators. Due to the combination of cognitive and emotional disorders associated with a brain injury, the ability to learn and fit in can be compromised. The purpose of this article is twofold. The first section will discuss why it is important to fully understand the diagnosis and the symptoms associated with a concussion or a MTBI. The second section offers some practical tips for returning to school.

### Diagnosis

A recent study by Carol De Matteo, found that clinicians may use the term “concussion” to describe a traumatic brain injury based on clinical symptoms. MTBI’s are diagnosed where abnormality is observed with standard neuro-imaging. While clinicians treat MTBI and concussions as two separate diagnostic categories, they both reflect a mild brain injury and symptoms may be identical.

De Matteo also concluded that a diagnosis of a “concussion” is a strong prediction of earlier hospital discharge and earlier return to school over those diagnosed with an “MTBI”. This is relevant to parents because the term “concussion” is frequently used in clinical records to describe a traumatic head

injury, yet there has been no agreement on the definition of this term and its application, particularly within the pediatric population.[i] Notably, the study reported that in the return-to-school data, where a child was diagnosed with a concussion, the family was less likely to consider it a brain injury. The diagnosis of concussion seemed to imply that the injury was transient with no significant long term health consequences and, under the circumstances, provided false reassurance.

In summary, the diagnosis of concussion versus an MTBI may impact when a child returns to school, regardless of whether symptoms associated with the concussion have abated or not. Diagnosis also impacts receptivity to symptoms associated with the injury by parents and potentially educators. Diagnosis may be significant to the way the educational institution responds to the student, its willingness to provide accommodation, and its understanding of the probable recovery time for the student. It is important for parents to advocate that both concussions and MTBI are brain injuries.

### Symptoms

Postconcussion syndrome is a group of signs and symptoms that a person might experience for a substantial duration after a concussion. It may involve psychological, behavioural, physical and higher-mental-functioning symptoms and signs. It can be both serious and debilitating and affects a substantial number of victims of concussion and MTBI’s (up to 80%). Even a concussion or an MTBI can cause serious learning and behavioral impairments. Symptoms such as headaches, sleep disturbance, fatigue, concentration problems, memory impairment and irritability are a few of the continuing problems. The cornerstone of treatment is rest until

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continued from page 10

patients are completely asymptomatic. Ideally, students do not return to school until asymptomatic, but that is not always possible. Caregivers need to be mindful of the symptoms listed above and ought to ensure that the educational institution is aware of the potential for ongoing side effects, regardless of whether the diagnosis is concussion or MTBI.

Educators also need to be wary of repeat concussions. It is generally recognized that one concussion is a risk factor for another[ii]. Second Impact Syndrome occurs where a concussion is repeated but the patient has not recovered from the first. Both parents and educators need to be mindful of minimizing risks to students who have not fully recovered from an MTBI.



### Practical Tips

A return to school is a challenge following a head injury. Fundamentally, school involves learning new things. This is a challenge when short term memory is affected. Secondly, students routinely fatigue and this is compounded where a student has a head injury which causes limited energy. Though a student may feel well in the morning, energy may fade in the afternoon. Finally, school involves a social dimension. Significant effort may be directed at socializing -more so than studying! A brain injury which causes behavioral changes can cause a significant change in a student's social habits and peer group.

On of the most commonly used tests to assess a sports concussion or MTBI is the SCAT2 test. It is an assessment tool which can assist parents and educators in understanding the symptoms associated with the injury and provide guidelines for return to play or activity. Repeating the test is a reasonable means of measuring improvement in symptoms associated with the concussion.

continued on page 12

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

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



## University Suggestions

- A head injury is a valid “disability” which can be proven to the student services or special needs department with presentation of a note from your doctor or neuropsychologist.
- Consider what type of accommodations will assist you in advance. Some suggestions may be:
  - Taking exams without time limits to allow more time to think
  - Taking exams in a quiet room where there is less distraction
  - Request notes from another student or the teacher so that you are not required to concentrate on what is being said and writing at the same time

## Public School/High School

- Schedule a meeting and request an IEP (Independent Education Program)
- If you have been seen by any specialists (eg: neurophyschologist, speech therapist etc), submit the report to the school
- Avoid evening study time because of fatigue. Try to study in the morning or the early evening for approximately 2 hours with scheduled breaks
- Request copies of text books and permission to highlight to assist with memory retention
- Find a study partner to help you figure out what will be ‘on the test’

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# HEAD INJURIES:

*The Diagnosis, The Law, The Case Manager*



Tuesday, October 30, 2012 • 9:30 am - 12:30 pm • The Windermere Manor, London

***Gain insight and clarity into the difficulties, diagnoses and symptoms associated with your brain-injured clients, to allow you to serve them better!***

**Who Should Attend:** Case Managers, Nurses, Social Workers, Insurance Adjusters, Physiotherapists, Occupational Therapists, Rehabilitation Therapists, Lawyers, Paralegals, HR Managers, Health & Safety Managers

**COST:** \$75.00

**REGISTRATION:**

To register visit <http://simaclondon.eventbrite.ca> and process your registration through Paypal.

**LOCATION:**

The Windermere Manor  
200 Collip Circle  
London, ON

**FOR INFORMATION:**

For more information email:  
[deb.crowe@simac.ca](mailto:deb.crowe@simac.ca) or  
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9:30 am - 9:45 am

**Opening Remarks by Donna Thomson, Executive Director, Brain Injury Association of London & Region**

9:45 am - 10:30 am

**Dr. Don Lee, Radiologist, London Health Sciences Centre**

- CT Scan vs. MRI... What One Shows That The Other Doesn't
- Other Imaging Modalities
- Services offered at LHSC

10:30 am - 10:45 am

**Refreshment Break - Sponsored by MRI Appointments**

10:45 am - 11:30 am

**Karen Hulan, Wallace Smith Lawyers, LLP**

- Head Injury From Personal Injury Perspective
- Case Study – Mild Traumatic Brain Injury

11:30 am - 12:00 pm

**Jean-Marie Fiala, MRT Technologist, MRI Appointments**

- Why Can't Everybody Just Have Imaging?
- Patient Safety Issues
- Legal Issues In Organizing An MRI

12:00 pm - 12:30 pm

**Deb Crowe, Manager Health Services & Strategic Relationships, SIMAC Canada Inc.**

- A Case Management Perspective – Are You Following Up With Discharge Plans?
- Effective & Efficient Case Co-ordination – The 30-Day Neurological Imaging Follow Up
- Case Studies - Adult & Pediatric Catastrophic Brain Injury

12:30 pm

**Closing Remarks - Jean-Marie Fiala**



**PROCEEDS FROM THIS EVENT WILL BE DONATED TO:**

Brain Injury Association of London & Region - [www.braininjurylondon.on.ca](http://www.braininjurylondon.on.ca)





# HELMETS ON KIDS

## *a Community Partnership*

### The 11th Annual Helmets on Kids

kickoff event occurred on June 14th  
at St. Anne's School on Huron Street, London

Thanks to the generosity of the following donors, we raised over \$7,700 towards the distribution of over 16,000 bicycle helmets to schools within the Thames Valley District School Board and London District Catholic School Board areas.

*Anne Marie Frauts*

*Andrew Murray, Lerner's LLP*

*Artery Studios*

*Ember Services*

*Global Resolutions Inc.*

*Jenish Engineering Ltd.*

*Ledroit Beckett*

*Legate & Associates*

*Siskinds LLP*

*Wallace Smith LLP*

*Walters Forensic Engineering Inc.*

## WE NEED YOUR HELP!!!

We still need to raise \$4,400  
to cover the cost of this  
year's helmets.



# Congratulations to this year's Helmets on Kids Poster Contest Winners



Laura Camarra, representative from Legate & Associates, presents bicycles to 2012 poster contest winners Jackson Lippert and Jordyn Giec

**Be Safe! Wear a helmet.**

Poster by:

**Jordyn Giec**

C.C. Carrothers Public School, London

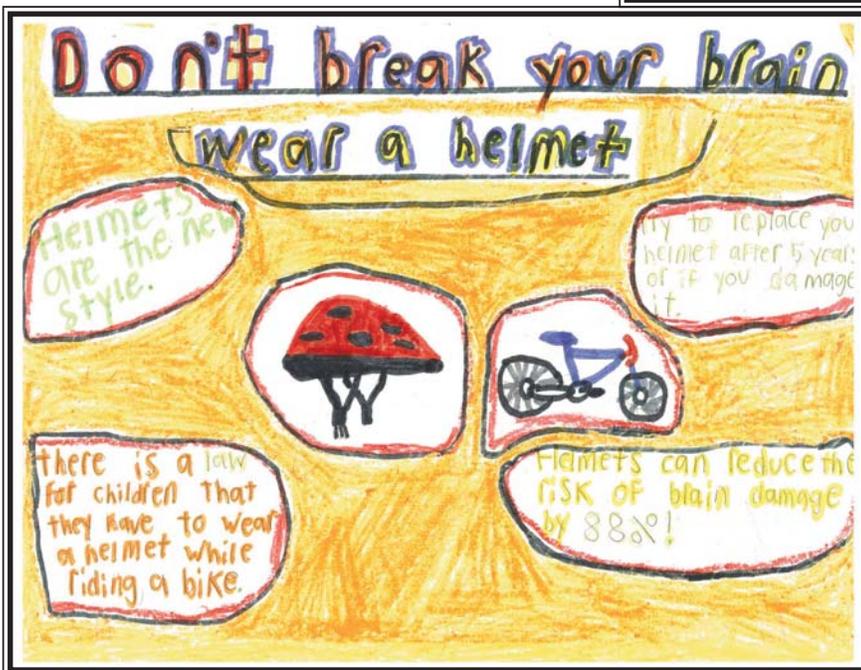


**Don't Break Your Brain**

Poster by:

**Jackson Lippert**

St. David Catholic School



The Helmets on Kids Partnership extends a very special thank you to



for their generous donation of the bicycle prizes.



“Beautiful B” Golf Tournament was great event, for a great cause.

*Thank you to Natalie Gentle and all those  
who participated in the*

*“Beautiful B” Golf Tournament  
in Memory of Brittany Ryan*

*This event raised over \$2,000  
for the Brain Injury Association  
of London and Region*

*Natalie Gentle presents cheque  
to the Brain Injury Association  
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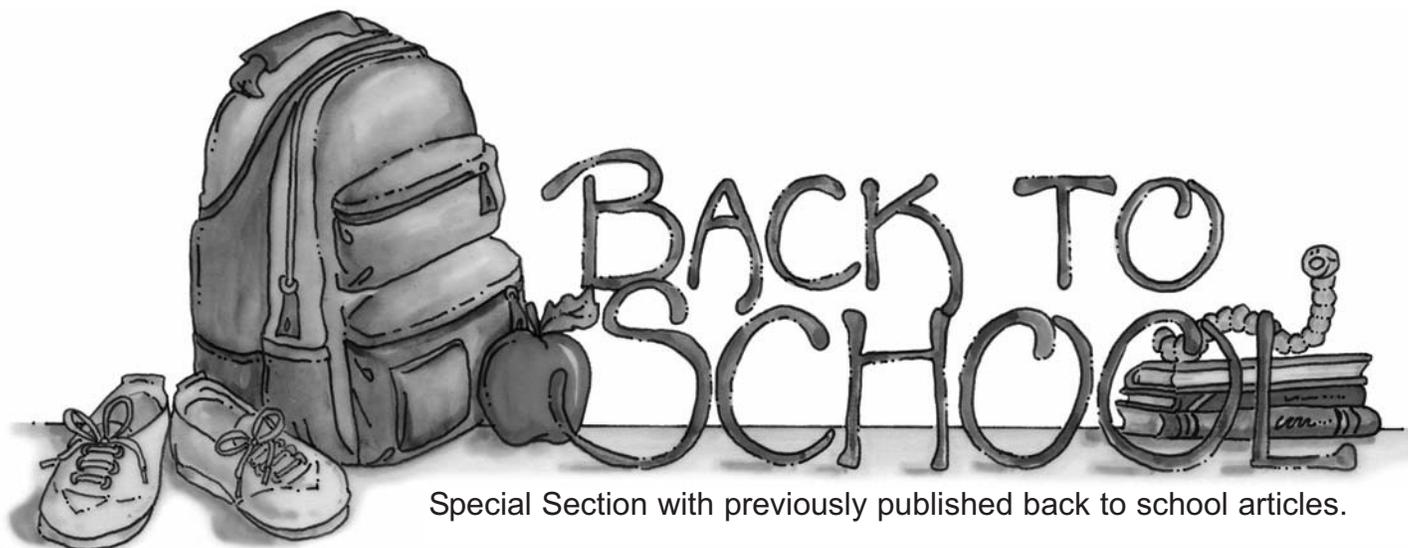
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Special Section with previously published back to school articles.

## Back to School After an Acquired Brain Injury - Children.

When your child has received a brain injury, you may feel overwhelmed and unprepared for what lies ahead. Returning to school requires preparation and planning. This step-by-step guide is designed to support you and your child during this transition. Communication is key. Contact your child's school and tell them about your child's injury.

### Complications of an Acquired Brain Injury

The following are typical complications of an injury. Your child may experience any combination of these. They may be temporary, may reoccur, or may be permanent.

- Difficult learning new information
- Headaches
- Problems with attention and memory
- Being tired
- Reading, writing and language difficulties
- Depression
- Visual problems
- Movement problems
- Seizures
- Behaviour problems such as: impulsivity, aggression, decreased motivation, repetitive behaviour or thoughts

### Returning to School

It is important to consider your child's energy level. Many children experience exhaustion after a brain injury and may not be physically able to attend a full day of school at first the following are some suggestions for a gradual return to school. - if your child's exhaustion, pain, or other injuries make attending school impossible speak to the school

Principal about getting "home instruction." This means your child would receive one-on-one instruction while recovering at home. This will require a letter from your treating doctor.

- Start with a return to school for morning or afternoon only. It is important to make the most of the time of day when your child's energy is the highest. If your child attends school while tired, it may disrupt learning and socializing.

Return to school during the lunch period This way, your child may reconnect with friends and be a part of the school environment.

Return to school for a shorter week. Schedule every other day or a few days followed by a longer weekend.

If your child is secondary school age, you may consider reducing the number of courses he or she is taking. You may also think about replacing a credit course with a resource period so that he or she may receive support for individual subjects.

Changing your child's school schedule should be temporary. It is better for your child to return to his or her schedule gradually. Regularly speak to your child's teachers to see how things are going.

### The Team Conference

Your child will experience some challenges temporarily -others may be ongoing. You can speak to the Principal or Learning Support Teacher and request a team conference to discuss your child's needs. Write down all your concerns and questions before the meeting. Bring any reports/updates related to your child's injury. You may wish to invite a

*continued on page 18*





she first returns. The effects of brain injury may be long term. While the more obvious physical injuries may heal, there may be ongoing learning, behavioural, social, or language problems.

Because a child's brain continues to grow, the impact of an injury can become more noticeable as the child develops. When you are planning educational supports, it is important to consider periods such as primary to junior, junior, to intermediate, and intermediate to secondary school grades.

### **The Identification Placement and Review Committee (IPRC)**

The IPRC process identifies students' needs and initiates appropriate supports. You can contact your school board or principal for more information. School board websites often have parent friendly information on IPRC and special education.

member of your child's team, and or a family member. It is a good idea to ask a friend or relative to take notes so that you are free to be fully involved in the discussion. If a member of the school takes minutes, request a copy.

### **Addressing Long Term Needs**

Your child may need extra support when he or

### **Safety Considerations**

When your child has a brain injury it is important that they avoid any activity that would put them at risk of re-injury. Because the effects of brain injury are cumulative, additional injury may cause recovery to be slower and the damage more permanent. Your child may need to stay inside for recess or have extra supervision indoor recess or one-on-one supervision in the school yard during the early return to school.

Participation in sports or physical education classes should be considered carefully for risk of re-injury. A helmet will help reduce the risk of re-injury.

*This article was provided by the Paediatric Acquired Brain Injury Community Outreach Program (PABICOP). For further information, contact the school liaison at 519 685-8500 ext Injury Community Outreach 53465 or 53434 Program.*

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# Back to School Survival Guide for Students with ABI

There are many challenges faced by students with acquired brain injury when returning to school. These include:

-  Change in routine
-  New information overload
-  Multiple classroom distractions
-  Exposure to fluorescent lights causing eyestrain and headaches
-  Fatigue
-  Too much information presented at the same time
-  Switching tasks frequently
-  Complicated social interactions

There are several strategies parents can use to help their child successfully transition back into the school environment:

-  Help your child mentally prepare for going back-to-school by talking about it. Let your child ask questions and discuss concerns.
-  Practice walking to school or to the bus stop.
-  Help the child remember and reinforce all the positive things from previous years.
-  Identify a regular time and space for homework. An alarm clock may be helpful as a reminder of homework time.
-  Keep the regular sleep routine (even on weekends).
-  Avoid shopping for supplies all at once. It is too much information and stimulation for your child.
-  Organize supplies and space at home for school things.
-  Use checklists and post them in appropriate areas. A checklist at the closet door, exit door and inside a notebook or binder is a good thing.
-  Use gentle prompts giving only one direction at a time.
-  Design systems, strategies and routines that can be used in the class room and at home.
-  Support your child with consistent use of a planner or calendar to record events, homework, chores and responsibilities.
-  Encourage your child to use a computer and develop keyboarding skills.
-  Develop a good working relationship with the teacher and other support personnel to provide your child with consistency, support, reinforcement and praise.
-  Communicate regularly with the teacher and school staff to identify skills that can be reinforced at home.
-  Become aware of all community supports, programs and services available, and work to ensure all are available to your child.

Remember consistency, routine, patience and positive reinforcement can help minimize problems and build new positive behaviors over time.



# Back to School - Young Adults

Stephanie Ellis, Speech-Language Pathologist and Dennis Radman, Rehabilitation Therapist

Individuals with acquired brain injury often experience cognitive, communication, physical, emotional, and social problems that will potentially affect their academic performance in many ways. Difficulties with attention and concentration, memory and new learning, organization and planning, understanding verbal and written instruction, keeping up with the pace of classroom activities, communicating effectively with others, peer interactions, developing and maintaining social relationships, problems with fatigue, mobility, mood changes and diminished self-confidence are some of the common problems clients have shared with us throughout the years.

## It's important to recognize areas of strength.

While being able to recognize specific difficulties is important, identifying areas of strength is just as important. Concentrating on what you can do shifts the focus from 'difficulty' to 'ability' Building on strengths, and finding opportunities to use strengths to target areas of weakness, is a critical consideration when returning to school.

For example: Determining necessary academic accommodations and supports.

Many students, regardless of their age, are reluctant to consider academic accommodations for fear of being treated differently than other students. This is a normal feeling. However, academic accommodations can help students achieve their goals, and again, maximize their performance by capitalizing on their strengths.

Examples of academic accommodations that may be necessary include:

- Being made aware of assignments, tests, exams and other expectations well in advance
- More time for writing tests and exams
- Permission to write tests and exams in a quiet, distraction-free environment
- Access to a note taker (someone to take notes, record answers on exams, etc)
- Obtaining copies of teachers' notes
- Use of assistive technology and equipment (e.g. text-to voice and/or voice-to-text software)
- Recording portions of a lecture
- Modification of test format

As noted in the PABICOP article, younger students with brain injuries benefit from the IPRC process (Identification, Placement and Review Committee), at which time the student's learning needs and necessary supports are identified. Colleges and universities do not have the IPRC process as it exists in grade school; however as Jamie Fairles wrote, these institutions frequently have departments devoted to ensuring that students with special learning needs are accommodated. These departments often have academic counsellors with whom the student can meet and discuss their specific situation. If the student is working with a rehabilitation team, it is very beneficial to have the team members involved to facilitate communication of strengths, weaknesses, and needs.

Other types of support may come in the way of direct assistance in the classroom. Many are familiar with the role of 'Educational Assistants' or EAs, in grade school. Students who return to college or university may also benefit from support in the classroom or after class. Depending on the needs, such support may include speech-language pathology, occupational therapy, social work, psychological support, physiotherapy, rehabilitation therapy, tutoring, nursing, attendant care, and/or peer support.

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✓ As identified in the PABICOP article, ongoing communication is critical to success, so it's important to have regular meetings with your team and academic counsellor to review progress, troubleshoot difficulties, and to 'map out a plan' for continuing education. Don't be afraid to communicate any concerns you have!

✓ As Jamie Fairles suggested scheduling time for homework and studying is important. This will help you to structure your days. It is good to have a study routine. Consider prioritizing what you have to do during your study time, and setting daily study goals. Make sure you schedule time for recreational activities too!

✓ Evaluating the effectiveness of existing accommodations and strategies (Jamie Fairles suggested a few of these) is important.

Enjoy your time at school . . . the possibilities are endless! Remember to focus on what you can do! Below are hypothetical examples and are not meant to represent actual clients.

### General strategies for success

The following are some very general suggestions to help you during the school year:

✓ Make course selection a 'team effort': get input and assistance from your rehabilitation team and academic counsellor. Identify areas of strength and weakness, so that appropriate accommodations can be determined.

Student	Difficulty	Strengths	Progress
<b>Michelle</b>	Trouble with speech	Michelle was clearly gifted when it came to interacting with young children	Michelle began tutoring a young student who had trouble learning to read. Regular tutoring sessions, during which Michelle and her student read aloud, provided Michelle an opportunity to practice strategies to improve the clarity of her speech while also doing what she loved best -teaching!
<b>Darren</b>	Trouble remembering the concepts and ideas he read about in his text-books at school.	Darren's memory for visual information was relatively strong. He also loved to draw and doodle	Darren himself learned to use his artistic skills to help him make sense of, and remember the information he read
<b>Art</b>	Trouble with note taking, remembering what he read, and recalling scheduled tasks	Art had a knack for using computers and a variety of software programs.	Art was introduced to specific software and technological devices that enabled him to keep up with the pace at school and keep track of all his activities.



# Returning to School from a Survivor's Perspective

By: Jamie Fairles

For students, September is a month full of anxiety and excitement, but for those students who are unfortunately suffer from the effects of an acquired brain injury, these emotions are often coupled with feelings of self-doubt and uneasiness.

Writing as a survivor of multiple brain injuries and having experienced the return to both secondary and post-secondary educations after the diagnosis of an ABI, here are a few of the strategies that I was taught during my rehabilitation that ensured the successful completion of both secondary and post-secondary educations.

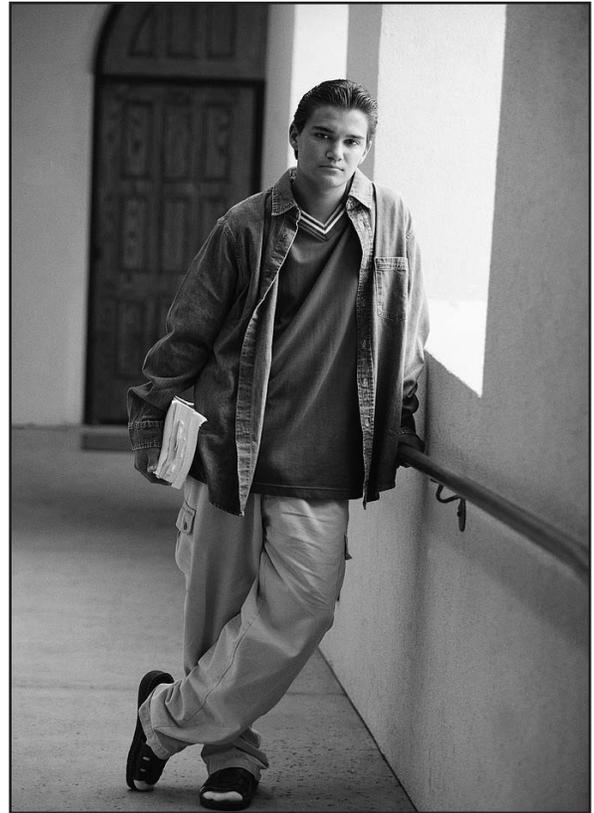
First of all, remember that the injury hasn't necessarily impaired their intelligence, but more than likely it has affected the way they learn, think and retain information.

They must be candid about their difficulties so that they can work together with their team, teachers/and or professors to find the learning method that best works for them.

Writing information down really helps the mind retain information, so making study notes when studying is one effective method I used and continue to use in my current pursuit of my Bachelor of Social Work degree from the University of Manitoba via the distance delivery program. Another method that is helpful is the use of a day-planner.

With a day-planner, you can schedule your days accordingly to allow for homework/study time and it acts as a reminder for important dates such as when assignments are due, appointments, and tests.

Many secondary schools have a resource room for students who need extra attention when it comes to learning. Accessing these resources has proven to be effective for struggling students, brain injured and otherwise.



Just as secondary schools have a resource room. Many colleges and universities have a department for students with special needs. I highly recommend that students living with the effects of a brain injury take advantage of these services. These services can accommodate the students' needs, whatever they may be. These departments offer everything from private rooms for taking tests, the use of a computer to type answers to extra time on exams.

Finally, OSAP has many bursaries available to students with disabilities, learning, physical, and mental, for the purchase of assistive devices that will aid the student throughout their post-secondary academic career.

*They must be candid about their difficulties so that they can work together with their team, teachers/and or professors to find the learning method that best works for them.*



# Financial Assistance for Students with Disabilities

By: Nicole Williams SSW Student Fanshawe College

Attending College or University may be a lot of money, but people living with a disability have a wide range of opportunities to receive financial aid while attending post-secondary school.

Financial aid is available to help students and their families pay for their educational expenses. Common forms of financial aid include grants, bursaries, loans, and scholarships.

Students with disabilities may also be eligible for disability-related bursaries and grants that offer financial support. Many students use a combination of these financial aid resources to fund their educations.

People living with a disability can apply for bursaries or grants through many different financial aid resources. Ontario's Bursary for Students with Disabilities (BSWD) and the Canada Study Grant for the Accommodation of Students with Permanent Disabilities provide non-repayable financial assistance to full and part-time students and for disability-related services.

Eligible students for bursaries and grants receive up to \$2000 per year from Ontario's bursary for students with disabilities (BSWD) and up to \$8000 per year from the Canada Study Grant for the Accommodation of Students with Permanent Disabilities.

These funds are repayable and taxable. Another bursary the government of Canada offers is called the Canada Access Grant for Students with Permanent Disabilities. This grant helps qualifying students with permanent disabilities meet educational costs. These costs may be for tuition, books, supplies and also living costs.

The applicant may receive up to \$2000 per year. To be eligible for a bursary there must be a permanent disability accompanied by a written documentation. This must be a medical certificate, and a report or a



learning assessment from the college or university.

To apply for a bursary, a student must first apply to Ontario Student Assistance Program (OSAP). Only students who qualify for OSAP will be deemed eligible to receive a grant or bursary. Students with disabilities that apply for OSAP do not need to take on a student loan to use their bursary. The bursaries can be used for any disability-related expense needed for post-secondary education.

The disability-related expenses may be tutoring services, readers, interpreters (sign language, or oral), note takers, attendant care for students, tape recorders, hearing amplifiers, computers and software, special accessories for computers, and counselling.

For more information about bursaries or grants contact the financial aid office of your post-secondary school. For Fanshawe College's Disability services call 519 452-4282 and for University of Western Ontario Disability Services call 519 661-3344 (EXT 8334)



# Returning to Studies - Fact Sheet



Survivors of a brain injury who have done very well in their recovery still face a major hurdle in returning to their studies.

A number of head injury factors will make this difficult. First of all, short-term memory will make it very hard to learn new material. School is nothing but learning new things. Second, school has a fair amount of fatigue associated with it. With a brain injury, people have limited energy and may be good in the morning, but fade early in the afternoon. Third, returning to school involves a social dimension—people very desperately want to fit in with their peers. For some people, having some friends that you can hang out with is their number one priority in college or high school.

## IMPAIRED CONCENTRATION

An injured brain may never be restored to pre-injury capabilities but performance can generally be improved. Difficulties are often experienced in the areas of attention and concentration. It will be necessary to gradually build up tolerance for concentration daily but this is not as simple as it sounds. Keep periods of concentration short by allowing regular breaks. Start with ten minutes and build up gradually with a few extra minutes daily.

## LACK OF INSIGHT

Many students with an acquired brain injury have a lack of insight regarding their level of ability, unable to recognise that their performance and capabilities are functioning at a reduced level. They may respond to negative feedback by believing that teachers are against them, or other ways that allow them to believe their performance is still normal.

## LACK OF PLANNING AND ORGANISATIONAL SKILLS

Planning and organisational skills can be impaired to the extent that the student knows what he or she wants to do, but has difficulty getting started. This means that the person will need a very clear plan of how to go about carrying out a task. The first step will be to stop and think – he or she will need time and support to work out a plan by identifying the task, keeping it simple and addressing one task at a time:

- Write down all the steps required to complete the task
- Sort out the list of steps in the order they are to be achieved
- Treat steps as a self-contained goals and tackle them one at a time
- As each step is completed, reinforce it as an achievement of success
- Create a distinct break between each step

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continued from page 24

- Review each preceding step before moving onto the next.

## SHORT-TERM MEMORY PROBLEMS

Most brain injuries will result in impairment of short-term memory and the ability to retain or process new information. Students will lose books and equipment, forget appointments and arrangements, ask the same questions again and again, or forget which classroom they are supposed to be in. Fortunately, there are ways to assist memory and it can be an exciting challenge to work out new avenues to compensate for problems. However, it is important that the students are aided but not rescued from their own failing memory.

Common memory aids include:

- A diary to note all class times, appointments and instructions
- A notebook to list common times and protocols
- A map of the school showing classrooms, toilets, offices, bus stop etc.
- Clearly marked exercise books and equipment
- Thong necklace for keys
- Wristwatch with an alarm.

Students with poor memory will need to become familiar with using memory aids and will need constant reinforcement. Other helpful aids are clocks, calendars, blackboards, whiteboards, signs, notices, photos, post-it notes, or anything that provides a compensation to memory deficits.

## CONFUSION

Normally, people use their planning and organising skills to work their way through confusion. However, because acquired brain injury often results in some loss of these skills, it may be difficult for a student with an acquired brain injury to deal with confusion. Confusion usually comes about through:

- Unrealistic self-expectations e.g. the student may have a memory of achievement that is inconsistent with their impaired ability
- The student's inability to recognise that a disability exists
- Others having too high an expectation of the student

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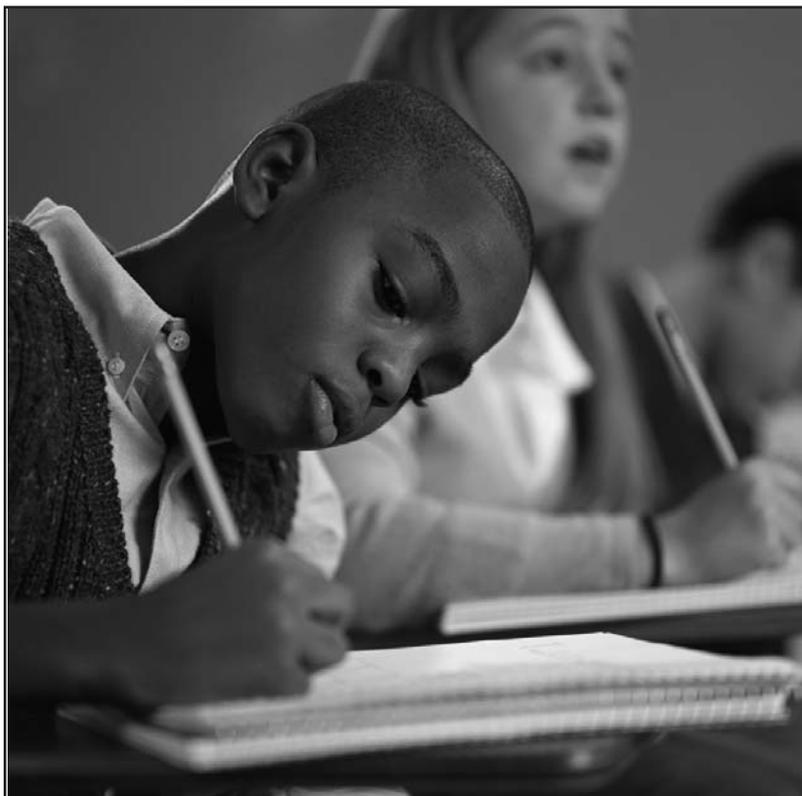
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- The student attempting to achieve too much at once
- Interruptions, noise, clutter or visual distractions around the student
- Too many instructions being given to the student at the one time.

Students should make their teacher aware of these issues and see what changes can be made to minimise confusion.

### STRESS, FRUSTRATION AND ANGER

A common trigger to personal stress is the feeling of helplessness or being trapped in a situation over which we have no control. Disciplined or authoritarian environments can add to students' beliefs that they are deprived of alternatives. The student should be able to choose from a number of options in dealing with these emotions.

The 'triggers' for these emotions should be identified, and where possible, avoided. When this isn't possible, relaxation and meditation can act as good insurance policies. When high levels of anger or aggression are imminent, the student should be able to take time-out, having planned for this already with teachers. This needs to be seen as an opportunity to restore balance and perspective, not punishment.

### IMPULSIVE BEHAVIOUR

Students with an acquired brain injury often do things on impulse. Behaviours displayed are often a genuine case of innocently doing what seemed to be a good idea at the time. Strategies should be discussed with teachers so that undesirable behaviour can be replaced with an agreed alternative. It is also helpful to agree on a signal that the teacher can give as a sign for the student to stop and think about what they are doing. It could be a word, or a sign (e.g. arm up in the air). In time it will become an automatic process.

### ALLOWANCES

All educational institutions now have policies that make allowances for people with disabilities in terms of time given for tests and assignments. These institutions are frequently unaware of the multiple impacts on a student's abilities such as short term memory difficulties, mental fatigue, lack of concentration, susceptibility to stress and lowered organisational ability. Students should contact their Disabilities



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continued from page 26

Officer to make suitable arrangements for tests and assignments.

Many schools and universities will help you learn new material if you let them know that you have a or send emails to [biaq@biaq.com.au](mailto:biaq@biaq.com.au) disability. There is still little awareness of brain injury in many organisations so you may need to present this information to them to acquaint them with this particular disability. It may help if your doctor or neuropsychologist writes a letter to document that you have a valid disability.

You will need to explain the accommodations or special help you require, such as:

- Extra time assignments and examinations
- Exams in a quiet room without distractions
- Copies of teacher’s notes if your concentration and attention are affected.



### SOME STUDY STRATEGIES

Organising yourself will be crucial. Some useful suggestions to try are:

- Have a balanced diet, good sleep and regular exercise
- Avoiding alcohol, cigarettes and other drugs
- Structure your days and week with a daily planner, diary or electronic organiser
- Use memory prompts such as notepads,alarms, post-it notes, and a large noticeboard
- Experiment on study times, most do better in mornings than evenings
- Structure your study times and stick to them no matter how you feel
- Make use of study groups or a ‘study buddy’.

### PATIENCE AND ENDURANCE

There are many resources available on good study techniques which will be useful to students. Students who have a acquired a brain injury may take longer to learn these strategies but the same benefits are available as the skills are acquired. Most survivors say that learning compensatory strategies is one of the hardest challenges in their lives, but one that has made them better people when they did not give up.

*Taken from [www.braininjury.org.au /Social/returning-to-studies-fact-sheet](http://www.braininjury.org.au/Social/returning-to-studies-fact-sheet)*



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## Upcoming Conferences and Events

**What:** Camp Dawn 2012  
**When:** September 13-16, 2012  
**Where:** Rainbow Lake, Waterford, Ontario  
**Website:** [www.campdawn.ca](http://www.campdawn.ca)



# Camp Dawn

**What:** 11th Annual London Brain Injury Golf Classic  
**When:** September 22, 2012  
**Where:** Greenhills Golf Club  
**Website:** [www.braininjurylondon.on.ca](http://www.braininjurylondon.on.ca)

**What:** M.D.M Reporting Services 5th Annual Charity Casino Night  
**When:** November, 2012

### Save The Date!

**What:** Brain Injury Association of London & Region's 13th Annual Dinner Dance/ Silent Auction  
**When:** March 2, 2013  
**Where:** London Convention Centre,  
300 York Street, London, Ontario  
**Website:** [www.braininjurylondon.on.ca](http://www.braininjurylondon.on.ca)



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# 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).

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