



The Monarch

March 2013

**BRAIN INJURY
ASSOCIATION
OF LONDON
AND REGION**

In this issue:

*Can You See Me
Now Poem*

Page 3

*13th Annual Gala
Thank You and
Photos*

Page 8

*Support Group
Updates*

Page 11

*Annual Conference
Details*

Centre Pages

In every issue:

*Executive Director's
Report*

Page 2

*Peer Support
Mentoring Program*

Page 6

*Monthly Support
Groups*

Page 10

Ask A Lawyer

Page 13

Upcoming Events

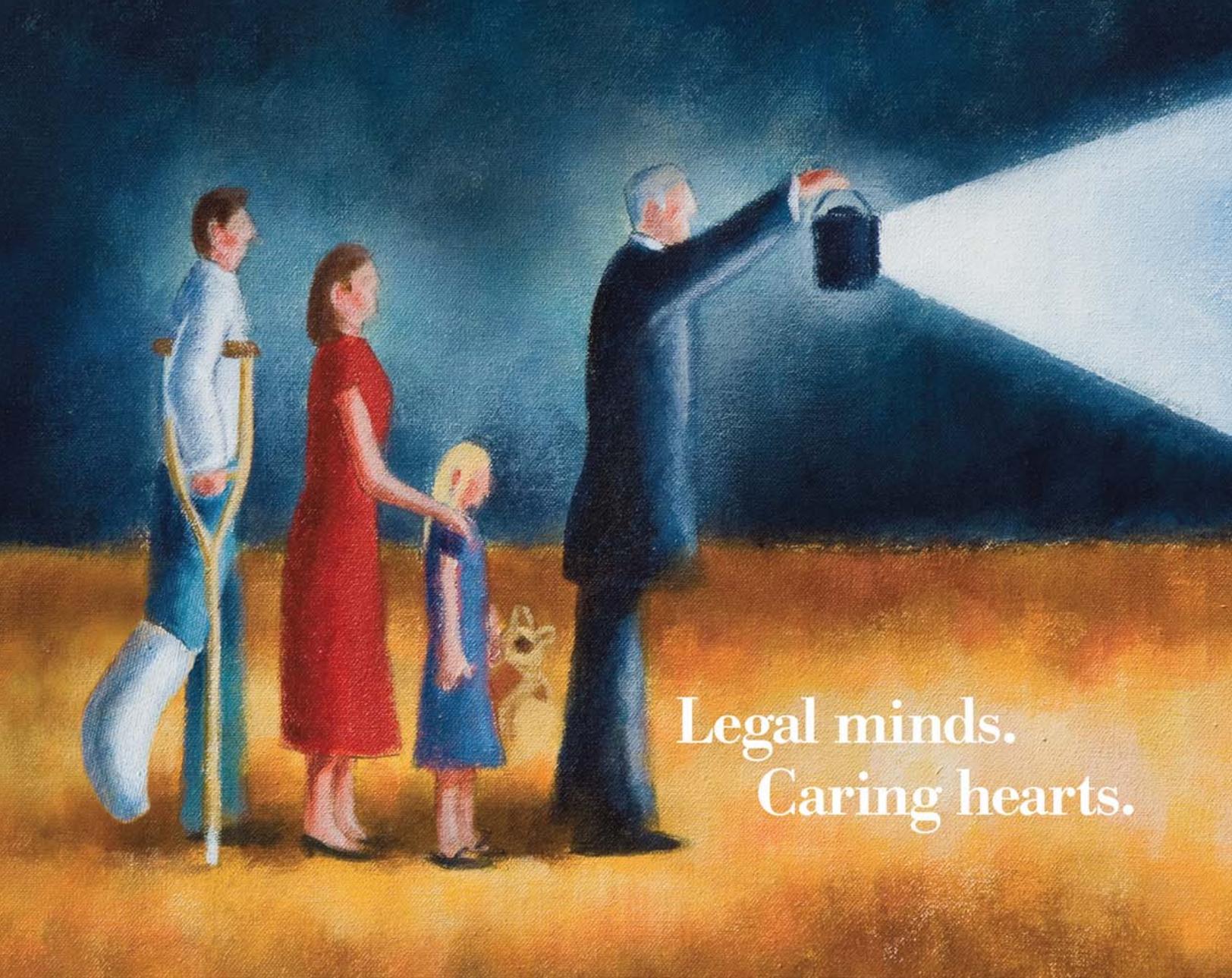
Page 36



Parenting and ABI

SPECIAL SECTION STARTING ON PAGE 22

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Reminder:

Membership Renewals are now due!

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

See OBIA.BIALR Dual Membership
Application Inside

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EXECUTIVE DIRECTOR'S REPORT



This issue of The Monarch is dedicated to families living with the effects of brain injury. Whether it is the parent who sustained the brain injury that is struggling to raise their children or the children learning to live with the challenges presented by an injured parent, it is often a long and difficult road.

As we enter a new year, the Association is making several exciting changes. During the latter part of last year, we developed a new sponsorship process. After much feedback from key supporters, we developed a sponsorship catalogue that gives our corporate sponsors a wide variety of packages to choose from that they can make one financial commitment for the entire year with the comfort of knowing they will not be approached again during the

year. I have met with many of our previous sponsors to discuss the new opportunities and will continue to promote it.

The Support Services Committee is working on successfully merging the two Oxford County Groups as well as beginning plans to start a Social Leisure Club in Elgin County. Keep an eye on our website for details of this exciting new daytime group and help us to promote it. In this issue of the Monarch, you will also find a new section dedicated for our Support Groups to showcase the highlights of each Group. I would like to recognize and thank all of our group leaders who are instrumental in the success of their individual groups! A new initiative this year is to offer sponsorships for each of the individual groups to ensure sustainability for this important service.

The Fundraising Committee is putting the final touches together for our "Take the Night with the Blue & White" gala featuring entertainment by Duty Calls. This exciting band is comprised of London Police Officers who are also professional musicians.

The Community Awareness Committee continues to assist with ideas for website revisions and is ramping up to revise the current Brain Injury Services Directory. If you are not contacted by email to renew your listing, or to place a new listing, please send a quick email to info@braininjurylondon.on.ca. We have also recently published a section of the sponsorship catalogue (minus the sponsorship info) for those living in the 5 counties to use when promoting our services in their communities. We are looking forward to partnering with OBIA and the other local Brain Injury Associations to provide a province wide campaign to promote June as Brain Injury Awareness month.

In the middle section of this Monarch, you will find the information and registration form for our 16th Annual Brain Injury Conference. The theme of this year's conference is 'Falling Through the Cracks after ABI'. Registrations can also be made on our website.

As the organization has grown over the past few years, so have our staffing requirements. To keep up with the rapidly changing ways that people communicate, we need to substantially step up our website and social media presence. In addition, with our expanding support services, volunteer base and coordination of conferences and events we have determined the need for a full time position to manage all of these areas. I am pleased to announce that as of March 1, 2013, Shy Taggart will be taking on the role of Communications Coordinator.

Donna Thomson



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Can You See Me Now?

Written by Susan Rolph, daughter of Darrell Rolph

My name is Darrell and I have an ABI.
Now what, you wonder, does that imply?
But you don't want to be rude
Don't want to intrude
So you simply let the comment pass by.

An Acquired Brain Injury, you see
can be something of a mystery
It can affect the way that you walk
Or the way that you talk
Or your long or short term memory.

The general public, I'm sure they mean well
But there are some issues I'd like to dispel
When someone's having trouble speaking
Just listen, without critiquing
And when you speak to them please do not
YELL!

I'm still the same guy, can't you tell?
My mind is alive and it's well
I want to speak, give me the chance
But I'll warn you in advance.
It just might take longer than usual.

You see the words are right there,
unsurpassed
but my brain doesn't always work fast
Please be patient with me
I'm really trying, don't you see?
And please don't give me words, unless I
ask.

It's a frustrating thing to go through
To have the words in your head, like you do
but my brain's not like yours
its suffered some flaws
it just doesn't react the way it used to.



I'm still the same person inside
I want to live, I don't want to hide
It can be lonely in here
And sometimes i fear
You'll forget me and I'll learn to abide

I am not going to be sad and withdrawn
I know the changes I've undergone
Please understand
I've had to withstand
These changes, and still continue on.

And I thank you for helping me
I hope it's not that hard to see
No matter if there's damage or a tumor
I still have a sense of humour
And at the end of the day I am still Me.

So, the thought I'd like to impart
An ABI doesn't mean we're not smart
We take one day at a time
Just realize life is sublime
And live every day from our heart.





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
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&
Brain Injury Association of London & Region

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Program Highlights

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

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

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

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

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

All membership fees are equally divided between OBIA and BIALR

OBIA & BIALR Dual Membership Application Form

Name: _____

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Address 2 _____

City: _____ Postal Code _____

Home Phone: _____

Work Phone: _____

Email: _____

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

Annual Membership Fees:

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

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

- Visa MasterCard American Express
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Peer Support Mentoring Program for People Living with ABI

By Jamie Fairles
Peer Support Coordinator

Being a new parent is challenging. Having a brain injury is challenging too. Being a new parent with a brain injury or being a parent to a brain injured child is extremely challenging. There are so many things that babies cry about it's hard to decipher what they want or need. Brain injury can be like that too. There are so many feelings and emotions that accompany brain injury that it's like dealing with a crying baby - you just don't know what to do.

The Peer Support Mentoring program can be an excellent resource to inquire about the feelings and emotions you or a loved one is experiencing after suffering a brain injury. When I was trained as a mentor over six years ago, the Peer Support Coordinator then likened the program to mothers gathering at a park or grocery store giving each other advice on

their newborn babies. A new mother who is out of her element, being responsible for a new life heeds the advice from other new mothers because they know what it's like.

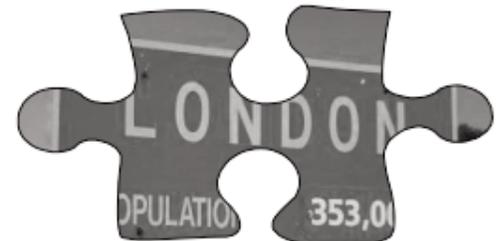
The Peer Mentor Support Program is the same: people who truly know what it is like living with a brain injury are matched with others in similar situations so they can talk over the span of a year about various issues and problems. OBIA recently released their Impact Report on the evaluation of the program and the data proves that both the mentor and the partner benefit from participating in the program. If you would like a mentor or if you think you would make a good mentor, don't hesitate to contact the office and inquire about this incredibly helpful program!

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

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Thank you to everyone that attended, and made the evening a great success!





**BRAIN INJURY
ASSOCIATION**
OF LONDON
AND REGION

**560 Wellington Street, Lower Level
London, Ontario N6A 3R4**
Phone: 519 642-4539 or 1-888-642-4539
Fax: 519 642-4124
Web: www.braininjurylondon.on.ca

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.

This group is generously sponsored by:



London/Middlesex County:

First Baptist Church
568 Richmond Street
London, ON
Time: 7:00 - 9:00 p.m.
LAST Thursday of each month

This group is generously sponsored by:

*Your logo could be here!!!
Sponsorship of this group is available*

Social Club:

Cornerstone Clubhouse
781 Richmond Street
London, ON
Time: 6:00 – 8:00 p.m.
FIRST Thursday of each month

This group is generously sponsored by:



Oxford County:

Dundas United Church
285 Dundas Street
Woodstock, ON
Time: 6:30 - 8:30 p.m.
LAST Tuesday of each month

This group is generously sponsored by:



Huron County:

COMING SOON!

This group is generously sponsored by:

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Perth County:

Zehrs 2nd Floor
Community Room
865 Ontario Street,
Stratford, ON
Time: 7:00 - 9:00 p.m.
LAST Tuesday of each month

This group is generously sponsored by:



Perth Social Leisure Club:

Central United Church
194 Avondale Avenue
Stratford, ON
Time: 1:00 – 4:00 p.m.
EVERY Wednesday

This group is generously sponsored by:

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Sponsorship of this group is available*

Elgin County:

Real Canadian Superstore
2nd Floor Community Room
1063 Talbot Street
St. Thomas, ON
Time: 6:30 - 8:30 p.m.
LAST Thursday of each month

This group is generously sponsored by:

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Sponsorship of this group is available*

Elgin Social Leisure Club:

COMING IN APRIL!!

Please visit the events calendar on our website www.braininjurylondon.on.ca for any changes to this schedule.



Our Support Groups

This group is generously sponsored by



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The St. Thomas-Elgin Support Group had a slow start in January 2012, but has grown steadily in the monthly meetings since then. There are currently 10-12 survivors and caregivers/family members that attend with facilitators Sandra and Julie in the meeting room upstairs at the Superstore.

Throughout 2012 we welcomed a wide variety of speakers to our group, with keen interest from our members for all. We had Occupational Therapists come to talk to us about organization, scheduling, planning and help with memory. A Social Worker spoke to the group about social interactions and relationships with ABIs. A Kinesiologist encouraged us to get more active and suggested safe and effective ways to do this, within our ability and doing things we enjoy. A Dietitian provided ideas for healthy eating, how to meal plan and select foods; as a treat she made us all smoothies! The perfect healthy snack! An accountant was able to explain Disability Benefits and Pensions and answer a lot of our questions.

St. Thomas-Elgin Support Group

By Julie Willisie & Sandra Dimeo

We ended the year with a social night at Christmas. We all helped to make pizzas, then enjoyed a feast of homemade pizzas and Christmas goodies. We finished out the night with a great game of 'The Last Word'. We are looking forward to continuing our group in 2013 with some interesting new speakers and plenty of socialization!



This group is generously sponsored by



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The London 18-30 Social Group has been enjoying a wide variety of activities built to encourage group participants to talk, have fun and get to know each other better. The group started off in September with a meeting which engaged participants to offer their suggestions as to what activities they would like to see the group engage in. Following that theme, in October, the group enjoyed a "games night" where the members enjoyed an evening of

London 18-30 Social Group

By Aaron Vanderkuyf

board games, some fun on the Nintendo Wii, and of course lively and spirited conversation with other members.

In November, the group engaged in some friendly face painting, a movie and a game of "Who am I?" This game allows other members to write down a person, stick that person's name on another member's head, and then allow them to guess who



they are. This fostered communication between members and was great fun for all those involved. The December group featured a baking lesson on how to create Christmas sugar cookies and icing from scratch as well as a Christmas themed movie for the members to enjoy. Each member was able

to take home the cookies that they helped to create. With each group meeting, the members are able to enjoy group activities, great conversation and an environment that embraces mutual respect and understanding.

This group is generously sponsored by



The London Brain Injury Support Group has been busy with guest speakers and great conversations. In September we were honoured to have Donna Thomson come and meet the group and give the group some information about the Brain Association. Many questions were asked and answered for our group.

London/Middlesex Support Group

By Rita & Janko Stukic

In October we had a physiologist speak to the group and in November we had a physiotherapist come in to discuss physiotherapy as it relates to persons with brain injuries...She had everyone up and moving to see what physio is all about. Overall we have had a very enjoyable 3 months and are looking forward to our guest speakers in 2013.

This group is generously sponsored by
Jennifer Chapman

Long time group leader, Bonnie Miller was honoured for her time and dedication to the Oxford Brain Injury Support Group when she stepped down in September 2012. Bonnie led the group for close to 17 years. New leaders, Linda Imrie and Shy Taggart facilitated an introductory session with a 'getting to know you activity'. Survivors and caregivers were more than willing to share their own stories about how brain injury has changed their life and their road to healing. In October, the group completed a piece of painted art work following a visual art lesson and participated in a self awareness activity.

Oxford Support Group

By Linda Imrie & Shy Taggart

In November, the group hosted two nutritionists that presented on the importance of nutrition for proper body and brain health. Members had the opportunity to sample healthy fruit and vegetable smoothies and juice drinks.

The group met at Swiss Chalet in December for a Christmas Dinner. The food and fellowship were great for everyone to interact and participate in a fun gift exchange. Everyone wrote down a resolution for the New Year and the most common resolution that many members wished for was good health and happiness.



To start off the New Year, in January, the group welcomed an Occupational Therapist who presented on the topic of Organizational Life Skills. Plans are underway to share a movie night in February and to invite other guest speakers to share their expertise. The support group continues to grow with a solid foundation as members look forward to further meetings to strengthen their rewarding development.



This group is generously sponsored by



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Sponsorship of this group is now available

The Perth Group typically welcomes ten to twelve members on a regular basis. Group Leaders Kim Piggott and Tish Byrne have facilitated this group together since January 2007.

In October the group had a speaker visit them to provide information about "Structured Settlements". The next month the group held a discussion about brain aneurysms. This successful group continues to meet regularly to offer support and fellowship within the community.

We would like to thank the following speakers for sharing your expertise with our Support Groups!

- Danielle Van Wyk, Registered Holistic Nutritionist, Registered BIE Practitioner at Inside U Health Centre Inc.
- Melissa Wolters, Nutritional Counsellor, By Peaceful Waters Inc.
- Ashlen Kain, Occupational Therapist at Novus Rehab
- Alan Lawrence, Psychologist at Dale Brain Injury Services
- Sari Shatil, Physiotherapist / Proprietor at Neuphysio
- Chris Sheridan, Counsellor at Dale Brain Injury Services
- Nicole Zwairs, Support Services Coordinator at Epilepsy Support Centre
- Laura Mullin, Principal at McKellar Structured Settlements
- Dr. Patricia Doris, Psychologist
- Lucille Brennan B.A., R.S.W., at London Employment Health Centre



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Brain Injury Support Group – Perth County

The “Grateful Heads”

As a social group for survivors of Acquired Brain Injury that meets weekly in Stratford, we have become closely knit in our understanding of and friendship with each other. We’ve come to know that around this table we are among trusted friends who know well the daily challenges we all deal with.

The Grateful Heads was organized in September of 2010 and has been immensely supportive for each of us since that time. The bingo and board games are never far from reach but we also use our meeting room to hold potluck dinners, watch videos or just have discussions over coffee.

During the summer we meet at Stratford’s beautiful Queen’s Park, grab our own picnic table and share a picnic lunch. Picnics are very casual and each member brings their own eats or enough to pass around the table. Close to the bandstand, we sometimes hear music in the park but always we are in good company with each other and the families that inhabit this space.

We held an August baby shower at the park for Jessica who gave birth to her first child, a little girl, in September. She is a beautiful baby and we are so happy for Jessica and Jason.

Stratford Summer Music featured 9 Street Pianos last August, each painted by a different artist. The artwork on each one was unique to the style of its painter and the pianos were set up in various parts of the downtown and river area. The words ‘PLAY ME I’M YOURS’ were painted on each one, inviting the public to pull up the stool and play a tune. One of our group members - Lila was one of those artists and created the Ludwig Piano. The group supported

her by spending an afternoon sampling all of these lovely instruments.

Lindsay, was overjoyed when her painting ‘Tropical Impressions’ was hung in the Perth Huron Exhibition at Gallery Stratford from July to October, 2012. This beautiful, semi-abstract was painted in acrylic, submitted, juried and then chosen from a large number of submissions. The Grateful Heads gathered at the gallery to tour the show, admire this lovely piece and to give Lindsay our love and support. Yay Lindsay! You are a very talented, thoughtful and creative young artist!

In September our meetings returned to the board room at Central United Church. Again, the group participated in discussions, board games and an afternoon out at the bowling lanes. Delicious Christmas and Thanksgiving potluck celebrations were enjoyed with each member bringing a menu item for the buffet table. Volunteer, Joan always did the table up in style for both occasions with tablecloths and table settings – she always brings the polish to the occasion. Jonathon has become famous here for his homemade pies and especially pumpkin pie. What a chef! Pastry from scratch and fresh pumpkin from the garden – mmmm....mmm...good!

But who could forget our Halloween party? Let’s see...there was Keith Richards, a surgeon, a bespectacled nerd, a hunter in camouflage and a bunny rabbit. And oh yes, the M&M guy, the killed Scotsman and the witch. Just toward the end of the meeting, a black haired ghoul with a humungous, black wart made an appearance, too. What a group!

The Grateful Heads are currently working on an accessibility project to put together, stating specific problems with sidewalks, crossing lanes, etc. We wish to write up a letter from this information and send it to the City of Stratford. The material contained in this project will reflect personal experiences of the group members regarding various issues of accessibility.

Our group leader, Jen Vanderkant was away for a length of time and we’re all just ‘grateful’ to have her back in the fold with us! So until the next issue of the Monarch – so long and enjoy the coming months!

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Mental Incapacity – Guardian of Property Application

Under the Substitute Decisions Act, 1992, there is a presumption that a child under the age of 18 is incapable of managing his or her own finances. As a result, parents are generally the informal Guardians of Property of the child, unless a large sum of money is awarded to the child. Once a child becomes 18 years of age, the law presumes that the child is capable of managing his or her own finances and therefore has the right to make financial decisions. This is not necessarily the proper conclusion where the child has brain injury.

When we look at the flip side, the same issue can arise where the parent of an adult child acquires brain injury. Although the parent is presumed to be capable of managing his or her own finances, depending on the degree of brain injury, the adult child may be concerned that the parent is easily confused and taken advantage of by others, or has an inability to keep track of financial matters and decisions made.

In order for one person to have power to manage another adult person's finances or property, that person (the "proposed Guardian") must make an application to be appointed as Guardian of Property for the incapable person. Note

that the fact that the person has a brain injury is not sufficient to make the conclusion that the person is incapable. There must be clear and convincing evidence of incapacity before the Court will appoint a Guardian. As such, a health professional, generally referred to as a "capacity assessor", is required to conduct an assessment to make this determination.

Once the capacity assessor has determined that the person is incapable of managing his or her finances, the proposed Guardian may then make



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an application to the Office of the Public Guardian and Trustee (“OPGT”) or to a Court, depending on the circumstances. The OPGT and/or Court will try to determine whether the proposed Guardian is trustworthy, cares about the incapable person’s well-being and is likely to manage the person’s finances responsibly. The application should include:

- information on the proposed Guardian such as age, details of employment, etc;
- the relationship between the proposed Guardian and the child;
- the views of other people who are involved in the incapable person’s life, particularly other family members; and
- a detailed Management Plan.

The Management Plan should show that the incapable person’s income, assets, expenses and debts will be handled in a careful and appropriate manner. Therefore, a management plan should provide details on the sources and amount of income of the incapable person, the treatment or expenses the incapable person requires, and how the monthly income will be allocated to the treatment and expenses.

A Guardian of Property has an overriding duty to act in the incapable person’s best financial interest. To protect the incapable person’s money, a common condition to the appointment of Guardian of Property is a requirement that the Guardian have his or her accounts reviewed periodically. As a result, the Guardian of Property must carefully keep record of the transactions he or she makes on behalf of the incapable person.

This process applies to anyone who wants to be appointed as Guardian of Property for a person determined to be incapable of managing his or her finances.

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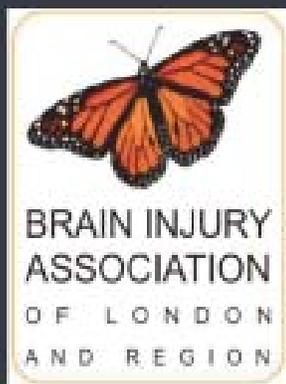
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16th Annual Brain Injury Conference
June 21, 2013

Schedule

- 7:30 a.m. **Set up Exhibits, Registration, Continental Breakfast**
8:25 a.m. **Welcome and Opening Remarks**
8:30 a.m. **What Does The Research Tell Us?** – *Judy Gargaro*
9:45 a.m. **Break & Visit Exhibits**
10:00 a.m. **The Challenges of Navigating our Current ABI System** – *Omer Vandevyvere*
11:00 a.m. **Criminal Law/Justice** – *Aaron Prevost*
11:20 a.m. **Navigating through Family Court with an ABI** – *Matthew Villeneuve*
11:40 a.m. **Working Together-Safe Children Bright Futures** – *Michelle McIntyre*
12:00 p.m. **Lunch**
1:00 p.m. **The COAST Model of Crisis Intervention** – *Terry McGurk*
2:00 p.m. **Observations and Perspectives on Homelessness** – *Brandon Agnew*
2:20 p.m. **Break**
3:00 p.m. **Importance of Financial Planning** – *Jenn Martin*
3:20 p.m. **Treatment Financing as a Solution for Injured Individuals** – *Bob LaBrecque*
3:40 p.m. **Families Affected By Disability** – *Glenn Warren*
4:00 p.m. **Closing Remarks** – *Donna Thomson, Executive Director*



Matthew Villeneuve was called to the bar in 2006. His practice is centered on Family Law. The enjoyment of his practice comes from the discovery of creative solutions to clients challenging problems.

Aaron Prevost was called to the bar in 2005, Mr. Prevost practices exclusively criminal law throughout Ontario. Mr. Prevost is the current Director for London for the Criminal Lawyers Association of Ontario. He has worked within the courts through the development of the Adult Therapeutic Court in London. Mr. Prevost provides compassionate expertise to his clients living with mental illness and/ or acquired brain injuries.

Mr. Prevost will explain what may happen when a client with a brain injury is charged with a criminal offense, and provide his advice on how to support clients who become entangled with the legal system.



Brandon Agnew is the Street Outreach Team Leader with London CAREs, a housing first initiative addressing homelessness in London, Ontario. Prior to his involvement with CAREs, Brandon spent two years working as a Harm Reduction Worker in Ottawa's Managed Alcohol Program housed at the Shepherds of Good Hope. Brandon educational background is in Social Justice & Peace Studies at Western Ontario University.



Jenn Martin is a Financial Advisor with Freedom 55 F assists her clients with budget management, retirement plan financial goal setting. She helps clients realize a financial plan into account a client's budget and personal goals.

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Judy Gargaro has a B.Sc. degree with a double specialist in psychology and physiology and a M.Ed. in Applied Psychology and Counselling from the University of Toronto. She has worked on numerous projects over the last 22 years in the areas of developmental delay, cerebral palsy, homelessness, and most often in brain injury. Judy has many published manuscripts in peer-reviewed journals. Her research interests are in the area of neurotrauma, specifically ABI, and issues relating to adjustment, community living, the way supportive services are delivered to and perceived by consumers and their families.

Le McIntyre

and her Bachelor of Work degree from University in 1996. She obtained her Master of Work degree from Wilfrid Laurier University in 2003. She worked with the Women's Aid Society of York & Middlesex for 17 years. She is currently the Supervisor of Development.



Omer Vandevyvere currently fills the role of the Regional Coordinator of Acquired Brain Injury Services for Southwestern Ontario. In his role he provides Specialized Case Management and System Navigation to individuals with and ABI who may also have addiction and/or mental health concerns.

Glenn Warren has 17 years experience in Safety and Disability Management and entered the Financial Services industry in 2008. He is Life and Mutual Fund licensed and specializes in assisting individuals with disabilities. Alquest specializes in assisting individuals with qualifying for the Disability Tax Credit and obtaining Registered Disability Savings Plans.



Bob LaBrecque has spent his 28 year career facilitating service development and client centered support to the plaintiff litigation market place. In 1994 Bob received the designation of Canadian Certified Rehabilitation Counselor. Bob has worked at the senior management level in the rehabilitation field throughout Canada and has developed a wide base of experience in the co-ordination of essential medical/rehabilitation services to law firms and their clients utilizing a variety of funding solutions.



Mr. McGurk has worked in a variety of clinical settings for the past 40 years, and has a wide range of experience in Clinical and Administrative roles. 15 years ago, Mr. McGurk, developed the COAST. In the recent past consulted in the development of the COAST Niagara program. Mr. McGurk continues to manage the COAST Hamilton Program. In January of 2009 he left CMHA Halton to enhance the Crisis Assessment Support Team (CAST) and Addictions Services of Haldimand Norfolk .

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We Apologize!



Our apologies to Next Step Rehabilitation Inc. for inadvertently omitting their contribution to the 11th Annual London Brain Injury Golf Classic in the December 2012 issue of the Monarch.

We would like to express our appreciation to Next Step Rehabilitation Inc for their generous sponsorship of the Putting Contest at the event.

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Planning for Parenthood

by Jamie Fairles

When my wife and I found out we were expecting a baby girl, due in November, 2012 we were both overjoyed and felt the typical, normal fears and anxieties of becoming new parents, but for me that fear was heightened because of my limitations from my several brain injuries,

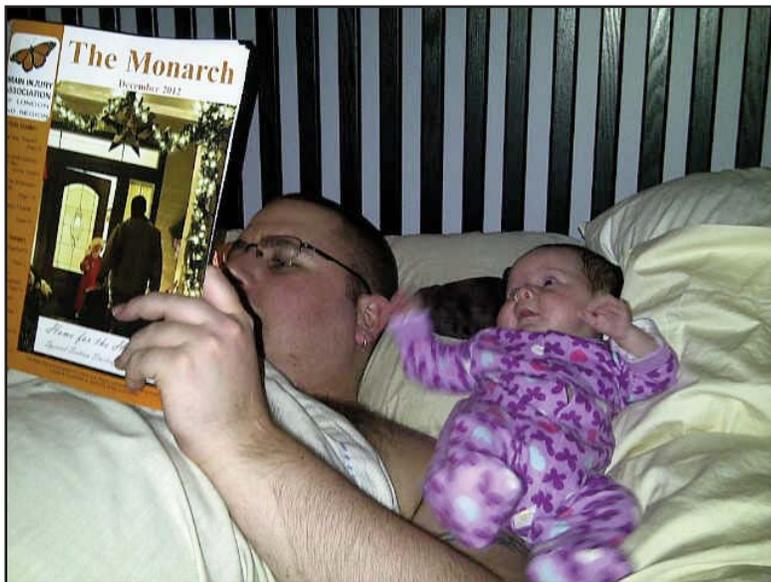
While my wife was no doubt decorating the baby's room in her mind, in my mind, I was thinking, "how am I going to be an adequate father? I can't even carry, and play with my daughter without dropping her and putting her at risk.

I expressed these concerns to my physiotherapist and former board member, Sari Shatil of Neuphysio and she was more than willing to work with me to lessen my fears. And help me feel more confident so that I would be a capable father by practicing neo-natal physio.

What Sari had me do in my physiotherapy sessions is wear a weighted vest of about 36 pounds to combat my loss of proprioception in my left side. Muscles are made up of proprioceptors, which are defined by the Merriam-Webster online dictionary as "Tendons deep in the tissues (as in skeletal or heart muscle that function in proprioception (as in response to changes of physical tension or chemical condition within the body)" (webster.com/medical/proprioceptor).

The added weight of the vest compresses my joints on my left side, sending a signal to my brain that there is actually a leg there, because before the weighted vest I knew my leg was there, but I could not sense it at all.

Since I've been wearing the vest, my proprioception and gait have improved drastically! We first



"I know I will be an amazing father despite my limitations!!"

swaddled 7.5 pounds of ankle and wrist weights like a baby and I used that as my "baby". I'd practice swaying, squatting, practice standing from a sitting position without using my hands while holding "her". We've then increased the weight from to 10.5 and 12 pounds.

When I would pick 'her' up not gently enough, the physio assistant had an idea. He put a box that rattled to signify that I wasn't gentle enough when lifting 'her' up. If the rattle sounded, I knew that I needed to be gentler as to not wake 'her'.

My neonatal physio was such a success that all my fears were abated and I know I will be an amazing father despite my limitations!!

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Making Numbers Make Sense



Food for Thought – Healthy Eating Challenges for Families

By: Heather Thomas, RD, PhD, Novus Rehabilitation Limited

Healthy eating can be a challenge at the best of times. Many families experience competing schedules, after-school activities, and the stress of managing family, work, and recreation. Healthy eating often is replaced by dashboard dining and living fast. Adding an acquired brain injury into the mix can be overwhelming for many families.

An ABI can change many aspects of a child's life, including nutrition. Favourite foods may not be enjoyed anymore. Taste and smell can be affected, decreasing the desire to eat. Texture of foods can feel different in the mouth, and overall, appetite can change. In some cases, the only thing children feel they have control over is food which may lead to disordered eating, including a range of unbalanced eating behaviours. In extreme cases, this may lead to more commonly known eating disorders such as bulimia or anorexia nervosa.

Parents need to be reassured that these situations, even when their child has an ABI, are very common. Children from all walks of life experience "food jags," a change in the typical eating habits. Jags include repeated demands for the same food at every meal and snack. Children experiencing food jags also refuse foods they previously enjoyed. Food jags do not need to be an issue if parents recognize the division of responsibility when feeding their kids. It is the parents' responsibility to provide healthy foods and the child's responsibility to eat it (or not!).

As parents, we worry about whether or not our kids are getting enough or too much food, are having a healthy growth pattern, and in the case of ABI, enough healthy foods to help the brain heal. In most cases, as long as the child has access to healthy foods in a nurturing and positive environment, he will choose what he needs. In the case of disordered eating, however, reach out for some assistance from your health care providers.

Tips for healthy eating are everywhere on the internet. Here are some



reliable and accurate online resources you may want to consider when planning healthy, happy family meals.

www.eatrightontario.ca

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Helping Your Child Recover from a Brain Injury

by Ashlen Kain, OT, Novus Rehabilitation Ltd.

Learning your child has an acquired brain injury can turn his/her world, as well as yours, upside down. Your child will have many new challenges to face, which may affect his/her daily life, relationships with peers, and education. You can play a key role in enabling your child to fully participate in daily activities, provide them with much-needed praise and encouragement, and help to establish a sense of structure and consistency to his/her day.

Daily Activities

Encouraging your child to slowly and safely resume the activities he/she once enjoyed and helping them to explore new activities of interest is an important part of the rehabilitation process that you as a parent can help facilitate. By doing so, you allow your child to rebuild skills and regain a sense of control and responsibility while operating in a safe and supervised environment.

Relationships

Due to potential changes in your child's behaviour and social awareness, he/she may have a difficult time building and maintaining relationships with his/her peers. As a parent, you can encourage your child to initiate conversations and social activities with friends as well as act as a role model for social-appropriate behaviours.

Education

Following a brain injury, your child may find school challenging and frustrating due to fatigue and changes in his/her cognition and social skills. It is key to work with school staff to increase their understanding of brain injury and thus help to improve your child's ability to participate in school and academically thrive.

While you want to encourage your child to safely return to his/her daily activities at home, school and with friends, it is also important to help your child understand the importance of not overdoing it. Fatigue can be a significant issue for your child following a brain injury, so it is helpful to talk with him/her about how rests during the day, and breaking activities into small chunks may prevent him/her from feeling very tired in the days to follow.

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Parent's Guide - Promoting your Family's Wellbeing - Fact Sheet

In the aftermath of your child acquiring a brain injury it can be easy to neglect your family.

Caring for a child with Acquired Brain Injury can take a great deal of time and energy. It's easy for everyone else's needs to get side-lined, and difficult to get the balance right.

Let your other children know that you care about them and that you understand that things are tough for them. Try to give each child some time regularly, when he or she is the focus of your attention.

Don't be afraid of feelings - your own or other people's. Let everyone in the family understand that it is OK to express their feelings. Try to maintain as much family structure as possible, to give you all a sense of security and continuity. Keep on doing some of the things you used to do as a family.

Encourage teenagers to get on with their lives and make their own plans (remembering that it's always best to know where your teenagers are and who they are with). Don't sweep conflicts and problems under the carpet - talk about them openly, and deal with them. Set aside times when the family can discuss responsibilities and problems.

Let teachers or school counsellors know what's happening at home. Keep in contact with the school to make sure things are okay and 'troubleshoot' any problems.

Use respite services or find other ways to give everyone a break (including yourself). Accept offers of help from friends and relatives. Take care of yourself - both for your own sake, and for your family's.

Do at least one thing a week that is just for you - pamper yourself occasionally. If your children see you having fun and getting satisfaction out of life, they will tend to see this as a good model to follow, a good way to be.

Try to make opportunities to recognise and celebrate what's been achieved. Observe the same special occasions as you did before the injury.

Responding to your other Children

Your child's Acquired Brain Injury will affect any other children in your family. Parents usually see these effects, but professionals may be unaware of what siblings are feeling.

Children's reactions to Acquired Brain Injury in a sibling

Sadness is common and reactions may include both positive and negative elements. Different responses can occur at the same time or in quick succession. It's a challenge to encourage more positive responses without 'putting the lid' on the negative ones.

continued on page 26

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Helping children express themselves

The most important thing you can do for your other children is to listen and be there for them. This means making time to be with them-something that is often not easy, either practically or emotionally. Brothers, sisters and other young relatives need opportunities to express their feelings freely. They may believe that some of their normal responses - anger, resentment, rejection - are wrong or abnormal. Let them tell you their worries without judging or trying to change how they're feeling.

Some young people don't talk to parents because they don't want to worry them or be a burden. They may prefer to talk to friends, other relatives or counsellors. This can be a good thing, but if these people have little knowledge of Acquired Brain Injury try to tactfully correct the wrong information if it comes up.

Young children can't take in too much information at one time. Keep explanations simple and respond to questions at the level the child can understand.

Take advantage of the chances you get to be with each of your children - clearing up the kitchen, getting some breakfast together or watching a match.

You can't force children to talk, but you can be there when they are ready.

Listening - active listening - is very important. Give the child your attention, and show that you're interested without breaking the flow of the conversation.

Often they don't volunteer how they're feeling - but they may answer direct questions. Sometimes a gentle prompt can help, when the child is ready to talk, such as "How do you think (your brother or sister) has changed?"

When children do talk, try not to jump in too quickly with reassurance or advice. Give them time to talk, to express their feelings. It is important to remember children's behaviour may give clues to how they are feeling, by withdrawing, acting out, sleep disturbances or poor school results.

Providing factual information to children

Children who are well informed are better able to understand and accept what's happened. They are also usually better able to support and understand the difficulties facing their brother or sister with Acquired Brain Injury. Don't overload your children with information but answer their immediate questions and concerns. Be aware that children vary widely in the amount of information they want, and their ability to take it in.

In the early days after the injury, hospital or rehabilitation staff may help to explain to your children what's happening, or they may have useful pamphlets, books, videos or computer programs. Ask the staff how your other children can be involved with your child with Acquired Brain Injury - maybe helping with care in some way, talking and listening, or simply just being there and being reassuring.

Acquired Brain Injury and Mental Health

Ups and downs are a normal part of life. Teenagers in particular have wide swings of mood as they learn to deal with increasing independence and a changing body. This is to be expected, it's a normal part of growing up, though it can often be demanding to live with.



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Sometimes, however, changes in behaviour are the first sign of something more serious. Many children with Acquired Brain Injury can remember how they were before the injury, and adjusting to the changes can be very difficult. Changed abilities, disrupted schooling, loss of friendships can cause great unhappiness, and young people often become depressed as they gradually become aware of the full impact of their Acquired Brain Injury.

If depression is severe or prolonged, it can interfere with a young person's normal development and increase the risk that they will harm themselves in some way. Anyone with depression of this nature (whether or not they have an Acquired Brain Injury) needs treatment for their depression-and depression can be successfully treated.

The young person may find it helpful to talk about what he or she is experiencing. Sometimes it's easier to talk to a friend or professional rather than a family member.

Acquired Brain Injury may cause problems with thinking and speech that make it harder to talk through problems, so it's particularly important to teach concrete ways to help the young person cope. But even if speech and thinking are limited, the young person can often communicate their sadness and distress. It's important to listen to what your young person is saying rather than how he or she is saying it-simply having someone listen and care is a help.

Can Acquired Brain Injury Lead to Mental Illness?

Mental disorders can occur in anyone, and are common in our society. Most disorders don't have a single cause, but result from a complex combination of events and conditions, including the person's biological and inherited make-up, their psychological make-up and skills, and their family, social and community environment.

Risk factors such as stress increase the likelihood that a person will develop a mental disorder. Protective factors, on



the other hand, help people to cope with adversity such as an easy temperament, a strong and supportive family and school environment, and a sense of belonging.

Adolescence- particularly later adolescence- is the time when mental disorders are at their most common. Some of these disorders start in childhood, some during adolescence.

Many young people with an Acquired Brain Injury will not develop a mental disorder, but some inevitably will. Each young person's level of risk and protective factors will be different, but some of the effects of an Acquired Brain Injury do increase the

continued on page 28



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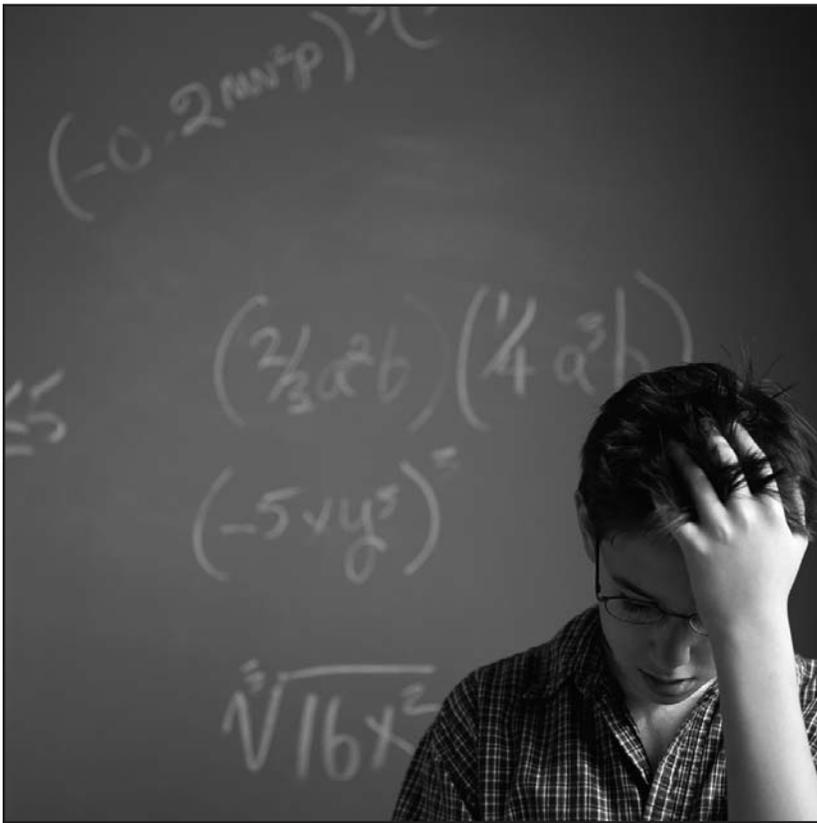
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continued from page 27

risk of some mental disorders. For example, Acquired Brain Injury can erode a young person's confidence and self esteem, and behavioural problems can put teenagers and young adults at high risk of becoming socially isolated and without friends.

In short, Acquired Brain Injury may both increase stress and decrease the person's ability to cope with stress.

The most common symptom in young people with Acquired Brain Injury is depression - often probably a response to the adjustments necessary after an injury. Young people with Acquired Brain Injury may also experience severe anxiety, sometimes diagnosed as 'post-traumatic stress disorder'.

There is no evidence that Acquired Brain Injury increases the risk of a number of other mental disorders, including schizophrenia and bipolar disorder.

Suicide is always a concern for parents. Remember that only a small number of young people actually take their own lives, though many more attempt suicide, and still more

think about it. Mental illness-particularly depression-is one of the main risk factors for suicide, and young people who have previously attempted suicide, or have deliberately harmed themselves in some way, are particularly at risk.

Symptoms of a mental illness

Parents are the people most likely to notice signs of a mental illness or emotional disorder. The signs can be difficult to pick, as many resemble the effects of Acquired Brain Injury. They include:

- A drop in school performance
- Rigidity in thinking and behaviour
- Unwarranted worry or anxiety and inability to cope with day-to-day problems
- Changes in sleeping or eating habits
- Aggression (verbal or physical) towards others
- Excessive fear and feelings of persecution, paranoia
- Recurrent nightmares and seeing, hearing or experiencing things that are not there
- Depression or social withdrawal
- Difficulty 'getting going'.



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What to do

If you're worried about your child's emotional health or suspect a mental illness, it's useful to consult a health professional—preferably someone who understands Acquired Brain Injury and its effects on your child, and preferably someone you've worked well with before. Together you could first try some strategies to deal with the problem. Your child's response will provide useful information.

Refusing to go to school may reflect relatively mild anxiety that could be helped changing the child's school environment, or by using carefully chosen strategies to change the child's behaviour. If the anxiety is severe - for example, if the child is having panic attacks - medication may be necessary.

Treatment for mental disorders has improved vastly over recent years. Medication can usually reduce symptoms, and a range of psychological, behavioural and social therapies help people to address the problems in their lives and learn healthy ways of coping and behaving.

If the young person's problems continue, try to see a mental health professional with experience of both Acquired Brain Injury and young people (ask about their experience). If you can't find someone with these skills, make sure the mental health professional knows your child's history. Mental health professionals include psychiatrists and psychologists.

Acquired Brain Injury specialists and mental health specialists must coordinate their care, as treatment needs to take account of both conditions.

For example, the dose of medications for mental illness may need to be adjusted for a person with Acquired Brain Injury.

Coordination may not be easy. The Acquired Brain Injury and mental health treatment systems are separate, and experts in one area may know relatively little about the other.

Good case management can help to ensure that services are coordinated and the right treatment identified. Often, though, parents have to be the 'go between' to make sure information is shared



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Assisting Your Child's Development- Fact Sheet

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A brain injury can disrupt the long and complicated process to move from childhood through to being a mature adult.

At each stage of development a child needs to master a particular range of new skills in physical, intellectual and social skills. Over time, these developmental changes should include:

- Increasing ability to handle complex ideas
- Growing ability to concentrate and to remember what is learned
- Increasing physical and social independence-for example, coming to rely increasingly on peers as well as family members for opinions and social contact
- Growing physical abilities, stamina, strength and coordination
- Increasing self-awareness and a growing sense of who they are as an individual person (a sense of identity)
- Growing ability to express negative feelings and frustrations in words, rather than physically.

These general trends are all important, but there is plenty of 'normal' variation in how they occur. Changes seem rapid during some periods and slow at other times and at any age, a young person may switch between more and less mature behaviours. 'Transition' times place extra stresses on children. These are times of major change. Some are imposed from outside: starting school, moving from primary to secondary school, leaving school. The most important 'internal' transition is puberty.

How Acquired Brain Injury Affects Development

Acquired Brain Injury may disrupt development to a greater or lesser extent in areas like language and speech, learning, memory, thinking, behaviour, and physical functioning.

For children and adolescents with an Acquired Brain Injury, the situation is further complicated because their development isn't yet complete. They still have many things to learn and tasks to accomplish to reach mature adulthood.

Acquired Brain Injury ranges from very mild to very severe, with everything in between. A mild Acquired Brain Injury may produce few observable effects, but with increasing severity, more areas of life are usually involved and effects tend to be more obvious

Direct and indirect effects

Direct effects of an Acquired Brain Injury often

involve social, intellectual and language development. They might, for example, affect abilities such as getting organised, controlling impulses, learning new skills or remembering things. Many young people with Acquired Brain Injury also have slowed reactions and weakness in some parts of the body, which may affect what they can do and take part in, and their self-image. People with a severe injury may also have major physical problems that affect their ability to move about, care for themselves, and communicate.

Indirect effects result from the way the young person and others respond to the direct effects. These can include loss of confidence, changes in behaviour, social isolation, frustration, emotional problems and low self-esteem. Acquired Brain Injury is not widely understood and some people may confuse it with mental illness or intellectual disability.

If there are no visible signs of having acquired a brain injury then a child's behaviour can be easily misunderstood.

Cognition

Generally, 'cognitive' (that is, thinking or intellectual) skills are most affected. It is often harder for young people with Acquired Brain Injury to remember things, harder to concentrate, work logically through a process that involves a number of steps, or manage several things at the same time. They may also have some physical issues, for example, slower reaction times and poorer coordination than before the Acquired Brain Injury.

These difficulties don't just affect school work. Because thinking skills play a large part in getting along with others, social interactions can be changed. People with Acquired Brain Injury may also have a tendency to be impulsive, irritable, even aggressive, and this can affect relationships.

The myth of the resilient brain

It used to be thought that younger children were more resilient and 'bounced back' after a brain injury. But as children develop and grow, they build up an ever-increasing 'bank' of memory, learning, knowledge, language and life skills - the younger the child when the Acquired Brain Injury occurs, the smaller is the bank of stored learning. The young child has less to draw on.

This makes good recovery and adjustment more challenging. Effects of the injury may continue to appear over years, as the child's brain matures and is challenged to learn new and more complex tasks and skills.

How to Assist Your Child's Development

If children with Acquired Brain Injury are to achieve the best results possible - in overcoming and/or adjusting to their difficulties - it is essential



that they have assistance and support designed to meet their particular needs. Helping the young person to deal with and/or overcome these effects can involve:

- Taking special care to teach him or her the necessary skills; and/or
- Concentrating on finding ways around the problem - 'compensating' for it.

The best approach will vary from person to person, and problem to problem. Professionals with experience working young people with Acquired Brain Injury can provide advice. The key to success is to identify the nature of the difficulties, and to deal with them before the young person becomes discouraged and loses confidence. Young people with Acquired Brain Injury need lots of opportunities to practise skills that others learn more easily.

Assessment

The first and essential step is to obtain a clear and accurate assessment of all the young person's abilities and difficulties-whether the brain injury has just occurred, or there are worrying symptoms months or years after the event. Assessment is the basis for planning a specific program to build on the young person's strengths and address their particular needs, and set short-term and longer-term goals.

Setting goals

This planning and goal-setting should always be a team effort, with the young person, the family, and the professionals involved - a partnership that works to find the best ways of meeting each young person's needs, and the needs of the family as a whole.

The program needs to be tailored to your child's and your family's priorities and circumstances, to build on your particular strengths and skills. It needs to help you and your child adapt positively to the way things are now, and to foster your child's learning and independence.

In the first six months after an Acquired Brain Injury, recovery is at its fastest although progress may continue for years in cognition, language, physical skills, behaviour, emotional and social skills.

Re-assessment and planning, both formal and informal, therefore need to continue often over years, to track the young person's development and progress, and map out the path ahead. Remember that predictions made by professionals-even the most competent-may not always turn out to be accurate. This simply reflects the difficulty of making accurate long-term predictions with something as complex as Acquired Brain Injury.

Some general strategies

Individualised plans are important, but some general strategies may also help:

- Pitch your expectations at a level where success is likely
- Praise or reward small but significant steps toward a goal
- Break larger tasks (be they physical or cognitive tasks) down into small steps that can be learned and practised separately
- Practise how to deal with difficult situations, recognising that it may be hard to apply existing skills to new situations
- Focus on tapping into the young person's strengths, and changing the surroundings to compensate for things he or she finds difficult
- Respect the young person's dignity, help them achieve their goals for themselves and aim continually to build self-esteem and confidence
- Be consistent in your expectations and approach - don't chop and change the ground rules for the young person.
- Use a 'problem-solving' approach to difficulties, to find the solution that best suits the needs of everyone involved.
- Think about building informal supports for your child - for example, contact with other young people who have had similar experiences.

Try to give yourselves time off from rehabilitation every now and then, and just be together for a bit. Don't expect to change everything at once. It's easy to feel impatient when the young person is struggling to learn or re-learn skills

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Parent's Guide - Challenging Behaviour - Fact Sheet

Parents generally want the best for their children. Despite obstacles presented by Acquired Brain Injury parents can still bring out their strengths, help them to ride out the difficulties, and enable them to develop to their full potential.

Bringing out the best in a young person means:

- Enabling each child to express fully his/her own talents and abilities
- Learning to build caring and satisfying relationships with other people
- Acquiring the skills to be as independent as possible, and take on responsible roles in life.

Two qualities are of particular importance in this process, self-esteem and resilience - the ability to handle life's 'knocks' and challenges. The support, love and respect of family members and, especially during adolescence, of peers and friends, are the foundation for building resilience and self-esteem. An Acquired Brain Injury can make it more difficult, but there are lots of positive things you can do to help your child build his/her skills, self-esteem and resilience.

Bringing out the best in your child also involves enabling and encouraging them to be involved in the normal run of kids', young people's, and community activities - doing the things that friends and peers are doing. Swimming at the local pool, joining the scouts, getting a pizza with friends, all help to build self-esteem and confidence and focus on the person rather than the problem.

Encouraging Appropriate Behaviour

The best basis for helping your child is a loving, caring relationship - not always easy in the face of very difficult behaviour. Try to see your child as separate from the difficult behaviour-'I love you, but I don't like what you're doing'. This can help you to work together on the problem, without a negative focus on the child.

Parents in general do lots of things to bring out the best in their child, and all these things can benefit young people with Acquired Brain Injury:

Set specific rules and structures for particular situations, and rehearse these each time a similar situation is coming up.

Praise or reward behaviours you want to encourage but don't reward behaviours you don't want to see-ignore them or, if necessary, offer comment or an agreed punishment quietly, without drawing extra attention to the behaviour.

Help your child to learn from experience by talking over what he or she did right or wrong, and how there might be other ways of responding.

Show your child, by your actions, how to handle difficulties and get along with others.

Behave in the ways you want your child to behave-for example, be caring, empathetic and respectful of others.

Most importantly, young people with Acquired Brain Injury may need very concrete, detailed and explicit instructions and rules about what to do in particular situations (for example, who they should or should not hug), and parents may need to set very firm limits and keep a check on them.

Understanding Challenging Behaviour

In trying to understand challenging behaviour:

- Try to put yourself in your child's shoes, to see the issue from his or her perspective
- See behaviour as a form of communication and try to understand the message
- Be aware of your own responses as some times kids 'push our buttons', know how to make us react, and we respond automatically.

Young people with Acquired Brain Injury can take responsibility for their behaviour, given the right supports. They can learn appropriate ways of behaving, but - like everyone - they'll learn best when the goal is something they want to achieve for themselves. It's important to respect young people's own choices and priorities.

Managing Agitation, Frustration and Anger

It's not uncommon for young people with Acquired Brain Injury to behave in ways that are challenging or sometimes aggressive. They may have difficulty coping with small upsets and not even know why they are angry. Everybody feels angry, irritated or annoyed at times, but we all need ways of dealing with these feelings in ways that are appropriate, socially acceptable, and constructive. Physical violence, verbal abuse, avoiding someone, or just 'sitting on' the emotion are all unhelpful.

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Very young children often hit out when they are angry, but over time they learn to use words (even if these aren't very polite). Saying 'I hate you' rather than delivering a punch shows that a child has learned the first step in anger management—a shift from a physical to a verbal way of expressing anger. This shift deserves praise and recognition. Later on, a child may learn how to feel angry less often, as they learn to negotiate and see another person's point of view.

Young people with Acquired Brain Injury may have difficulty developing these more mature ways of managing anger. Cognitive problems can make it difficult to see things from another point of view.

Other people's reactions vary. Some might try to ignore the problem, or blame somebody, or demand that the young person change, or they might just become upset. In the long term, though, these responses generally don't deal with the situation very effectively.

Conflicts may be frequent and intense, and discipline that works with other children might not be effective. Parents may find it hard to apply discipline at all.

These situations can be very distressing for par-

ents and families. They can also be distressing to the young person—nobody likes to feel that their behaviour is out of control. The first aim, then, is to find ways for you and your child to regain a sense of control over your lives.

Some Strategies to Help

Young people with Acquired Brain Injury can usually learn to avoid having their anger boil over into physical aggression. The following suggestions may help to manage challenging behaviour.

It doesn't help to confront the person or respond angrily. Ignore the behaviour, or simply say quietly that it's not appropriate now, and reward and praise other behaviours that are positive and appropriate. You can also set limits on what is acceptable behaviour—shouting may be OK, but no threatening gestures. Think about what you're willing to do to enforce these limits.

Make sure the standards you set are acceptable (and applied) in all situations in which your child must function. The whole family may have to make some adjustments - for example, brothers and sisters may need to accept the same rules.

Give praise when your child stays within the limits of acceptable behaviour or does something that — avoids confrontations - for example, learning to walk away.

If temper or aggression is a significant problem, talk to a specialist (a neuropsychologist, or a psychologist who has expertise in working with young people, and preferably one with experience of Acquired Brain Injury). Don't wait too long before doing this—it's best to tackle problems before they become entrenched, for the sake of both the young person and the family.

A specialist may suggest a fairly structured 'behaviour management' approach. This involves working with you and your child to analyse what is happening, why it is a problem, and to reach agreement on how everyone involved will behave in the future - essentially a system for rewarding behaviours you want to encourage and ignoring those you want to discourage. The same strategies need to be used at home, at school, in day programs and so on - everywhere the young person is involved.

Anger can be a result of being misunderstood, and a longer term goal is to help the young person to develop socially appropriate ways to express feelings and opinions in words - to use language more effectively. A speech pathologist can help in this area.

Many thanks to Brain Foundation Victoria for permission to adapt their material for this fact sheet

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Being a new parent with a brain injury

By: Crystal Fairles

My entire life I dreamed of falling in love, getting married and having a baby, but I never actually thought it would ever happen.

My entire life I dreamed of falling in love, getting married and having a baby, but I never actually thought it would ever happen. It is almost too surreal that I accomplished all of that in the year 2012. When I gave birth to my daughter in November of that year I was overjoyed at the prospect of being a mother.

I was expecting it to be difficult as every mother I knew said that it was both the hardest and most rewarding job there is, but I did not expect it to be as difficult as it actually is.

This could be for several reasons. The first reason being that I had a very difficult pregnancy being hospitalized several times in October due to my baby's heart rate dropping.

After several hospital admissions and numerous scans, it was deduced that the Beta blocker I take for Supraventricular tachycardia was affecting the baby. After we discovered that was the cause, my Obstetrician scheduled to induce me into labour on November 19.

After an emergency C-section, we welcomed our daughter, Reese Mackenzie Paige Fairles into the world! The hardest part of being a new parent for anyone let alone a new parent with a brain injury is the sleep deprivation.

Sleep deprivation is a trigger for seizures and since I have taken the anti-seizure medication Dilantin since my craniotomy in 2008, I am constantly trying to catch up on sleep so that I can heal fully from the C-section, which is classified as a major surgery. When I told my neurologist I was pregnant, he increased my Dilantin because apparently the hormonal changes that occur in the body while pregnant makes the Dilantin absorb slower than it usually does, and the strain of giving birth, which I didn't have to endure, also increases the chance of seizure activity.

So to catch up on my sleep to avoid having a seizure, I try to nap whenever possible, but as any new parent knows the baby now dictates when certain things happen and routines are one of the main strategies brain injury survivors rely on, adjusting to a new routine is a challenge in itself. Without routine, organization can fall by the wayside, which is what happened in our home.

I now find myself with permanent baby brain - I misplace things, can't remember where I put things moments earlier and sometimes feel like I get overwhelmed easily.

Another reason why being a new parent is hard for me is because the lack of help and support I get from my friends and family. Not that I can blame them though, my friends all have families of their own and they work full-time, so they lend a hand whenever they can, and as for my family, my parents live in Sarnia, have their own health issues, and don't drive.

My sister was a huge help during the first 3 weeks after Reese came home from hospital. She would help with the midnight feedings, cook meals and drive Jamie to and from the hospital, and take him grocery shopping.

Being a spouse to a fellow brain injury survivor also makes it challenging to be a new parent. Since Jamie is unable to drive, I am relied upon to do all the driving and his mobility and dexterity make it extremely hard to do certain things for her. I know he wants to help out, but he is not able due to his limitations - at least he has a reason for not helping out which is not like most other men!

Another reason why being a parent is hard with a brain injury is the anxieties and fears I had before becoming pregnant are heightened after giving birth so I am constantly worried about the wellbeing of both my husband and baby, which I am told is quite normal for a mother to be worried about her baby.

I have left the baby in the care of some friends, but I'm more comfortable leaving her with women who have had children of their own, and if they have experience as a nurse like our good friend Cindy, who not only has a one and half year old daughter and is expecting again, but is a nurse on the labour and delivery floor in St. Thomas.

Donna Thomson who Jamie calls his IAM (Informally Adoptive Mother) has been a tremendous help in watching Reese while Jamie and I go out to run errands.

One thing I do know for sure though. I love my husband and daughter very much and am in awe at how two people can create such perfect, precious little girl.



Parenting a Brain Injury Survivor – 15 years later

by Karen Masters

It has been almost 15 years since Matthew's accident and although I can still remember the events of that horrific day as though it were yesterday, someone meeting him for the first time would have no idea that he sustained a catastrophic brain injury at 23 months of age and has life-long deficits as a result.

He has no obvious physical disability, his speech is not slurred, his gait is not affected; all of his limitations are "invisible" which can make advocating for him within the school system that much more difficult. If teachers are not made aware that he has difficulty with executive functioning, memory, and socialization they classify him as distant, lazy and not interested in learning or participating. Implementing an IEP in high school was imperative.

I too have to remind myself that he isn't forgetting on purpose; bordering on incessant nagging, Matthew often needs reminders to keep him on track both at home and school. Failure to do so has left Matthew on the front door step without keys, at school without homework completed, at the store without his wallet, at the end of the day without having taken his medication.

It can be frustrating and at times I find myself thinking... why can't he just remember to do these things? As he gets older it becomes increasingly important that he learns ways to promote independence in these areas. Electronic calendars, reminder notes and other apps will be key to his success.

Matthew and I have always had a very close relationship. He knows that he can come to me to discuss anything; however, I didn't see the warning signs that Matthew was suffering from depression. A much appreciated phone call from a concerned teacher was a substantial turning point to the gains he has made in the last 6 to 12 months. Matthew



I thoroughly believe that a supportive home environment and continual advocating will make all the difference to a child who has suffered a brain injury.

finally spoke up and said "I don't want to feel like this anymore." Psychological testing resulted in a diagnosis of depression. Further testing revealed that Matthew also had a seizure disorder. He was having absence seizures which caused him to blank out in class and miss parts of conversations; no wonder he felt lost and confused.

He has since been started on medication to control the seizure activity and antidepressants along with regular therapy for depression. Matthew's mood has improved significantly, which has had positive impacts on his school work and peer relationships.

I thoroughly believe that a supportive home environment and continual advocating will make all the difference to a child who has suffered a brain injury. It is not an easy road; there are a lot of ups and downs along the way.

I still wonder what if this had never happened – how would Matthew's life be different? How would my life be different? But I can't change the past; all I can do is support Matthew and help him to stay on his path to success.



Upcoming Events

SAVE THE DATE!

What: **13th Annual Dinner/Dance & Silent Auction Gala**

When: March 2, 2013

Where: London Convention Centre

What: **16th Annual Conference for Brain Injury Association of London & Region**

When: June 21, 2013

Where: Four Points Sheridan

What: **12th Annual London Brain Injury Charity Golf Classic**

When: September 19, 2013

Where: Greenhills Golf & Country Club

What: **6th Annual Dinner & Casino Night**

When: November 23rd, 2013

Where: West Haven Golf & Country Club



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