Challenging the Challenges
November 8 & 9, 2010

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Toronto ABI Network Conference 2010:
Challenging the Challenges

November 8-9, 2010
Hilton Toronto

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Welcome and Introduction
to the Toronto ABI Network Conference 2010

On behalf of the Toronto ABI Network, it is our pleasure to welcome you to our 2010 conference.

This year’s conference is the 5th bi-annual conference of the Toronto ABI Network and we are delighted that we have delegates attending from all across Ontario, from Alberta and Nova Scotia. In addition, we are very pleased to have a presentation and delegates attending from Sweden.

The Toronto ABI Network Conference 2010 is a multi-track conference featuring sessions that appeal to the many professionals working with individuals who have sustained a brain injury as well as survivors and family members living with the effects of brain injury. Registrants will have an opportunity to reflect on the advances that have benefited the lives of individuals living with a brain injury and to look towards the future direction of research, resources, clinical practice and personal journeys.

Proceeds from this conference support the ongoing work of the Toronto ABI Network. The Network was established in 1995 to address issues of fragmentation in the system and inequitable access to service for individuals with an acquired brain injury. Since that time the Network has grown to include 20 member organizations and has become a reputable and recognized voice in advocating for the needs of those living with the effects of acquired brain injury.

Clients, families, ABI stakeholders, the Ontario Ministry of Health and Long-Term Care, Local Health Integration Networks and others rely on the Network as a resource for information and advice, and a forum for the identification and resolution of issues affecting ABI services across the Greater Toronto Area and beyond.

The success of this conference could not be possible without the valuable contributions of our conference planning committee. In addition, we are very grateful to the overwhelming response we have received from our many sponsors. Please take the opportunities provided throughout the conference to view their informative exhibits and learn about the variety of services available across the system.

This conference provides an opportunity for us to establish and maintain links across the provincial, national, and now international ABI community and to share the work that we do throughout the year. Please take this opportunity to meet with colleagues, clients and family members, hear what they have to say and then challenge yourself to see how you can incorporate their learnings into your activities.

We hope you find this day informative, inspiring and enjoyable. Thank you for sharing this day with us.

Sincerely,

Alison Jardine
Chair
Conference Planning Committee

Charissa Levy
Executive Director
Toronto ABI Network
Floor Plan of the Conference Venue
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<tr>
<td>7:30 – 8:45</td>
<td>Registration &amp; Continental Breakfast</td>
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| 9:00 – 10:00 | **Keynote Address** ~ **Buddha Meets The Neuroscientist: Implications For Restoration Of Self After Traumatic Brain Injury**
|              | Dr. Thomas Kay                                                       |
|              | (Toronto Ballroom)                                                   |
| 10:00 – 10:30| Break & Poster Review                                                 |
| 10:30 – 11:15| **Concurrent Sessions**                                               |
|              | **Behaviour Management: Partnering To Bridge The Continuum**         |
|              | Nancy Boaro                                                          |
|              | (Toronto I/II)                                                       |
|              | **Tracking Movement Of Clients With An ABI Through The System From Acute Into The Community: What Does It Tell Us And What Else Might We Need To Know?**
|              | Angela Colantonio                                                    |
|              | (Toronto I/II)                                                       |
|              | **“Never Give Up”: A Teenager’s Journey To Recover From Traumatic Brain Injury**
|              | A.J. Fordham                                                         |
|              | (Carmichael/Jackson)                                                 |
|              | **The Next Two Decades: A Framework For Culturally Competent Rehabilitation Practice**
|              | Caron Gan                                                           |
|              | (Tom Thomson)                                                        |
| 11:25 – 12:10| **Concurrent Sessions**                                               |
|              | **Cognitive-Behavioural Treatment For Sleep Disturbance In Clients With Brain Injury**
|              | Sarah Vernon-Scott                                                   |
|              | (Toronto I/II)                                                       |
|              | **Financial Cost Recovery Strategies For Families Impacted By Acquired Brain Injury (ABI): Identifying Accessible Financial Supports For ABI Affected Families**
|              | Anthony Hutchinson                                                  |
|              | (Toronto III)                                                        |
|              | **Helping Hand A Constraint Induced Movement Therapy Group**         |
|              | Janet Woodhouse                                                      |
|              | (Carmichael/Jackson)                                                 |
|              | **Positive Outcomes Following Long-Term Rehabilitation For Individuals With Severe Traumatic Brain Injury**
|              | Denise Lawson                                                        |
|              | (Tom Thomson)                                                        |
| 12:10 – 1:30 | Lunch & Poster Review                                                 |
| 1:30 – 2:15  | **Concurrent Sessions**                                               |
|              | **Working Memory Training For Patients With Acquired Brain Injury. Effects In Daily Life.**
|              | Berit Johansson                                                      |
|              | (Toronto I/II)                                                       |
|              | **Families After Brain Injury: Psycho-Educational And Support Group Intervention**
|              | Clare Brandys                                                        |
|              | (Toronto III)                                                        |
|              | **Sexuality, Safety & Smarts: Creative Sexuality Education Strategies For Youth With ABI**
|              | Douglas Schmidt                                                      |
|              | (Carmichael/Jackson)                                                 |
|              | **Canine Potential Unleashed: An Old Dog Teaches New Tricks**        |
|              | Rebecca Swift-Weir                                                   |
|              | (Tom Thomson)                                                        |
| 2:25 – 3:10  | **Concurrent Sessions**                                               |
|              | **Clinical Guidelines For The Care Of Persisting Symptoms After Mild Traumatic Brain Injury**
|              | Shawn Marshall                                                       |
|              | (Toronto I/II)                                                       |
|              | **School Reintegration For Children And Youth With Acquired Brain Injury**
|              | Dawn Good                                                            |
|              | (Toronto III)                                                        |
|              | **The Effectiveness Of Self-Awareness Group Therapy Program For Adults With Long-Term Brain Injuries**
|              | Bruce Linder                                                         |
|              | (Carmichael/Jackson)                                                 |
|              | **Telephone Follow Up: Supporting Transitions Of Patients With Stroke And Acquired Brain Injury**
|              | Iona Yim                                                             |
|              | (Tom Thomson)                                                        |
| 3:10 – 3:45  | Break & Poster Review                                                 |
| 3:45 – 4:45  | **Keynote Address** ~ Conceptualizing Intervention For Behavioural Dyscontrol After Acquired Brain Injury**
|              | Dr. Robert L. Karol                                                  |
|              | (Toronto Ballroom)                                                   |
| 4:45 – 4:50  | Closing Remarks                                                       |

**Networking Reception** ~ All registrants are invited to a reception in the main foyer following Monday’s program.
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<td>2:30 – 2:45</td>
<td>Closing Remarks and presentation of the People’s Choice Award</td>
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Keynote Addresses

We are pleased to have four very exciting keynote speakers for this conference, presenting a variety of perspectives. All keynote addresses will take place in the Toronto Ballroom.

Keynote Address ~ Monday, November 8, 2010

| Time: 9:00 – 10:00 | Location: Toronto Ballroom |

Title: *Buddha Meets The Neuroscientist: Implications For Restoration Of Self After Traumatic Brain Injury*

Presenter: Dr. Thomas Kay
Neuropsychologist in private practice (New York, New York)

Presenter Biography:
Dr. Thomas Kay is a neuropsychologist in private practice in New York City, who has worked in the field of traumatic brain injury for over 25 years. He has served as Director of Research for the New York University Medical Center's Research and Training Center on Head Injury and Stroke, and as Director of the Outpatient Brain Injury Program at the Kessler Institute in New Jersey. His clinical interests include mild traumatic brain injury, and psychotherapy as a process of self-restoration after brain injury.
Title:
*Conceptualizing Intervention For Behavioural Dyscontrol After Acquired Brain Injury*

Presenter:
**Dr. Robert L. Karol**, PhD, LP, ABPP, CBIST
President, Karol Neuropsychological Services & Consulting (Minneapolis/St. Paul, Minnesota)

Presenter Biography:
Dr. Robert Karol is President of a group practice, Karol Neuropsychological Services & Consulting, in Minneapolis. He is a Board Certified Rehabilitation Psychologist by the American Board of Professional Psychology and a Certified Brain Injury Specialist Trainer by the Academy of Certified Brain Injury Specialists.


Title:
The Distinction Between Conscious Versus Unconscious Cognitive Processing: Implications For Acquired Brain Injuries

Presenter:
Dr. Steve Joordens, BSc, MA, PhD
Professor of Psychology, University of Toronto (Scarborough)

Presenter Biography:
Dr. Steve Joordens is a professor of Psychology at the University of Toronto at Scarborough. He teaches a 1500 student Introductory Psychology course, and has won a number of awards for his teaching and teaching innovations including a Leadership in Faculty Teaching Award and the 2009 National Technology Innovation Award. In collaboration with his Ph.D. student, Dwayne Pare, he created peer Scholar (www.peerScholar.com) an online application that supports the development of critical thinking and clear communication skills. In addition to his research on teaching and technology, he also conducts research on Human Memory and Consciousness, and has written papers and given talks on the Ethics of Animal Research. When not in the classroom or the lab, you might find him playing with his band Delusions of Grandeur at venues in Toronto.

Dr. Joordens' presentation will describe the distinction between conscious and unconscious cognitive processes, and will highlight data showing that conscious cognitive processes are often more prone to damage from acquired brain injury. A number of neuropsychological cases will be discussed in the context of relevant laboratory research.
Title:
From Both Sides: What I Learned From My Rehabilitation From Head Injury And Use Today As An Effective Clinician

Presenter:
Greg Noack
Brain Injury Survivor; Author; Rehabilitation Therapist, Acquired Brain Injury Service, Toronto Rehab (Toronto)

Presenter Biography:
Greg Noack is a brain injury survivor of an assault that took place in November, 1996. Greg has been volunteering and working with fellow survivors in some capacity since 6 months after his injury. He currently works at Toronto Rehabilitation Institute in the Neuro program as a rehabilitation therapist. From his experiences, life and work, he has become a successful clinician with fellow survivors. By being from both sides Greg is able to speak on what approaches worked and did not work with him and now he shares these tools with others to be successful. Greg is also an author having written a book on his own rehabilitation from brain injury, “My Invisible Disability”, published in February 2006. In his spare time Greg likes to remain physically active. He enjoys running and has completed 4 marathons. He is also entering his second year on the board of directors at the Brain Injury Society of Toronto (BIST) where he serves on the membership committee. Mr. Noack will share with registrants what he has learned from his rehabilitation following head injury, and what learnings he is able to use today as an effective clinician.
Concurrent Workshops

The conference features five concurrent workshops featuring invited guest speakers.

Concurrent Workshop ~ Tuesday, November 9, 2010

| Time: 10:30 – 12:00 | Location: Toronto I/II |

Title:
Life, Function And Future: What To Expect From The Recovering Brain Injured Patient

Presenter:
Abe Snaiderman, MD, FRCPC(C)
Director, Neuropsychiatry Clinic, Neurorehabilitation Program, Toronto Rehabilitation Institute; Departments of Psychiatry and Medicine (PMR), University of Toronto

Summary:
Brain injury typically affects directly "one brain and 10 people". This workshop will help caregivers understand the emotional, behavioural and cognitive changes commonly observed in the brain injured patient and their support systems. It will provide a common sense framework to help identify and prevent behavioural, emotional and cognitive complications in the community.

Presenter Biography:
Dr. Abe Snaiderman is a psychiatrist with a subspecialist designation in neuropsychiatry, both from the University of Toronto. Before that, he trained at the University of Manitoba and at the University of Western Ontario.

Dr. Snaiderman is the director of the Neuropsychiatry Clinic in Toronto Rehabilitation Institute’s Neuro-rehabilitation program where he has worked for the past 14 years. Dr. Snaiderman is a consultant to the Acquired Brain Injury, Stroke, Continuing Care and Spinal Cord Injury programs at Toronto Rehabilitation Institute and several community agencies. He has a full time appointment as Clinician Teacher in the Department of Psychiatry and the department of Medicine at the University of Toronto.

Dr. Snaiderman is a member of the Research Ethics Board at Toronto Rehabilitation Institute and an instructor in the Art and Science of Clinical Medicine course at the Faculty of Medicine. He is also a member of the examiners board in Psychiatry at The Royal College of Physicians and Surgeons of Canada. Dr. Snaiderman is a member of the American Psychiatric Association, American Neuropsychiatric Association and the Behavioural Neurology section of the Department of Neurology at the University of Toronto.

Dr. Snaiderman was co-winner of “The Ivan Silver Award for Excellence in Mental Health Education” in 2007, given by the University of Toronto, Department of Psychiatry. His expertise is in the areas of the cognitive, emotional and behavioural effects of neurological problems such as multiple sclerosis, stroke, severe traumatic brain injury, seizure disorders and others.

Dr. Snaiderman is a frequent guest keynote speaker and lecturer at several institutions, and community organizations nationally, provincially and locally. In his spare time he writes short stories and wonders about goals yet to be achieved.
Title:

ABI In The Classroom: Structuring Learning For Student Success

Presenters:

Erin M. Picard, PhD, CPsych
Head Psychologist, Windsor-Essex Catholic District School Board

Diane Tope-Ryan, BA Hon
Program Specialist A.B.A., Windsor Essex Catholic District School Board

Summary:

This workshop will provide all professionals with an understanding of how structuring the students' learning environment promotes independence and skill development while addressing unique learning needs. Hands-on activities with a curriculum focus will be showcased and video demonstrations provided.

Presenter Biographies:

Dr. Erin Picard is a neuropsychologist and is currently the Head Psychologist at the Windsor-Essex Catholic District School Board. Dr. Picard has worked with diverse clinical populations in acute care, rehabilitation, education, private practice and mental health settings. In keeping with her interests in evidence based interventions, neuropsychological assessment and Response to Intervention (RTI), she is project lead for the Peer Assisted Learning Strategies (PALS) reading and math programs that have been implemented with considerable success within the board.

Diane Tope-Ryan currently works as a program specialist with the Windsor Essex Catholic District School Board. Prior to joining this team, she worked for Thames Valley Children's Centre as an autism spectrum disorder consultant in the School Support program. She specializes in how the principles of Applied Behaviour Analysis work within the education system to meet the needs of all learners.
Title:

Can I Return To Work?

Presenters:

Mary Stergiou-Kita, PhD (candidate), MSc, BSc, OT Reg (Ont)
Graduate Department of Rehabilitation Science, University of Toronto

Summary:
This interactive workshop will guide participants to explore significant factors and process relevant to a comprehensive vocational evaluation following traumatic brain injury. Participants will utilize their own experiences and results from a systematic review, completed by the facilitator, to develop a guiding framework for their vocational evaluations.

Presenter Biography:
Mary Stergiou-Kita is an occupational therapist and a PhD candidate in the Graduate Department of Rehabilitation Science at the University of Toronto. Mary has been practicing in the area of brain injury rehabilitation since 1990, with experience in both public and private sectors, and a special interest in vocational rehabilitation. To date, her research interests have focused on understanding the processes associated with positive vocational outcomes and developing practice processes and tools to improve outcomes. Within her Masters research, she explored how occupational therapists evaluate individuals’ work readiness following an acquired brain injury and developed the Work Readiness Evaluation Model. In her doctoral work, Mary has been leading the development of a clinical practice guideline for vocational evaluation following traumatic brain injury. In her presentation, she would like to share what she has learned about the processes and factors relevant to the process of vocational evaluation.
Title:
Sleep And Wake Disorders After Brain Injury: A Practical Workshop For Clinicians

Presenters:
Catherine Wiseman-Hakes PhD (candidate)
University of Toronto, Graduate Department of Rehabilitation Sciences; Toronto Rehabilitation Institute, Neuro-Rehab Services

Dr Chanth Seyone, MD, FRCP
Assistant Professor, University of Toronto; Director, ABI Clinic, Toronto Western Hospital, University Health Network, Department of Psychiatry

Summary:
Sleep and wake problems are among the most commonly reported sequelae after TBI. This workshop will provide an overview of the role of sleep and wake disturbances, and some practical suggestions for functional assessment, monitoring, and where/when to refer for treatment.

Presenter Biographies:
Catherine Wiseman-Hakes is a registered speech language pathologist and doctoral candidate in the Graduate Department of Rehabilitation Science at the University of Toronto and holds a fellowship in clinical research from the Canadian Institutes for Health Research. Her current research focuses on the impact of sleep and wake disorders following traumatic brain injury on the recovery of cognition and communication. She has extensive clinical, research and teaching experience in the field of acquired brain injury, with a primary focus on cognitive communication disorders. She holds a faculty appointment (status only) in the graduate department of speech language pathology at the University of Toronto and is co-author of a textbook on cognitive communication disorders.

Dr. Chanth Seyone became a Fellow of the Royal College of Physicians and Surgeons of Canada (Psychiatry) in 1996, following which he did a Fellowship in Neuropsychiatry, Sleep Medicine and Community Psychiatry. He is the Founding Director of the Acquired Brain Injury Clinic, Neuropsychiatry Program, at the Toronto Western Hospital, University Health Network. This clinic was established by him to assess and manage patients with brain injuries acquired after birth. It also attempts to follow patients longitudinally.

In addition, Dr. Seyone consults for the Peel Halton Acquired Brain Injury Services (PHABIS); the Community Head Injury Resource Services (CHIRS) of Metropolitan Toronto; York Simcoe Brain Injury Services (YSBIS); and various legal and insurance firms.

Dr. Seyone is active in teaching undergraduate, as well as graduate students, other doctors and allied health-care professionals. He recently won the prestigious Ivan Silver Award for Excellence in Mental Health Education for a workshop titled “A Road Map to Acquired Brain Injury”. He continues to organize CME accredited workshops on ABI to various health care professionals. He is involved in research and has numerous publications and presentations to his credit.
Title:

Chronic Pain - Living With The "Catastrophe"

Presenters:

Ted Robinson, MD CCFP, FCFP
Bridgepoint Hospital Day Treatment Department, Pain Management and Orthopedic Outpatient Programs; Mt Sinai Hospital, Wasser Pain Management Centre CBT & MBSR Group Programs; Member of The International Association for the Study of Pain (IASP) and the Canadian Pain Society (CPS)

Marilyn Galonski RN, BScN
Care Coordinator, Wasser Pain Management Centre, Mount Sinai Hospital

Summary:

This workshop will describe a CBT group treatment program for patients with chronic non-cancer pain, including techniques employed. We will also present case studies of several patients with mild and moderate ABI who have participated in the program, with varying degrees of success, and discuss appropriate criteria for including ABI patients in such a program.

Presenter Biographies:

Dr. Ted Robinson is a family physician who has worked in rehabilitation medicine in Toronto for over 30 years. He has extensive experience with cognitive behavioural therapy (CBT) for management of chronic pain, having introduced and developed the group pain management program at Toronto Rehabilitation Institute’s Rumsey Centre in 1988 and directed it until 2000.

Since 2001 Dr. Robinson has focused his career on chronic pain management, establishing cognitive behavioural therapy group programs at the Sunnybrook Pain Clinic, Bridgepoint Day Treatment Program and The Wasser Pain Management Centre at Mount Sinai Hospital. He has now led more than 145 cognitive behavioural therapy pain groups.

In 2007 Dr. Robinson began co-leading Mindfulness Based Stress Reduction (MBSR) groups for chronic pain at the Health Recovery Clinic in Mississauga. In January of 2010, he introduced this approach at the Wasser Pain Management Centre, co-leading groups with Marilyn Galonski, Care Coordinator. He continues to lead cognitive behavioural therapy pain groups at the Wasser Pain Management Centre and Bridgepoint Hospital.

He is a member of various professional organizations including the Canadian Pain Society (CPS) and the International Association for the Study of Pain (IASP).

Marilyn Galonski is a registered nurse, administrator and dedicated patient advocate. She is a nurse clinician in the Wasser Pain Management Centre at Mount Sinai Hospital where her role as a member of a multidisciplinary team involves assessment, support and education for patients and healthcare professionals. Marilyn has been instrumental in developing the role of nursing in the care and treatment of chronic pain in an outpatient setting. During her work at Mount Sinai she has been involved in a number of research studies and clinical trials in chronic pain. Marilyn is currently involved in a Canadian Nursing Pain Assessment program designed to help Primary Care Practitioners learn about assessing patients with chronic non-cancer pain.

She is a member of various professional organizations including the Canadian Pain Society. She has presented to local and national organizations on the role of nursing in the management and treatment of the chronic pain patient.
Podium Presentations

*The following presentations were submitted in response to a call for abstracts and selected by blind-review process.*

Podium Presentation ~ Monday, November 8, 2010

| Time: 10:30 – 11:15 | Location: Toronto I/II |

**Title:**

*Behaviour Management: Partnering To Bridge The Continuum*

**Primary Author:**

Nancy Boaro, Toronto Rehab (Toronto)

**Additional Author:**

Karey-Anne Fannon

**Summary:**

Patients with brain injury often exhibit maladaptive behaviours typically due to cognitive-communication impairments, which if left unchecked, may impact their rehabilitation, recovery and community reintegration. Behavioural assessment and interventions can support the patient during all levels of the continuum of care, minimizing the role that the patient's behaviours play throughout the recovery process. Consistent implementation of a behaviour management plan, typically consisting of very basic strategies and changes to the environment, will often help the patient better manage behaviours and improve their ability to participate in therapies. This presentation will focus on the importance of interprofessional collaboration across the ABI continuum of care addressing the cognitive and behavioural needs of patients, in order to facilitate their transition from acute care to rehabilitation to discharge into the community. During each phase of recovery, the healthcare and community teams face many challenges regarding the development of behavior management plans. This stems from a lack of skilled resources to environmental challenges. Acute care, rehabilitation, and community settings find it difficult to obtain adequate behavioral assessment and approaches to improve the consistent implementation of behavioural interventions. Transitioning patients between settings can be equally challenging due to these behavioural issues and lack of skilled resources. A case example will illustrate how successful strategies have been employed during each phase of recovery and how they enhance patient transition from acute care to inpatient rehabilitation and from rehab to the community. We will also demonstrate how collaboration across the sectors with ABI and non-ABI providers helps to enhance sustainability and management in the community.

**Learning Objective:**

Learn about how to communicate and collaborate related to behavioural care plans across the continuum: use case example to illustrate behavioural strategies that have shown effectiveness in transitioning patients with behaviours.

**Presenter Biography:**

Nancy Boaro is the Advanced Practice Leader for the Neurorehabilitation Program at the Toronto Rehabilitation Institute. Her role supports the integration of best practices and promotes interprofessional collaborative practice to ensure optimal patient outcomes. Nancy has significant experience in acquired brain injury, trauma and stroke care across the continuum and has worked in a variety of clinical settings including critical care, acute care, rehabilitation and the community in the areas of neurology, acquired brain injury, stroke and trauma. She obtained her Bachelors degree in Nursing from McGill University in 1994 and her Masters of Nursing from the University of Toronto in 2005. She holds her CNA Neuroscience and Rehabilitation Nursing Certifications. Nancy holds an Adjunct Clinical Appointment in the Faculty of Nursing at the University of Toronto.
Title:
Tracking Movement Of Clients With An ABI Through The System From Acute Care Into The Community: What Does It Tell Us And What Else Might We Need to Know?

Primary Author:
Angela Colantonio, Toronto Rehab and University of Toronto (Toronto)

Additional Authors:
Rika Vander Laan RN,MScN; Daria Parsons MSc.; Brandon Zagorski MS

Summary:
What happens to clients with an ABI in Ontario, once they leave the hospital system, is generally unknown. Movement and utilization of services within Alternative Level of Care (ALC) beds, the homecare system, in long term and complex continuing care, and in physician offices has not been previously quantified. The ABI Dataset pilot project was developed to address this issue and is the first registry in the world that centralizes information on ABI from both traumatic and non traumatic causes. In Phase 1 of the ABI Dataset pilot project, existing administrative data from the National Ambulatory Care Reporting System (NACRS), Discharge Abstract Dataset (DAD) and National Rehabilitation Reporting System (NRS), was identified as an important source of information that enables mapping the trajectory of individuals with an ABI from acute care to various discharge destinations throughout the continuum of care. In a subsequent phase, the data were analyzed by Local Health Integration Networks (LHINs) comparing regional data to provincial and also examining ALC. The data are made available to improve efficiencies (ALC days) and reduce inequities of access by Local Health Integration Networks province wide. Findings on LHIN variability and ALC utilization will be presented. The second phase is now examining the movement of the ABI cohort into the community specifically tracking ABI clients into home care, long term and complex continuing care, as well as visits to physician offices. The data have been extracted from the Continuing Care Reporting System (CCRS), Home Care Reporting System (HCRS) and Ontario Health Insurance Plan (OHIP) data. Characteristics of ABI cases, frequency of visits, comparison of TBI and non TBI (NTBI) populations and costs associated with each sector will be presented. Project Outcomes: Persons with NTBI were significantly older and had longer length of acute care stay compared to TBI cases. Approximately 8% resulted in inpatient rehabilitation annually with 11% of hospitalizations incurring alternate level of care (ALC) days signifying delays in placement/referral to community services. In Ontario, for ABI clients who spent time in ALC, the mean ALC days for TBI clients was 17.8 days (SD 26) with a median of 10. For NTBI, the mean was 21.7 (SD=36.8) while the median was 10. Overall, NTBI patients are less likely to have discharge disposition of rehabilitation. On discharge from rehabilitation, TBI clients were more likely to be discharged to the community/home (62%) when compared to NTBI community/home (58%). Results also indicate there is considerable variation across LHINs.

Learning Objectives:
This session will focus on the results across LHINs, client movement from acute care, ALC, into rehab, home care, long term and complex continuing care, as well as visits to physician offices. Characteristics of ABI cases, frequency of visits, comparison of TBI and non TBI (NTBI) populations and costs associated with each sector will be presented. This interactive workshop will engage the participants in examining the data and exploring its relevance and utility for system development, policy development, evaluation, practice and address further research questions. Participants will be asked to answer the questions: is this useful information, what else is it we need to know and how do we make the information accessible and relevant to plan and evaluate care.

Presenter Biography:
Dr. Angela Colantonio is a Senior Research Scientist at Toronto Rehabilitation Institute, where she holds the Saunderson Family Chair in Acquired Brain Injury Research. She is also a professor at the University of Toronto. Dr. Colantonio has studied the epidemiology of disability in older people with acquired brain injury, dementia and stroke. Her current focus is on knowledge mobilization, innovative interventions, gender issues and aging related to acquired brain injury.
Title:
“Never Give Up”: A Teenager’s Journey To Recover From Traumatic Brain Injury

Primary Author:
A. J. Fordham

Additional Author:
Angela Fordham

Summary:
Imagine the most helpless, hopeless feeling in your life. Now imagine that your eyes won't open, you cannot whisper let alone talk, you have no expressive response to pain and cannot even make yourself roll over... Share my inspiring and motivational journey with me during this 45 minute presentation. The presentation includes a 22 minute DVD showing me through the various stages of my life. This journey will show who I was prior to my crash, the critical stages in the Paediatric Critical Care Unit of the Children's Hospital of London, Ontario where I was diagnosed with a Severe Traumatic Brain Injury. Continue along with my transfer up to the 7th floor of the Children's Hospital. Then follow my progress onto Parkwood Hospital for rehabilitation where I relearned how to talk, walk, eat, dress myself etc. all over again. Watch as I triumphantly return home to continue my rehabilitation & become an Olympic Torchbearer.

Learning Objectives:
In my rehab, I had to re-learn all the basic functions in life that we all take for granted, such as breathing, eating, walking, talking, reading, writing, remembering and learning. Rehabilitation has been challenging, but my mindset through all of this is that I had to do it, and to "Never give up". I learned some valuable lessons during my recovery and I would like to share these messages of hope with the audience that no matter what their challenge that they can achieve their goals if they put their mind to it. My DVD shows my transition and my drive to continue and "Never Give Up”.

Presenter Biography:
A.J. Fordham is a young man who, at 16 years old, had everything going for him. On January 20th, 2007 that all changed forever. He was involved in a car crash. His injuries were critical. It was said that if he survived, he would be severely compromised. A.J. sustained a severe traumatic brain injury; however, his doctors also gave his family hope.

A.J. is 20 years old and speaks on the important subject of injury prevention, to hopefully prevent such injuries from happening to others. A.J. just returned from presenting at the World Safety Conference in London, England which was attended by practitioners, researchers, and policy makers from 130 countries. His film “Never Give Up” received an honorable mention by the International Safety Media Awards. A.J. speaks on behalf of the Children’s Hospital of London Ontario as one of their "Miracle Children".
Title:

The Next Two Decades: A Framework For Culturally Competent Rehabilitation Practice

Primary Author:
Caron Gan, Holland Bloorview Kids Rehabilitation Hospital (Toronto)

Summary:
According to a recent study by Statistics Canada, the diversity of Canada’s population will continue to increase significantly during the next two decades. The proportion of visible minorities are expected to double in almost all Ontario cities, including Barrie, Guelph, Hamilton, Kitchener, Oshawa and Peterborough. With the growing diversity of our client population, it is imperative that rehabilitation professionals have the necessary tools to interact effectively with clients from different cultural backgrounds. Rehabilitation providers often struggle to effectively serve individuals with brain injury and families who speak different languages. More importantly, perspectives of disability can vary widely depending on one's ethno-cultural background, and these differences in cultural belief systems can influence families' help seeking behaviours and their approach to rehabilitation. This workshop will provide clinicians with a practical framework for effective assessment, interaction, and intervention with clients and families from diverse cultural backgrounds.

Key domains of the framework include:
• Health and illness beliefs
• Perceptions of TBI through a multi-cultural lens
• Family belief systems and response to disability
• Diversity of help seeking practices
• Differences in value orientation
• Tips for interviewing clients from diverse cultures
• Dealing with language and cultural barriers
• Self reflection on personal values, beliefs, and biases.

The workshop will conclude with a discussion on strategies to enhance one's cultural competence. By incorporating cultural awareness into daily practice, we can strive to reduce barriers and enhance systems of care for culturally diverse client populations.

Learning Objectives:
• Heighten awareness of the diversity of belief systems, perspectives of disability, and help seeking practices of clients and families from culturally diverse communities.
• Introduce a practical framework for enhancing clinicians' cultural competence in rehabilitation practice.
• Provide tools for effective assessment, interaction, and intervention with clients and families from different cultural backgrounds.

Presenter Biography:
Caron Gan is a registered nurse and a registered marriage and family therapist with the Ontario and American Association for Marriage and Family Therapy (AAMFT). For the past 20 years of a more than 30 year career in health care and rehabilitation, she has worked with clients with acquired brain injury providing psychotherapeutic intervention to youth, adults, couples, and families in both public and private sectors. Caron has given over 140 keynote addresses, workshops, and peer-reviewed presentations at local, provincial and international conferences. As an American Association for Marriage and Family Therapy (AAMFT) approved supervisor, she also provides clinical supervision around family therapy intervention. Through the Bloorview Research Institute, she has been principal co-investigator on studies of family system outcome after brain injury and has published several manuscripts in international peer-reviewed journals. As the lead developer of an empirically-based intervention for adolescents with brain injury and their families (BIFI-A), she conducts training in the United States and Canada on family intervention after acquired brain injury.
Title:

*Cognitive-Behavioural Treatment For Sleep Disturbance In Clients With Brain Injury*

Primary Author:
Sarah Vernon-Scott, Brainworks (London)

Additional Author:
Arden McGregor

Summary:
Sleep disturbance in those rehabilitating from ABI is a ubiquitous treatment issue (Castriotta et al., 2007; Oullet et al., 2006; Rao et al, 2008). It comes in many forms: insomnia, hypersomnia, nonrestorative sleep, “reversed” days and nights, etc. Regardless of the type, sleep disturbance can lead clients to experience significant fatigue that can decrease their quality of life and influence their ability to participate in their physical and cognitive rehabilitation. Depression, anxiety, posttraumatic stress symptoms, pain, sleep disorders (e.g., sleep apnea), medications or comorbid medical conditions can all be contributing factors. While some view sleep disturbance as a barrier to rehabilitation, there is ample evidence that sleep can be improved with short-term cognitive-behavioural intervention (National Institute of Health, 2005; Oullet et al., 2004). The theoretical basis for cognitive-behavioural treatment for sleep disturbance will be introduced. Assessment methods, including the use of sleep diaries, clinical interviews, psychometric measurement, consultation and collateral information will be explicated. Through the use of illustrative clinical case studies and research literature, the key elements of treatment, including behavioural monitoring, psychoeducation, goal setting, environmental considerations, developing healthy routines and structure, etc. will also be reviewed, with special consideration of how to appropriately tailor existing interventions for clients with ABI.

Learning Objectives:
- To identify the influence that sleep disturbance can have on every other aspect of brain injury rehabilitation.
- To learn to view sleep as a goal of rehabilitation rather than a barrier to rehabilitation.
- To understand the theoretical underpinnings to cognitive-behavioural treatment of sleep disturbance.
- To identify and the key elements of the assessment and treatment protocol for sleep disturbance in an ABI population.
- To recognize the evidence both from the research literature and clinical case studies that demonstrate the efficacy and effectiveness of this intervention.

Presenter Biography:
Dr. Sarah Vernon-Scott is a clinical psychologist with a focus on community-based rehabilitation. She has been working at Brainworks in London, Ontario and the surrounding area, since completing her residency in Behavioural Medicine at London Health Sciences Centre in 2007. Dr. Vernon-Scott collaborates with her Brainworks colleagues to develop innovative and practical programs for clients with brain injuries. She works hand-in-hand with rehabilitation therapists and other health professionals to implement evidence-based interventions for individual clients. While completing her dissertation, examining the physical and mental health of caregivers of people with dementia, and training in various medical settings, she came to appreciate the importance of supporting clients with cognitive-behavioural interventions to implement healthy daily routines, including sleep and physical exercise, for the benefit of their physical health, mental health, and overall rehabilitation. She had the pleasure of presenting with her colleague about behavioural activation at the ABI Network Conference in 2008.
Title:
Financial Cost Recovery Strategies For Families Impacted By Acquired Brain Injury (ABI): Identifying Accessible Financial Supports For ABI Affected Families

Primary Author:
Anthony Hutchinson, BNRC/Sheridan College Institute of Technology and Advance Learning (Brampton)

Summary:
The financial impacts for families facing ABI can be insurmountable. In addition to medical, psychological and social pressures that occur for families, the knowledge needed for accessible financial education and supports such as tax credit information and navigating governmental departments such as ODSP and the medical system is an area that challenges many families. This presentation provides conference attendees with eight useful tips to optimize access to vital financial support opportunities for families impacted by ABI. A checklist resource tool demystifies contingent, exacerbating stressors often associated with ABI, namely, family financial pressures.

Learning Objectives:
- To review traditional issues associated with ABI: affective, behavioral, cognitive, medical, psychological and so on.
- To present the economic costs and financial burdens associated with ABI on impacted families in the GTA.
- To provide a range of financial remedies for families impacted by ABI that can help families navigate some of the financial burdens of ABI.
- To offer an eight point resource that can help demystify financial support remedies for families impacted by ABI and, subsequently, help ameliorate family stress.

Presenter Biography:
Dr. Anthony Hutchinson is a published author in the areas of social work, community development, and social determinants of health and community safety. From 2006 to 2010, Dr. Hutchinson was Chief Executive Officer of the City of Brampton’s largest charitable, not-for-profit community and social service support organization. Dr. Hutchinson has held teaching appointments at Sheridan College, Ryerson University and Wilfred Laurier University. Currently, he is a professor in the School of Community and Social Services at Humber College. In addition to being a long-time Professional Accountant, Program Evaluator, Project Manager and Applied Researcher, Dr. Hutchinson holds expert witness status on matters of social and cultural consideration in criminal assessment and testimony under the Ontario Court of Justice.

In early 2009, Dr. Hutchinson was one of ten people from across Canada awarded the prestigious 2008 Federal Citation for Citizenship Award by the Government of Canada.
Title:
Helping Hand: A Constraint Induced Movement Therapy Group

Primary Author:
Janet Woodhouse, Holland Bloorview Kids Rehabilitation Hospital (Toronto)

Additional Authors:
Janet Bernstein; Anna Marie Batelaan; Kathy Gravel; Gail Kirkwood

Summary:
Helping Hand a constraint induced movement therapy group combines occupationally based treatment with client and parental support. The development and outcomes of this program for children with ABI and stroke is highlighted. Results reveal positive changes in occupational performance, and upper extremity function with carryover noted at six months. Positive reports from parents and participants indicated high levels of satisfaction with the program.

Introduction: Constraint Induced Movement Therapy (CIMT) research demonstrates improved upper extremity function for children who have an acquired brain injury (ABI) or stroke (Gordon et al, 2007). These findings have contributed to client and family hopes and expectations for motor recovery, coupled with an increased demand for service. In response to this demand and following a best practice review, the Helping Hand Program, a group based modified CIMT program was developed. This interdisciplinary program combines occupationally based treatment techniques promoting self-care and play, with client and parental support groups.

Objective: This presentation highlights the development and outcomes of the Helping Hand Program for 17 children with ABI or stroke aged 3-16 years. Methods: Inclusion criteria and program curriculum were developed, which incorporated the concepts of shaping and grading of activities. Pre and post program assessments including the Assisting Hand Assessment, Motor Activity Log, Quality of Upper Extremity Skills Test, Canadian Occupational Performance Measure and qualitative questionnaires were administered. Follow-up at 6 months post program was conducted.

Results: Positive changes in occupational performance, upper extremity function and clients’ perceptions of performance were found. Follow-up at 6 months supported maintenance of skills. Parents report increased motivation and participation in group based programming.

Conclusion: The Helping Hand program provides children with acquired brain injuries opportunities for participation in a responsive family centred context. Constraint induced movement therapy when provided in a supportive group context with an emphasis on occupation provides a “sea of possibilities” for clients, families and clinicians.

Presenter Biographies:
Janet Woodhouse works on the Brain Injury Rehabilitation team at Holland Bloorview Kids Rehabilitation Hospital. She works in a family centered program with children and youth who have sustained acquired brain injuries. Janet Woodhouse and Janet Bernstein are Occupational Therapists who have extensive clinical experience working with children with neurological conditions.

Anna Marie Batelaan and Kathy Gravel are Social Workers who have a wealth of experience working with children and families.

The group will be presenting, Helping Hand, a collaborative pediatric Constraint Induced Movement Therapy program offered since 2008 at Holland Bloorview Kids Rehabilitation Hospital.
Title:
Positive Outcomes Following Long-Term Rehabilitation For Individuals With Severe Traumatic Brain Injury

Primary Author:
Mary Anne Ostapovitch, Association for the Rehabilitation of the Brain Injured (Calgary)

Summary:
Association for the Rehabilitation of the Brain Injured (ARBI) is a pioneer in community-based rehabilitation for individuals with severe brain injury. These individuals are often given little hope of recovery. We believe that every individual deserves to live their best possible life following severe brain injury. Individuals are referred to ARBI by physicians and rehabilitation professionals approximately 2 years post-injury. This presentation will highlight: 1) ARBI's unique cost-effective service delivery model 2) positive outcomes for individuals with severe traumatic brain injury.

Outcomes: On admission to ARBI, most clients resided in hospitals or long-term care centers. At discharge the majority reside in personal care homes or their own homes. Participation in the community increased from admission (0-1 time per week) to discharge or present (2-3 times/week). The Rappaport Disability Rating Scale scores reflected severe disability at admission with moderate-severe disability at discharge or at present. Rancho Los Amigos scores increased from an average of 5.3 to 6.1 for discharged clients and an average of 5.6 to 5.9 for active clients. The Chedoke-McMaster Activity Inventory scores increased from an average of 32 to 45.5/100 for discharged clients and an average of 33.6 to 38.6/100 for active clients.

Learning Objectives:
To demonstrate that individuals who have survived the most severe brain injury can continue to demonstrate functional improvement for years following injury allowing them to reside and actively participate in their communities.

Presenter Biography:
Denise Lawson has extensive experience in the field of physiotherapy for neurological and vestibular conditions having practiced for over 25 years. She received a Bachelors degree in Physical and Occupational Therapy at the University of British Columbia. Denise has worked in hospital, community and private practice and has been a member of the Association for the Rehabilitation of the Brain Injured (ARBI) team for eight years. Denise has been involved in the design and pilot phase of one of ARBI's current research projects: the CAMMRI, an assessment measure for minimally responsive individuals.
Title:

Working Memory Training For Patients With Acquired Brain Injury: Effects In Daily Life

Primary Author:
Berit Johansson, Hjärnskadecenter - Brain Injury Center (Stockholm)

Additional Author:
Marjana Tornmalm

Summary:
Working memory deficits are common after brain injury and have important implications on patients’ functioning in daily life. Working memory and executive functions are considered a prerequisite for goal-directed and purposeful cognitive functioning. Research by Klingberg et al show the possibility to improve working memory by training. Improvement has been shown in a variety of groups however not yet on patients with moderate to severe brain damage. The overall aim of this study was to examine if patients with moderate to severe brain damage benefit from working memory training in managing daily life challenges. A working memory training programme was adapted based on current research and clinical expertise. A prospective cohort study in naturalistic setting was arranged. Subjects were 18 patients with brain injury acquired in adulthood, mean 47,5 years, mean time post onset was 7 years.

The programme consists of three components. 1. Working memory training with a computer software (ReMemo© from Cogmed Cognitive Medical Systems AB, Stockholm, Sweden). 2. Peer support as in the opportunity to interchange experiences of working memory training, deficits and strategies was offered to participants. 3. Education was given to participants aiming to enhance self-awareness and knowledge about compensatory strategies.

The following outcome measures were used. Statistics from the ReMemo computer software. Cognitive Failures Questionnaire (CFQ). Canadian Occupational Performance Measure (COPM). A diary on the comments of participants. A semi-structured interview at the individual follow-up. All participants improved on training index generated by ReMemo. Type of injury (stroke, tumor, trauma), age or time post brain injury did not affect the size of improvement. Start index ranged from 45-85 and max index ranged from 75 -110. Patients with low start index showed a greater improvement. Self-assessment with CFQ (start score M=54,2) showed a tendency of improvement post training and at a 6-month follow up. COPM and the qualitative data indicate that patients experienced improvement in daily life. There seems to be no correlation between the reported improvement in daily life functioning and the size of improvement on ReMemo. Patients reported on a growing knowledge about the cause of difficulties and a readiness to use strategies when meeting challenges in daily life. These and further results will be presented.

Learning Objectives:
Clinical points: It is meaningful to use the ReMemo software in working memory training with patients with moderate to severe BI. Patients with BI may benefit from working memory training irrespective of age, time post injury or severity of cognitive dysfunction. Qualitative data indicate that the setting of training is important. Education and peer support in addition to computer training is as important according to reports from participants. Participants report positive effects in daily life after training.

Presenter Biography:
Berit Johansson graduated as an occupational therapist in 1987. She works at Hjärnskadecenter in Stockholm, a centre for persons with acquired brain injury in Sweden. She works as part of a multidisciplinary team giving support to persons who have suffered from brain injury and their families. She works with adolescents and adults with significant and permanent intellectual functional disabilities in the post rehabilitation phase. Working memory deficits are common after brain injury and have important implications on daily life functioning. Persons with working memory deficits often experience a loss of independence, coherence in daily life, and feelings of anxiety and inadequacy. At Hjärnskadecenter, we constructed a working memory training programme based on research evidence of fruitful interventions. The programme evolved around Cogmed computer software training with added education, strategy training and peer support. A study was made to examine if the working memory training programme had an effect on the acquired brain injury person’s ability to manage daily life challenges.
Title:
Families After Brain Injury: Psycho-Educational And Support Group Intervention

Primary Author:
Clare Brandys, Community Head Injury Resource Services (Toronto)

Additional Author:
Diana Brouwer

Summary:
Caregiving by family members following ABI can be a very challenging experience. This presentation focuses on the perceptions of and outcomes of family members involved in psycho-educational and support groups conducted through one of CHIRS’ programs. Discussion will focus on ways to provide flexible, long-term services to families following the acute care course of ABI.

Learning Objectives:
Caregiving by family members following ABI can be a challenging experience. Family members often require education, support, and attention to their own needs (Boschen et al, 2008). We are conducting psycho-educational groups with the goal of greater continuity of care for families involved in the ABI system. A flexible model, given variable needs post-injury, is being used. Participants rate life satisfaction, stress and burden, caregiving needs, and consumer satisfaction with the intervention. We will present on perceptions gained from the group members and outcomes of the groups for participants. We will also discuss planning for the groups, collaborating with ABI services, and working with caregivers who are often stressed and limited in their time and the other resources.

Recommendations for further group interventions, and the challenges of providing flexible, long-term interventions for families post-ABI in the community-based healthcare system will be discussed.

Presenter Biography:
Dr. Clare Brandys works as neuropsychological consultant at Community Head Injury Resource Services (CHIRS) part-time, and has a full-time independent practice in clinical neuropsychology. She is a consultant for the NEAR clinic at St. Michael’s Hospital.

Dr. Brandys has worked in the field of acquired brain injury rehabilitation for the past 25 years, in a variety of hospital, outpatient clinic, and community settings. She was previously the clinical leader of the Acquired Brain Injury program at Toronto Rehabilitation Institute and worked with the St. Michael’s Hospital head injury team. Her clinical emphasis has been on neurobehavioural education to assist clients and their families in their understanding and coping with the cognitive, emotional and behavioural effects of brain injury.

Dr. Brandys is an assistant professor in the Department of Psychiatry at the University of Toronto. She was the principal investigator on three Ontario Neurotrauma Foundation (ONF) grants focused on brain injury best practices and was part of a research team studying family caregivers following acquired brain injury.
Title:
Sexuality, Safety & Smarts: Creative Sexuality Education Strategies For Youth With ABI

Primary Author:
Douglas Schmidt, Holland Bloorview Kids Rehabilitation Hospital (Toronto)

Additional Authors:
Heather Keating; Beverly Solomon; Stephanie Willison

Summary:
Youth with ABI may have challenges with sexuality because of losing previous knowledge, and difficulties with comprehension, assertiveness, and impulse control. Rehabilitation staff play a key role in supporting the development of health sexuality. This presentation describes a workshop for 16 to 25 year olds entitled Sexuality, Safety and Smarts. Participants were screened prior to attendance and the group was facilitated by four staff members from different rehabilitation professions. Eighteen clients with a broad range of cognitive and health issues attended. The group was started with identifying group guidelines and an ice-breaker activity. The group was focused on "Being Safe in a Relationship". This was discussed using a framework of Red Light, Yellow Light, and Green Light behaviours. Red Light behaviours were defined as not okay because they are illegal, non-mutual, uncomfortable, unsafe, or scary. Yellow Light behaviours were defined as sometimes okay depending on the situation. Green Light behaviours were defined as okay because they are appropriate, safe, comfortable, and mutually respectful. This tri-colour model was used to explore each of three stages of relationship development: Flirting, Dating, and Sexuality. The group was felt to be successful for a variety of reasons. All clients participated despite having very different levels of ability. In addition, pre and post questionnaires were administered to evaluate knowledge of and comfort with talking about sexuality. Scores indicated enjoyment and increased knowledge. As well, despite some statements by clients who had difficulties with disinhibition, facilitators were able to redirect the discussion and keep participants focused.

Learning Objectives:
Practical strategies for running a group for educating youth with ABI about sexuality will be provided.

Presenter Biography:
Dr. Douglas Schmidt works in Toronto at Holland Bloorview Kids Rehabilitation Hospital, Canada’s largest pediatric rehabilitation facility. He runs support groups for youth and is passionate about supporting people with disabilities. Dr. Schmidt is a psychologist who works in a program called, Family Support Service, providing treatment and assessment services for young adult survivors of brain injury (ages 16-25). He also works with the Toronto District School Board.
Title:

Canine Potential Unleashed: An Old Dog Teaches New Tricks

Primary Author:
Rebecca Swift-Weir, Brain Injury Services Muskoka Simcoe (Barrie)

Summary:
Exploring the Potential for the Use of Service Dogs in Acquired Brain Injury Rehabilitation:
Service animals are commonly used to assist persons with disabilities and to promote independence. The unconditional acceptance that dogs provide can be a powerful tool in motivating participants to work toward their goals. Animal-assisted interventions (AAI) are designed to improve the physical, social, emotional, and cognitive functioning of the participant, as well as provide educational and motivational effectiveness for participants. In this presentation audience members will learn about the facility dog program at Brain Injury Services Muskoka Simcoe (BIS). Through the Independence Training and Day Programs at BIS, participants have the opportunity to work with a fully trained service dog. Creemore, a six year old golden retriever works with participants on their goals in areas including communication, assertiveness, self esteem, planning and organization and more. Examples and scenarios of sessions will be presented and workshop participants will have the opportunity for hands on activities with the dog.

Learning Objectives:
The presentation will outline the program currently in place at BIS and, through anecdotal reports from participants, explore the effectiveness of using a facility dog in ABI rehabilitation. Workshop participants will explore how rehabilitation professionals can utilize the power of canine assisted interventions to assist participants in reaching their goals.

Presenter Biography:
Rebecca Swift-Weir is a registered nurse who has worked in the field of acquired brain injury for over fourteen years. For the past nine years she has worked at Brain Injury Services Muskoka Simcoe (BIS), a publicly funded community reintegration, outreach and adult day service program for people living with the effects of acquired brain injury.

In 2008 Rebecca coordinated and implemented an animal assisted activity program at Brain Injury Services. Creemore, a specially trained seven year old Golden Retriever, works with Rebecca to assist and motivate participants in reaching their communication, assertiveness and organization goals. Creemore has undergone extensive training and graduated with her MHW (Masters of Human Whispering) from COPE Service Dogs. She is currently the sole canine member at BIS.
Title:  
*Clinical Guidelines For The Care Of Persisting Symptoms After Mild Traumatic Brain Injury*

Primary Author:  
Shawn Marshall, The Ottawa Hospital Rehabilitation Centre (Ottawa)

Additional Authors:  
Mark Bayley; Scott McCullagh; Diana Velikonja; Lindsay Berrigan

Summary:  
The overall objective was to create a guideline that can be used by healthcare professionals to implement evidence-based,  
best practice care of individuals who incur a mild traumatic brain injury (mTBI) and experience persisting symptoms. Persisting  
symptoms are a common complication of mTBI; 10 to 15% of patients will continue to experience significant symptoms beyond  
the normal recovery period, which can include post-traumatic headache, sleep disturbance, disorders of balance, cognitive  
impairments, fatigue, and mood disorders. Currently, best practice treatment is not clearly defined for this complex group who  
may even exhibit worsening of symptoms or emergence of additional symptoms following injury. Therefore, the following  
clinical questions were asked: Can a management plan be developed to screen for patients at high-risk of persisting  
symptoms and, once identified, to treat these symptoms?

To achieve this goal, a search for existing clinical practice guidelines (CPGs) addressing mTBI was carried out. Next, a  
systematic review of the literature evaluating effectiveness of treatments for persistent symptoms was conducted. A search  
for CPGs and systematic reviews from outside of the TBI field providing guidance on management of the most common persistent  
symptoms was also completed. An expert consensus conference was held where healthcare professionals representing a  
wide range of disciplines from across Canada and abroad were brought together to review the existing guidance and evidence  
and to attempt to develop a comprehensive guideline. Although several methodologically sound CPGs were identified, only  
one focused on mTBI and that document primarily dealt with acute management. Thus, there is a clear need for guidance on  
the care of patients with persisting symptoms. CPGs from outside of the TBI field were found for the symptom categories:  
sleep disturbances, fatigue, mood disorders, and cognitive deficits. Although the mTBI evidence base was found to be limited,  
by adapting recommendations from CPGs addressing TBI or symptoms that commonly persist following mTBI in general, as  
well as by developing new recommendations based on available evidence and clinical expertise, a clinical guideline was  
created to ameliorate this practice gap. The guideline includes recommendations on assessment, diagnosis and management  
of persistent symptoms after mTBI. In addition, the recommendations are accompanied by numerous resources and tools to  
aid clinicians.

Learning Objectives:  
The objective of the presentation is to educate and advise healthcare professionals on how to implement evidence-based care  
of patients with mTBI experiencing persisting symptoms. Persisting symptoms are a common complication; however, best  
practice treatment for these patients has not been clearly defined. Therefore, an expert consensus group representing a wide  
range of disciplines has developed recommendations aimed at screening for patients at high-risk of persisting symptoms and  
treating the most common symptoms. A treatment algorithm will be presented and learning outcomes will include how and  
when to provide follow-up care, seek referrals, and deliver appropriate treatment options.

Presenter Biography:  
Dr. Shawn Marshall is a specialist in physical medicine and rehabilitation and Associate Professor at the University of Ottawa.  
His clinical practice focuses on acquired brain injury rehabilitation. He is the Medical Director of the Acquired Brain Injury  
program at the Ottawa Hospital Rehabilitation Centre. He has a Masters of Science degree in Community Health and  
Epidemiology and is active in research involving brain injury rehabilitation as well as driving and disability. Dr. Marshall is a co-  
principle investigator for CanDRIVE II, the Canadian Institutes of Health Research Team on Older Person Driving.
Title:

School Reintegration For Children And Youth With Acquired Brain Injury

Primary Author:

Dawn Good, Brock University (St. Catharines)

Additional Authors:

Peter Rumney; Janette McDougall; Sheila Bennett; Rhonda Martinussen; Carole DeMatteo; Patricia McKeever; Denise Guerriere; Sue Loyst; John Kumpf; Nancy DeCourville

Summary:

Acquired brain injury (ABI) in school-aged children and youth results in serious disruption to new and previously learned skills, and interruption to neurological development, both of which affect students’ functional outcomes (Galvin & Mandalis, 2009). Injury severity and neuropsychological test scores are single handedly not the best predictors of outcome for children and youth with ABI. The child’s environment, participation, and community integration are particularly critical for physical, social, Behavioural, and cognitive functioning (Ehrenfors, Borell & Hemmingsson, 2009; Wells, Mines, & Phillips, 2009). Since the school environment is predominately where students spend most of their time and experience changes and growth in their functional abilities, educators are influential in a student’s neural progress and recovery. To that end, their knowledge and support is critical for fostering student development. Improvements in children’s academic participation and social acceptance are expected when functional behaviour assessment, theory, and education incorporating intervention plans into classroom practice are used (Feeney & Ylvisaker, 2008; Davis, 2003; Ylvisaker & Feeney, 2003) as well as, considerations of familial support, environmental factors, and pre-injury status (Fay, Yeates, Drotar, Wade & Stancin, 2009; Bennett & Wynne, 2006).

However, to date, no critical evaluation of the types of successful supports being used has been empirically examined. The current study involves a province-wide multi-centred approach (involving cooperation amongst Ontario’s Children’s Treatments Centres, School Boards’ principals and teachers, children/youth who have experienced ABI and their family who have been selected for participation through representative sampling). We provide a (statistical) model of the factors that influence a students' successful reintegration (as defined by academic, socio-emotional, and interpersonal success) and their relative contribution to predicting the students’ outcomes by investigating several measures regarding the student (severity of injury, academic performance pre- and post-injury, neurocognitive and behavioural/emotional status), the school system (policy and procedures with respect to service delivery, teacher knowledge, attitudes, instructional approach) and the family (perspective, coping).

Learning Objectives:

We provide a (statistical) model of the factors that influence a students' successful reintegration (as defined by academic, socio-emotional, and interpersonal success) and their relative contribution to predicting the students’ outcomes by investigating several measures regarding the student (severity of injury, academic performance pre- and post-injury, neurocognitive and behavioural/emotional status), the school system (policy and procedures with respect to service delivery, teacher knowledge, attitudes, instructional approach) and the family (perspective, coping).

Presenter Biography:

Dr. Dawn Good is a researcher in the field of acquired brain injury, in both paediatric and adult populations. She is a Research Associate of the Lifespan Development Research Institute at Brock University and is a practicing Registered Psychologist (Ontario) specializing in the fields of Neuropsychology and Rehabilitation with paediatric and adult populations.

In addition to teaching core courses on Brain and Behaviour at the Undergraduate and Graduate University levels, she has also co-designed and taught the acquired brain injury (ABI) Certification Programs for professionals in the field, a continuing education program offered through Brock University in partnership with the Ontario Brain Injury Association. These programs have certified over 3000 persons in Canada, and beyond, to work in the field of acquired brain injury.

Dr. Good has participated on many local health boards and remains an active member of the health and ABI community. She has held many research grants and has published and presented extensively in the area of brain injury in provincial, national and international conferences and journals with a particular academic interest that spans the continuum of mild to severe brain injuries. Dr. Good is concerned with the impact of neural disruption on the individual’s capacity for social reintegration and inclusion.
Title: The Effectiveness Of Self-Awareness Group Therapy Program For Adults With Long-Term Brain Injuries

Primary Author: Bruce Linder, Brain Injury Services (Hamilton)

Summary: Twenty-two adults with long-standing brain injuries participated in seven weekly two-hour group sessions to enhance self-awareness skills. The group leaders facilitated coping skills and self-awareness raising activities which included educational discussions and videos, cognitive and daily living skill activities and a group "trivia" game. Clients were encouraged to predict their performance and re-evaluate their performance after group activities and video feedback.

Learning Objectives: Considerable research has been conducted on the effectiveness of different techniques of improving the self-awareness deficits often accompanying brain injuries. Most of these studies were conducted with adults in the early stages of recovery. Little is known about the effectiveness of such techniques with those with long-standing injuries. Twenty-two adults with long-standing brain injuries serviced at Brain Injury Services of Hamilton participated in seven weekly two-hour group sessions organized in two groups and lead by two staff each. Coping skills and self-awareness-raising activities were partly based on activities found to be effective in the existing literature and included: educational discussions and videos, cognitive and daily living skill activities with feedback, and a group "trivia"-game activity. Clients were encouraged to predict their performance and re-evaluate their performance after group, group leader, and video feedback. The effectiveness of the group intervention was assessed by a pre-intervention vs. post-intervention comparison of two measures: multiple-choice knowledge tests of the information given during the seven sessions, and the Patient Competency Ratings scales (Prigatano) (PCR) completed by staff and clients. The results indicated that both knowledge and self-awareness improved from pre-to-post testing, implying that the group intervention was effective. The implications of these findings for the management and treatment of severe self-awareness deficits will be discussed.

Presenter Biography: Dr. Bruce Linder received his PhD in 1985 from McMaster University in Experimental Psychology (Developmental). He interned at the Behavioural Medicine Unit at St. Joseph's Healthcare in Hamilton, Ontario and at the Hamilton Board of Education from 1984-1986. He registered with the College of Psychologists of Ontario in 1986 and is a member of the Canadian Register of Health Service Providers in Psychology (CRHSPP). He co-founded the private practice of Pryor, Linder and Associates in Oakville with Dr. Colin Pryor in 1985. Dr. Linder is a Director with Safe Management Group Inc. Dr. Linder’s designated area of specialization is rehabilitation psychology. He is currently Clinical Director at Brain Injury Services of Hamilton, consulting behavioural psychologist to the Acquired Brain Injury Program at CMHS of St. Joseph’s Healthcare, Hamilton and consulting psychologist to the Niagara Catholic District School Board. He is also Adjunct Assistant Professor in the Department of Psychology, McMaster University.
Title:
Telephone Follow Up: Supporting Transitions Of Patients With Stroke And Acquired Brain Injury

Primary Author:
Heidi Reznick, Toronto Rehab (Toronto)

Additional Authors:
Iona Yim; Ramona Mileris

Summary:
The Telephone Follow Up (TFU) Project was developed in response to literature and best practice guidelines that identify the chronic nature of Acquired Brain Injury (ABI) and Stroke related disabilities and support the need for ongoing follow up after discharge from a rehabilitation facility. A TFU Screening Tool was implemented with all Stroke and ABI Inpatients and Outpatients at Toronto Rehabilitation Institute as part of an eight month demonstration project. The benefits, feasibility and sustainability of this initiative were evaluated.

Learning Objectives:
The objective of the Telephone Follow Up Project (TFU) is to provide consistent follow up for all Neurorehab patients and to improve transitions to community living. The philosophy of the project supports patient/caregiver self advocacy and utilization of community resources. The project incorporates processes to screen for urgent medical issues, allowing patients to be connected to physiatrist resources. Patients were phoned 3 weeks (inpatients) or 2 months (outpatients) post-discharge by a member of the inter-disciplinary team, who administered the TFU Screening Tool. Outcomes evaluated during the project included: resource utilization, patient/caregiver issues identified after discharge, and staff and patient/caregiver satisfaction. The TFU project was found to be a non-resource intensive initiative that serves to facilitate transitions and meet best practice guidelines. Knowledge gained around issues encountered after discharge will be valuable in guiding future practice.

Presenter Biography:
Iona Yim received her MSc OT from the University of Toronto. Clinically she has worked along the continuum of care in both the area of geriatrics and neuro-rehabilitation. In addition to her clinical work, Iona has a strong interest and is involved in various quality improvement initiatives. In order to achieve a work-life balance, Iona enjoys staying active by dancing, running and traveling.
Poster Presentations

The following poster presentations were submitted in response to a call for abstracts and selected by blind-review process.

Poster Presentation

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<th>Poster ID: 01</th>
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Title:
A Look Into Accessible Public Transportation For People In Toronto Who Have Acquired Brain Injuries

Primary Author:
Nadia Elsayed, Toronto Rehab (Toronto)

Summary:
Acquired brain injuries (ABIs) can have various impacts on a person's functioning. One's ability to travel on the currently available methods of public transportation in Toronto can be limited post-ABI. Thus, public transit (rather than the ABI) can be dis-abling to some people. A survey distributed at an ABI agency in Toronto shows that some people with ABIs who do not use mobility devices and/or do not have obvious physical disabilities could benefit from the city's door-to-door accessible public transit service which they are currently excluded from based on present eligibility criteria for this service. A change to the eligibility criteria could increase the independence of some people with ABIs and could also increase their participation in society. Opening up the service to adults with ABIs would not likely be a large financial cost, as many of these people have other methods of transportation that they can use.

Learning Objective:
As Ontario implements new legislation to increase accessibility for people affected by disabilities, we must consider how disability is defined, and how that definition may exclude people with certain types of disabilities. Public transit in Toronto is changing to make their conventional transit services more accessible to those who experience physical disabilities. This means that fewer of these people will need to rely on the city's door-to-door accessible transit service. Once this happens, will these door-to-door services be opened up to people who experience less visible disabilities (such as ABIs) who may not be able to use conventional transit? Raising awareness of the need for accessible (and affordable) transit for ALL Ontarians is needed during this time of changes and so-called inclusion.
Title:

Augmentative And Alternative Communication (AAC) For ABI

Primary Author:
Megan Wood, The Speech Therapy Centres of Canada (Richmond Hill)

Summary:
An overview of what augmentative and alternative communication (AAC) refers to ways (other than speech) that are used to send messages from one person to another. AAC systems can use a combination of techniques to improve communications including: picture communication displays, written language, speech-generating technology, and specialized computer systems. This presentation further explains AAC and how it can help children, adolescents, and adults who are difficult to understand and/or non-verbal.

Learning Objectives:
Learning how AAC can help the client/family member. How you as a communication partner can facilitate communication competence. How AAC can help reduce frustration of client and communication partners, therefore improving quality of life.
Title:
Characterization And Treatment Of Benign Positional Vertigo In Patients With Mild Or Moderate Traumatic Brain Injury

Primary Author:
Jane Topolovec-Vranic, St. Michael’s Hospital (Toronto)

Additional Authors:
Mary Ann Pollmann-Mudryj; Paula Porumbaceanu; Alicja Michalak; Donna Ouchterlonry; John A Rutka; Cheryl Masanic

Summary:
PURPOSE: The purpose of this pilot project was to explore the clinical presentation of Benign Positional Vertigo (BPV) in a traumatic brain injury (TBI) population, and to determine whether BPV, a form of post-traumatic dizziness, can be effectively treated at the bedside using a non-invasive intervention known as the Particle Repositioning Maneuver (PRM).

RELEVANCE: Although most patients with mild or moderate TBI recover to their previous level of functioning, some of the patients are at increased risk for developing dizziness post-injury. BPV is a common subtype of post traumatic dizziness that presents an additional obstacle to recovery, perpetuating the health-care burden related to the TBI management. The PRM is non-invasive, easily administered at the bedside, and may be an economical treatment procedure for BPV.

SUBJECTS/METHODS: Patients were recruited from an out-patient head injury clinic. Data regarding the following were collected: Participant Demographic and Injury Characteristics, Pre-Morbid Characteristic Data, General Health Questionnaire (GHQ), Short-Form Health Survey (SF-36), Dizziness Protocol (DP), Dizziness Handicap Inventory (DHI), Balance Error Scoring System (BESS). The Dix-Hall Pike Maneuver was performed on patients with dizziness symptoms. PRM was offered to patients who were positive on the Dix-Hall Pike Maneuver. The DP, DHI, GHQ was administered by telephone three days post-enrollment into the study. Participants returned for further assessments / treatment at 1-week, 5- weeks and 9- weeks post-enrollment. A final follow-up telephone assessment was conducted 3-months post-enrollment.

RESULTS/FINDINGS: Sixty patients participated in the study. The following primary outcome measures were collected: to compare the patient and injury characteristics of persons diagnosed with BPV vs. non-specific dizziness; to determine the patient and injury characteristics which predict the development of BPV; to identify specific symptoms of dizziness; and to determine the effectiveness of PRM for treatment of BPV-associated with TBI. The second outcome measures for the study will address issues related to participants’ quality of life.

DISCUSSION/OBSERVATIONS: The intervention explored in this study may provide a greater understanding of the clinical presentation and diagnosis of post-traumatic BPV and the role that PRM can play in its treatment. Demonstrating that PRM is an effective non-invasive intervention for patients with TBI could help to fill a huge gap in the healthcare system for these individuals.

CONCLUSIONS: Early diagnosis and accessible treatment for BPV has implications for improving the quality of life following TBI and may reduce time needed to return to work/school. Once the effective clinical management of BPV has been empirically tested in a TBI population, these patients can be assessed and treated in a primary care setting or TBI clinic earlier, leading to reduced disability and lessening the expense and burden of referral to specialty clinics.
**Title:**

*Creating A Seamless Transition*

**Primary Author:**
Valerie Lusted, Holland Bloorview Kids Rehabilitation Hospital (Toronto)

**Additional Author:**
Megan Gage

**Summary:**

Many consumers, families, schools and service providers strive to create seamless transitions for what "life after high school" will look like for students identified with special needs. It takes commitment, creativity and collaboration. This poster celebrates the collaborative shift in partnerships that was creatively nurtured between the client and the committed team working with her: a paediatric, community-based service provider (Bloorview's Family Support Service), a high school (Senator O'Connor College School) and two adult ABI day programs (CHIRS and COTA Health). A supported co-op placement focusing on social and life skills was created for the client to fulfill Toronto Catholic District School Board's graduation requirements. Throughout the planning, the help of school personnel was enlisted and eventually replaced by other adult, community-based service providers during the client's final year of high school. An overview of typical ABI-related sequelae, testimonials from all those involved in this creative, outside-of-the-box success story and lessons learned will be shared. The audience will be challenged to present their "seamless transition success stories" and/or to replicate this precedent in their home communities.

**Learning Objectives:**

Creating a seamless transition of "life after high school" for a survivor of a severe acquired brain injury (ABI) is rewarding! This poster celebrates the collaborative shift in partnerships that was creatively nurtured between the client, her high school, a paediatric service provider and two adult ABI day programs. Audience members will be challenged to present their "seamless transition success stories" and/or to replicate this precedent in their home communities.
Title:

*Designing A Neurotrauma Surveillance System For Prevention: What Are The Key Components, Challenges, Strengths And Weaknesses?*

Primary Author:
Amy Chen, Toronto Rehab (Toronto)

Additional Authors:
Angela Colantonio; Daria Parsons

Summary:
Although Ontario has access to the most comprehensive population based health data worldwide, currently there is no systematic, comprehensive and ongoing reporting of traumatic brain injury (TBI) from the perspective of prevention. The accurate collection of data is essential for informing stakeholders in planning and evaluating programs for prevention and evaluating programs. This session focuses on the development of a sustainable surveillance system from existing administrative data from our publicly insured health care system. It will present the strengths and weaknesses of using a range of administrative data sources and the rationale for their use for surveillance purposes. This approach will be presented in contrast to the international literature on neurotrauma surveillance. This session also seeks to engage participants in the rationale for decision making regarding the scope and lessons learned in Ontario. We will explore the pending outputs of the surveillance system such as causes and risk factors and explore its utility to form decisions in neurotrauma prevention. The process of development of partnerships among a range of government jurisdictions and stakeholders will be described.

Project Outcomes: TBI cases as captured by– ER visits, Hospitalizations, Death (while in the ER or hospitalized). Incidence rates for the following characteristics are also of interest: sex, age, place of occurrence, helmet use, seatbelt use, external causes, alcohol use, drug and alcohol-related comorbidities, and geography (Local Health Integration Network and Public Health Unit of residence).

Learning Objectives:
Participants will learn about the scope, process, goals and methodological challenges of a proposed neurotrauma surveillance system in Ontario and have the opportunity to provide input. They will gain exposure to an international perspective on surveillance. Participants will be provided with population based estimates of TBI cases in Ontario by age, gender, risk factors and mechanisms of injury. We will discuss the potential to inform practitioners about future trends in terms of the characteristics of future clients and the scope for prevention of reinjury.
Title:

*Early Results Of A New Comprehensive Assessment Measure For Minimally Responsive Individuals*

Primary Author:

Ana Gollega, Association for the Rehabilitation of the Brain Injured (Calgary)

Additional Authors:

Sharon Renton; Maryanne Ostapovitch; Chamine Meghji; Arlene Lazoruk; Denise Lawson; Elizabeth Haynes

Summary:

The Association for the Rehabilitation of the Brain Injured (ARBI) in Calgary, Alberta is a non-profit organization, founded in 1978. ARBI delivers individualized, long-term rehabilitation to individuals with the most severe brain injuries. After years of observing these clients, the experienced therapists at ARBI (OT, PT and SLP), contended that the existing standardized measures used to assess the behaviour of individuals with Vegetative States and Minimally Conscious States were not sensitive enough to quantify the subtle changes that were often observed in this population. To address this need, the “Comprehensive Assessment Measure for Minimally Responsive Individuals” (CAMMRI) was developed as a basis for clinical management.

The objective of this presentation is to show the preliminary results of Phase I pilot testing and demonstrate the applicability of this measure. The CAMMRI test is divided in three major areas: motor control, communication skills and response to the environment. Each area has specific subtests designed to fit a seven point rating scale generating objective information regarding the individual's improvements. This information documents changes and is used by therapists to set up a comprehensive rehabilitation plan that ultimately aims to improve the quality of life of these individuals. The methodological design used a standard sequence for developing a new measurement consisting of content validity based on literature review, construct validity with similar scales in the standard battery, test-retest and inter-rater reliability through pilot testing. The target population consists of adults who have experienced severe brain injury secondary to trauma, anoxia or cerebral vascular accident and who currently function at Level II or III on the Rancho Los Amigos Cognitive Scale (revised).

Results: Data analysis for Phase I of the pilot test was completed with twelve (12) subjects. Inter-rater reliability varied somewhat between subscales but averaged 0.9. The correlations between CAMMRI and the other standard assessment measures of similar and differing constructs were between the low to moderate range of >0.4. The measures used for comparison were: Western Neuro Sensory Stimulation Profile (WNSSP), the Johnson Rehabilitation Institute Coma Recovery Scale (JFK) and the Chedoke-McMaster Activity Inventory.

Conclusion: These preliminary results show that the CAMMRI measures the various key areas tapped by other scales but further provides a more comprehensive understanding of the minimally responsive individuals. This may allow professionals to be better equipped to evaluate treatment techniques, efficacy issues, and to develop more sensitive rehabilitation programs.

Learning Objectives:

The objective of this presentation is to show the preliminary results of Phase I pilot testing of the CAMMRI and demonstrate the applicability of this measure.
Title:

*How The Foundation Of A Recreation Therapist Unified Two Organizational Visions To Open Our Eyes To Seeing The Real Picture Of Thriving With Traumatic Brain Injury*

Primary Author:

Jackie Doyle, Chatham-Kent Health Alliance (Chatham)

Additional Author:

Michelle Chernets

Summary:

When a person who has a stroke relearns their activities of daily living, it doesn't mean they will return to a fulfilling life. They must feel the need and motivation to use their relearned functional skills in productive meaningful ways. In a unique partnership between Chatham-Kent Health Alliance, a 300 bed acute care community hospital and the New Beginnings Club: Brain Injury Association of Chatham-Kent, persons with stroke continued their psychosocial recovery in the community through a traumatic brain injury social recreation program. Though stroke is not traditionally included in the traumatic brain injury population, the two organizations realized they shared common goals. Marrying these resources was a win-win for this small community and those with both stroke and TBI. One highly physically functioning survivor best describes the most significant impact of this program for her: "To practice my speech. Without that, I have nothing! It's another world of participating… I participate much more. I was always an outgoing person and with the stroke I withdrew, and now in here I talk more and participate a lot." (Doyle, J., Hebblethwaite, S., Chernets, M. (2009) Social Programs for Survivors of Stroke: Evaluation of the New Beginnings Club)

This poster shares the observations and learnings of one employee whose services bridged both organizations. A Recreation Therapist by profession, Jackie Doyle journeyed with stroke survivors from hospital to the TBI club. The lessons learned are profound and applicable to all professionals who share the foundational service vision, to maximize the independence of their clients to self-manage their emotional and physical wellbeing. This poster presentation will inspire organizations in smaller communities with decentralized services to develop partnerships, acknowledge common goals, and better utilize common resources to more effectively meet the needs of individuals impacted by traumatic brain injury and stroke.

Learning Objectives:

Participants will gain understanding of... - Client perspectives related to the importance of social support for continued recovery - Shared psychosocial needs of stroke and traumatic brain injury clients - Client response to integration of stroke and traumatic brain injury - Gaps in emotional preparedness and support - Client transition from "fix me" to empowerment - Patient/client learning readiness and strategies - The value of peer support - What gets clients to the resources - motivators - What keeps clients active with the resources - Barriers preventing client involvement in resources
Poster Presentation

Poster ID: 08 Location: Johnston

Title:
Identity After A Brain Injury: A Scoping Review Of The Current State Of The Literature

Primary Author:
Mikelle Bryson-Campbell, University of Western Ontario (West Lorne)

Additional Author:
Lynn Shaw

Summary:
As a brain injury survivor must learn to live with their new post-injury identity, development and acceptance of a new identity is vital to the recovery process. Identity re-development is an importance piece in the rehabilitation process yet unfortunately, re-development of an identity is often neglected in rehabilitation programs. Standard rehabilitation programs are based on a medical model with the focus of treatment being on the rehabilitation of physical and cognitive injuries. One reason for this may be the abstract nature of identity and the difficulty supporting clients in re-developing an identity. If rehabilitation professionals look to the current research for a review of identity and its associated constructs they will find a dearth of this type of review literature. This poster presentation will disseminate the results of an exploratory scoping review which sought to highlight conceptual information about identity after a brain injury.

Methods: A scoping review methodology was used to extract knowledge from the current literature base. Several databases were searched using the key words identity, self, and traumatic or acquired brain injury.

Results: The initial search returned 269 articles which, using pre determined exclusion criteria, was narrowed to 25 articles. The results of this review were used to create a conceptual map to delineate the multiple definitions of identity, outline how different disciplines represent this concept of identity and constructs, along with the various demographic backgrounds of publishing authors, including geographical location of authors and types of methodology being used. Research is needed to achieve a more pluralistic study of the redevelopment of identity.

Learning Objectives:
As this poster presentation is disseminating results of a scoping review the goal of the poster is to highlight overall trends and themes in the literature on identity after a brain injury. It is the goal of this presentation that all survivors, caregivers, rehabilitation professionals, and others who view this poster will walk away with a clear description on how identity is defined in the literature, who is publishing research on identity after a brain injury, and how can brain injury survivors be supported in developing a positive post-injury identity.
Title:  
Living With Brain Injury Group: An Innovative And Integrative Approach To Peer Support And Education

Primary Author:  
Sucheta Heble, Toronto Rehab (Toronto)

Additional Authors:  
Sigrid Grasshoff; Karen Sasaki; Joan Vemon

Summary:  
Purpose: Focus groups completed at our facility have continually demonstrated that patients with Stroke and ABI are eager to receive education and peer support to help further their recoveries. Drop-in education sessions in our outpatient program were poorly attended leading the team to find alternative ways to provide education and incorporate peer support simultaneously.

Relevance: This group is intended to increase knowledge and understanding of issues related to brain injury and allows patients to provide mutual support.

Methods, Materials and Principles: Group Members: The closed group runs for eight consecutive weeks with 8-12 outpatients from ABI and Stroke streams. Handouts/resource materials are provided.

Facilitators: The group is facilitated by two therapists; session topics are chosen in conjunction with group members; additional team members are brought in to present specific topics as needed. Former patients are invited to speak to the group about their experiences.

Analysis: Therapists monitor attendance; patient questionnaires measure knowledge of brain injury before and after group completion and satisfaction questionnaires are completed at the end.

Results/Findings: Patient attendance was greatly improved as were self-ratings of knowledge of brain injury from pre-group levels. Patients report consistently high levels of satisfaction with the group.

Discussion/Findings: We have seen strong group cohesion with members providing regular support for one another, sometimes manifesting in support outside of group sessions. Former patients who present at group sessions offer further peer support and benefit from helping others. The less formal nature of presentations led to meaningful conversation and comfort in asking questions. This interdisciplinary group offers different team perspectives to the patients and is an excellent teaching model for students.

Conclusions: Offering education and peer support in a structured, closed format has proved to be an effective approach to providing support and meeting needs of patients recovering from stroke and acquired brain injury.

Learning Objectives:  
- To learn about a new approach to integrate patient education with peer support.
- To discover a new and integrative model of peer support for clients with brain injury.
Title:

Long-Term Trends In Recovery Of Function For Persons With Catastrophic Brain Injuries

Primary Author:
Josie Turbach, Anagram Premier/ResCare Premier (Niagara-on-the-Lake)

Additional Author:
Dawn Good

Summary:
Recovery gains, particularly those of persons who have experienced “slow[er] to recover” or “complex” catastrophic neural injuries, are often difficult to discern or describe due to limitations in opportunities for intensive and consistent data gathering and tracking, especially over the long term. Many of these challenges are lessened within the residential rehabilitation setting where individuals are receiving ongoing active treatment or long term living support 24 hours a day. In this venue, while tracking goals and charting behaviour on a daily basis, extensive data has been collected – some for long periods of time (i.e. up to 13 years) – depicting the trajectories of recovery and outcome for persons with severe traumatic brain injury who have participated in residential care on a continuous basis.

Learning Objectives:
We now have “functional” neuropsychological measures for 24 cases, varying in durations of stay from 1 to 13 years (N=4 for each of 6 time frames) assessing cognitive, physical and social/emotional status in terms of their daily activities, community experiences and rehabilitation. Impressively, documented gains/changes observed across time (i.e. years) are conservative, but evident, and conclude with varying, but improved, levels of independence and reintegration even for those at the longest intervals. Predictably, the rate of recovery varies across the different groups; however, depending on the measure, those who have been in formal programming for shorter lengths of time do not always have greater gains than those who have participated in programming for a longer period. We will be presenting regression results and trends based on this accumulated longitudinal data, allowing documentation, and insight, of long term outcomes for persons with complex acquired brain injuries.
Title:
Managing Complex Concussions In Children And Youth: A Multidisciplinary Approach To A Multifaceted Problem

Primary Author:
Sara Somers, Thames Valley Children’s Centre (London)

Additional Authors:
Janice Gray; Janette McDougall

Summary:
Introduction: In the past five years, concussion referrals to the Pediatric Acquired Brain Injury Community Outreach Program (PABICOP) have increased substantially. Referrals may be made acutely or at any time post-injury, and may follow a first, or repeat concussion. In light of the increased number of concussion referrals, program staff members were interested in identifying possible trends in the demographics of these referrals. An additional objective was to look for possible complex concussion profiles in an effort to explore factors that may be related to concussion recovery, in order for the program to take a more targeted proactive approach for supporting children and youth with concussion.

Method: A retrospective chart review was conducted of all concussion referrals received by the program over the past two years to obtain demographic data (i.e., age, gender), as well as information regarding number and duration of symptoms reported. Information regarding the amount and nature of client contact with our program was also obtained.

Results: Chart review identified that 65 (47%) of the 139 referrals to PABICOP over the past two years were diagnosed as concussion. Findings were generally in line with previous research that has identified that a higher number of males than females sustain concussions. In addition, the 13-18 year old age group sustained concussions more frequently and had a more complicated course of recovery. This was evident for each gender. However, somewhat conversely, females in the 13-18 year old age group had the highest percentage of complex and long-term concussion sequelae, requiring ongoing and multidisciplinary intervention.

Conclusion: Review of data from clients of the PABICOP program indicates that youth in the 13-18 year old age group are at highest risk for sustaining concussion and for having ongoing and complex sequelae. Furthermore, despite more males than females sustaining concussions in all age groups, ongoing and complex sequelae are more prominent among females than males in the 13-18 year old age group. Understanding trends in the data allows program staff members to provide a more targeted multidisciplinary approach to supporting children and youth, and their families, schools, and communities toward alleviating difficulties associated with recovery from concussion.
Poster Presentation

Poster ID: 12  Location: Johnston

Title:
Patient And Family Needs In The First Six Months Of Transition To Community Living After Moderate Or Severe Acquired Brain Injury: A Telehomecare Study

Primary Author:
Sonya Canzian, St. Michael's Hospital (Toronto)

Additional Authors:
Jayne Dabbs; Jane Topolovec-Vranic; Diane Duff; Lynne Mitchell; Alicja Michalak; Mina Singh; Dawn Tymianski; Linda Yetman; Avery Nathens

Summary:
Many family members and individuals with moderate or severe acquired brain injury (ABI) note social isolation, insufficient support, monitoring, education and access to specialized health providers following discharge to the community. THC provides a technological bridge for clinicians, patients, and family caregivers to connect with ease across geographical boundaries and address these identified needs. The purpose of this study was to use THC technology to explicate the needs and concerns of individuals who have suffered moderate to severe ABI and their family caregivers during the first six months post discharge from acute care or rehabilitation facilities. A prospective observational mixed-methods study of five dyads of patients and their primary family caregivers was conducted. THC services began following discharge home from hospital or other rehabilitation facilities.

Participants received THC assessments by a research nurse weekly for six weeks, biweekly for an additional six weeks and then monthly for the last three months. At each assessment participants completed several validated quantitative surveys and participated in a qualitative interview with the research coordinator. The data obtained from the participants were rich and revealing of the experience of life after discharge. The qualitative coding process generated well over 200 separate nodes of data and categories of participant experience related to violence, changes in family dynamics, coping mechanisms, types of stresses, frustration with outside support services, the role of neighbours and family, and many others. The findings from the study have enhanced our understanding of the stresses and coping mechanisms of patients and caregivers following ABI. This information will be utilized to design services which can be delivered via THC to best address the needs of patients and families post-discharge.

Learning Objectives:
Explore the potential role of telehomecare equipment in a community support program for patients with moderate to severe acquired brain injury and their caregivers. Understand the stressors and coping mechanisms of patients and caregivers in the first 6 months of discharge home following acquired brain injury.
Poster Presentation

Title:
Qualitative Perspectives Of Clients, Families, And Staff About Two ABI Community-Based Service Models

Primary Author:
Judy Gargaro, Toronto Rehab (Toronto)

Additional Authors:
Gary Gerber; Kathryn Boschen

Summary:
Introduction: This study compared perspectives of clients, family members, and staff members between services provided by Community Care Access Centres for persons with acquired brain injury (ABI) living in two Ontario communities. In one location, a specialized interdisciplinary ABI team provided services exclusively to ABI clients, and in the second location, a case manager allocated non-specialized contracted service providers to ABI clients according to need. The service provided by the ABI Team was driven by individualized goals that team members addressed as needed. In contrast, the service provided at the non-specialized location was driven by broad goals that could be met by offering limited services.

Methods: Clients receiving community services and a designated family member were recruited into a 2-year longitudinal study of service models. During the final year a sample of 20% of clients and family members participated in interviews focusing on their perceptions of the effectiveness and appropriateness of the services they received. Staff members were interviewed at the end of their study involvement, regarding their perceptions of their service delivery model context.

Results: The clients and families served by the specialized team were very satisfied with both the intensity and type of service provided. They felt supported and connected to the team and felt the team cared about their progress. The clients and families served by the non-specialized contracted service model location were generally satisfied with the services provided, but many said they needed a greater range and more intensity of service delivery. All the staff commented about the many changes over the last four years, not all of which have been perceived as positive. The staff generally felt over-worked and stressed, more so at the non-specialized location. Staff members at both locations discussed the need for ABI-knowledgeable services and the advantages of team service delivery.

Conclusions: This study highlighted differences in the perception of the services by clients and family members at the two locations. Staff at both locations felt that a specialized-team approach would be a more effective service. These findings corroborated quantitative and service costing data collected as part of a larger study. Together the results have implications for the assumptions and policies currently guiding community-based service provision to persons in the community with ABI.

Learning Objectives:
ABI specialized team service delivery is perceived by clients, family members, and staff as more desirable. Triangulation of qualitative, quantitative, and costing data support this conclusion. Assumptions that have been guiding policy decisions regarding community-based service-delivery for persons with ABI will be challenged. These findings could be used to inform community service provision policies.
Title:
Reiki And Physiotherapy For ABI: A Collaborative Approach To Improve Outcomes

Primary Author:
Sian Owen, Sian Owen Physiotherapy (Toronto)

Additional Author:
Stephanie Cookson

Summary:
This exploratory study provides a treatment option for clients who have difficulty participating in their physical program due to pain, stress and anxiety, sleep disturbances, psychological and emotional issues/adjustment. Participants receive both therapies on each visit. Baseline measures and self reporting are used in this holistic approach to care.

Learning Objectives:
This workshop/poster presentation will provide an overview of Reiki and natural energy healing and outline the benefits of a collaborative approach with physiotherapy. Participants will have the opportunity to experience Reiki and learn how it can be used with physiotherapy to improve client outcomes. Study outcomes will be reported to date.
Title:
The Impact of Depression And Pain On Cognitive Performance In Mild TBI

Primary Author:
Tisha Ornstein, Ryerson University (Toronto)

Additional Authors:
Sasha Mallya; Kerry Lawson

Summary:
Depression and pain are two conditions that often occur in individuals that have experienced mild traumatic brain injury (TBI). Yet, little is known regarding the influence of pain and depression on cognitive dysfunction. The main purpose of this study was to examine the relationships between cognition, pain, and depression among a retrospective sample of 78 individuals with mild TBI. These individuals were divided into three groups based on their levels of experienced pain and depression (i.e., mild, moderate, and severe) and were matched to a control sample. Compared to controls, one-way ANOVAs revealed that the TBI patients with moderate to severe levels of pain and depression demonstrated impaired verbal fluency and impaired immediate and delayed recall of word lists. Only the severely affected patients differed significantly from controls for attention and processing speed. Patients with mild pain and depression differed from the severe group on immediate recall, attention, and processing speed, but did not differ from controls for any of the tests. These results indicate that greater intensity of depression and pain affect cognitive performance. However, it appears that the severe group was less engaged in the testing process, which warrants further investigation.

Learning Objectives:
- To better understand the impact of psychological factors and pain on cognitive performance.
- To clarify the influence of TOMM performance on performance outcomes.
People’s Choice Award ~ Vote for Your Favourite Poster

To acknowledge the incredible amount of work that goes into poster presentations, the conference planning committee is requesting all registrants to visit the poster displays and vote for your favourite poster by secret ballot.

Please visit our poster presentation exhibits in the Johnston Room and vote for your favourite poster.

Suggested criteria:
- Originality and innovativeness
- Relevance to previous work
- Building on and relevance to body of knowledge
- Evidence and objectivity
- Clarity and presentation
- Quality and logical progression of argument
- Theoretical and practical implications

Please submit your ballot for favourite poster by 1:30 pm on Tuesday, November 9, 2010.

Awards will be announced during the closing remarks on November 9, 2010.
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<td>Phone: 416-243-3330 / 1-866-226-2565</td>
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<td>Web: <a href="http://www.bartimaeus.com">www.bartimaeus.com</a></td>
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<td>Sponsor</td>
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<tr>
<td>Community Solutions Ltd.</td>
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<td>Continuum, a division of Community Rehab</td>
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<td>Phone: 519-434-9814 Fax: 519-434-2264 Email: <a href="mailto:cssollard@continuumrehab.com">cssollard@continuumrehab.com</a> Web: <a href="http://www.continuumrehab.com">www.continuumrehab.com</a></td>
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<td>Phone: 416-449-1400 or 905-305-9994 Toll Free Phone: 1-866-474-1700 Fax: 416-449-7071 Email: <a href="mailto:info@devrylaw.ca">info@devrylaw.ca</a> Web: <a href="http://www.devrylaw.ca">www.devrylaw.ca</a></td>
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<td>DMARehability</td>
<td>DMARehability 1151 Florence Street, Suite 300 London, ON N5W 2M7</td>
<td>Phone: 519-452-0046 / 1-866-309-0046 Fax: 519-452-1413 Email: <a href="mailto:info@dmarehab.com">info@dmarehab.com</a> Web: <a href="http://www.dmarehab.com">www.dmarehab.com</a></td>
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<td>Elements Support Services</td>
<td>Elements Support Services 364 Wilson Ave. Burlington ON L7L 2M9</td>
<td>Phone: 905-635-8965 Fax: 905-637-5142 Email: <a href="mailto:info@elementssupportservices.com">info@elementssupportservices.com</a> Web: <a href="http://www.elementssupportservices.com">www.elementssupportservices.com</a></td>
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<td>Family Oriented Rehab Services (F.O.R.S.)</td>
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<td>Inter-Action Rehabilitation Inc.</td>
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<td>Phone: 519-836-1672 / 1-800-265-8381 Fax: 519-836-7631 Email: <a href="mailto:info@mckellar.com">info@mckellar.com</a> Web: <a href="http://www.mckellar.com">www.mckellar.com</a></td>
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<td>MindWorks</td>
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<td>Multi-Languages Corporation</td>
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<td>Phone: 416-323-6861 / 1-888-323-6861 Fax: 1-866-323-1295 Email: <a href="mailto:info@rehabresults.com">info@rehabresults.com</a> Web: <a href="http://www.rehabresults.com">www.rehabresults.com</a></td>
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<td>Rehabilitation Management Inc. (RMI)</td>
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The following information for conference delegates is based on information as provided by registrants who registered before November 1, 2010, excepting those registrants who requested not to have their information included. We apologize in advance for any errors or omissions to this list.

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Planning Committee for Toronto ABI Network Conference 2010

The Toronto ABI Network would like to thank the following who participated on the conference planning committee for this event:

**Volunteer Committee Members:**

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Michelle Diamond, Toronto Rehab
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The planning committee would also like to extend our thanks to Toronto Rehab's Conference Services team for providing conference management services for this event.
Presentation Handouts for Toronto ABI Network Conference 2010

Presentation handouts from the podium presentations given at the Toronto ABI Network Conference 2010 have been posted on our website where permissions allow.

Please visit the conference website for presentation handouts: [www.abinetwork.ca/conference2010.htm](http://www.abinetwork.ca/conference2010.htm)

About the Toronto ABI Network Conference 2012

Thank you for your attendance at the Toronto ABI Network Conference 2010. We hope that you found the event informative and rewarding.

Planning for the Toronto ABI Network Conference 2012 will commence in early 2011. We hope to see you there.
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