

Friday, February 16, 2007 ~ Concurrent Session Descriptions

Start time 0830h

End Time 1000h

Session: Welcome & Opening Plenary

Title:

From Little Acorns Mighty Oaks Do Grow ~ Peter Eames, MD
Pathways to Community ~ Al Condeluci, PhD

Start time 1030h

End Time 1430h

Session Keynote Concurrent

Title

Learning after TBI: Challenges and Solutions for Students

Presenter(s)

Roberta DePompei, PhD, CCC-SP/A - The University of Akron - Akron, OH

Description

This session will provide information about behaviours after ABI relating to classroom learning and community participation. Emphasis is on explaining the neurophysiological basis for language and learning; describing the cognitive-communicative problems that affect classroom learning, behaviour, applying these behaviours to the curriculum; and using this understanding to maximize the student's performance through the use of appropriate assessment and teaching strategies. Some of the objectives for these two concurrent sessions include: identifying the relationship between neurophysiological brain functioning and learning; describing the cognitive, communicative, and behavioural characteristics of youngsters with brain injury, explaining how those behaviours impact on the student's learning and ability to meet expectations of the education curriculum and the application of procedures to assess and treat students returning to school and community.

Target Audience

Family Members
Service Providers
Medical
Lawyers
Educators, counsellors

Concurrent Sessions A

Start time 1030h

End Time 1200h

Session A2

Title

ABI Services in BC – What does the future hold?

Presenter(s)

Judith Armstrong - Vancouver Island Health - Victoria, BC
Jerry Stanger, MHA - Fraser Health - Coquitlam, BC
Louise Holland, RSW - Northern Health - Prince George, BC
Lesley Grant, OT - Vancouver Coastal Health – Vancouver, BC
Deborah Preston - Interior Health - Kelowna, BC

Objective

To overview the current state and future planning for BC Health Authority ABI services.

Abstract

BC Health Authorities play a pivotal role in the development and delivery of ABI services. This presentation will include a representative from each health authority who will discuss the future of ABI services in their region. Presenters will discuss current services available, identify needs/gaps in service, and outline strategic goals. As time allows, each health authority will review the process undertaken to determine incidents/prevalence of ABI, community consultation processes, gap analysis, or other planning activities used in the development of strategic priorities. Participants will have an opportunity to ask each health authority representative questions about current services and strategic goals for ABI services in their home community. Participants will gain an understanding of the constraints associated with developing ABI services. Also, participants will learn about the future development of ABI services in their region and how to participate in this process. We anticipate a panel like format with brief presentations followed by an interactive discussion with participants. An appropriate moderator will be selected.

Target Audience

Survivors
Family Members
Service Providers
Health Authority staff and management

Session A3

Title

When Sensory Auditory Overload Leads to Mild TBI-Like Symptoms

Presenter(s)

Clint Landrock, B Eng - NeuroKinetics - Vancouver, BC
Philippe Souvestre, MD - NeuroKinetics - Vancouver, BC

Objective

To identifying contributing factors that lead to TBI symptoms.

Abstract

Commonly observed in the field of occupational and military medicine, unprotected auditory exposure to major noise blasts or severe sustained high noise intensity (auditory sensory trauma) have been definitely acknowledged as causing conditions similar to those seen after traumatic brain injury (TBI). Such conditions can also be seen in other settings. For instance, Jane, an 80 year old retired nurse, came for a consultation after having experienced a significant, accidental auditory blast in one ear 5 years before. Since this accident, and after having tried everything offered without success, she was still complaining of a number of different symptoms which include the following: hyperacusis, hypersensitivity to noise and vibration, tinnitus, hearing loss, frontal occipital pressure, balance/dizziness issues, neck pain, loss of concentration, and fatigue.

All of these symptoms are commonly described in classic cardinal parameters of a post-traumatic condition diagnosed in Traumatology and Rehabilitation Medicine as Postural Deficiency Syndrome, which can have impact on physical, cognitive, intellectual and emotional areas. A specialized neurophysiological sensory-motor assessment confirmed, along with her history, that her symptoms could very likely have resulted from the extreme sensory auditory overload.

Central Neurophysiological Adaptive Mechanisms Explain Types of Symptoms

Sensory overloads to the sensory-motor/sensory-cognitive controls in the brain can cause specific reactions in related neural network "circuits" (dysfunctional, which means that it imitates damage but are not); these results in producing a range of symptoms comparable to a TBI condition.

Effective and stable therapeutic correction is possible and only obtained by using appropriate neurophysiological stimulations addressing these sensory-motor controls. Given treatment in this context, Jane has responded favourably, gaining significant stable relief across her symptoms and no longer taking pain medication.

Conclusion

Trauma symptomatology is traditionally understood as resulting from physical injury to the brain. Sensory types of overload such as Auditory can also cause mild TBI-like symptoms and should be given due consideration. This scientific addition certainly allows for earlier detection of symptom cause, improved therapeutic protocols, and therefore can result in greater successes with plateaued patients.

Target Audience

Survivors
Family Members
Service Providers
Medical
Lawyers

Session A4

Title

Healing the Self- Emotional Recovery and Psychological Growth after Acquired Brain Injury

Presenter(s)

Valerie Reynolds - ABI Survivor/Group Co- Facilitator - Victoria, BC
Carol Morrison - Wife of ABI Survivor - Victoria, BC
Corinne Tweter, LPN - Neurosciences Victoria General Hospital - Victoria, BC
J. Ellen Connell, MA - Counsellor - Victoria, BC
Shannon Buchan - ABI Survivor - Victoria, BC, BC

Objective

Participants will gain an appreciation for the loss of "the self" experienced by ABI survivors and caregivers of persons living with ABI. This interactive panel presentation will provide the participants with the opportunity to hear a variety of perspectives regarding this loss of self and the struggle to recover and rebuild a meaningful, satisfying and sustainable sense of self. Participants will be introduced to a model of emotional recovery and psychological growth that empowers ABI survivors and caregivers/family members to understand and engage fully in their own healing and growth. Participants will gain an understanding of how this model is used in the therapeutic group context to support, foster and facilitate adjustment, emotional recovery and psychological growth following ABI.

Abstract

It has been said that "personhood is the one component that most significantly changes following acquired brain injury, and since the core of the person shapes the life of the self this is the story to tell." (Robert Vooght PhD) This interactive panel presentation will explore the loss of self as experienced by two ABI survivors and two women caring for husbands living with ABI. Through telling their stories these "direct" and "indirect" survivors will clarify the magnitude of the emotional, psychological and spiritual losses which frequently accompany ABI. These losses while felt keenly by direct and indirect survivors are often unrecognized or undervalued by professionals and those outside the family unit. The direct and indirect survivors will then outline some of the challenges they have faced in their own journey of recovery.

Ellen Connell will present a model for understanding and navigating the complex journey that is emotional recovery and psychological growth following ABI. This Trauma Recovery and Growth Model, which Ms. Connell co - developed (with J. Lynne Mann R. Psych.), is specifically designed for use in a guided mutual aid therapeutic group with direct and indirect survivors of ABI. Ms. Connell has been facilitating these groups since 1987 and is currently training survivors and caregivers as co - facilitators for these groups. The importance of providing both professional and peer support in the therapeutic group setting will be emphasized.

All of the other panel members have participated in these therapeutic groups and will describe ways in which the Trauma Recovery and Growth Model and participation in the groups has impacted their journey of recovery and growth. Panel members will present some of the basic recovery concepts which are central to the Trauma Recovery and Growth Model to illustrate how the model makes seemingly abstract concepts quite concrete and accessible. Using the Trauma Recovery and Growth Group as part of a comprehensive and cost effective approach to rehabilitation and recovery following ABI will be discussed. There will be ample time for questions during and after the presentation.

Target Audience

Survivors
Family Members
Service Providers
Medical
Lawyers

Session A5

Title

Managing Problems With Thinking and Behavior in the Home: Strategies for Caregivers

Presenter(s)

Angelle Sander, PhD - The Institute for Rehabilitation and Research, Baylor College of Medicine - Houston, Texas

Description

This presentation will focus on describing the most typical cognitive and behavioural difficulties resulting from traumatic brain injury (TBI) and proposing some simple strategies that caregivers can implement in the home to compensate for these problems. Problems discussed will include reduced awareness, attention and memory problems, reduced social communication abilities, decreased initiation, and difficulty inhibiting behaviour.

Target Audience

Survivors
Family Members
Service Providers

1200h Lunch

Concurrent Sessions B

Start time 1330h

End Time 1430h

Session B2

Title

Left Behind: The ABI communities fight for a role in welfare reform

Presenter(s)

Michael F. Seiferling, - PEARL Manor - Regina, SK

Objective

Participants will gain a better understanding of how to successfully lobby government and policy makers to accommodate for the needs of the brain injured population on provincial welfare programs.

Abstract

Since the mid 90's there have been dramatic shifts in funding arrangements between the provincial and federal governments. In Saskatchewan, this has produced a number of income security programs that neglect the needs of many ABI survivors. For example, current policy assumes that all ABI survivors will return to full-time employment. Currently, the government has acknowledged it mistakes and is willing to look at reforming the system as a whole. This presentation will

focus on what the ABI community has been doing to lobby the government towards creating policy which provides for the needs of ABI survivors. This includes a review of the challenges we face on both a short term and long term basis. Some of the issues encountered include: how to provide a quality of life for long term recipients of income security, and finding a place for ABI in the disability community. Examples of the successful lobbying efforts will also be presented. These include gaining substantial increases to basic living and shelter allowances, as well as working with government to educate front line workers about the needs of ABI survivors. Using various community organization modules as a framework for action, participants will gain a better understanding of how to successfully lobby government and policy makers to accommodate for the needs of the brain injured population on provincial welfare programs.

Target Audience

Survivors
Family Members
Service Providers
Community Activists/ Policy Makers

Session B3

Title

Peer Trainers: Survivors Helping Survivors on the Job

Presenter(s)

Dean Powers, MA - Vocational Solutions Inc. - Vancouver, BC
Charles Ottewell - Ottewell & Associates - Burnaby, BC

Objective

Participants will learn through seminar and two case studies how peer trainers can be utilized in conjunction with vocational rehabilitation services.

Abstract

Persons with ABI returning to the work world or into community settings may face difficulties with memory, work habituation and communication. This presentation explores utilizing peer trainers as coaches/mentors to address both "on and off the job issues" as part of the vocational rehabilitation service. Peer trainers are valuable to more recent survivors in sharing their experiences and journey during recovery. As part of the vocational rehabilitation team, peer trainers provide mentorship to clients through individual contact predominantly when the client is off the job and isolated. This is important in assisting with work or a vocational stabilization. This presentation reviews two case studies where a peer trainer and the vocational rehabilitation consultant work together to provide vocational and personal support leading to work stability and an increase in quality of life for survivors moving into employment venues.

Target Audience

Survivors
Family Members
Service Providers
Medical
Lawyers

Session B4

Title

Integrated Intervention for ABI and Substance Abuse: Findings from the SUBI Bridging Project

Presenter(s)

Irene Sullivan, MSc - CHIRS - Toronto, ON
Carolyn Lemsky, PhD - Community Head Injury Resource Services of Toronto - Toronto, ON

Objective

Provide a brief review of the literature pertaining to Substance Use and ABI
Report on a collaborative intervention project
Provide an overview of the program materials designed to facilitate collaboration between ABI and Substance Abuse Providers

Abstract

The link between brain injury and substance abuse is now well recognized. Recent research indicates that more than half of persons presenting for rehabilitation after brain injury report a pre-injury history of substance abuse. As many as half of these patients return to problematic substance use within two years of sustaining their injury. But that seems to be the tip of the ice berg. Our own data indicate that nearly one quarter of persons presenting for treatment at the Centre for Addictions and Mental Health in Toronto report a history of head injury with loss of consciousness. Unfortunately, there are few practical resources that facilitate appropriate treatment partnerships and cross- training of professionals.

This workshop will present the findings from SUBI Bridging Project (Substance Use and Brain Injury) an Ontario Ministry of Health Transition Fund project completed in partnership between Community Head Injury Resource Services of Toronto, The Centre for Addictions and Mental Health and the Toronto ABI Network. Following a brief review of relevant literature, materials developed for use by the project partners will be reviewed. Project materials include a prevention pamphlet, a psycho-educational program for inpatient rehabilitation, a cross training provider manual and a client workbook. Application

of Harm Reduction principles, Motivational Interviewing techniques, and Relapse Prevention and 12-step programs will be discussed. Findings from our implementation pilot will be reviewed, highlighting case management issues and the successes and challenges associated with the partnership relationships established through the project.

Target Audience

Service Providers
Medical
Research

Session B5

Title

Home, School and Community -- Where It's At For Comprehensive Assessments

Presenter(s)

Jane Gillett, MDFRCP - GBF Associates - Toronto, ON
Ann Bedard, MS,OT - GBF Associates - Toronto, ON

Objective

Participants will gain an appreciation of the importance of context in the completion of medical legal and comprehensive medical/ rehabilitation planning assessments.

Abstract

Multi-disciplinary assessments of children and adolescents are often pivotal in determining both compensation and long term medical and rehabilitative care following an acquired brain injury. The applicability of the evaluations to the child or youth's ability to function in his or her own environment and the long-term "real world" impact of the injury are essential in order to ensure that the individual receives the services and support that he or she needs. We believe that the most effective way to achieve the most accurate assessments of function is to evaluate children and adolescents in the situations in which they carry out their lives: at home, school and in their communities.

This presentation will review the general assessment approaches that we as a pediatric neurologist and an occupational therapist use to complete our comprehensive evaluations in the community. We will use case examples to illustrate both the methodology used and the effectiveness of this approach in three challenging situations: one where the impact of the injury and the child's long term needs had been overlooked due to family trauma and the passage of time, one where a pre-existing diagnosis had obscured the acknowledgement of the traumatic brain injury, and a third where a lack of funding and the presence of behavioural challenges were barriers to the provision of the extensive therapies required. In each situation, the use of a contextual assessment approach ensured an accurate and complete picture of the individual's strengths, challenges and needs, and resulted in a better outcome.

Target Audience

Family Members
Service Providers
Lawyers
Insurance Companies

1430 Refreshment Break~Poster Presentations & Confernece Exhibits

Concurrent Session C

Start time 1500h

End Time 1600h

Session C1

Title

Years later...

Presenter(s)

Robyn Littleford, M Ed - VSB/GF Strong Rehab Centre - Vancouver, BC
Julia Zarudzka, M Ed - Private Educational Consultant - Vancouver, BC

Objective

Inherent in a student's education should be a goal of maturing with a sense of meaning/purpose and with a positive sense of self-esteem. The presentation will offer insights into several individual's perception of the process down this path. Participants will celebrate the many and varied accomplishments of numerous students with ABI and acknowledge the many definitions of success.

Abstract

As professionals working in the field of rehab, our contact with children and teens with brain injury extends past high school graduation. Julia and Robyn have had the opportunity and privilege to follow numerous students through their educational journeys post-ABI. All of our students have had to make significant adjustments to how they learn, their course of study and their post-secondary pursuits. It is with pleasure that Julia and Robyn celebrate the accomplishments of a number of students whose successes range from completing school with a School Leaving Certificate to University Graduation. At the

same time, a brief overview of how the school system has accommodated students with ABI over the past 20 years will be presented.

Target Audience

Survivors
Family Members
Service Providers
Educators
Lawyers

Session C2

Title

Foundations For New Direction In Brain Injury: The Calgary Health Region Experience

Objective

To provide a conceptual framework for service delivery structure which is inclusive, accessible and flexible.

Presenter(s)

Aruna Mitra, M Ed - Calgary Health Region - Calgary, AB

Abstract

Provision of a comprehensive, evidence based system aimed at addressing the needs of the brain injured population throughout the continuum has eluded health care providers for decades. As new technologies and treatment approaches evolve to effectively manage the very acute stage of traumatic and acquired brain injury resulting in increasing survival rates makes development of such a system an imperative. In 2004-05, the Calgary Health Region actively embarked on building such a system by conducting a major review of the issues and gaps in its system and implementation of a mechanism to orchestrate connections between the different sectors. The vision is to have a service delivery system for the Region which is inclusive, accessible and flexible. In order that survivors are enabled to live to live to their fullest capacity, they may require ongoing consistent services, or bursts of intense services.

This presentation will share the conceptual framework based three key influences: the WHO International Classification of Function (ICF), the Chronic Disease Management (CDM) model and the "Just Right Challenge" (Csikszentmihalya, 1975, Kaplan, 1988). The service delivery framework spans the continuum from prevention, acute management, rehabilitation, community care and supportive living for all age groups. Discussion will include the administrative and human resource structure and roles created to successfully implement the model- including implementation of a regional database to support the evidence based approach. Specific implementation challenges and successes will be shared.

Target Audience

Service Providers

Session C3

Title

Striving for Participation: Providing a Continuum of Employment Opportunities

Presenter(s)

Stacey Martin, BA - CHIRS - Toronto, ON
Vesna Latkovic, Hon BA - CHIRS - Toronto, ON

Objective

Tools to develop a continuum of Employment Opportunities; Strategies to increase participant independence and satisfaction in a vocational context; Strategies for working with Community Partners

Abstract

How can we address a variety of abilities and needs in a single employment program? What do you do when the funds for job-coaching have run out, but the desire to work and the need for job-coaching remain?

This presentation will provide an overview of CHIRS continuum of employment programs designed to provide employment experience and sustainable, community-based supported employment specifically for persons with moderate to severe behavioural and cognitive disabilities resulting from acquired brain injury.

Special focus will be given to our entry level employment opportunity CardSharks+. This innovative program format provides a range of tasks from errorless card production for persons with severe to profound impairment to, work-station set-up and data entry for persons who are employment bound. In a recreational setting, participants are encouraged to practice team work, social skills and a professional attitude toward project completion. Participants often advance to a graduated work crew model developed in cooperation with three large employers, IKEA, Canadian Tire, Sheridan Nurseries. The model enables teams of clients to work in competitive settings as a collective with ongoing support from a job coach. We will illustrate how clients deemed "permanently unemployable" have become paid employees with opportunities for advancement.

Participants will gain an understanding of the employment model and information about how to get started. Topics covered will include: obtaining funding grants to develop crews, pairing clients at different functioning levels with complimentary abilities, negotiating independent positions for successful crew members up front, nurturing an attentive employer – agency relationship, establishing on-site mentoring relationships with employers and outcome evaluation. Techniques to foster the growth of individual workers including the use of group and individual shift feedback forms and goal setting will also be

presented. Using video-taped interviews, we will explore client and employer outcomes such as the changes in attitudes, identity and self-esteem that occur when people can do real work for a real wage.

Target Audience

Survivors
Family Members
Service Providers
Lawyers

Session C4

Title

From Hospital to Home: A Family's Story

Presenter(s)

Mike Rossiter - Rossiter Graphic Design - Richmond,BC
Geoff Sing, MA - Macdonald House - Victoria,BC

Objective

The objectives of this presentation are: 1. to demonstrate the role of family as advocates and caregivers; 2. to explore a supportive continuum of care from hospital to community; and 3. to examine the 5 most important things to families in the continuum of care.

Abstract

This presentation uses the story of Blake Rossiter as a backdrop to demonstrate the supportive continuum of care that is required to ensure survivors of complete community integration. Blake Rossiter's story offers inspiration and hope to survivors and family members. Following a car crash over ten years ago, doctors prepared Blake's family that it was unlikely he would survive and if he did it would be in a vegetative state. Nonetheless, Blake offered his family signs that he would recover. His parents used these gifts of hope to fuel their energy to advocate for rehab services. It was through their persistence and determination that Blake received every possible service available to him, which later enabled him to move from hospital to rehab to a community-based residential facility. Blake struggled in the years following and finally reached a crisis-point requiring intervention. Resuming their role as advocates, Blake's family built a circle of support in the community, which brought him from a psychotic/confrontational state to where he is now living independently and once again, participating as a member of his community. Presented by a member of Blake's family and a survivor/service provider, this session demonstrates the benefits of building a circle of support for rehab services to span the continuum of care and to ensure an individual's reintegration into their community.

Target Audience

Survivors
Family Members
Service Providers

Session C5

Title

Post Injury to Podium- a perspective in Sports for people with Disabilities

Presenter(s)

Andrew Ferguson - Canadian CP Sports Association - Surrey, BC
Terrie Moore, BPE - SportAbility BC - Surrey, BC
Todd Phillips - Canadian CP Sports Association - Surrey, BC

Objective

To increase the awareness of sports opportunities for people with brain injuries in BC and Canada

Abstract

Many people with disabilities and service providers are not aware of the opportunities to participate in organized sport for people with disabilities. From the local club to the Paralympics, the opportunities include soccer, athletics, boccia, sledge hockey, cycling and many other exciting sports. Athletes who meet the eligibility criteria can participate in local clubs and provincial competitions. They can aspire to be on the national team and travel to the Paralympics.

Target Audience

Survivors
Family Members
Service Providers
Medical

Concurrent Sessions D

Start time 1615h

End Time 1715h

Session D1

Title

Improving Outcomes of Paediatric Brain Injury Through Education and Awareness

Presenter(s)

Dawn Zinga, Ph D - Brock University - St. Catharines, ON
Sheila Bennett, EdD - Brock University - St. Catharines, ON
John Kumpf, BA - ON Brain Injury Association - St Catharines, ON
Dawn Good, C Psyc - Brock University - St. Catharines, ON

Objective

This project is aimed at providing an alternative perspective from which to view/interpret “behaviours” by: (a) increasing insight and awareness of ABI presentations in the paediatric population that are confusable with other, perhaps more familiar, ones such as conduct or mental health presentations; (b) outlining academic, social and behavioural concerns within the mental health context; (c) providing appropriate and effective strategies for classroom use to facilitate improved outcomes by promoting a problem-solving approach; and (d) disseminating this information with a support framework to ensure understanding, use and continuous support for child and youth care workers, rehabilitation workers, educators (teachers, education assistants) and thus, ultimately, children living with ABI.

Abstract

Acquired brain injury (ABI) accounts for 30% of all paediatric injuries and is the leading cause of death and disability for children and adolescents (Patrick et al, 2002). The prevalence of school age individuals in Canada who have sustained a brain injury and survived is approximately 108,000 (e.g. Kraus, 1995). Common to ABI are frontal lobe injuries and the disruption of related neurochemical systems (Anderson et al, 2000; Ownsworth & Oei, 1998) along with their associated presentations such as disinhibition, emotional lability, anger dyscontrol, and impaired social judgement or, conversely, limited initiation, reduced emotional reactivity, inattentiveness, and limited self-monitoring – all of which can impair one’s social effectiveness and integration/acceptance. Even so, most will return to their communities, requiring adaptations and modifications for successful re-entry.

Since they present with cognitive and externalizing behaviour problems (Greenspan & Mackenzie, 2000), these children are often viewed as a behavioural problem, primarily as a function of psychosocial issues. As a result, inappropriate interventions may be introduced, while the brain injury remains undetected and unmanaged. It is important that children with ABI are identified by teachers, family members and health care workers so as effective interventions shown to expedite recovery and improve functional outcomes are applied. Addressing children’s behavioural and mental health issues post injury within the context of other factors, such as academic ability, pre-existing status and family context (Donders & Strom, 2000; Stancin et al, 2002) is critical in facilitating optimal adjustment to one’s social environment.

Target Audience

Family Members
Education Professionals, Support/Health Care Workers

Session D2

Title

Igniting the Imagination

Presenter(s)

Lynda Batist-Friedman, OT - Lynda Batist-Friedman & Associates - Toronto, ON

Objective

Participants will appreciate the value of active listening and engaging the client's dreams.

Abstract

Today there are many new insights into the connection between mind and body. Researchers from various neuroscientific fields are positing theories about this relationship, which continues to further our understanding of the influence of the brain, in combination with maturational and environmental factors (i.e. including trauma to the brain) on a person’s functions. This paper will discuss theories of mind, as proposed by Antonio Damasio, (“...we should “not minimize the value of satisfying human curiosity, least of all curiosity about humanity itself”), Elkhonon Goldberg and George P. Prigitano , who encourages a broader, less restrictive exploration of the nature of self-awareness as it relates to the brain-injured patient . This presentation will further address and elaborate on Lev Vygotsky’s theory of Zone of Proximal Development, to support the belief that brain –injured clients can be encouraged to operate at their optimal level of function, provided they are respected for their abilities to imagine and create the reality of self following a brain injury. A young client will share, by way of DVD presentation, the importance of perseverance, dreams, and collaboration between client and therapist, to his achievement of success. This presentation’s goal is to reinforce the importance both of the therapeutic relationship, and the broadest support for facilitation of client’s dream-achievement.

Target Audience

Survivors
Family Members
Service Providers
Lawyers

Session D3

Title

The Lawyer's Role in Rehabilitation: Is there one?

Presenter(s)

David Doig, LLB - David H. Doig & Associates, Barristers & Solicitors - Vancouver, BC

Objective

This controversial talk will focus on the interaction between the legal and the rehabilitation/medical community. Strong views are held on both sides of this issue. This presentation will raise a number of controversial points that are usually the subject of a heated debate within the medical/rehabilitation/legal community. This presentation will allow conference delegates to understand some of the more complex issues relating to the interaction between law and medicine. Audience participation will be welcomed. Participants will take away from the talk a much greater understanding of the role of lawyers in the rehabilitation field. Hopefully this will foster a greater understanding and cooperation while at the same time enlightening participants as to the differing points of view related to the lawyer's role in rehabilitation.

Abstract

Should the patient's lawyer simply focus on legal issues and not become involved in rehabilitation or should the lawyer take an activist role in supporting the client's rehabilitation?

Some lawyers and medical professionals are of the view that a lawyer should not be involved in the rehabilitation process, but rather should simply focus on advancing the tort claim to maximize the amount of financial recovery possible. Some members of the rehabilitation team may see the lawyer's questions in a team meeting as interfering or threatening. Finally, many lawyers lack the detailed medical knowledge to participate meaningfully in the rehabilitation process.

Some lawyers and medical professionals hold a different view. They believe that the lawyer plays a crucial role in the rehabilitation process. It is the lawyer's responsibility to ensure that the patient receives full and fair lifetime compensation. Some lawyers believe the way to accomplish this is to rely upon expert witnesses retained specifically to give a medical opinion for legal purposes only. Much less emphasis is placed upon the treating team from the point of view of providing expert opinions for the purposes of litigation. One of the problems with this approach is that litigation tends to turn into a battle of experts. Both plaintiff and defence counsel retain their "usual" stable of expert witnesses to provide differing opinions. We now have a gun-slinging match which may require a judicial ruling to determine which set of expert opinions should be accepted. In some instances, the plaintiff's version is accepted and the plaintiff is compensated accordingly. On other occasions the defence experts prevail and the patient may be under compensated.

On the other hand, an experienced plaintiff's counsel who becomes involved in the rehabilitation process will spend the time talking to the treating experts in order to understand the patient's condition and continuing problems. Using these treating practitioners to provide expert opinions on diagnosis, treatment and prognosis has several advantages over the expert who sees the patient on one occasion and provides a report. What could be more convincing to a Court than the evidence of treating practitioners who have used their skill and experience over the past years to treat and rehabilitate the patient?

What the treating professional may lack in the form of a polished courtroom presentation, they gain in terms of credibility that comes from being a treating practitioner.

The issue of whether there is a role for lawyers in rehabilitation and if so what should that role be has been a contentious topic for many years. Unfortunately the opportunities to discuss or debate this issue usually only occur on a one to one basis. It is hoped through this presentation and discussion that all the participants will enhance their professional practice through a greater understanding of the issues relating to the role of lawyers in rehabilitation.

Materials will be provided.

Target Audience

Survivors

Family Members

Service Providers

Medical

Lawyers

Medical/Rehabilitation Professionals

Session D4

Title

Caregivers Exclusive: Exploring the Grief Journey of a Caregiver

Presenter(s)

Janelle Breese Biagioni, - Soulwriter.com - Victoria, BC

Objective

This presentation will: 1. Recognize and understand the layers of loss that caregivers experience following a loved one's catastrophic injury; 2. Explore the potential responses of grief that caregivers may experience; and 3. Demonstrate strategies to assist caregivers in the grieving process.

Abstract

This presentation explores the profound grief that grips caregivers following the catastrophic injury of a loved one. Their "layers of loss" are often overlooked and require a multi-faceted approach to help them move beyond their grief and to heal.

It brings to the forefront that traditional modes of grieving (i.e. funeral) are not available to the families and individuals who are coping with the devastating and life-altering outcome of catastrophic injury. They often describe their experience as 'death-like,' yet there is no 'invitation' for them to mourn their loss. Individuals and families coping with multiple losses that have resulted from one event, or occurred in quick succession, are plummeted into immense sorrow. They cannot grieve their losses en masse – each loss brings its own grief and demands its own time. Presented by a family member, this presentation offers caregivers a compelling testimony blended with practical, yet revolutionary guidance to empower them through their journey of grief.

Elements of this presentation include the following:

- Definitions of Extraordinary Bereavement, Grieving and Mourning
- Overview of models of grief (what works/what doesn't)
- Exploring the primary and secondary losses experienced by caregivers
- Exploring the special needs of grieving caregivers
- Practical ways to assist the caregiver in coping with grief

Target Audience

Family Members
Caregivers

Session D5

Title

Education and Enforcement Initiative: 'Doing' it Right' Injury Prevention Campaign

Presenter(s)

Brenda MacDougald, MSW - Prince George Brain Injured Group Soc. - Prince George, BC

Objective

This session will provide a detailed account of the 2006 'Doing' it Right' Injury Prevention Campaign, with a focus on the 'Education and Enforcement' component. The take home Injury Prevention Campaign Toolkit will provide participants with the means to replicate similar enforcement initiatives within their home communities.

Abstract

As prevention is the only cure for brain injury, the 'Doin' it Right' campaign was created by the Prince George Brain Injured Group Society to educate community members with the 'Ride Safe', 'Think Safe' and 'Play Safe' philosophy. The target population for this campaign was families in the Prince George area who were rewarded for 'Doin' it Right' and provided with education and/or formal warning tickets for non-compliance with the laws. There was an emphasis on teaching people the correct way to fit a helmet and promotion of the usage of appropriate safety gear. Vulnerable road users were educated about the rules of the road and the legal consequences of non-compliance.

Due to the apparent gap in current research regarding small wheels and the usage of appropriate protective gear, data was intermittently collected among vulnerable road users at various locations throughout the city during the summer months. This data will guide future injury prevention campaigns across the city and promote further study in the use of appropriate protective gear among vulnerable road users.

This collaborative venture was a fun and interactive way to promote safety awareness and created the opportunity for positive and unique working partnerships with a variety of community businesses and agencies including the RCMP.

Target Audience

Survivors
Family Members
Service Providers
Research
Child and Youth Educators

Friday, February 16, 2007 ~ Medical/ Research Sessions

Start time 1030h

End Time 1125h

Session MR1

Title

Psychiatric Illness Following TBI, Diagnosis and Treatment

Presenter(s)

Derryck Smith, MD - Childrens and Women's Hospital - Vancouver, BC

Objective

To identify the major psychiatric illnesses and their treatment following TBI.

Abstract

Psychiatric illness, particularly depression, has an increased incidence following TBI, probably as a direct consequence of damage to the frontal lobes. This damage can also lead to personality changes and attentional problems. This paper will identify the diagnoses and treatment options for these conditions.

Target Audience

Survivors

Service Providers

Medical

Start time 1130h

End Time 1200h

Session MR2

Title

Delirium After Traumatic Brain Injury: The Results of Implementing of a Pilot Best-Practice Protocol

Presenter(s)

Dimitri Bollegala, - University of Toronto - Toronto, ON

Shree Bhalerao, MD - St. Michael's Hospital & University of Toronto - Toronto, ON

Objective

Participants will follow the development and implementation of an evidence-based, pharmacological/ non-pharmacological best-practice protocol for the treatment of delirium in patients who have undergone traumatic brain injury. Participants will learn of the challenges and benefits associated with implementing a similar protocol in their own practices, which will ultimately help them to improve the detection and treatment of delirium in their patients.

Abstract

Delirium is a medical condition involving a change in the level of consciousness and cognitive function of a patient due to an underlying injury, and it affects an estimated 10 to 30 percent of hospitalized patients with a medical illness, with increased prevalence in the elderly. To address the lack of research into the implementation of an evidence-based best-practice protocol for the treatment of delirium in patients with traumatic brain injuries, this study was undertaken. A pharmacological/ non-pharmacological best-practice protocol for the treatment of delirium was formulated through review of literature, and implemented with the aim of achieving several goals. Among them were the goals of reducing the incidence and severity of delirium in patients with TBI, increasing the detection of delirium in TBI patients by bedside nurses, and uncovering the difficulties in implementing the protocol so that other institutions that implement the same protocol would have foresight as to the problems they may face. The study ran for a two-month period, including a one-month control period to collect baseline data on the presence of delirium in the Neurotrauma Nursing Unit and Neurotrauma ICU of St. Michael's Hospital in Toronto, and a one month period in which the protocol was implemented. Several obstacles were identified in the implementation of the pilot protocol, including staff non-compliance or confusion over administration of the protocol, and an increase in the identification of delirium was noted.

Target Audience

Service Providers

Medical

Research

Start time 1330h

End Time 1430h

Session MR3

Title

Mild Traumatic Brain Injury (MTBI) - A Review

Presenter(s)

Stephen Anderson, MD - Psychiatrist - Vancouver, BC

Objective

PCBIC07ConcurrentMedResearchFridayProgramV1.doc

To develop an understanding of the aetiology, diagnosis and prognosis of MTBI.

Abstract

Mild Traumatic Brain Injury(MTBI) is a poorly understood condition. Although the majority of people with MTBI have a good recovery, a small percentage continue to have cognitive impairment and/or physical and emotional symptoms. An overview of research during the past several years will be given. Medical-legal issues will also be discussed with examples given from the BC Supreme Court in which the author was involved. The interaction of psychological factors on cognitive functioning (e.g. depression and pain) will also be reviewed. By the end of the presentation the audience should have a good understanding of this poorly understood disorder.

Target Audience

Service Providers
Medical
Lawyers

Start time 1500h

End Time 1530h

Session MR4

Title

Finding your way after TBI: Some strategies may work better than others.

Presenter(s)

Sharon Livingstone, BA - University of Victoria - Victoria, BC

Objective

Participants will gain a greater understanding of the reasons why brain injury survivors tend to get lost while trying to go from one place to another, and how survivors might improve their ability to travel independently in their everyday lives. The presentation will describe recent research with brain injury survivors and their performance in video-game-like virtual environments.

Abstract

Traumatic brain injury (TBI) often impairs “wayfinding” (the ability to find one’s way around in both familiar and unfamiliar places) but no one is sure why. The research literature indicates that some regions of the brain, like the hippocampus and frontal lobes, are responsible for wayfinding and are also especially vulnerable to TBI. Damage to these areas may impair the survivor’s wayfinding by disrupting the brain’s ability to process certain types of information. Normally, people use several wayfinding strategies: sometimes they use their sense of direction and sometimes they use landmarks to decide whether to turn or go straight. The former strategy relies on a rich internal (cognitive) map of the environment, whereas the latter depends on a simple sequence of cue-response associations. Our previous research established that TBI disrupts navigation using cognitive maps and now we examine whether it spares navigation using landmarks. To that end, we have tested the ability of TBI survivors to find a place in a game-like virtual environment that either has or does not have landmarks to guide the way to the place. Results to date indicate that TBI survivors who have trouble using cognitive maps can still find a place by using landmarks. We believe that our research will eventually improve assessment and rehabilitation of wayfinding and lead to greater independence for TBI survivors.

Target Audience

Survivors
Family Members
Medical
Research

Start time 1540h

End Time 1610h

Session MR5

Title

Perception of Quality of Rehabilitation Services – Montreal: an evaluation tool to improve care

Presenter(s)

Bonnie Swaine, PhD - School of Rehabilitation, Université de Montreal - Montreal, QC

Objective

Participants will learn about a new questionnaire to assess clients’ perception of the quality of rehabilitation services following head injury (HI) and how this tool may be used to evaluate services and help modify care to better meet the needs of these clients.

Abstract

Evaluating the quality of rehabilitation services for persons with head injury (HI) is important to ensure that services meet clients’ needs.

Objectives: 1) to describe a 61-item questionnaire (administered during an interview) that assesses the perceptions of persons with HI with regards to the quality of rehabilitation services received, and 2) to present data from an ongoing validation study of the tool.

Methods and results: Tool development (including back-translation, French to English) will be described as well as data from 334 clients with HI (72.5 % males, GCS = 3 - 15, mean age = 40.5 yrs.) interviewed at different points throughout the continuum of care. Items are grouped under 5 dimensions of care (accessibility, continuity, client-centered, ecological approach, quality of service providers) and scored using a 5-point scale of agreement (1=completely disagree, 5=completely agree). Mean items scores varied from 2.0 to 4.7 and items pertaining to service providers received the highest ratings. Clients value the questionnaire (mean appreciation score = 8.1/10) and generally judge it to be comprehensive, clear and pertinent. They also appreciate the open-ended questions at the end of the interview allowing them to comment on issues not addressed in the tool (e.g. environment and hospital food) but that could be addressed in "in-house" satisfaction questionnaires.

Conclusion: The PQRS-Montreal appears to be a promising evaluation tool for service providers and funding providers of HI rehabilitation programs striving to improve the quality of care provided to persons with HI.

Target Audience

Service Providers
Medical
Research

Start time 1615h

End Time 1715h

Session MR6

Title

Life Time Support in the Community: Where is the evidence?

Presenter(s)

Wen Chi, OT - Government of Taiwan - Taipei City, Taiwan
Barbara Baptiste, M Sc - Rehabilitation Management - Toronto, ON

Objective

To review the concept of long-term care planning: the role of community care management and the evidence for long-term service need and use following TBI (in the community) - provide information and data from an international and national perspective.

Abstract

When health and social interventions are provided systematically, diligently and jointly they can strongly reinforce one another. This workshop will provide an overview of the concepts of community support both in Canada and in Taiwan, including differences and similarities of health and social services, within the TBI community. Evolving worldwide perspectives on life time support in the community will be presented and discussed, including World Health Organization (WHO) concepts. Results of evidence-based research on factors associated with care planning will be presented. The use of databases to track life time needs and supports will be presented as part of an evidence-based approach to scientific analysis of life time health and social support needs.

Target Audience

Survivors
Family Members
Service Providers
Medical
Research
Lawyers
Fundors

1900 – 2300 Social Reception & Dance ~ A Tribute to Our Legends