

Madison: Alright, so I think I'm going to get started here. So thank you everyone for tuning in and for joining us. So today's session three. The last of the series.

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00:33:06.210 --> 00:33:13.650

Madison: The pandemic brain injury, the pandemic within a pandemic strategies and solutions for keeping you connected

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Madison: So thank you so much to all the panelists for joining us today as well as thank you to PA LA and Thompson Rogers for continuing to support us.

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Madison: My name is Madison and I am the program assistant here at this today's host. And yes, so I'm so happy that everyone is here. Joining us and tuning in. So let's get started.

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00:33:41.220 --> 00:34:04.860

Madison: I just want to point out that there is going to be a question and answer period. So feel free to answer ask as many questions please type any comments into the Q AMP a box. So you'll see on your screen. The Q AMP a function down at the bottom.

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00:34:06.990 --> 00:34:19.560

Madison: Somewhere in the center of your screen. So please feel free to insert any of your questions or comments and we'd be happy to answer those throughout the webinar as well as towards the end.

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00:34:22.770 --> 00:34:25.410

Madison: Alright so let me start on on today's

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Madison: Panelists so we have a full set here. So we have David McDonald.

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Madison: Partner and personal and trauma injury lawyer from Thompson Rogers, we have Stacey Stevens, also a partner at Thompson Rogers and as well personal trauma injury lawyer.

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Madison: Matthew Sutton associate at Thompson Rogers and we also have Joanna Hamilton neuro psychologists, she is located in Peterborough. We also have Lee cranny rehabilitation case manager.

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00:35:06.270 --> 00:35:12.570

Madison: And last but not least we have Keith Lindsay Service Director at Artemis rehab services.

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00:35:14.700 --> 00:35:17.820

Madison: Alright, so, PLEASE, STACY

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Madison: Take it away.

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00:35:20.220 --> 00:35:29.430

Stacey: Awesome. Thank you. Madison, thank you everybody for taking the time to join us today. You know, if I said to you, six months ago, you're gonna wake up one morning

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00:35:29.940 --> 00:35:35.760

Stacey: And your world is, you know, it is going to be gone. You believe me, I know I wouldn't have

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Stacey: But the reality is, is a has and for the past six months we have isolated ourselves from one another. We've stopped going into work we have felt alone confused depressed.

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00:35:49.500 --> 00:36:02.790

Stacey: And some of us very fearful of what tomorrow is going to bring and now as we get into reopening and getting back to, to our lives, we're hearing about this the new normal and

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Stacey: We're starting to look at ourselves are starting to look at our family and our loved ones and wondering, you know, what is this going to look like for me for my job for my kids who may be going back to school.

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Stacey: And thankfully, we've got, you know, the resiliency. We've got the ability to to reason and make sense of the challenges that we have faced during this time, but it hasn't been easy for us. Now imagine having a traumatic brain injury.

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Stacey: And after days, months or even years of learning to live with your new normal suddenly in March. You're now pledged into a new new normal without any warning.

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Stacey: Your life is turned upside down, only this time you've got little or no ability to be able to cope with these challenges and

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Stacey: The reality that we've seen with our clients is that the code pandemic has really exacerbated the physical, cognitive, emotional and behavioral symptoms that are associated with traumatic brain injury.

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Stacey: So social isolation has taken what is already a marginalized sector of our society that removes them from their day programs. Remove the rehabs reports.

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Stacey: Resulting in amplified sense of fear isolation confusion and, you know, depending on the severity of the brain injury. We've got clients.

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Stacey: Who don't understand the scope of the pandemic who don't understand the need for masks who don't understand the need for social distancing

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Stacey: And what we have seen, or what all of us have seen widespread amongst our clients is a deterioration in their ability to cope in their ability to to function.

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Stacey: On you know on a normal on their normal basis without the

treatment and supports in place. They've lost structure.

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Stacey: And routine and all of these things that our clients have relied on in order to make sense of their day.

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Stacey: left on their own devices. They've got a sense of no control over what happens in their own world.

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Stacey: What we have seen happening is that there's increased depression, anger, frustrations and in some instances there is abuse of this towards family members towards their care providers and many of our clients have left out of risk.

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00:38:44.670 --> 00:38:44.880

Stacey: Of

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00:38:45.030 --> 00:38:57.690

Stacey: Self harm. So today what we're going to be talking about my co panelists and I are going to talk about our experiences and we're going to share our stories and some solutions that we hope will help you

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00:38:58.230 --> 00:39:05.160

Stacey: Deal with your own struggles, whether you fall into the category of eight we have provider who's working with someone with a traumatic brain injury.

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Stacey: Whether you are a family member who has been all of a sudden dropped into the role of caregiver, because the PS W's aren't coming in anymore. Or if you're a

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00:39:16.020 --> 00:39:27.390

Stacey: Brain Injury survivor and on top of this and top of the information that we're hoping to share with you today. We've also going to be making available. Our coven survival.

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Stacey: Toolkit. And this is a comprehensive list of resources and I'll just pop it up on my screen so you can take a look at it.

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00:39:42.840 --> 00:39:49.380

Stacey: There we go. And it's quite. It is a comprehensive list of resources that you will see

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Stacey: Will give you

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Stacey: Different links to various supports, whether it be through

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Stacey: For example, we've got yoga meditations. We've got podcasts. We've got different groups, different societies. There's what, nine pages of of helpful links where we think you'll be able to get the information that you need.

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Stacey: Whenever you have a question that arises, it will be available on the Thompson Rogers website the PA website this website and also to be available to be shared on request by email and I think through our ROM ab reporter that goes out. So without

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Stacey: Further ado I'm going to turn it over to Dr. Joanna, Hamilton.

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Joanna : Thank you. Stacy.

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Joanna : And good afternoon everyone. I hope that everyone here is saying, well, thank you so much for joining us on this late summer sunny afternoon so that we can chat about strategies for dealing with and coping with

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Joanna : You may find as we're talking that there's some overlap between what we as panelists. What we talked about, but that's okay because repetition is a good thing.

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Joanna : So I was driving into the small town near my house this weekend and I saw a sign that the church had put out in front, and it said this. Dear God, please uninstalled 2020 this version as a virus.

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00:41:27.630 --> 00:41:39.630

Joanna : How many of us have felt that 2020 needs to be uninstalled, or at least skipped. I know I have. And I know that a lot of people that I work with have felt that way to

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Joanna : This year has brought so many quick and intense changes to our lives and those who are also living with acquired brain injury have had yet another quick and intense change to adjust to

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Joanna : So we know that anxiety increases when we lose our sense of stability routine and control and this year has certainly brought about many disruptions to our lives as Stacey said these disruptions are likely to lead many of us to experience high levels of stress and worry

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Joanna : So in the early days of the pandemic, many people I work with. We're actually telling me. Haha. Welcome to my world. I've been practicing social distancing for years at least, we now have a word for it.

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Joanna : I in fact had one person tell me right at the beginning that they felt healthier because they weren't having to drive to appointments and we're enjoying staying home attending therapies online.

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Joanna : What I found out. And what I was reminded of was that many survivors are in fact the experts in this new world in which we find ourselves.

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Joanna : So I spoke to them about what worked and what I was hearing

was that you know what worked was accepting the situation and using strategies like mindfulness and deep breathing.

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Joanna : And trying to stay focused on here and now I used that expertise when talking with other people who weren't feeling quite so expert in social distancing

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Joanna : That was at the beginning, but as the length of quarantine continued I heard increasing levels of stress and anxiety comments like, how much longer.

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Joanna : I miss being with others. When will the Brain Injury Association. Open up again. When can I come back to see you not online, but in person.

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Joanna : Why is my family still home those kind of comments were increasing

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Joanna : And along with that as Stacey mentioned, there were increased challenges related to being impulsive. I had an a number of people that I work with who are buying things they don't lead

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Joanna : If people getting angry and sometimes violent with family members, not sleeping well and more emotional more tears more yelling, I also was hearing from families and caregivers that they were struggling as well as they were becoming overwhelmed.

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Joanna : What we know is that this year has been very stressful levels of anxiety and worry are high and are evident in the with people struggling more both with behaviors and their ability to cope

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Joanna : That can be even more of a concern when you're living with an injury that also impacts on those areas.

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Joanna : But what this year is also taught us is that there are ways to cope and address levels of stress and anxiety. We know that people are resilient in Canada.

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Joanna : Just think of how quickly we all adapted to waiting in line outside grocery stores standing six feet apart.

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Joanna : But we do need strategies and support to be able to help us cope with that we need to be continuously talking about coping strategies.

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Joanna : And how we can turn our unhealthy ways of coping like grabbing that extra chocolate bar or reaching for the bag of chips or not talking about things into healthier ways of coping.

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Joanna : So I'm going to talk about some healthy ways of coping today. I just want to acknowledge doctors to Chico nega saw who provided some information.

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Joanna : At the very beginning of the pandemic about coven and some strategies and I found those strategies. Very helpful and working with people at this time.

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Joanna : The first thing I want to talk about is the importance of having good communication and with

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Joanna : Team members and with family members and people who are living with the effects of brain injury and that if we all talk together the good communication is absolutely imperative and helping with stress management and coping.

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Joanna : If we can keep talking, we can keep planning and helping and



having regular contact that way is so very important

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Joanna : We feel so very out of control at this time. And so what we need to do is look at where we can find control and how we can control our actions and choices.

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Joanna : So this includes such things taking care of ourselves. I often start conversations with people by asking, have you eaten, have you slept. Have you exercised. Have you taken your meds.

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Joanna : Those things and I call those my mum questions are still in our control. There are basic self care, we can control whether we're eating or sleeping or exercising.

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Joanna : We can also make sure that we're doing other things that are in our control like washing our hands regularly and trying to keep that social distancing, even though I know that can be really hard at times.

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Joanna : It's very important for us to stay in touch with each other and for people to stay in touch with family members, the rehab team, and more importantly, finding finding ways to just stay in touch with the community. So whether that's friends Brain Injury Association that that's all important.

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Joanna : We need to do things that are relaxing for us. And what that could be a number of different things like having a bath or a shower going for a walk, where we can

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Joanna : You know, be very mindful and aware of what's going on around us meditating breathing staying active like yoga and exercising and stop watching the news.

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Joanna : At the beginning of us how at the beginning of this pandemic.

How many of us were glued to the TV or the radio trying to find out as much as we could.

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Joanna : And the numbers and what people were telling us to do and how overwhelming and negative that became so I had lots of conversations with people about just turning off the news. It's not helpful.

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Joanna : The other thing that we can do to help is by focusing on others and doing something kind for someone that could be simple as saying thank you find them a coffee making something for them, just being kind

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Joanna : A book I read last year, written by the Dalai Lama and Bishop Desmond Tutu called the book of joy.

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Joanna : outline some ideas and some strategies for helping us maintain a positive outlook and being joyful and happy.

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Joanna : And in that they talk about ways to deal with stressful situations and what they talk about is looking being able to look at things from a different perspective. So thinking how can I look at this situation differently, what can I learn from it.

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Joanna : They also talked about being grateful. So what can I be thankful for. And then giving back. Where can I show kindness. So these three points are definitely parts of conversations that we need to have and also our ways of coping during stressful times

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Joanna : We need to make a plan for each day to keep a routine in place our routines have been so disrupted. During this time, we need to identify our goals and how we're going to reach them. What do we need to do and how are we going to do that.

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Joanna : That's what works and these times is keeping that routine and

identifying goals and making plans. Now, what doesn't work. Well, first off, avoiding the current situation by not thinking about it.

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Joanna : Or immersing ourselves in other activities may help for bit but they're generally not helpful ways of coping using substances to cope and getting angry or also not helpful.

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Joanna : While it might be tempting to play games online. All day or just sit on social media. We need to find other ways of coping.

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Joanna : We need to spend time thinking about how do we deal with strong emotions and how do we generally cope with them.

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Joanna : First of all, a step might be to think about how our bodies react physically when we are feeling stressed intense our muscles tense. Do we have butterflies IN OUR TUMMY are replacing then we can label that feeling.

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Joanna : If we're feeling anxious, we may be feeling butterflies in our tummies. If we're pacing, we may be feeling upset frustrated if our muscles are tense might be anger.

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Joanna : Then we need to think about what that feeling is telling us we need. So if we're feeling anxious, we need to focus on finding comfort. If we're feeling sad. We need support.

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Joanna : And if we're angry, we need to learn to set limits and boundaries need to check in with ourselves a couple of times a day and say, How am I feeling

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Joanna : What am I doing

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Joanna : It's also really important to remember that we are not our feelings and feelings don't last forever. They do change.

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Joanna : One very wise person that I worked with years ago told me this, it will be what it will be for as long as it is and then it won't

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Joanna : That's very true. The feelings we have today won't always last. So one way of coping with our feelings is actually to track the feelings we have during a day.

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Joanna : Way we can get a visual to see that I was anxious yesterday, but I'm not anxious. Today I feel less anxious, we need to move from resisting our feelings and our emotions to finally getting to the place where we can ask ourselves what we can learn from them.

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Joanna : So managing levels of stress, we need to focus on what works. We need to do things that are active for us and soothing.

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Joanna : So active things include physical activity completing chores connecting with others and soothing activities are those relaxing things that we find

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Joanna : Like having a bubble bath relaxing breathing yoga and meditation, I think it's important to pick both an active and a soothing activity for each day.

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Joanna : And remember that what works for you may not work for someone else. But having something to do keeps a routine in place, we need to have help from others like rehab support workers family members or friends to help us with that.

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Joanna : As this year has led to higher levels of stress and emotions. We need to also look at ways to reduce the intensity of the emotions

we are experiencing. So again, as much as possible being active focus on something that needs to get done and do it.

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Joanna : Focus on someone else again so that you're not focusing always on what you're you on yourself. Think about times where you felt differently.

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Joanna : Experience different emotions. So one thing we tried that I was, and I was working with at the beginning of the pandemic.

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Joanna : We called it in my office. The coven giggle. And what we would do is we would try to find a funny video or a meme or song or something on social media or social media.

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Joanna : That people were posting online, that was happening a lot at the beginning of the pandemic and we would watch that. So one of the things that people, a lot of people I was working with were watching were were Pluto. The dog this schnauzer from Montreal.

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Joanna : Or that sound of music video that was redone with the

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Joanna : safety measures put in place and it was a way to laugh and feel better. It is also okay to push away a little bit and not think about what's going on, but just not for too long.

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Joanna : We need to use strategies like breathing and counting to 10 and things that just help us, slow down.

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Joanna : We also need to focus on doing something physical like squeezing a ball or letting ice melt in your hand, things like that. What that will just provide a different emotion and different physical feeling and what's going on when we're feeling anxious

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Joanna : One of the things that a lot of people that I'm working with are experiencing or our feelings and being more impulsive.

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Joanna : So I've had people who've been buying things more than they should be. Or or buying things they don't need or being impulsive in terms of being angry and frustrated and lashing out

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Joanna : So one strategy to use is to think of the word stop as a way to cue yourself to stop. So you can use the letters S. T. O. P to stop and think of a plan or the same words to stop, take a deep breath, observe what you're thinking and feeling and then plan and proceed.

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Joanna : We also need to be very compassionate with ourselves. We need to be encouraging and tell ourselves that we're doing a great job.

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Joanna : Remember that you are the expert and you do have coping strategies. We also need to recognize that we're all works in progress that things are not going to be perfect, but working on strategies will help

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Joanna : We need to develop wellness plans and identify what strategies we use now and what new strategies might be possible for us.

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Joanna : Keeping a gratitude journal to know things that you're thankful for is important. And you don't want for those deep days that seem too overwhelming it's perfectly okay to say you're thankful that you never have to do that day again.

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Joanna : Having people to talk to and connect with during this time is so important because support is vital. We are grateful that the brain injury associations around the province have provided this support during this time.

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Joanna : If you need to reach out to someone do because working together to develop and refine ways of coping will work.

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Joanna : Thanks.

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00:55:42.540 --> 00:55:59.190

Matt: Hi everyone. Happy afternoon. Thanks so much. Dr. Hamilton. I think that I'll speak for David Stacey and myself when I say that it's it's nice to hear from your expertise, because it highlights patterns that we've seen on our own files with our own clients.

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Matt: The ones with brain injuries. One of the examples you provided earlier on was that initially you would have some clients that would

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Matt: Be happy that the treatments were stopping for a small period of time, it would relax them and let them re evaluate, but then over time, those treatments, not being in place started cause of deterioration

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Matt: And

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Matt: I know Lee is on the panel here. And I'd like to ask you some questions because

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Matt: You're, you're on the front lines as a case manager in your in your hearing from Dr. Hamilton and you're hearing from other treatment providers.

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Matt: And some of the stuff that lawyers have seen in recognizing patterns over the past six months.

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Matt: Is that our clients with brain injuries are deteriorating either

with no treatment or different treatment or breaks and breaches in regular treatment.

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Matt: And that certain issues on a case by case basis, cause additional difficulties. Some people are battling alcohol abuse or or problems with family members within the home other ones.

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Matt: Have certain anxieties that are being exacerbated or increased in very serious ways. One of the things that we've noticed that our firm is that they'll begin to

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Matt: Focus on a specific thing that bothers them in their life and to the exclusion of everything else. And I'd love to hear from you as a case manager, you know, types of creative solutions, you may have

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00:57:40.830 --> 00:57:53.370

Matt: When you have a case by case basis scenario where perhaps some you know form of assistance would be very helpful to one brain injury client, but not so much with another in light of their own changing circumstances.

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Leigh: Yeah, I'd be happy to speak to that. It's as you say it. We've been living the front lines because we have our community. We have large rehab, you know, teams that work with our clients in the brain injury community we have established

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Leigh: Aquino community programs. There's a forward momentum.

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Leigh: There's goals, they're measuring progress and then coven came and shut it all down. And basically what exactly what you've described. I had a number of clients as well who were happy to check out the

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Leigh: And just happy to be home and then the decline.



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Leigh: Came, you know, it was very evident because you have trauma and loss and social isolation. That's super imposed on someone who's already living that experience of trauma and loss.

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Leigh: And social isolation and so it presented a number of challenges. Absolutely. As we were trying to deliver rehab supports. So we learned a lot. And so I'm going to take a few minutes and just share

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Leigh: Our experience from, you know, from the treatment team point of view. And what we've learned and some I think some takeaway messages.

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Leigh: To take some positive things out of it that we can move forward with. So one of the women. One of the first things we had to realize

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Leigh: Initially, was that we needed to implement virtual services and supports our work with clients has been very much in person in the community.

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Leigh: That direct support and very quickly coven shut everyone down. We weren't prepared our clients weren't prepared and so we very quickly had to learn how to deliver virtual supports and

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00:59:35.040 --> 00:59:46.530

Leigh: When, when I was reflecting back on our journey. I kind of identified a few phases in in developing you know strategies to develop to deliver virtual supports and

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00:59:46.950 --> 00:59:58.650

Leigh: So phase one was just total panic. Everyone, the world was in panic. We were panicking, the clients were panicking. There was just a lot of urgent reaching out to clients checking in. Are you okay

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00:59:59.490 --> 01:00:08.370

Leigh: Just reassuring, you know, we're still here. We'll figure it

out. And then this lead into phase two, which was technology is our Savior.

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01:00:08.970 --> 01:00:16.050

Leigh: Very quickly. Okay. Technology is the answer is the answer that will Steve keep us connected with our clients.

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01:00:16.740 --> 01:00:28.530

Leigh: And then we needed to determine with our clients, what technology. They had available, what was appropriate to support their participation and very much. It was an individual process case by case.

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01:00:29.130 --> 01:00:40.110

Leigh: What, what can a client use what what isn't appropriate and then we needed to secure funding and actually purchase for a lot of clients when you actually purchase the technology and deliver it to them.

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01:00:41.190 --> 01:00:52.260

Leigh: So then, phase three became technology training, also known as the phase where us as therapists became it experts for better for worse, and

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01:00:53.160 --> 01:01:04.320

Leigh: Our clients are receiving new technology and then we needed to by necessity deliver virtual supports to help them get it set up, teach them how to use it.

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01:01:04.920 --> 01:01:14.790

Leigh: This definitely presented a ton of challenges, and I certainly thanks a lot of my own clients for their patience with me as I was there. It provider during this phase.

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01:01:15.780 --> 01:01:24.630

Leigh: So then we interface for virtual engagement. We've arrived. Great. We have the technology we're moving forward with treatment sessions.

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01:01:25.050 --> 01:01:41.970

Leigh: we're engaging in the virtual platforms. And then we started to realize that the virtual platforms were very, very different than the

in person treatments. This brought its own challenges you know the increased cognitive fatigue. We saw in clients.

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01:01:42.990 --> 01:01:54.180

Leigh: Zoom fatigue, it's, it's real. We found that virtual sessions, they, they take more concentration and focus to be able to process the nonverbal cues.

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01:01:54.780 --> 01:02:04.800

Leigh: Facial expressions tone pitch of voice body language, having to focus on that during a treatment session so intensely really consumed a lot of energy.

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01:02:05.400 --> 01:02:22.410

Leigh: And then there was this this zoom experience of feeling that you need to perform on zoom without in person treatments are the treatments sessions, they became less organic and more of, sort of a performance type session, which was very fatiguing in and of itself.

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01:02:23.850 --> 01:02:34.290

Leigh: And then what started emerging for some clients. Was this the sense of altered self image here we are on zoom and they can see themselves the entire session.

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01:02:34.680 --> 01:02:45.570

Leigh: And as they're dealing with changes in self image it brought forth some of those conversations, which we tried to use as a really positive therapeutic outcome.

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01:02:46.530 --> 01:02:54.660

Leigh: But we found that a lot of clients were shying away from any type of visual virtual session. For that reason, so

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01:02:55.140 --> 01:03:00.630

Leigh: Successfully at times, and other times, a little more challenging. We dealt with that one by one.

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01:03:01.140 --> 01:03:07.470

Leigh: And then there was the realization that just many treatment goals were just absolutely not possible to address over a virtual platform.

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01:03:08.340 --> 01:03:14.310

Leigh: A lot of treatment goals need to be discarded totally modified and there's a lot of energy put into that.

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01:03:14.790 --> 01:03:28.140

Leigh: So as we're moving forward. And we're realizing you know that things look different things feel different things take more work to get done we we enter phase five and this was just exploration of feelings of loss.

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01:03:28.950 --> 01:03:37.320

Leigh: There was, you know, with the without being there in person, the decline is happening rehab looks different. It feels different.

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01:03:37.980 --> 01:03:45.090

Leigh: In clients are now identifying that there's, you know, loss of progress towards you know the goals that needed to be left behind.

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01:03:45.810 --> 01:03:48.900

Leigh: There's this overwhelming loss of forward momentum.

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01:03:49.770 --> 01:03:57.660

Leigh: With rehab programming. There's loss of relationships and and ultimately that loss of human connection that we all experienced

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01:03:57.990 --> 01:04:08.370

Leigh: And for a lot of clients it was it was worse for them. They're experienced that loss of that human connection and the impact that has on our psychological, you know, sort of well being.

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01:04:09.600 --> 01:04:12.660

Leigh: So we just tried to to acknowledge the loss.

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01:04:14.160 --> 01:04:26.250

Leigh: And then work towards acceptance of a loss because with the acceptance, then we can look to move forward. So with moving forward we interface six, which was a reevaluation of of expectations.

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01:04:27.210 --> 01:04:48.570

Leigh: Because we are all adapting to different treatment modalities.

And I think we all noted during Kofi especially during the initial shutdowns that we all sort of vibrated at a different frequency life felt like it was you know on hold and this absolutely transcended into our rehab programming.

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01:04:49.980 --> 01:04:59.640

Leigh: And it changed the pace at which clients were moving forward with the rehab and the pace at which success was occurring. So just reevaluating

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01:05:00.210 --> 01:05:12.120

Leigh: The expectations of forward momentum and then redefining goals and even celebrating the small goals. Any small goal coven was really quite huge

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01:05:12.840 --> 01:05:23.100

Leigh: For some clients. It meant that just realizing that just basic maintenance was progress in and of itself, because we weren't declining. And so we celebrated that

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01:05:24.390 --> 01:05:33.030

Leigh: And then now we're here now we're phase seven, I call it lucky. Lucky number seven. And that's where we are now, where it's the rebuild. So things have opened up.

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01:05:34.020 --> 01:05:41.670

Leigh: We, as a society, we have sort of new rules in a generalized playbook that for the most part, allows us to get back out into the community.

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01:05:42.000 --> 01:05:52.350

Leigh: And see people in person. So as an overall rebuild tool we're trying to use our lived experience and the difficulties and the loss that coven

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01:05:53.280 --> 01:06:06.960

Leigh: brought to us to to create an appreciation appreciation for what was missing and appreciation that we can resume some of that and we're trying to use that appreciation as as motivation for for ongoing rehab.

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01:06:07.980 --> 01:06:14.250

Leigh: So as as we lift these Trent transistor phases and we're adjusting to these times. I think there's

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01:06:15.390 --> 01:06:26.040

Leigh: A few points that we can take forward in that our Trials and errors over the past several months have been really super successful learning of of what works and what doesn't work.

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01:06:26.550 --> 01:06:34.080

Leigh: And with that, we can hang on to the elements that we know now work in the virtual world. And then we can build on those

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01:06:34.950 --> 01:06:46.980

Leigh: We also now know that we can stay connected in a virtual world and and during a pandemic. And we also know that we can still make progress in a virtual world and during a pandemic, so

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01:06:47.820 --> 01:07:03.390

Leigh: My hope is, if the future brings more lockdowns is that we don't need to go back and relive all of the phases. We know what they look like they came out of necessity, but we can just sort of go back to the good parts that worked so

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01:07:04.770 --> 01:07:11.850

Leigh: One of the key elements that we saw as we were transitioning was really determination of what is an essential service.

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01:07:12.780 --> 01:07:19.590

Leigh: Even you know with coven we found that the in person treatments for a lot of clients were essential

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01:07:20.550 --> 01:07:28.800

Leigh: And the lack of those treatments were just absolutely detrimental for many clients we monitor decline as a whole.

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01:07:29.610 --> 01:07:41.970

Leigh: But there was a different level of decline for certain essential services and the most general guideline that we used was that if we don't provide this treatment in person.

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01:07:42.390 --> 01:07:52.740

Leigh: The client will decline to the point where they will be a burden on our healthcare system. And as that basic definition we used to then come together as a team.

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01:07:53.340 --> 01:08:07.470

Leigh: Lots of team collaboration approach each client and each therapy case by case and then determine at this point to prevent further decline and being a burden on our healthcare system. What do we need to put back in person and

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01:08:08.580 --> 01:08:18.240

Leigh: For lots of clients. We did. We had to implement PS W care for essential personal care many elements of physical therapy.

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01:08:18.780 --> 01:08:24.270

Leigh: Because some of our clients were physically declining to the point where they might be a fall risk and

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01:08:25.140 --> 01:08:30.990

Leigh: And then the RS W support. I keep this is on the panel, and I'm sure will speak to this, but

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01:08:31.530 --> 01:08:45.720

Leigh: Most notably, the rest of us were one of the most essential services, I, I often refer to ourselves as the glue that holds a great rehab team together and coven absolutely highlighted this the RS W community.

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01:08:46.920 --> 01:08:58.050

Leigh: They provided some really creative ways to connect and support and keep our clients glued together and that also includes included enhanced PS W support with the RS W us as well.

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01:08:59.370 --> 01:09:04.980

Leigh: And then so we also found over this time that we we started to connect our clients differently.

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01:09:05.910 --> 01:09:20.130

Leigh: You know pre coven we would typically see you know weekly or bi weekly sessions, you know, scheduled one hour, two hour session, but during coven we switched to there's more frequent client connection was required.

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01:09:21.150 --> 01:09:36.180

Leigh: There were more mental health check ins and then we found that you know if there was a one hour session, for example, scheduled for a client during the week that breaking that up into 230 minute sessions allowed the client to engage better

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01:09:37.560 --> 01:09:43.230

Leigh: You know, manage cognitive fatigue and it gave us an opportunity to connect the clients more frequently as well.

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01:09:44.490 --> 01:09:53.730

Leigh: And so then, then we come into this a bit of an overlap but as, as Dr. Hamilton said, I've just out of, out of necessity as as we explore

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01:09:54.480 --> 01:10:01.590

Leigh: Decline D compensation loss of structure, you know, these fluid days that coven brought to us all.

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01:10:02.100 --> 01:10:15.090

Leigh: It really just what appeared for all of us was the necessity for for focus on self care and for a lot of clients it was self care as as a rehab goal. There was worse thing of mood and depression, anxiety, sleep.

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01:10:16.050 --> 01:10:30.300

Leigh: It's it's a difficult cycle. So to manage that overall decline. We did we we explored. You know, you know, establishing and maintaining a structured daily routine. We looked at sleep hygiene.

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01:10:31.350 --> 01:10:35.760

Leigh: Nutrition fueling your body with the nutrients that will feel you

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01:10:36.510 --> 01:10:46.440

Leigh: Getting some form of gentle movement or daily exercise, you know, these, these guided meditations these types of things. A LOT OF REHAB goals were then restructured

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01:10:47.010 --> 01:10:57.210



Leigh: In and around those. And so there's a lot of great links Dr. Hamilton provided some amazing feedback there and there's a lot of great links in the in the rehab toolkit.

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01:10:58.080 --> 01:11:14.310

Leigh: For from a treatment perspective, we actually found that exploration of self care goals was was really hard work for a lot of clients they needed a good deal of support to structure the development of the goals and with a with a lot of the follow through.

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01:11:15.480 --> 01:11:24.750

Leigh: You know, to set up the self care programs in addition to the client contribution, because it's their own self care. There was a great amount of team collaboration.

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01:11:25.980 --> 01:11:36.240

Leigh: On to determine what were the most appropriate self care goals and what self care goals could be an extension of current rehab programming, just to create some consistency there.

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01:11:37.800 --> 01:11:49.560

Leigh: And then, and then a lot of the rehab supports were developed to to help the client actually engage and fall through independent management of self care was really difficult.

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01:11:50.520 --> 01:12:00.840

Leigh: So we as teams collaborated and put in a combination of whatever was appropriate, but that combination of the essential in person support if needed.

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01:12:01.530 --> 01:12:13.410

Leigh: The video conferencing and the challenges that brought telephone support sending alarms and reminders we relied pretty heavily on the virtual supportive. The invisible care SmartWatch program.

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01:12:13.920 --> 01:12:30.900

Leigh: Which I think the link is in the toolkit. And then, and then the tracking tools just for accountability and to help measure success, just to help show the clients that engaging in this that success is possible and you are moving forward.

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01:12:32.100 --> 01:12:45.540

Leigh: So I just, I'm going to leave with a few a few takeaway messages from our experience if it can help others but a few just some takeaway messages. First of all, for treatment providers out there.

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01:12:46.680 --> 01:12:54.840

Leigh: That's our clients needs they remain unique meeting a client's REHAB NEEDS, whether it's virtual or in person.

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01:12:55.320 --> 01:13:01.650

Leigh: It definitely requires a unique a customized approach to meet the client, where they're at. During coven

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01:13:02.430 --> 01:13:06.750

Leigh: For many this, this meant meeting them in a declining mental health circumstance.

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01:13:07.560 --> 01:13:14.970

Leigh: But having the ability to recognize that the client was there meet them there and then to build rehab goals from that place.

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01:13:15.660 --> 01:13:26.880

Leigh: To deliver practical and appropriate treatments was was really, really practical for the clients team collaboration, more than ever, it's really important.

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01:13:27.600 --> 01:13:37.230

Leigh: As we shift our priorities we get creative with rehab goals input from all the disciplines on you know in a collaborative fashion. It's been instrumental

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01:13:38.280 --> 01:13:46.080

Leigh: To cohesively support our clients. And then there's the importance of foundation. Any, any rehab programming.

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01:13:46.830 --> 01:14:07.170

Leigh: Really, where possible, I mean it should be built from a stable foundation to see success coven crumbled the foundation from any and all the time that we took during coven to re you know re evaluate rehab goals and to rebuild that foundation with was time well spent.

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01:14:08.490 --> 01:14:15.000

Leigh: Increased mental health check ins very necessary and I think they will remain very necessary.

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01:14:15.750 --> 01:14:29.070

Leigh: In the coming months and then closer monitoring of client progress also necessary just reminding clients that any progress, however small means that they are moving forward. Even when that progress feels slow

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01:14:30.000 --> 01:14:44.910

Leigh: So just a few important takeaway messages that I'd like to share for the client. So they're number one. You are not alone, even in the face of a pandemic. We've shown that it's still possible to stick together and to progress forward.

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01:14:46.140 --> 01:14:55.440

Leigh: It's okay to ask for help if you're struggling. We are here for you. And we have resources to help. We're all making this you know our way through this together.

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01:14:56.160 --> 01:15:00.570

Leigh: And if your struggles feel new and unique. That's okay, bring them forward.

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01:15:01.500 --> 01:15:10.290

Leigh: You can trust your team, we're working really hard, you know, to adapt our programming and meet changing needs and we're learning what's working so

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01:15:10.830 --> 01:15:19.770

Leigh: We would love the opportunity to bring that to you. So trust the process even, even if the process looks different. And finally, for all the

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01:15:20.370 --> 01:15:28.200

Leigh: Lovely clients out there. I want to say that you are worth it all your efforts with self care programming as difficult as it feels

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01:15:28.680 --> 01:15:33.930

Leigh: Will lead to positive changes in your daily lived experience. I found that for a lot of my clients.

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01:15:34.740 --> 01:15:42.180

Leigh: Engaging in the self care programming became a challenge for them and the root of it was that they didn't feel that they were worth it and

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01:15:42.930 --> 01:15:59.100

Leigh: So we're here to say that all the effort you put in, even if it's small worth it because you are worth it. And so, one final message before I actually have a legal question I'd like to, to pass off, but that is an overall message of resilience

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01:16:00.120 --> 01:16:04.710

Leigh: And I think each person has touched on this, this notion already and

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01:16:05.820 --> 01:16:12.330

Leigh: So as human beings we are resilient. It's taken resilience, for us to get through this pandemic so far.

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01:16:12.780 --> 01:16:23.310

Leigh: And when we look at supporting the API population through the rehab programming. We know that that in and of itself takes resilience clients often wonder if they have it in them.

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01:16:24.270 --> 01:16:34.290

Leigh: And now we know that we do. So if there's one thing that our covert experience has taught us. It's that we do, we do have the resilience to adapt and to succeed.

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01:16:36.000 --> 01:16:43.050

Leigh: So I just, I have a legal question actually, if I could pass over to Matt and some of the challenges that we've seen in the community.

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01:16:43.830 --> 01:16:50.760

Leigh: So as we review the changes that coven has brought in terms of our limitations in being able to provide in person treatments.

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01:16:51.150 --> 01:17:04.260

Leigh: And the decline that coven has basically imposed on our clients

and the challenges that we see with participation and engagement and virtual rehab supports we're noting that some insurers are there declining funding.

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01:17:05.490 --> 01:17:22.140

Leigh: For certain treatments and supports due to their perception of that it's a lack of participation by clients who both assessments and treatments so like from a legal standpoint. What would you need from us as therapists to help when you're fighting with the insurance companies.

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01:17:23.790 --> 01:17:29.490

Matt: Thanks so much, Lee, that's a great question because we need You so much all the time. I'm

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01:17:30.420 --> 01:17:43.080

Matt: There has been in the past six months, plenty of examples that you have. I have David and Stacey, as Keith and Dr. Hamilton have seen where benefits have either been suspended or denied.

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01:17:43.770 --> 01:17:50.970

Matt: Because a client isn't getting to a part of the process that the insurance company needs them to participate in

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01:17:51.360 --> 01:17:52.500

Matt: In order to

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01:17:53.070 --> 01:18:04.590

Matt: Complete their assessment or evaluation I it's it's such a difficult thing to witness because of the fact that these individuals require this treatment and help

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01:18:05.010 --> 01:18:15.660

Matt: And often their injuries or difficulties and then having coronavirus impact them on top of that is what's prohibiting them from doing exactly what is required.

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01:18:16.110 --> 01:18:26.640

Matt: To ensure that those benefits remain on going, or to get to the next step where entitlement is approved for certain types of treatment or increased treatment because of those injuries.

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01:18:27.240 --> 01:18:33.180

Matt: On suspended benefits are not new to us denied benefits are not new to us. That's, that's what we do for a living.

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01:18:34.350 --> 01:18:42.330

Matt: You know, but we get our swords from the treatment providers. That's where we get our ammunition to go against the insurance company to see why.

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01:18:43.080 --> 01:18:52.680

Matt: Those treatments that are no longer being provided are still required. And so that's that's that's what I'll talk about is just what we need from you for that ammunition.

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01:18:53.670 --> 01:19:03.420

Matt: A lot of times, insurance companies will use procedural ways to deny a benefit. So they'll take this book of rules and they'll go through it.

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01:19:03.870 --> 01:19:14.970

Matt: And they'll look at the obligations of the injured party and what their obligations are in terms of providing information they have a duty to provide certain information they have a duty to

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01:19:15.510 --> 01:19:21.480

Matt: Fill out certain forms. I always say the insurance company wants you to ask them permission.

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01:19:21.930 --> 01:19:32.700

Matt: Before you go ahead and do anything, so there there are procedures to do that. And then there are also procedures that allow them to suspend or even worse, denied benefits out right

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01:19:33.060 --> 01:19:42.450

Matt: If those procedures aren't being followed an example I can give is section 55 of the statutory X and benefits schedule, which is the big

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01:19:42.960 --> 01:19:56.550

Matt: Thing I just showed you where if if there's a dispute that denied and us as lawyers. Want to go fight it. We won't be allowed to

under certain circumstances. And one of those circumstances or when

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01:19:57.330 --> 01:20:09.660

Matt: A client doesn't attend an independent examination by a medical practitioner from the ensure so the insurer has requested a review or assessment of the client.

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01:20:10.560 --> 01:20:20.400

Matt: Or the injured party because we've submitted, or you've submitted your report saying that something is needed funding for treatment or attendant care.

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01:20:20.790 --> 01:20:30.030

Matt: And they want to have an opportunity to assess the client, but our clients aren't going maybe they're not going because they're afraid to leave the home because of the coronavirus

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01:20:30.750 --> 01:20:41.580

Matt: Maybe one of their defense mechanisms is to avoid phone calls from case managers, maybe one of their defense mechanisms is to

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01:20:42.330 --> 01:20:48.630

Matt: You know, save, they're going to go and then just disappear at the last minute. It could be that

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01:20:49.200 --> 01:20:55.680

Matt: Assessments like this are triggers for them. So it creates increased anxiety on top of the anxiety, they already have

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01:20:56.670 --> 01:21:01.800

Matt: And so we end up in a situation where they feel to attend an assessment that they're supposed to attend.

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01:21:02.160 --> 01:21:09.300

Matt: which prohibits us from doing our job, which is getting those benefits either reinstated or allowing us to fight it in the first place.

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01:21:09.840 --> 01:21:21.120

Matt: On Lee what you guys do and what Keith as as a rehab support worker is exactly what we need you to do in those circumstances where

you call it all stops and you do your best to try to

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01:21:21.540 --> 01:21:29.820

Matt: Create a comfort level with that individual whether it is through the need of assistive devices personal support.

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01:21:31.620 --> 01:21:37.080

Matt: You know, agreeing to take them to the assessment coming up with virtual

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01:21:38.400 --> 01:21:47.730

Matt: You know tech ability so that they can do it via zoom for certain components of it just being you know maybe giving them a phone call to remind them cue them in the morning.

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01:21:48.240 --> 01:21:55.680

Matt: That, hey, you have this assessment today and you need to participate in it. And when we have implemented those measures, we're seeing increased

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01:21:56.370 --> 01:22:06.330

Matt: Success in avoiding those issues on the soft touch your level is super important with adjuster speaking to them advising them hey

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01:22:06.690 --> 01:22:17.880

Matt: We've noticed these patterns. Since coronavirus or even before Corona virus that causes difficulty in our client moving through the process. The way that your

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01:22:18.720 --> 01:22:27.510

Matt: Law tells you they're supposed to. And often, you can come up with agreements or arrangements or rescheduling that will allow you to do that.

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01:22:28.320 --> 01:22:36.600

Matt: The rehab support workers who have taken them to assessments have been, you know, a very serious and successful way to work around that.

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01:22:37.050 --> 01:22:48.420

Matt: On another thing is just doing your jobs, the way you said with,



you know, taking real consideration into how the treatment needs are different in coronavirus

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01:22:48.780 --> 01:22:56.190

Matt: For example, there may be an assistive device that was very helpful to them prior to coronavirus that is no longer helpful.

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01:22:56.760 --> 01:23:11.760

Matt: On there may be new assistive devices that can be implemented and when those reasonable unnecessary things are applied for it allows us to show the real need for it because there's a story behind it and we can use those stories to move forward.

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01:23:12.870 --> 01:23:21.090

Matt: The good news is that if there is a suspended benefit. It's typically because information hasn't been provided yet.

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01:23:21.720 --> 01:23:30.300

Matt: And there are two things lawyers can do under those circumstances. One is we can utilize your experience to get them to provide that information.

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01:23:30.750 --> 01:23:36.720

Matt: An example may be we need their income tax records to apply for an income replacement benefit.

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01:23:37.050 --> 01:23:42.000

Matt: And they haven't done their taxes for two or three years, and they're scared and they don't want to deal with it.

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01:23:42.270 --> 01:23:50.880

Matt: Sometimes we have support workers or PS W's or other people can take them through that process to help them get that information. And once we have it.

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01:23:51.210 --> 01:23:59.250

Matt: Not only does the insurance company have to provide that income replacement benefit, but they have to do it for the suspension period as well.

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01:24:00.300 --> 01:24:07.680

Matt: That that's a good example. I think the, the most important thing that you guys do, though, is

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01:24:08.520 --> 01:24:16.800

Matt: With all the stuff that you said in terms of suggestions leaves you put it in paper, you put it in writing, if it's not in a report. It's like it didn't happen.

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01:24:17.400 --> 01:24:26.400

Matt: And I do have some suggestions of things that you know any treatment provider can keep in mind when they're, when they're providing progress reports.

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01:24:26.820 --> 01:24:36.480

Matt: On or applying for a certain type of benefit or treatment. One is to highlight the differences in their, in their world you know pre versus post

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01:24:38.670 --> 01:24:52.140

Matt: Say, hey, life is different for them. I have a client, for example, who had to leave the home and go to another home where there was a family support mechanism, they're attending care needs are completely different because they're in a different home.

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01:24:53.340 --> 01:24:59.130

Matt: You can be very honest about what problems have gotten worse. But what problems have gone away.

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01:25:00.150 --> 01:25:03.960

Matt: There may be certain scenarios where the treatment is changing.

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01:25:04.680 --> 01:25:14.130

Matt: And we want to know, long term versus short term status as we all said, there may be a few months where things are less bad but then the the plummet.

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01:25:14.550 --> 01:25:20.460

Matt: And we need to highlight those differences. Your phases are perfect, you know, during phase one. This was the type of

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01:25:21.120 --> 01:25:33.060

Matt: Requirements. They needed train fees to what changed on every client is going to have different issues depression was one that was mentioned anxiety is a common one physical issues as well.

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01:25:34.080 --> 01:25:46.290

Matt: Some of those are going to be heightened and cause more problems for them and you don't want to just let the opportunity to tell the insurance company that things are worse. Go away.

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01:25:46.710 --> 01:26:04.200

Matt: Because later on. There may be a need for increased treatment that needs to be supported, based on those comments on virtual versus in person. That was a great comment. And I do think I've noticed that too is that we can use zoom or other virtual

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01:26:05.490 --> 01:26:13.980

Matt: Video type computer options to allow us to get through this. So it may not cover all assessments, but it will cover some of them.

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01:26:14.610 --> 01:26:22.890

Matt: And documenting the need in the report is great, you know, we did this via zoom, because that's what we were capable of doing at the time.

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01:26:23.190 --> 01:26:35.220

Matt: We may now need to do an in person treatment because we are allowed to now or the client feels less concerned because Corona viruses that level of less numbers than it was previously.

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01:26:36.870 --> 01:26:52.350

Matt: In your forms filling out disability certificates or otherwise, you know, keep in mind how coronavirus has changed in terms of their ability to either work or just live in normal life. If it's both. Make sure to rate down both on

649

01:26:53.130 --> 01:27:06.990

Matt: And at the end of the day, we go to the license Appeal Tribunal to fight these benefits with what you provide us and that will give us the tools and the ammunition necessary and I might take this opportunity, very quickly.

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01:27:07.500 --> 01:27:12.000

Matt: Just to mention some changes to the license appealed tribe you know that have come out recently.

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01:27:12.450 --> 01:27:23.100

Matt: On we used to do long in person catastrophic impairment hearings, those have all been suspended and change to virtual assessments until further notice.

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01:27:23.670 --> 01:27:26.790

Matt: That you can bring a motion to reinstate it to an in person.

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01:27:27.300 --> 01:27:40.590

Matt: Once coronavirus theoretically has dissipated, but for the time being, they're going to be proceeding with these hearings, it's going to be virtual and on a case by cases that may be good or bad for your clients and they need to be prepared for that.

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01:27:41.820 --> 01:27:54.660

Matt: I just booked a seven day hearing for CAD in in virtual scenario and they're not doing this until September of next year, the delay from coronavirus has been significant and real

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01:27:55.050 --> 01:28:00.150

Matt: And that's something that the clients need to be aware of in terms of having a disputed benefit.

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01:28:00.660 --> 01:28:07.290

Matt: And so progress reports are all the more important because if there's a relationship with the adjuster, and we document the changes in need.

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01:28:07.650 --> 01:28:17.940

Matt: Properly, there may be a better chance to get those reinstated. At least until we get to this get through the leg time and waiting to deal with the benefit with the hearing.

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01:28:18.750 --> 01:28:28.440

Matt: So I'll give some takeaways as well. And then I'm going to pass it to David who who's going to talk about one of the newest and biggest and brightest swords and strongest swords that we have

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01:28:29.010 --> 01:28:32.460

Matt: That was provided by the Financial Services Commission of Ontario.

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01:28:32.940 --> 01:28:41.940

Matt: But, but I would say your personal touch with the adjuster is paramount, and first place. Let them know exactly what your clients going through on a case by case basis.

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01:28:42.360 --> 01:28:47.370

Matt: Try to implement team approach as much as possible. If the lawyers are involved from the beginning.

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01:28:47.610 --> 01:29:02.790

Matt: If the RS w is involved from the beginning and the other treatment providers and everyone is going towards a common goal that's going to be reflected in how the file moves forward and how we can utilize that in our attempts to resolve the dispute.

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01:29:04.050 --> 01:29:12.840

Matt: The clients, ultimately, and our goal ultimately is to resolve the case entirely so that they have some control over the funding and so

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01:29:14.310 --> 01:29:20.370

Matt: Probably a really great reminder to them if they're struggling is to remind them of the final goal of all this is, hey,

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01:29:20.730 --> 01:29:26.850

Matt: Wouldn't this be great if we never had to deal with the insurance company. Again, we can have some control over where the funding goes

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01:29:27.210 --> 01:29:38.850

Matt: And so that should be the focus as well. I hope that answered your question and David I'll turn it over to you to chat about the fiscal bulletin and all the other smart things you know about

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01:29:40.290 --> 01:29:45.240

David : Things. I'm just reminded that I'm really glad that this is being recorded.

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01:29:46.560 --> 01:29:53.640

David : Because the pearls Joanna Lee not Stacy and Keith I'm waiting to hear from you.

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01:29:54.390 --> 01:30:02.700

David : ARE AMAZING, they're important and I know from those who are participating today that there are a number of esteemed clinicians

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01:30:03.090 --> 01:30:11.070

David : Who have their own gifts and strengths and they're using them and and credit to them and to the survivors and family members who all

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01:30:11.490 --> 01:30:21.240

David : tuned in to try and find a. Is there something more. What can I do better, the ideas that come from talking about these barriers are

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01:30:21.900 --> 01:30:31.950

David : are something that we can use to help all of our clients. And to that point, Keith, I have to thank Stacey for her insight and inviting you truly a front.

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01:30:32.670 --> 01:30:40.950

David : Of front person in terms of helping clients survivors who suffered brain injury in their family members to

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01:30:41.520 --> 01:30:56.610

David : weather the storm get through overcome isolation and Keith I would really love to hear from you, too. I think others would as well about some of the ways you open the door for your clients in this in this challenge in time.

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01:30:59.100 --> 01:31:01.770

Keith : Thank you. And thank you for having me.

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01:31:02.790 --> 01:31:12.000

Keith : Some very specific strategies that we've used. So looking at trying to engage as, as already been talked about, you know, some of our clients.

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01:31:12.450 --> 01:31:21.210

Keith : Became very isolated, you know, you know, as the world became isolated, they became even more isolated not leaving the room playing video games for 12 hours a day.

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01:31:21.870 --> 01:31:26.340

Keith : You know, things like that. Not showering, not having interaction with people and so

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01:31:26.820 --> 01:31:35.700

Keith : There was an initial reluctance to engage in this virtual world that we're now living in and continue to live in, to some degree, I'm going to give you some very specific examples.

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01:31:36.240 --> 01:31:46.410

Keith : That we would use where we get our clients outside because even if you couldn't go to the store, you could still go outside, but we're still areas of

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01:31:46.920 --> 01:31:54.630

Keith : Just getting outside and being in fresher was healthy and so you all may recall, when you were younger, you engaged in a scavenger hunt.

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01:31:55.230 --> 01:32:06.210

Keith : And so we began with some of our clients doing what we would call scavenger hunts. But if pictures. So we would want them to go for a walk. Sometimes we would go for that walk with them, where we would walk somewhere else.

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01:32:06.660 --> 01:32:12.300

Keith : You know, staying near our house and they would walk near their house and go into an area where they could take pictures.

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01:32:12.600 --> 01:32:16.890

Keith : And we would make a list of five things that they would have to take a picture of whether it be a bird.

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01:32:17.280 --> 01:32:27.660

Keith : Or, you know, something to do with a another person or a car or tree or etc different ideas. And then we would put those in a collage together through some zoom work.

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01:32:28.200 --> 01:32:36.900

Keith : So that's a very specific way of getting them out getting them engaged. The other one was in terms of hygiene. Some of our clients.

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01:32:38.250 --> 01:32:45.090

Keith : Hygiene became an issue they weren't going outside and so they didn't see a you know purpose of having a a shower, etc.

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01:32:45.630 --> 01:32:56.070

Keith : One of the things that we did was, because let's say we had a an approved treatment plan for three hours, three times a week, which meant nine hours. Obviously, we weren't going and having three hour sessions.

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01:32:56.490 --> 01:33:07.110

Keith : We would break those up and I think Leah. You made reference to that about seeing and being engaged and being more, you know, zoom calls or FaceTime calls with the clients four or five or six times.

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01:33:07.620 --> 01:33:14.490

Keith : A week, twice a day, etc. So some of the things we did was before we're going to meet today, you're going to have a shower.

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01:33:15.090 --> 01:33:26.460

Keith : We would also be doing check ins on three or four times a day, even just 15 minute phone calls to make sure that they were taking their medication. Other things that we did were literally reading a book together.

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01:33:27.480 --> 01:33:35.610

Keith : So we would get the book and I would read a chapter and they would read a chapter, etc. Things like that. And then we would do some cognitive questioning regarding the book afterwards.

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01:33:36.630 --> 01:33:48.660

Keith : playing board games that are board games that you can both have set up on the table said zoom. I don't know if any of you ever played a game called sequence, but you could match play for play or chess, etc. And those things were

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01:33:49.440 --> 01:33:57.900



Keith : Just getting the client active get them involved having some conversation with people. And so we did that more often. We were engaged with our clients more often.

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01:33:59.700 --> 01:34:02.250

Keith : And then we would also do things like giving them homework.

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01:34:03.720 --> 01:34:10.380

Keith : Three or four things that they would have to work on that we would want to prepare and one of them that we were able to do is in terms of cooking programs.

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01:34:10.740 --> 01:34:19.020

Keith : So we would design in order have the food shift and we're going to do cooking and then they would have to do some of these things in advance of our next meeting.

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01:34:20.010 --> 01:34:28.350

Keith : There's you can take any one of these and open them up and make them different ideas, but really the biggest part was just being engaged and being involved.

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01:34:29.400 --> 01:34:39.660

Keith : Our clients are resilient, but they need sometimes need us to help them be resilient and so being more active with them being being engaged more times per week was was was very helpful.

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01:34:40.740 --> 01:34:46.230

Keith : One. One last thing in terms of, we had a couple of clients that were referred to us that we

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01:34:46.950 --> 01:34:57.270

Keith : Began our support during coven and specifically when we started to open up and our clients, as you can imagine. And I think Leah or Dr. Timothy made reference to it already was

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01:34:57.750 --> 01:35:03.780

Keith : This whole thing of wearing a mask. And so what we would do is social distance that the initial part of the visit.

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01:35:04.080 --> 01:35:09.210

Keith : We talked about the importance of the mask and then we would both wear the mask so that we're keeping each other safe.

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01:35:09.630 --> 01:35:17.100

Keith : But you didn't go in with the mask on. There was a period of time where you would sit you know socially distance, obviously, and go from there.

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01:35:17.430 --> 01:35:31.020

Keith : Some very specific examples, but you can create different things, the scavenger hunt became a very popular one with some of our clients, putting things together. After that, as well. So some very specific that you're looking for, David.

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01:35:31.500 --> 01:35:48.000

David : Yeah. That's very kind, Keith, appreciate it very much. And what it highlights, to me, is something that even this process of getting to understand through speaking with everyone joining us on the map. Stacy and and everyone at best as well is that

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01:35:49.440 --> 01:35:57.630

David : Individuals have such different gifts and but such amazing gifts. And one of the things that I sort of reflected on and getting

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01:35:58.320 --> 01:36:07.470

David : Information from Lee and Dr. Hamilton about self care is that we're all looking for meaningfulness in our life. And when we're cut off from others.

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01:36:07.860 --> 01:36:17.610

David : It's very difficult to feel that meaningfulness as much as we were when we were interacting with them regularly in being able to show them through using our gifts.

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01:36:18.240 --> 01:36:22.950

David : Whether I have a severe brain injury, whether it be a family member of a person, whether it be a lawyer.

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01:36:23.250 --> 01:36:34.710

David : Or practitioner that hey, this little bit of reach through something I know I can do something. I know I can share some experience I've had it makes me feel good to be able to do that to

have that communication.

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01:36:35.760 --> 01:36:43.710

David : And so I think every day we probably all wake up and then we think, Okay, this is a bit odd compared to, but it's new and normal to

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01:36:44.100 --> 01:36:53.640

David : Get my coffee on my own and not get on my go train and not see people that I know and not open the door for someone and and frankly do a lot of knots, but

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01:36:54.060 --> 01:37:01.800

David : If the ingenious thought in my day is, is there something I can give to somebody else. That will help me feel a little bit more connected

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01:37:02.280 --> 01:37:08.250

David : Then I think that that helps me a little bit, and I hope that that is something that perhaps helps helps us all. I know that.

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01:37:08.610 --> 01:37:20.100

David : Just from the simple point of view that we have all the attendees today who are interested in how they can give more that we all have that motivation towards connection and so

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01:37:20.700 --> 01:37:28.200

David : The other issues that come up. I know is that are that there are associated with the

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01:37:28.890 --> 01:37:38.130

David : The isolation that causes us to look probably too many times per minute. Nevermind per hour for 24 hours that spouse or family members.

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01:37:38.700 --> 01:37:45.030

David : And there's stress that we feel inside that we can't solve on our own. And sometimes it leaks out. So after I highlight

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01:37:45.390 --> 01:37:54.360

David : Some important legal options to clients. I'm going to ask Stacey. If she can chat a little bit more about the resources that are

available to those who are under stress and

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01:37:54.780 --> 01:38:01.560

David : whose families are feeling the brunt of it. But for the moment to Pat's sorry to mats comment and impression about

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01:38:02.010 --> 01:38:09.450

David : The important opportunities that are available to us legally now just a few. And I think that some of them are all made new and more relevant.

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01:38:10.020 --> 01:38:18.750

David : But not made the comment about how our clients, I'd be compensated in the best way to an approval is to help an adjuster. I understand that this is

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01:38:19.080 --> 01:38:28.320

David : This better be approved in this forum or else this is what you're going to be facing with this point Matt made the point. I don't need to go further in fiscal or fizzer as is now known

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01:38:28.830 --> 01:38:34.200

David : has embraced the concern associated with isolation and said to insurance basically get real.

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01:38:34.680 --> 01:38:43.650

David : People can't jump through all these hoops anymore. You better find a way to say yes when there's a responsible recommendation being put forward or else

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01:38:44.010 --> 01:38:52.470

David : In the or else is an important focus that I hate to go to, but just from the point of view of helping all attuned to it. If I can just

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01:38:53.100 --> 01:39:02.790

David : Share screen with you for a bit. I'm going to show you a little bit of information. It's also on our website. So I'll see what I can do here. I can bring this up here.

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01:39:04.200 --> 01:39:12.480

David : There's a piece that I'm going to show you that is attached as probably some of you receive this already.

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01:39:12.900 --> 01:39:23.520

David : It's a survival tool kit and without going through it in great detail. There's a list of contact information self care resources, you'll find a lot of what Lee and Dr. Hamilton, we're talking about their

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01:39:24.030 --> 01:39:30.450

David : First of all, just dumb. If I get asked them out or someone just to share with me. Are you seeing the screen with the survival kit on

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01:39:31.380 --> 01:39:32.700

Matt: Yes, yes. Okay.

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01:39:33.750 --> 01:39:43.950

David : So I found this very helpful to work through on my own and just from the point of view of self care. We all have our favorite sometimes, but from a mindfulness perspective.

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01:39:44.400 --> 01:39:45.270

David : Or meditation.

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01:39:45.300 --> 01:39:53.250

David : I'm not so good at and guided meditation, but I really like some of the guided meditation. So here are some of the resources that I'm sure Lee.

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01:39:53.730 --> 01:40:04.260

David : And in Keith are helping their clients. Click on so that they can perhaps co meditate together to to to get that space and sense of peacefulness that hopefully will come

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01:40:05.280 --> 01:40:12.660

David : We, as Tom so Rogers have tried to put together and we will often find in our first or other interviews that there are family members who

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01:40:13.020 --> 01:40:23.040

David : are in need, or survivors who really at the beginning of their journey would like to know a little bit more about that process. So there are a number of books that were glad to provide

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01:40:23.730 --> 01:40:36.000

David : Any persons request to them to help them through their journey and Stacey was very helpful to locate a few video resources here that we we can recommend to you having reviewed.

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01:40:36.540 --> 01:40:48.630

David : Really what what journeys have been taken by the people who have provided those videos and as, as you mentioned at the beginning, Dr. Hamilton talked about brain injury society resources.

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01:40:49.140 --> 01:41:00.630

David : Just an incredible indication of the gifts that people who give so much already have done to reinvent themselves in manners of support that are entirely mind blowing to me.

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01:41:01.380 --> 01:41:09.150

David : So that there can be connection. Despite isolation and so there are many best resources, Toronto, the network resources.

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01:41:09.570 --> 01:41:17.460

David : And just generally for thinking about who might be attending this webinar. But, by all means feel the need to feel the opportunity to share it with other brain injury associations.

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01:41:17.970 --> 01:41:33.240

David : There are a great number of resources from other brain injury associations that we've provided and from a connection point of view with the day programs. The only thing that I've neglected to note here is that I am aware that there are various

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01:41:34.530 --> 01:41:40.140

David : Other private institutions, some of whom are attending today and representatives.

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01:41:40.920 --> 01:41:50.910

David : Representatives of saying that do provide private day programs, which I think are extremely vital and obviously have a ratio of support that is probably

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01:41:51.360 --> 01:42:00.540

David : A little bit higher than we can find it. Some of them are publicly funded ones. But again, everyone's reaching out and helping meaningful is develop

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01:42:01.530 --> 01:42:12.630

David : Caregiver resources on the caregiver burnout concern. I don't know, frankly, how family members manage through these last six months to bear this

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01:42:12.990 --> 01:42:25.470

David : Burden but they can't do it alone and you have to find meaning outside their support, because unless we are healthy, we can be strong supports for others and for us to be healthy. We have to pursue our own individual health

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01:42:25.890 --> 01:42:42.300

David : As well. So hopefully some of these resources will be help all that Stacy talk a little bit more about the other resources related to aggression that can also happen through a period of isolation and sense that the wastefulness of our my life is interrupted by covert or other reasons.

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01:42:43.350 --> 01:42:45.720

David : This is the resource that Matt was talking about.

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01:42:47.070 --> 01:42:56.010

David : It's just simply a summary of a bulletin that the government provided here. This is available on our website in a couple of different places.

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01:42:56.550 --> 01:43:07.080

David : And basically, with respect to the reduction in services in clearly the reduction in accidents, since this period of time, there's no question ensures coffers are

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01:43:07.470 --> 01:43:15.540

David : Are full and over brimming and so they can't. But remember to say yes, using their imagination in their sense of

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01:43:16.020 --> 01:43:25.620

David : Of humaneness to to accept that your recommendations as strong treatment providers who do know the unique clients and their needs is the one that needs to be followed. So

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01:43:25.920 --> 01:43:31.860

David : This provides a brief summary right here in terms of the obligations insurers have right now.

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01:43:32.250 --> 01:43:47.880

David : To allow email or phone consent, rather than require the phones so that personal connection that not talks about the call to the adjuster feels more of your day than it should. But it is extremely vital and now there's there's a there's some

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01:43:49.350 --> 01:43:53.760

David : There's some responsibility that ensures have to honor the comments that you're making to them verbally.

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01:43:54.780 --> 01:44:09.180

David : They're going to relax requirements in relation to forums ensure examinations can be done virtually insurance shall pay for virtual care delivered by healthcare professionals and they can still requires CFP teens.

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01:44:10.260 --> 01:44:20.670

David : In terms of other comments about delivering DIRECT CARE INSURANCE are obliged to pay for P P as well. And that's an extreme expense. I know of a number

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01:44:21.030 --> 01:44:29.040

David : Of specialist out there and including some who are listening in here who managed to obtain those approvals in one particular

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01:44:29.940 --> 01:44:47.880

David : Group of extremely innovative occupational therapists have been able to secure a very high proportion of yeses to to pee pee. So again, to those who have the courage to find a way to be in person like Keith and others just heroes for all of us.

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01:44:49.560 --> 01:44:53.220

David : Attendance here again, there's invisible care for sure.



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01:44:54.210 --> 01:45:03.060

David : But the queuing and prompting that we find brain injury survivors are needing frankly are probably intuitive more by family members and by in person care. I can't be

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01:45:03.420 --> 01:45:15.600

David : Underestimated. And so we asked in insurance are obliged to pay for that indirect and care as well. So I am I'll leave it at that. But I am I don't want to underline, sorry.

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01:45:17.790 --> 01:45:26.100

David : shown how many thumbs. I have now, but I just wanted to end in the comments here. I know we've gone for quite a period of time here.

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01:45:27.390 --> 01:45:39.270

David : And I would like to hear because I know caregivers deserve the resources, we're facing here return to school, Stacy, and I know that at least for my household and I'm dealing with for 20 somethings

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01:45:39.780 --> 01:45:48.930

David : Lord knows I should be used to the stress associated to with returning to school, but it comes every year. So I'm sure for providers. I'm sure for

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01:45:49.830 --> 01:46:03.270

David : All of us on this call, who have children survivors and family members, it's a time of stress, but there are resources available to keep that from boiling over and, indeed, where it becomes too much resources for those people. Stacey, I'd love it if you could share those with us.

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01:46:04.920 --> 01:46:13.290

Stacey: Thank you, David. And hopefully with some some input from Keith, we're going to talk a little bit about that as well as what you know I had touched on.

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01:46:14.130 --> 01:46:29.730

Stacey: Initially, which is the sort of one of the unfortunate sides of a coven is that there has been a spike in the increases in domestic violence within the home since coven

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01:46:31.050 --> 01:46:40.620

Stacey: came along and sadly, you know, when I talk about this. The majority of the people effective are women. And when I was doing some research on this topic, I found

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01:46:41.730 --> 01:46:54.810

Stacey: That there was a recent Stats Canada survey that reports that one in 10 women today. Are you there are extremely concerned about violence incurring in the home.

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01:46:55.440 --> 01:47:05.550

Stacey: During coven and in fact across Canada. There's been a 20 to 30% increase in the number of domestic violence calls that have been reported.

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01:47:06.240 --> 01:47:21.180

Stacey: And this has been attributed to a lot of different factors. We've heard about isolation job loss disrupted routine fear exacerbated mental health issues and, you know, increased alcohol consumption.

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01:47:22.530 --> 01:47:28.890

Stacey: But what happens when you combine this with a traumatic brain injury, and we know that

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01:47:30.000 --> 01:47:39.720

Stacey: People with traumatic brain injuries can have cognitive and behavioral problems that results in aggressive behavior that leads to violent outbursts.

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01:47:40.470 --> 01:47:48.930

Stacey: And sadly, we also know that people with traumatic brain injuries can be on the receiving end of violence and victimization.

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01:47:49.590 --> 01:47:59.820

Stacey: especially nowadays. Right. And when you think about these people and they're especially with more severe brain injuries with their inability to assess danger.

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01:48:00.210 --> 01:48:11.220

Stacey: Inability to protect themselves or make a remember safety

plans and when we talk about abuse. It's not just physical abuse. Right. It's not just the signs that you would expect to see

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01:48:11.760 --> 01:48:29.640

Stacey: Unexplained injuries bruising defensive answers when you ask them about injuries. There's also the psychological abuse. Right. And you'll see signs of people who've been psychologically abused, you'll see aggression submission withdrawal.

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01:48:31.020 --> 01:48:43.680

Stacey: Constant apologies, perhaps disruptive a destructive behaviors and, as Keith had mentioned there's also the physical neglect right hygiene issues not changing clothes, not

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01:48:45.180 --> 01:48:47.100

Stacey: Eating properly so

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01:48:48.540 --> 01:48:59.580

Stacey: You know, we have to as a team who work so closely with these people. We have to look for the signs. We've got to listen to what's being said

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01:49:00.330 --> 01:49:07.200

Stacey: And we have to let the clients or the caregiver know that there are options that are available to them, you know, I was with a client.

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01:49:08.160 --> 01:49:20.940

Stacey: And his wife recently and I had a chance to spend some time with both of them. And I had a chance to spend some time with the wife alone. And what I found when the husband was around and he has a severe brain injury.

787

01:49:23.220 --> 01:49:35.670

Stacey: You know, the wife was tense. She was always fidgety she was walking on eggshells every time he said something every time he had a request, I could just see it in her face and her body language, the way

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01:49:36.180 --> 01:49:42.450

Stacey: You know, she would tense up or things would change. So you left the room and I have to ask the hard question.

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01:49:42.900 --> 01:50:02.820

Stacey: I didn't really want to do it. I felt kind of bad wasn't sure it was within my scope but I had to ask her. Is he being abusive to you, are you and your son safe and this guy is the most kindest caring donating my husband until the light switch flips.

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01:50:03.990 --> 01:50:22.590

Stacey: And he becomes terribly abusive. He calls her name's she becomes the brunt of the reason for everything bad and horrible in his life and their son has picked up on these tendencies and now their son who doesn't have a brain injury is treating his mother, the same way.

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01:50:23.670 --> 01:50:35.190

Stacey: The Father is. So, you know, she said, No, he's not. There's no physical abuse. And then I asked her, I said, Well, you know, other thoughts of leaving. Like, how can I help. What can we do, and

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01:50:35.970 --> 01:50:44.490

Stacey: She said, you know, she can't leave because then she's abandoning him. He wasn't this way when they got married and

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01:50:45.300 --> 01:50:53.760

Stacey: You know, I get it. I really, I really do speaking you know from past experiences that feeling of being trapped by your circumstances feeling guilty.

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01:50:54.570 --> 01:51:02.340

Stacey: Thinking, you know what, this isn't what I married. This isn't what I planned on having to live with and thinking, you know what I should go.

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01:51:03.330 --> 01:51:21.360

Stacey: But I feel guilty or I at least need a break. But I feel guilty because they need me, and I need to be there. So in this situation, we were able to submit an accident benefits claim for the wife. So now she gets counseling independent of

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01:51:23.280 --> 01:51:27.960

Stacey: Of what her husband is going through and she's not drawing down on his bed rehab funds.

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01:51:29.400 --> 01:51:34.410

Stacey: I had another situation where and we use this word, a couple times today already with caregiver burnout.

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01:51:35.070 --> 01:51:52.380

Stacey: Where the clients wife was the attendant care provider, my client was not catastrophic. It was a fight. But in the meantime, she's there 24 seven giving them the support and she's got no assistance. So in her situation, we were able to again file an ab claim for her.

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01:51:53.580 --> 01:52:00.870

Stacey: Document the file in such a way that we were able to convince the adjuster that my lady needed the respite care.

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01:52:02.250 --> 01:52:15.690

Stacey: And through her med rehab benefits we brought in an RS W to provide her with respite care. So she got out of the house which was really just a workaround to get this guy. The attendant care.

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01:52:16.980 --> 01:52:18.090

Stacey: That he needed

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01:52:19.950 --> 01:52:30.660

Stacey: He as an RS W. Can you just share some of the experiences that you may have seen since the onset of Colbert in this regard.

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01:52:31.440 --> 01:52:32.100

Keith : I can

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01:52:33.450 --> 01:52:38.970

Keith : Our clients have become more reclusive some of our clients are reclusive, generally speaking.

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01:52:39.600 --> 01:52:52.500

Keith : As we all have experience with some of the people that we support where they cocoon themselves away from the world. But this was kind of forced on them and then they just used it to cocoon even more, we, we had a young

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01:52:54.510 --> 01:53:05.550

Keith : Gentleman that we are supporting who was a month into it. And literally, with the exception of coming out to go to the washroom wasn't leaving his room, he was engaged in video games.

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01:53:06.660 --> 01:53:15.630

Keith : It was in a deep cycle of depression you know all of his supports have been put on hold. He was resistant to communicating with the RS W even

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01:53:17.220 --> 01:53:22.410

Keith : So those are some of the things that we've seen another strategy that we use. We use what this young man was

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01:53:22.830 --> 01:53:31.500

Keith : Because he was so resistant to the RS W and we got permission from the family. We worked with and we brought in for his friends and we set up schedules, where they were going to do.

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01:53:32.460 --> 01:53:44.430

Keith : Some FaceTime calls with them and then we set some things up that we're actively engaged in between them. But reaching out and using people that the client might be a little bit more comfortable with.

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01:53:45.450 --> 01:53:53.580

Keith : And I would be remiss and say I sit on the board of directors for Avaya to mention the peer support program that's run through a buy in and the local brain injury associations.

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01:53:53.940 --> 01:53:54.990

Keith : Sometimes people who have

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01:53:55.950 --> 01:53:57.840

Keith : You know, walking their steps, you know, they

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01:53:58.950 --> 01:54:06.840

Keith : We can try and be as compassionate as we can with our, the people that we support, but sometimes they want to hear and talk and experience and be involved with people who are walking

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01:54:07.260 --> 01:54:15.450

Keith : The same walk that they're walking now so I would really encourage people who might be resistant to that under normal circumstances, now would be a really good time to find

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01:54:18.720 --> 01:54:21.360

Stacey: Thanks, Keith. What about in terms of

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01:54:22.950 --> 01:54:30.900

Stacey: You know, violence within the home or, you know, increased aggression. I found that with some of our clients, whose

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01:54:32.730 --> 01:54:47.100

Stacey: Family members used to work covert hits and now as perhaps let's use me as a as the example. Now I'm home. I'm forced into the caregiver role because the PS W's won't come in and I've got a brain injured spouse who is

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01:54:47.940 --> 01:54:53.160

Stacey: Just not being a nice guy for a variety of reasons. Have you seen that at all and

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01:54:54.390 --> 01:54:58.260

Stacey: Do you have any solutions or suggestions for people who may be in those circumstances.

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01:54:58.650 --> 01:55:01.620

Keith : Well, the specific suggestions are some of the things I talked about

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01:55:03.000 --> 01:55:14.730

Keith : Where that those those situations that we're seeing where people are being aggressive or violent and maybe it wasn't there before. Maybe it was but not nearly in terms of severity or acting out

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01:55:15.810 --> 01:55:22.980

Keith : You're trying to get them involved in other things. So the cooking programs that are referenced are going for walks are doing, taking doing doing pictures.

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01:55:24.030 --> 01:55:30.330

Keith : We all used to have now a lot of people got involved in photography in the past, but now we all have a phone.

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01:55:30.840 --> 01:55:40.500

Keith : And those phones now have photography capabilities, I, I'm literally i'm i'm 10 or 15 of the people that we supported the RS W us at

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01:55:41.070 --> 01:55:48.570

Keith : That I supervise we're using photography as an outlet to get the the clients out of the house doesn't get them involved in doing things

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01:55:49.140 --> 01:55:55.230

Keith : The reality is, is that the longer they sit in the studio in their environments where they're not feeling productive or engaged or active

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01:55:56.130 --> 01:56:09.450

Keith : That's where that acting out behaviors can come with the aggression can come so you really want to work hard to try and get them outside of those little comfort zones or, you know, lack of comfort zones in terms of isolating themselves in their rooms, etc.

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01:56:10.860 --> 01:56:20.760

Stacey: That's great advice. Thanks so much. Keith David was showing the the list of resources that we have put together. And there are a couple of sites on there that I found

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01:56:21.510 --> 01:56:31.260

Stacey: Very informative. One of them is the Canadian women's organization and on that site they detail a program that they're running called shelter safe.

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01:56:32.280 --> 01:56:36.990

Stacey: And there are two hand signals that I guess are now.

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01:56:38.070 --> 01:56:38.790

Stacey: Commonly

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01:56:40.380 --> 01:56:51.450



Stacey: Being used. So if you have a client who's either the brain injury person who you suspect isn't an unsafe situation or caregiver who may be in an unsafe situation.

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01:56:51.780 --> 01:56:57.870

Stacey: I think that one of them was, you know, if they go like this and you'll they raised their hand or thumb know that's a signal.

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01:56:58.500 --> 01:57:05.280

Stacey: That danger or that they're afraid or something's going on, and the other one was sort of the closed fist with the thumb on the outside.

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01:57:05.700 --> 01:57:14.400

Stacey: So you know if there are people that you're working with, who are in these situations and they don't feel confident enough to be able to pick up the phone and call you.

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01:57:14.910 --> 01:57:24.750

Stacey: Or to reach out and call someone for help, just because they're afraid, little things like that like creating, you know, a hand signal that they can give you that may help you

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01:57:25.680 --> 01:57:35.520

Stacey: You know, is that the time if I goes like this. Does that mean you know what, I better get on the phone and call on one because there may be an altercation brewing or that may be an unsafe situation.

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01:57:37.410 --> 01:57:40.200

Stacey: So read online resources for safety plan.

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01:57:41.220 --> 01:57:50.580

Stacey: For those who need it. I mentioned, you know, apply for accident benefits claims for family members who need the counseling.

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01:57:52.050 --> 01:58:05.040

Stacey: You know document the negative impact that cold it is having on your clients and highlight their inability to deal with the stressors as a symptom of the brain injury, not as a symptom of Colvin

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01:58:07.200 --> 01:58:09.600

Stacey: And again, take a look at the survival kit.

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01:58:10.860 --> 01:58:19.620

Stacey: There are local resources listed there for caregivers. There's a lot on the internet for caregiver burnout. I know I found the

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01:58:20.190 --> 01:58:33.870

Stacey: It's Family Services bc.org they have podcasts. They have videos they have books they have blogs and as well. There is a couple of places within Ontario.

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01:58:34.350 --> 01:58:54.450

Stacey: As well that offer all of these services and one of the materials, the Ontario caregiver organization. It's got some great download resources on the impact of covert 19 on family caregivers, as well as multi lingual caregiver tip sheets which

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01:58:55.530 --> 01:59:10.320

Stacey: Which I thought was really interesting as well. And just before I close off, Keith. Do you have any other comments or suggestions that our group can sort of take away in terms of best practices and working with their clients during these trying times

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01:59:10.950 --> 01:59:13.080

Keith : Being engaged, listen.

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01:59:16.920 --> 01:59:21.810

Keith : Give the clients permission to experience the discomfort, they're experiencing and then talk about it.

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01:59:23.700 --> 01:59:28.110

Stacey: Thank you. Thank you so much, Keith. And you know I echo what everybody else said is that

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01:59:29.130 --> 01:59:46.590

Stacey: You know, we all sit here behind our zoom screens in our offices, but it is the RS W us. This is just the case managers, you know, you guys are the ones that are out there every single day talking our clients down off that ledge reeling them back in.

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01:59:47.790 --> 02:00:03.330

Stacey: To their comfort zones and at times, pushing them outside of their comfort zones to get them to to achieve the goal. So I think, on behalf of Matt and David myself RPI partners, you know, we're so thankful for having all of you involved, and especially to best for hosting this

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02:00:04.500 --> 02:00:09.510

Stacey: I know we've gone on, probably a little bit longer than anticipated today, but I think it's been a really important topic.

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02:00:10.950 --> 02:00:18.150

Stacey: And all of our contact information is on the survival kit tip sheet and

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02:00:19.200 --> 02:00:30.690

Stacey: I can speak for David, I can speak for Matt if there are legal issues legal questions that you've come up against or that you do come up against, and you just need somebody to bounce it off of

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02:00:31.200 --> 02:00:45.060

Stacey: Give us a call, send us an email. We always always have the time for you, whether it's a file that we're all that we're not on it doesn't really matter as know our main goal is to make sure that the clients that you're working with are getting the best service they can

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02:00:47.580 --> 02:01:04.440

Stacey: Thank you so much. Stacy for wrapping us up with that we really appreciate everyone's contribution to this presentation was very comprehensive and informative. So thank you so much. I just wanted to open up the floor to all of our attendees.

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02:01:05.610 --> 02:01:12.450

If they had any questions or comments, please feel free to type in the Q AMP a box now.

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02:01:16.650 --> 02:01:18.390

I have some comments here.

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02:01:25.560 --> 02:01:31.620

Stacey: Yes, I'm remiss I did not mention the OTS Angela. Thank you for any method to me. Sorry.

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02:01:34.020 --> 02:01:36.210

The OTS are also important. Yes.

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02:01:39.630 --> 02:01:42.690

Okay, so there's no questions, we can move along.

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02:01:47.370 --> 02:01:55.830

Madison: So I just wanted to let everyone know remind them again that this webinar is recorded, and you can find it on our YouTube as well as our

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02:01:56.490 --> 02:02:17.970

Madison: We can also email it to you directly if requested and you can also find it on our website, it will go up shortly after this. It's called this.ca slash webinars so please find it there and as well. I wanted to quickly just give another resource as well.

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02:02:18.510 --> 02:02:23.610

Stacey: To support everyone through Copa. I'm just going to quickly share my screen here.

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02:02:25.350 --> 02:02:25.830

See

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02:02:31.680 --> 02:02:48.030

Madison: So here, if everyone can see, please visit this.ca slash online dash programs, you'll find our updated programs and support, support services here as well for September.

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02:02:53.520 --> 02:02:54.120

Okay.

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02:03:03.330 --> 02:03:08.820

And I also wanted to let everyone know please feel free to input.

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02:03:10.290 --> 02:03:30.180

Your contributions in terms of letting us know what you want to hear about for upcoming webinars we really value your input and we encourage you to contribute to the discussion. So please email info@this.ca if you do have any suggestions for upcoming webinars.

870

02:03:31.590 --> 02:03:38.400

Mary has also listed here as well. The links. So please find that in the chat box.

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02:03:40.830 --> 02:03:47.790

Madison: And yes, so thank you again to all the panelists for taking the time to present

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02:03:49.200 --> 02:03:56.940

We also would like to thank Thompson Rogers, as well as PA LA for continuing to support us. We really appreciate it.

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02:03:59.070 --> 02:04:09.780

And yes, thank you to all of the participants for tuning in today. We really hope that this brought you some value and you found it informative and you enjoy it. So thank you everyone.

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02:04:13.260 --> 02:04:15.270

All right, so. Take care. Thank you.