



The 27th Annual Conference on Neurobehavioural Rehabilitation in Acquired Brain Injury

Forging a Path : Navigating the Landscape to Support Those in Need

May 9 & 10, 2024

Hamilton Convention Centre

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Brittany Van Fleet, Rehabilitation Therapist
Regional Rehabilitation Centre,
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Conference Goals

1

Gain an understanding of research, best practices, and future directions of neurobehavioural rehabilitation for individuals with acquired brain injury across various landscapes and circumstances.

2

Explore innovative approaches, ethical and legal considerations to supporting vulnerable individuals in need.

3

Make connections, share experiences, expand knowledge and practice through networking opportunities.

Overview

Target Audience

This conference will be of interest to rehabilitation professionals supporting individuals with acquired brain injury in various settings

Convention Centre Facilities

The temperature may vary from room to room, please dress accordingly

Casual Friday

Show your support towards patient activities and Camp Dawn by purchasing a \$5 "Dress Casually" sticker and dressing casually on Friday May 10, 2024

Caregiver Sponsorships

A limited number of survivor/ caregiver sponsorships are available. Please inquire if you are interested.

abiconference@hhsc.ca or Carolyn Galand (905) 521-2100 Extension 41116

Attendance Certificates

Delegates are encouraged to review self-assessment guidelines issued by their professional college/association for continuing education credits. Conference attendance certificates will be provided at the completion of the conference

Evaluation Prizes

Delegates are asked to complete session evaluations throughout the conference. Delegates who complete their evaluations will be eligible to win a prize draw.



Exhibitor Information

Exhibit Space

Exhibitor space is available to agencies who wish to share information about their programs at the conference. Display area includes: an 8'x10' space; draped table; one chair.

The exhibitor's area has limited provision for electrical outlets.

To reserve exhibit space, please complete the Exhibitor Registration on the website

Exhibit Set up

Set up time for the conference is 6:30-7:30 a.m. on May 9, 2024

Removal time is from 2:00-3:00 p.m. on May 10, 2024

Cancellation policy

Hamilton Health Sciences reserves the right to cancel this event due to insufficient registration or circumstances beyond our control. Cancellations received before May 2, 2024 will be refunded. No refunds will be issued for cancellations received after this date.

Registration Information

Exhibitor and delegate registration is open March 4, 2024 <http://www.hamiltonhealth.ca/ABI2024>

Delegate Registration Fees

March 4- April 15 Single Registration **\$400.00**

After April 15-May 2 2024 **\$450.00**

Caregivers/Full-time students **\$200.00**

Group Registration (5 or more registrants from the same organization) **\$300.00**

Please email the Conference Planning Committee if you are registering as a group or as a caregiver/fulltime student abiconference@hhsc.ca

Confirmation of registration

Registration also includes all breakfasts, lunches, refreshment breaks, reception, and exhibitor delegate kits

Receipts will be provided upon registration on-line or upon request.



Hamilton Convention Centre

1 Summers Lane, Hamilton, ON L8P 4Y2 905 525.2020 info@hccevents.ca

Driving Directions

From Hamilton International Airport

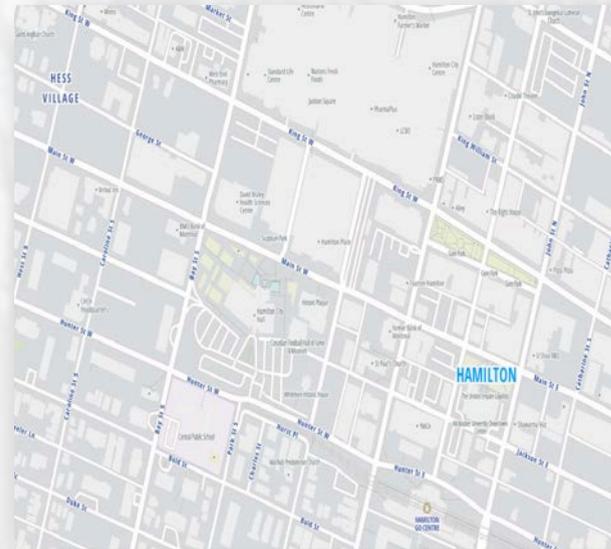
- Turn right onto Highway 6 to Highway 403 E.
- Take Main Street E Exit.
- Turn left on Summers Lane.
- The Hamilton Convention Centre by Carmen's is immediately on the right hand side.

From Niagara Falls/Buffalo

- Take Queen Elizabeth Way Westbound to Highway 403, Hamilton.
- Take the Main Street E Exit.
- Turn left on Summers Lane.
- The Hamilton Convention Centre by Carmen's is immediately on the right hand side.

From Toronto Pearson International Airport

- Take 427 South to 401
- Follow 401 W to QEW Niagara/Hamilton
- Take Highway 403 W, Brantford/Hamilton
- Take the Main Street E Exit.
- Turn left on Summers Lane.
- The Hamilton Convention Centre by Carmen's is immediately on the right hand side.



Conference Registration & Website

<http://www.hamiltonhealth.ca/ABI2024>

Conference Email
abiconference@hhsc.ca

Accommodations

Sheraton Hotel*
116 King St. W.
905-529-5515 or 1-800-514-7101

* A limited number of rooms have been Reserved at the conference rate and available on a first come first serve basis until April 8, 2024

<https://www.marriott.com/event-reservations/reservation-link.mi?id=1708460326250&key=GRP&app=resvlink>

Reservations can also be made by contacting the 24 hour, toll-free reservations at 1-888-627-8161 and asking for the "HHS Annual Conference" block –

Staybridge Suites
Hamilton – Downtown
20 Caroline St. S.,
Hamilton, ON L8P 0B1
905-527-1001 or 1-877-600-8550



Collaborating Partners

Photo by:
Kim Grootenboer, Rehabilitation Therapist,
Neurobehavioural Program, Regional Rehabilitation Centre,
Hamilton Health Sciences



Agenda

Thursday May 9, 2024

7:30am - 8:30am	Registration and Breakfast	
8:30am - 8:45am	Announcements	John Zsofcsin, Kimberly Young, Deb Bedini
8:45am - 9:45am	Refocusing Rehabilitation on Optimizing Life in the Community after Brain injury	Mark Bayley
9:45am - 10:45am	The Intersection of Traumatic Brain injury and the Criminal Legal System	Flora Matheson, Angela Colantonio Arthur McLuhan,
10:45am - 11:15am	Refreshment Break - Poster Viewing and Exhibits	
Concurrent Sessions A 11:15am - 12:15pm	A1 ABI in the Streets : An Overview of Indicators and Progression	Toby Harris, Daniel Holisek, Aaron Wilmott
	A2 How Far are we from Achieving Ideal TBI Care? Evaluating TBI Care Quality and Equity through Evidence-based Quality Indicators	Arman Ali, Judy Gargaro
	A3 Finding a Way Back Home - Stories Of Hope Through Early Access And Transition From Hospital to Community	Rebecca Bond, Adam Van Sickle Primrose Bonomale
	A4 Balancing Act: Navigating the World of Vestibular Assessment and Rehabilitation	Deborah Crowe, Jean Marie Fiala
12:15am - 1:30pm	Lunch Poster Viewing and Exhibits	
1:30pm - 2:15pm	Survivor Story	Justin Crossley
Concurrent Sessions B 2:30pm - 3:30pm	B1 Advancing Community Based Care for ABI	Vipan Nikore, Robert Hsu, Muhammad Sobani
	B2 Building Skills After Acquired Brain Injury: An Inpatient Group Designed To Foster Critical Skills And Adaptive Functioning In Individuals With Moderate To Severe Brain Injury	Joanna Sue, Kate Bartley, Paula Barrett
	B3 Serving the Very Hardest to Serve	Alice Bellavance
	B4 Development of the First Clinical Practice Guideline for Intimacy and Sexuality Following Moderate To Severe Traumatic Brain Injury (INTIMASY-TBI)	Eleni Patsakos
3:30pm - 4:00pm	Refreshment Break Poster Viewing and Exhibits	



Agenda

Thursday May 9, 2024 Continued

Concurrent Sessions C 4:00pm - 5:00pm

C1	You, Me and Burnout Makes Three: A Realistic Conversation About Accessing Care in a System on Fire	Stacie Dertinger, Jane Savage
C2	The Importance of Partnerships to Better Serve People with Substance Use and Brain Injury	Linda Cudmore, Paul Neisink, Carolyn Lemsky
C3	North Simcoe Muskoka Acquired Brain Injury Pathway-A Pathway to Success	Sophie Burke, Ingrid Lehman
C4	Assessment and Management of Mental Health Conditions and Behavioural Disorders Post Moderate to Severe TBI	Diana Velikonja, Eleni Patsakos, Olga Yaroslavtseva

5:00pm Cocktail Reception

Friday May 10, 2024

7:45am - 8:45am	Breakfast and announcements		
8:45am - 9:45am	The Violent Brain: Where...How...Why...	Abe Snaiderman	
9:45am - 10:45am	MAID: Changing Landscapes, Inequality and a Disability Perspective	David Shannon	
10:45am - 11:15am	Refreshment Break Poster Viewing and Exhibits		
Concurrent Sessions D 11:15am - 12:15pm	D1	Systematic Complexities of Community-Based Rehabilitation for Acquired Brain Injury and the Interconnection of ABI, Mental Health and Addictions	Mike Redgers ,Maryam Yusuf ,Sophia Simmons
	D2	Neuropharmacology in Acquired Brain Injury– An Alternative Approach to Manage Neurobehavioral Patients with Moderate to Severe Brain Injury	Joy Deng
	D3	The Art of Muddling Through: A Guide to Empowering Clients and Caregivers	Alan Lawrence
	D4	Consent and Capacity Following Traumatic Injury	Lara Fitzgerald-Husek; William Harding
	D5	A Non Linear Approach to Non –compliance Going Beyond the Behavioural ABC's	Stacie Dertinger
12:15pm	Farewell Lunch		



2024
ABI Conference

Plenary Sessions

Plenary Sessions

Refocusing Rehabilitation on Optimizing Life in the Community after Brain injury

Much of the focus of Brain injury rehabilitation is on safety and independence in activities of daily living. However, we may be under-emphasizing important elements of rehabilitation that are really important for long term quality of life after TBI.

There continues to be emerging evidence for novel interventions to enhance social cognition (understanding others behaviour and feelings), cognitive communication, relationships, intimacy and productivity in the community after brain injury.

Therefore this presentation will review the emerging strategies arising from evidence based reviews, guideline recommendations and neurotrauma pathways that are available to promote optimal long term living with a brain injury.

Dr. Mark Bayley MD

The Intersection of Traumatic Brain injury and the Criminal Legal System

Recent research and knowledge exchange activities regarding the intersection of traumatic brain injury (TBI) and the criminal legal system in the Ontario will be shared in the context of an equity lens. Presenters will cover Canadian statistics regarding TBI among persons who intersect with the criminal legal system including recent findings from qualitative and quantitative research including from systematic reviews.

New research on rehabilitation for TBI for persons in this context is presented with implications for clinical practice and knowledge exchange. The session will provide ample opportunities for questions and discussion with the audience.

Dr. Angela Colantonio, PhD OT. Reg. (Ont.)

Dr. Arthur McLuhan, PhD

Dr. Flora Matheson, PhD



Plenary Sessions

The Violent Brain: Where...How...Why...

Behaviour is a key component of who we are as humans. When the brain is affected whether by injury or illness, behaviour can be affected.

One of the most troublesome behavioural challenges is violence.

But what is violence?

Is it a normal human condition? An aberration? A personality flaw or a biochemical misalignment?

This presentation will explore some of these concepts within the framework of brain illness and injuries.

Dr. Abe Sniderman, M.D., F.R.C.P (C)

Director, Neuropsychiatry Clinic Brain and Spinal Cord Program

Toronto Rehabilitation Institute University Health Network

Medical Assistance in Dying (MAID) Changing Landscapes, Inequality and a Disability Perspective

Speaking from a legal, academic and personal perspective David Shannon, co-editor of the book, MAID In Canada: Key Interdisciplinary Perspectives, addresses many of the underlying causes of the recent exponential rise in MAID cases and its implications for the disability community in Canada.

David W. Shannon *C. M., O. Ont., LLM*



2024

ABI Conference

Concurrent A Sessions

Time	Select One Session	Page #
	A1 - ABI in the Streets – An Overview of Indicators and Progression	13
May 9, 2024	A2 - How Far are we from Achieving Ideal TBI Care? Evaluating TBI Care Quality and Equity through Evidence-based Quality Indicators	14
11:15 a.m. - 12:15 p.m.	A3 - Finding a Way Back Home - Stories of Hope Through Early Access and Transition from Hospital to Community	15
	A4 - Balancing Act: Navigating the World of Vestibular Assessment and Rehabilitation	16



Concurrent Session A1

ABI in the Streets – An Overview of Indicators and Progression

Traditionally, Traverse Independence has provided services for people with brain injuries over many decades. During that time, while eligibility criteria was diverse for the multitude of programs and level of support we offered, it always hinged on the completion of two intake meetings, the submission of a comprehensive set of forms, a medical diagnosis from a regulated health professional and was followed by a lengthy waitlist. There is a category of people who, for a multitude of reasons, cannot successfully access support based on this traditional intake system including the homeless population. These individuals need a low barrier process that is based on a single trusted person as their first step in access. Most of them are unable to get a diagnosis by a practitioner, are often unattached to primary care, marginally housed or living in the shelter system, and have multiple disabilities that present significant challenges to accessing service.

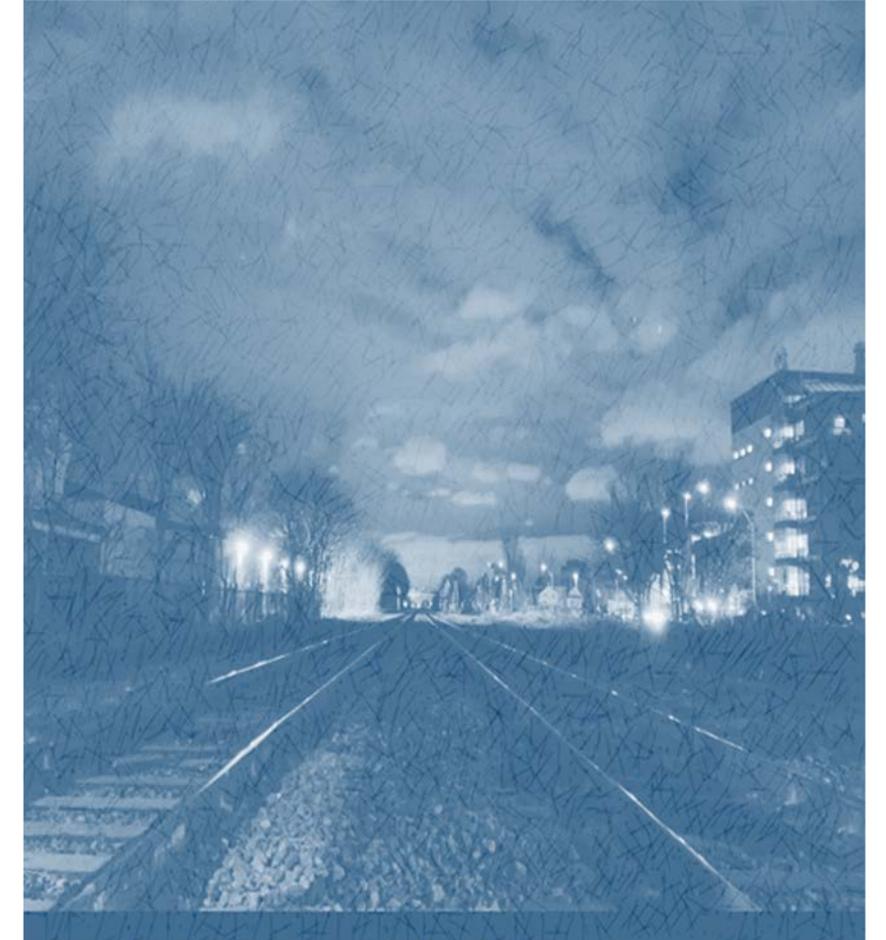
The ABI in the Streets program offers non-traditional low barrier access to services; a process based on building trusted relationships to facilitate immediate support.

By working alongside community mental health and addictions organizations, and implementing the HELPS screener, we were able to conclude homeless people screen positive for a brain injury at a rate of 65%. They need access to low barrier, specialized brain injury support alongside the more traditional mental health and addiction systems to stabilize and achieve goals that will move them out of the cycle of homelessness.

Toby Harris *CEO of Traverse Independence*

Aaron Willmott *Director of Client Services Traverse Independence*

Dan Holisek *B.Sc., Intensive Case Coordinator and ABI System Navigator*



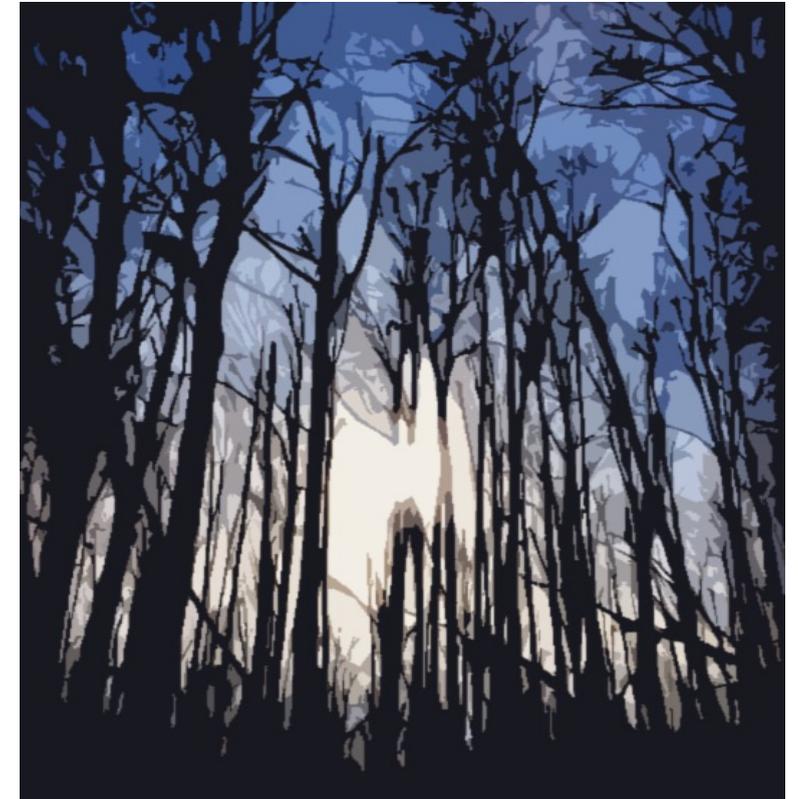
Concurrent Session A2

How Far are we from Achieving Ideal TBI Care? Evaluating TBI Care Quality and Equity through Evidence-based Quality Indicators

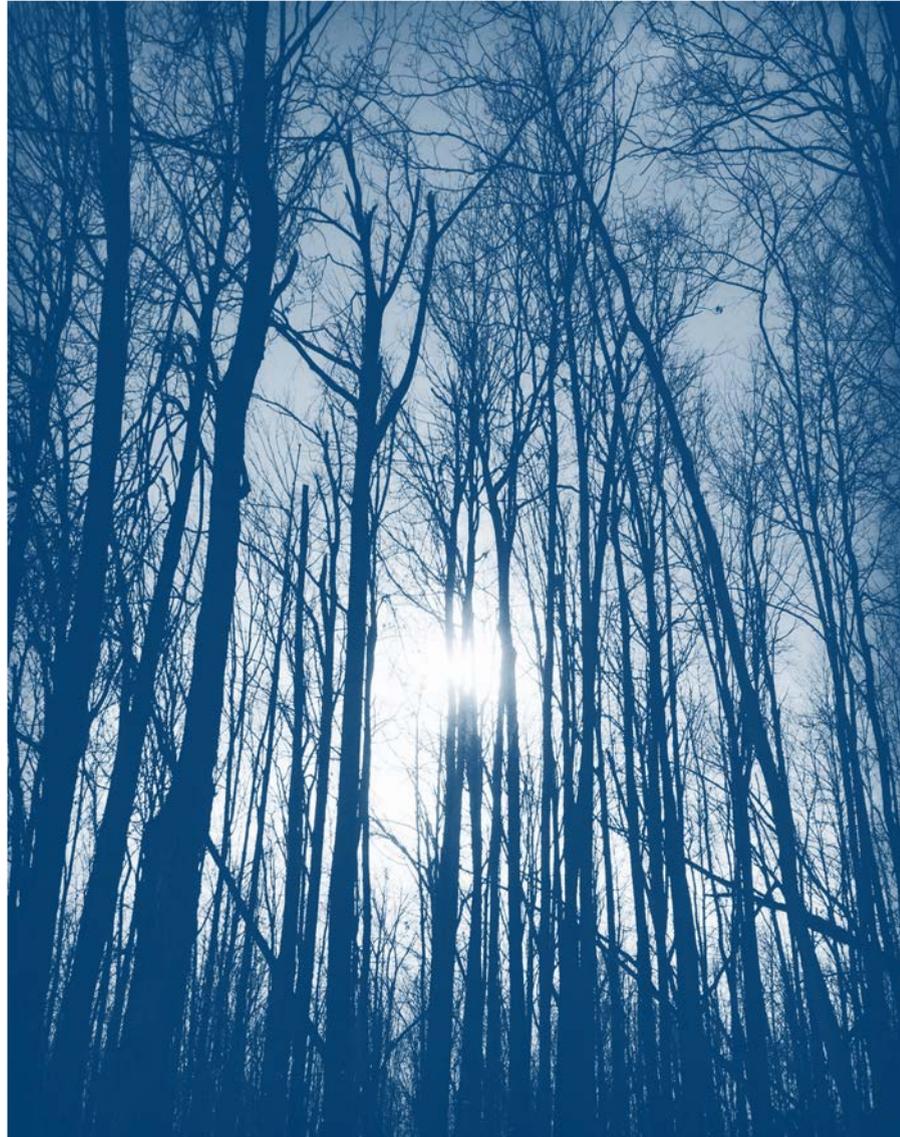
Rehabilitation and community integration are cornerstones of recovery for people with moderate-severe traumatic brain injury (TBI), yet the long-term supports needed for this chronic condition are often not available or accessible after acute care. This is complicated by variations in care quality stemming from socioeconomic and regional factors that disproportionately affect equity-deserving groups. In addition to these challenges, there are few care quality evaluation strategies grounded in evidence-based and equity-focused care pathways. TBI care quality and equity are evaluated using quality Indicators and survey data to identify system-level gaps and provide recommendations to enhance care quality and optimize long-term outcomes.

Arman Ali MPH, Implementation Coordinator KITE Research Institute, Toronto Rehab, UHN

Judy Gargaro M.Ed., Director, Pathways Project, KITE Research Institute, Toronto Rehab, UHN



Concurrent Session A3



Finding a Way Back Home - Stories of Hope Through Early Access and Transition from Hospital to Community

Hear stories from individuals and their families about their journey after ABI and stroke. Join the discussion about the partnership of Hamilton Health Sciences and CONNECT Communities and the effectiveness of early transitions. Early access to meaningful community rehabilitation through CONNECT's Life Redesign Model results in optimal patient outcomes. The model is marked by a commitment to supported risk-taking, flexibility, creativity and kindness in cultivating comprehensive well-being. This presentation will share information and data about why early access to meaningful community rehabilitation is vital for optimizing individuals' personal outcomes. Stories and information will be shared to demonstrate why the HHS/Connect partnership was conceptualized, how it results in system value, clinical best practice, all about the model and processes. You will hear one individual talk about her heartfelt story from giving up, to finding hope again, to personal meaning and joy.

Rebecca Bond BA, B.Ed. *Community Intervention Coordinator Hamilton Health Sciences*

Adam Van Sickle Hons. R.L/B.RLS *Service Access and Transitions Leader CONNECT Hamilton*

Primrose Bonomale SSW, BSW, RSW, *Leader CONNECT Hamilton*



Concurrent Session A4

Balancing Act - Navigating the World of Vestibular Assessment and Rehabilitation

In a world where equilibrium is paramount, the oral presentation titled "Balancing Act: Navigating the World of Vestibular Assessment and Rehabilitation" takes center stage to unravel the intricacies of maintaining stability in the human body. The vestibular system, a vital contributor to our sense of balance, often goes unnoticed until disruptions manifest as dizziness, vertigo, or unsteadiness. This presentation aims to shed light on the comprehensive realm of vestibular assessment and rehabilitation, offering a roadmap for healthcare professionals and researchers alike.

The journey begins with an exploration of cutting-edge vestibular assessment techniques, encompassing both subjective and objective measures. From diagnostic tools to state-of-the-art technologies, participants will gain insights into pinpointing vestibular disorders with precision. Following this diagnostic journey, the presentation transitions seamlessly into the realm of rehabilitation strategies. Attendees will discover evidence-based interventions tailored to address various vestibular dysfunctions, promoting recovery and enhancing quality of life for individuals grappling with balance disorders.

As we delve into the interdisciplinary nature of vestibular health, the presentation emphasizes collaboration among healthcare practitioners, therapists, and researchers. Practical case studies and success stories will illuminate the effectiveness of tailored rehabilitation programs, showcasing the transformative impact on patients' lives. "Balancing Act" invites participants to embark on an informative and engaging exploration of the vestibular system, equipping them with the knowledge and tools to navigate the intricate world of vestibular assessment and rehabilitation with confidence.

Deborah Crowe *Healthcare Executive Leadership Coach, Owner Back in Balance Vestibular Clinic*

Jean Marie Fiala *CHE, MBA, MRI Technologist, Owner Back in Balance Vestibular Clinic*



2024

ABI Conference

Concurrent B Sessions

Time	Select One Session	Page #
	B1 - Advancing Community – Based Care for Acquired Brain Injury	18
May 9, 2024	B2 - Building Skills After Acquired Brain Injury – An Inpatient Group Designed to Foster Skills Critical for Adaptive Functioning in Individuals With Moderate To Severe Brain Injury	19
1:30 p.m.		
-	B3 - Serving the Hardest of the Hard to Serve	20
3:30 p.m.		
	B4 - Development of the First Clinical Practice Guideline for Intimacy and Sexuality Following Moderate To Severe Traumatic Brain Injury (INTIMASY-TBI)	21



Concurrent Session B1

Advancing Community-Based Care for Acquired Brain Injury

To address the challenges of community reintegration after a brain injury, Homecare Hub (HCH) has pioneered an innovative and cost-efficient approach to neurorehabilitation for those with Acquired Brain Injury (ABI). The transformative model is aimed at revolutionizing the care and support provided to those with ABI. The emphasis on personalized care, facilitated by a multidisciplinary team, ensures a holistic approach to neurorehabilitation. By fostering partnerships with vetted care providers and employing a technology-driven matching process, HCH creates small, community-based shared living homes that cater to individuals with similar care needs. This not only promotes collaboration within each shared living home but also contributes to the broader goal of community inclusion. These homes accommodate 2-15 individuals who are matched according to care needs and focus on supporting those with ABI as they reintegrate into the community. Successful pilot sites in Canada demonstrate the ability of HCH to create an inclusive environments that promote independence. The model not only supports those within the home but also facilitates their engagement with the broader community, promoting a holistic and integrated approach to neurorehabilitation.

Moreover, HCH presents a cost-efficient solution, providing high-quality care services at a 30% reduction in cost when compared to alternative models. HCH's vision is to transform the neurorehabilitation space by providing scalable, flexible, patient-centered solutions at a lower cost. As we navigate the challenges of current care models, HCH emerges as a catalyst for positive change, facilitating the journey towards independence and community inclusion for individuals with ABI.

Dr. Vipin Nikore MD, MBA, FACP, Chief Executive Officer, Homecare Hub

Robert Hsu BACS, FCIP, CRM, Director of Client Success, Homecare Hub

Muhammad Sobani M.A. cert, Sales/Project Manager, Healthcare, Homecare Hub



Concurrent Session B2

Building Skills After Acquired Brain Injury: An Inpatient Group Designed to Foster Skills Critical for Adaptive Functioning in Individuals With Moderate To Severe Brain Injury

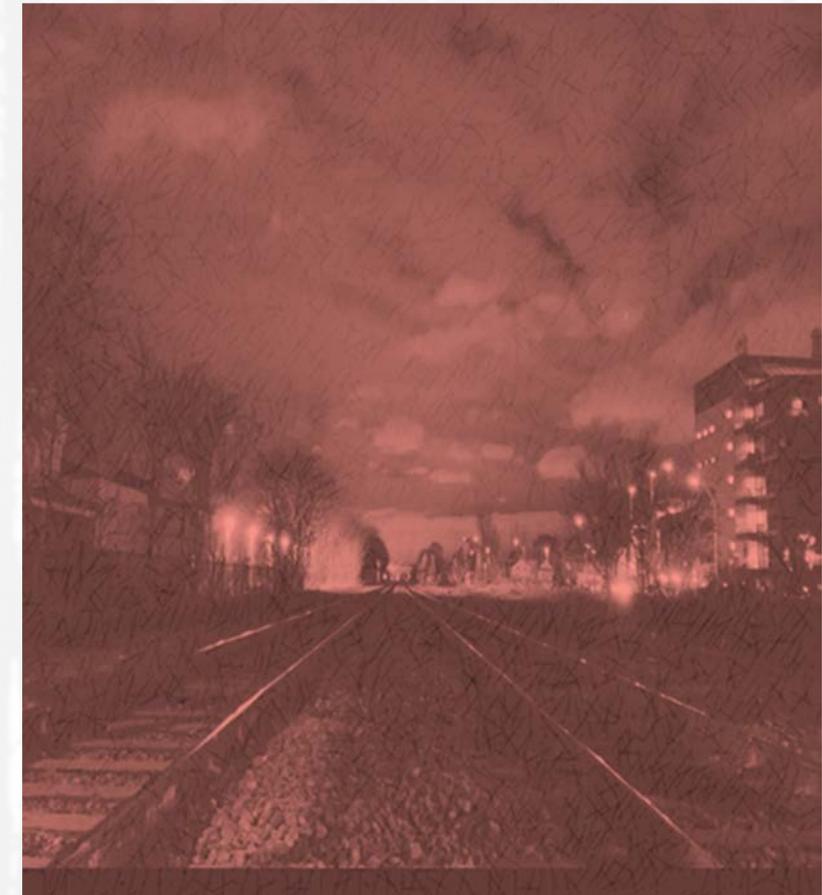
As a consequence of the cognitive, affective, behavioural, and physical changes that often occur after an acquired brain injury (ABI), affected individuals must adjust to significant changes in their functioning and circumstances, which can have deleterious impacts on their mental health. Cognitive deficits, as well as difficulties regulating emotions and behaviours, make it challenging for individuals who have an ABI to participate in traditional psychotherapy and even more challenging for these individuals to succeed within a group context. We developed our group program “Building Skills After ABI” for adults who have a moderate to severe ABI and who are currently participating in a hospital-based inpatient rehabilitation program. The aim of the program is to be accessible to individuals with varying levels of ability by distilling complex concepts down into core points, using interactive examples, games, and memory-enhancing strategies, as well as providing 1:1 support in-between sessions.

The development of “Building Skills after ABI” and an overview of the program and outcome measures will be shared.

Dr. Kate Bartley *Ph.D., C. Psych. Psychologist, Hamilton Health Sciences*

Dr. Joanna Sue *Ph.D., C. Psych. Clinical Director, Neurobehavioural Rehabilitation Service, Hamilton Health Sciences*

Paula Barrett *Rehabilitation Therapist, Hamilton Health Sciences*

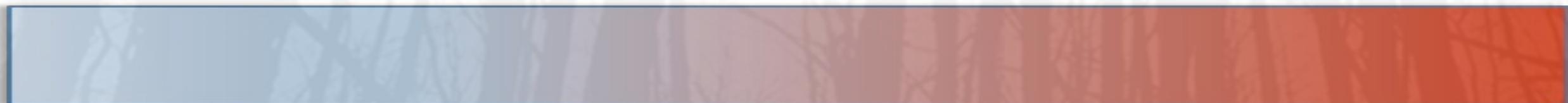


Concurrent Session B3

Serving the Hardest of the Hard to Serve

In March 2023 Ontario Health Northwest hosted a Design Day with Thunder Bay Regional Health Sciences Centre, St; Joseph's Care Group and BISNO. The purpose of the day was to brainstorm and set next steps for a very challenging group of individuals with neurodiversity and their ongoing needs for highly specialized assisted living services. The profile for these individuals includes typically indigenous males with complex behavioral needs, often with a physical disability, often have a traumatic/acquired brain injury, substance use disorder, and/or schizoaffective disorder. Many may have or are suspected to have Fetal Alcohol Syndrome (FASD) or have possible preexisting neurocognitive disorder. These individuals usually have a history of trauma and tend to be marginalized with poor social determinants of health and are often involved with the Criminal Justice System. It was agreed that BISNO would take the lead to propose the development of the first of its kind service in Canada that would be community based assisted living with Schedule 1 capacity for a portion of the spaces (which would be co-sponsored by a hospital). Assessment for access would be done by multiple partners as these clients cross many jurisdictions. The Design Day resulted in a lead agency to take this on with support from all 4 OHT's in the northwest along with multiple community partners.

Alice Bellavance *ABI system Navigator, CEO Brain Injury Services of Northern Ontario*



Concurrent Session B4

Development of the First Clinical Practice Guideline for Intimacy and Sexuality Following Moderate To Severe Traumatic Brain Injury (INTIMASY-TBI)

Moderate to severe traumatic brain injury (TBI) can negatively impact intimacy, relationships, and sexual function through changes in physical, endocrine, cognitive, behavioural, and emotional function. Although most healthcare professionals agree that these are significant concerns that should be addressed in rehabilitation, they have not been typically discussed during rehabilitation and discharge planning when compared to other care domains following a TBI. To address these gaps, we created an interprofessional panel of experts to develop the Intimacy & Sexuality after Moderate to Severe Traumatic Brain Injury (INTIMASY-TBI) Guideline.

A systematic search of multiple scientific databases was conducted to identify relevant evidence which was reviewed by an expert panel.

The INTIMASY-TBI Expert Panel developed recommendations for integrating discussions related to intimacy and sexuality within TBI rehabilitation and community-based programs.

Eleni M. Patsakos *ABI PhD(C), University Health Network*



2024

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Concurrent C Sessions

Time	Select One Session	Page #
May 9, 2024 4:00 p.m. – 5:00 p.m.	C1 - You, Me and Burnout Makes Three: A Realistic Conversation about Accessing Care in a System on Fire	23
	C2 - The Importance of Partnerships to Better Serve People with Substance Use and Brain Injury	24
	C3 - North Simcoe Muskoka Acquired Brain injury Pathway-A Pathway to Success	24
	C4 - Assessment and Management of Mental Health Conditions and Behavioural Disorders Post-MSTBI: Evidence-Based Recommendations from the Canadian Guideline for Rehabilitation of Adults With Moderate To Severe Traumatic Brain Injury	25



Concurrent Session C1

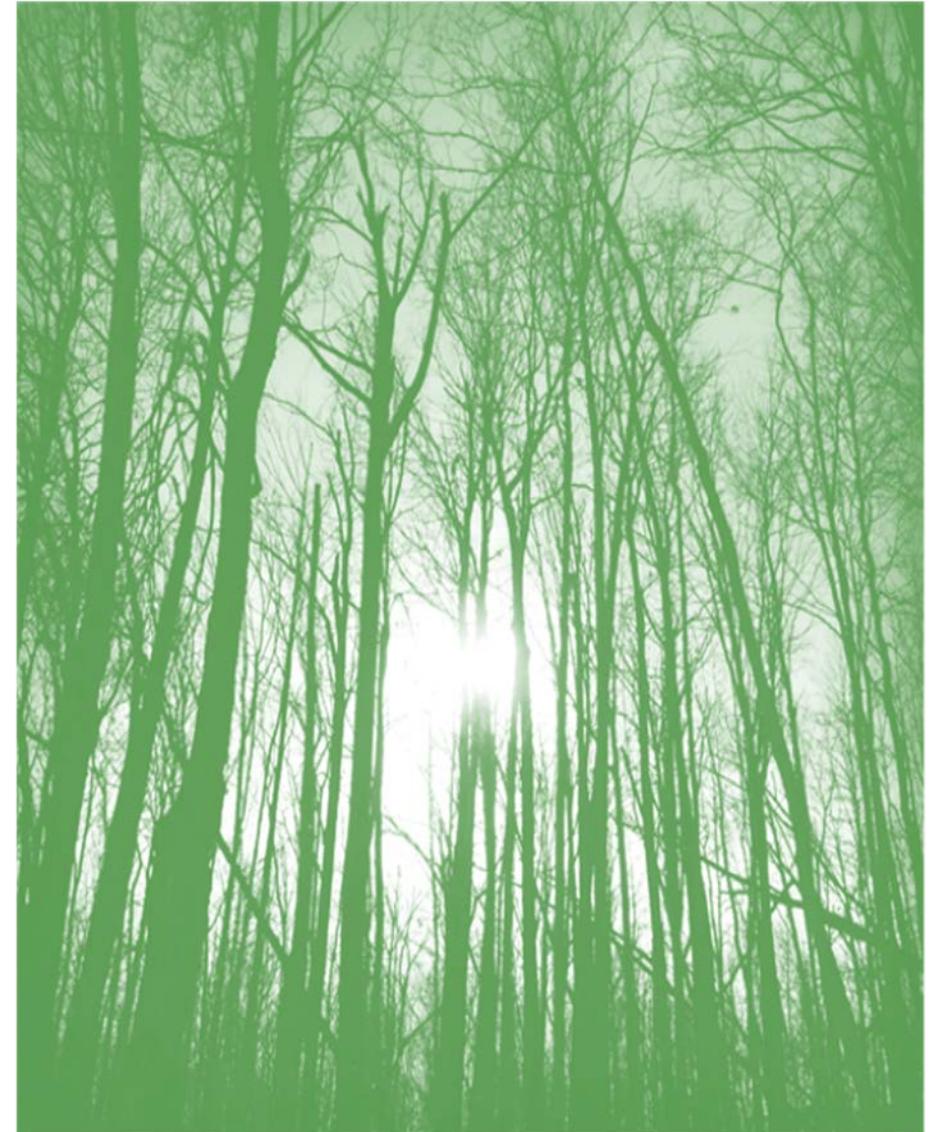
You, Me and Burnout Makes Three:

A Realistic Conversation about Accessing Care in a System on Fire

Caring for individuals with acquired brain injury and other neurodiverse needs is challenging yet gratifying. Staff and caregivers often experience compromised mental and physical health, impaired social interactions, and reduced capacity to provide care due to the complexities of their roles. Organizational leaders are stressed in trying to consistently provide quality care while battling high turnover rates owing to compassion fatigue and caregiver burnout. Unfortunately, responses from clinical leads and care delivery approaches remain static despite the tangible impact of burnout. We must acknowledge a health care system gap for families with older children and adults having acquired brain injury and intersecting disabilities whose mental health and behaviour is worsening. Most programs necessitate caregivers to adapt and respond differently; however, what if their capacity is diminished due to financial stressors, language or cultural barriers, or poor health? We need a comprehensive, compassionate approach to create inclusive communities. Through illustrative case studies and best practice review this presentation addresses how to navigate the health care system.

Stacie Dertinger *Chief Clinical Officer and Board Certified Behaviour Analyst, Anchor Rehabilitation*

Jane Savage *RSW, Owner, Jane Savage Counselling*



Concurrent Session C2

The Importance of Partnerships to Better Serve People with Substance Use and Brain Injury

As many as one in four survivors of TBI will develop a new problem with substance use as the result of neurocognitive, emotional, and psychosocial changes (Corrigan, 2013). Another 20% will experience a resurgence of a pre-injury problematic substance use. ABI Related changes in behaviour and cognition are often barriers to accessing and benefiting from traditional treatment programs. Since 2004, The Substance use and Brain injury Bridging Project (SUBI) a partnership between Community Head Injury Resources Services of Toronto (CHIRS) and The Centre for Addictions and Mental Health (CAMH) has provided consultation, and developed clinical programming and educational materials to address this gap. This presentation will describe a recent partnership between a Community Addictions Service, a Community Acquired Brain Injury Support Service and the SUBI Project Team and highlights the importance of collaborating to support individuals in need.

Dr. Linda Cudmore *Ph.D., Psychologist and Clinical Director, B.I.C.R.*

Paul Niesink *M.ED., R.P. Director Of Community Programs Community Addictions Supports of Niagara*

Carolyn Lemsky *Ph.D., Clinical Neuropsychologist and Clinical Director, C.H.I.R.S. and T.A.B.I.R.S.*

Concurrent Session C3

North Simcoe Muskoka Acquired Brain injury Pathway-A Pathway to Success

Simcoe Muskoka ABI Pathway is a partnership between Acquired Brain Injury community services, Home and Community Care Support Services and their allied service providers (OT, SLP). An overview of the history of the program; addressing gaps in service for the region, outline of the pathway and its recommendations will be presented. Through review of the data, outcomes, gaps and barriers are presented.

The aim is to provide an outline to other regions who may be interested in implementing a similar program.

Sophie Burke *System Navigator, North Simcoe Muskoka Acquired Brain Injury Collaborative, Ingrid Lehman, Executive Director, Brain Injury Services Muskoka Simcoe*



Concurrent Session C4

Assessment and Management of Mental Health Conditions and Behavioural Disorders Post-MSTBI: Evidence-Based Recommendations from the Canadian Guideline for Rehabilitation of Adults With Moderate To Severe Traumatic Brain Injury

As Mental health and behavioural changes following moderate-to-severe traumatic brain injury (MSTBI) are common and can negatively affect recovery, function, and quality of life.

A systematic search of multiple databases was conducted to identify new and relevant evidence for review by an Expert Panel. Recommendations were added, removed, or modified by consensus.

The 2023 Can-TBI Guideline includes 20 and 21 recommendations regarding best practices for the assessment and management of mental health conditions and behavioural disorders post-MSTBI, respectively. Selective serotonin reuptake inhibitors are recommended as first-line treatment for depression. CBT has the strongest evidence for managing anxiety. Safety risk assessment should be performed regularly as individuals with MSTBI are at an increased risk for suicide. Every effort should be made to address problematic substance use among persons with MSTBI before considering dismissal from rehabilitation. Rehabilitation teams should include qualified behavioural specialists and other team members should be trained in behavioural assessment and treatment techniques. Activities that are meaningful for the individual with MSTBI should be implemented in naturalistic settings where possible. Rehabilitation programs should also include a robust patient and family education program regarding managing behaviour.

Pharmacologic interventions must be used in combination with evidence-based non-pharmacologic strategies for the management of mental health and behavioural changes post-MSTBI. High-quality studies addressing the pharmacological management of agitation/aggression are needed.

Dr. Diana Velikonja *PhD., C. Psych., Clinical Neuropsychologist Hamilton Health Sciences*

Eleni Patsakos *PhD(c) Research Analyst Toronto Rehabilitation Institute - University Health Network*

Olga Yaroslavtseva *Research Analyst Toronto Rehabilitation Institute - University Health Network*



2024

ABI Conference

Concurrent **D** Sessions

Time	Select One Session	Page #
May 10, 2024 11:15 a.m. - 12:15 p.m.	D1 - Systematic Complexities of Community – Based Rehabilitation for Acquired Brain Injury and the Interconnection of ABI, Mental Health and Addictions	27
	D2 - Neuropharmacology in Acquired Brain Injury – An Alternative Approach to Manage Neurobehavioral Patients with Moderate to Severe Brain Injury	28
	D3 - The Art of Muddling Through: A Guide to Empowering Clients and Caregivers	29
	D4 - Consent and Capacity Following Traumatic Injury	29
	D5 - A Non-Linear Approach to Program Non-Compliance: Going Beyond the Behavioural ABC's	30



Concurrent Session D1

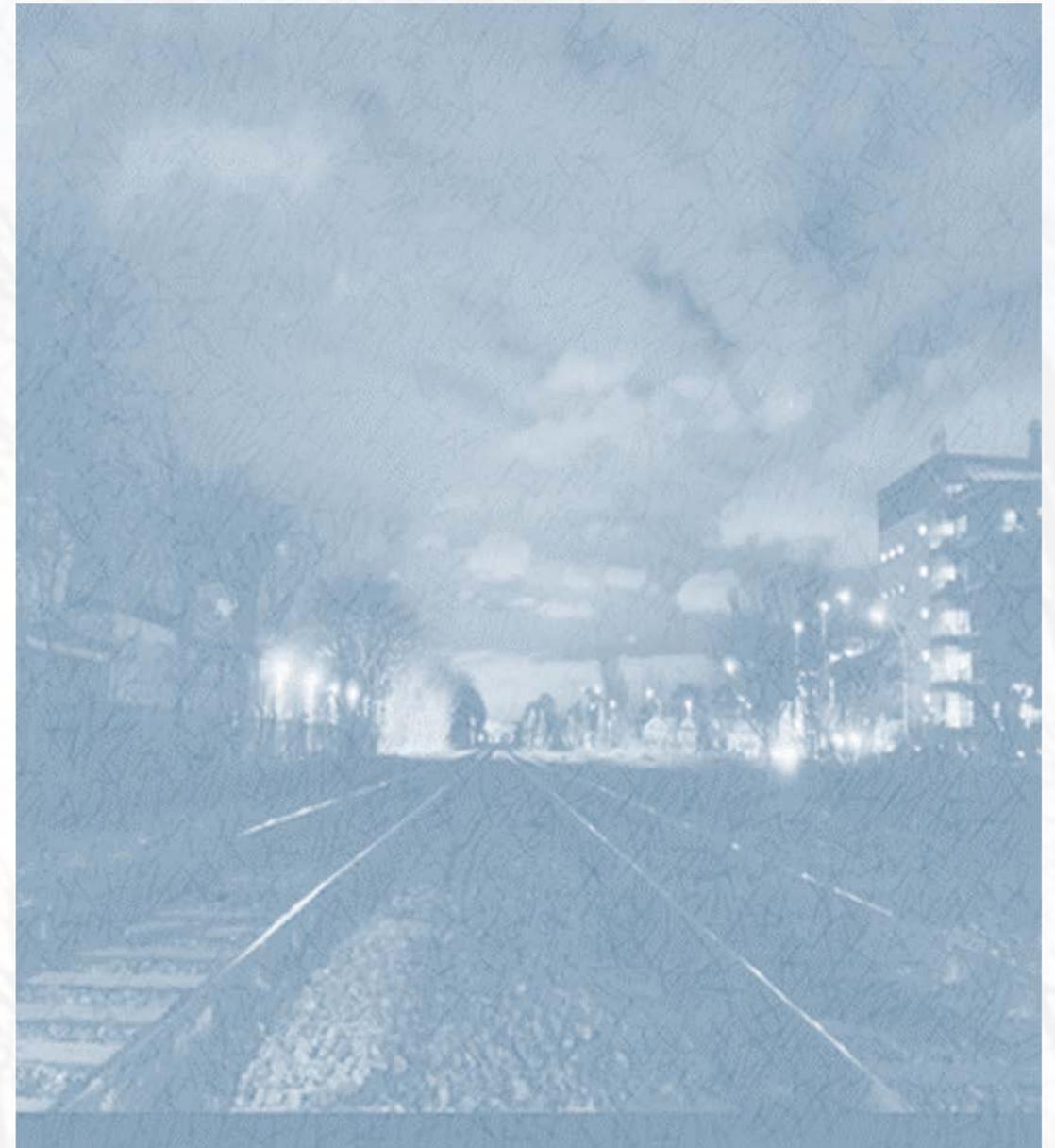
Systematic Complexities of Community – Based Rehabilitation for Acquired Brain Injury and the Interconnection of ABI, Mental Health and Addictions

This study explores the intricacies of providing community-based rehabilitation for individuals with Acquired Brain Injury (ABI), alongside comorbid mental health and addiction issues. It advocates for a comprehensive, multidisciplinary approach, treating all comorbid disorders as primary. The study employs a Supported Independent Living (SIL) program, staffed by specialists in ABI, mental health, and addictions, to assist those living with ABI in the community. The SIL program has supported 47 individuals, revealing a high percentage of mental health and addictions within this group. Customized support, designed in collaboration with a multidisciplinary community team, has led to a 100% success rate in maintaining independence and an 86% rate in achieving personalized goals for these individuals.

Mike Redgers *M.Ed., Mind Forward Brain Injury Services*

Maryam Yusuf *Mind Forward Brain Injury Services*

Sophia Simmons *Mind Forward Brain Injury Services*



Concurrent Session D2

Neuropharmacology in Acquired Brain Injury – An Alternative Approach to Manage Neurobehavioral Patients with Moderate to Severe Brain Injury

The complexity of the brain and its injuries poses a challenge for clinicians to manage patients with acquired brain injuries. There is limited evidence of neuropharmacology specifically for this population, and no generally accepted guideline for the optimization of medications to enhance their function. Cognitive impairment may lead to responsive and reactive behaviors, such as aggression and agitation, as a response to something negative, frustrating or confusing for patients with moderate to severe ABI. As such, enhancing their cognitive function can help to improve their behavioral symptoms. This presentation focuses on how cognitively impaired patients respond to medications, aiming to provide insight into the approach to medication optimization in order to enhance their functional outcomes. Medication adverse effects on cognition may be unexpectedly notable in ABI population. Some interesting cases will be shared with the audience. Medications of interest include but not limited to anti-epileptic drugs, antipsychotics, neurostimulants, spasticity medication, beta-blockers, statins, analgesics, etc. Their CNS effects will be discussed with the illustration of mechanism of action and literature review.

Dr. Joy Deng *Neurology MD, PhD ABI Specialist, Hamilton Health Sciences /McMaster University*

Concurrent Session D3

The Art of Muddling Through: A Guide to Empowering Clients and Caregivers

The aim of the presentation is first to provide participants with a conceptual framework and treatment approach that are drawn from principles of positive psychology and that are strength-based rather than deficit-based. A second aim is to provide practitioners with tools and strategies that will help both survivors and caregivers to draw upon their resilience and, in doing so, to learn how to become better versions of themselves. A third aim is to help clients and caregivers to reflect on the expectations that they set for themselves and thus to “accept the things that they cannot change”.

Dr. Alan Lawrence *PhD, C. Psych, Psychologist, Dale Brain Injury Services*



Concurrent Session D4

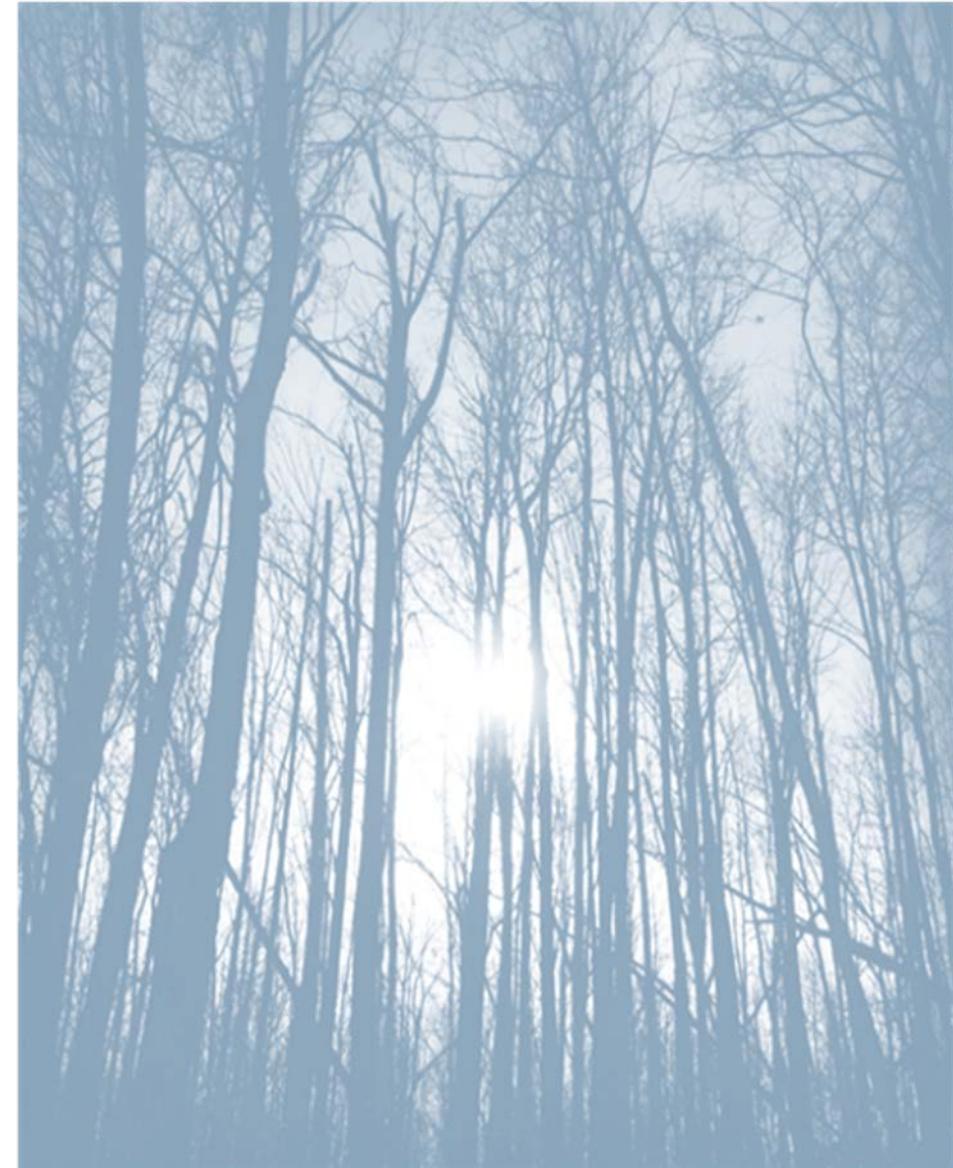
Consent and Capacity Following Traumatic Injury

A person's ability to make sound personal, health, and financial decisions can be compromised following a traumatic brain injury (TBI). This can pose challenges for the healthcare team in determining who should be and/or who is legally capable of making the decisions surrounding his/her medical care and rehabilitation. It is imperative that clinicians understand the legal framework surrounding the determination of capacity to consent and the next steps if a person with a TBI is deemed incompetent to consent.

This session will help the healthcare team develop an understanding of the legal implications of incapacity. In addition, we will provide an understanding of issues of consent and capacity and insight into the capacity assessment process. The presentation will help guide healthcare practitioners in developing appropriate goals and rehabilitation plans when dealing with consent and capacity issues.

Lara Fitzgerald-Husek *Partner from Oatley Vigmond*

William Harding *Associate from McLeish Orlando*



Concurrent Session D5

A Non- Linear Approach to Non –compliance: Going Beyond the Behavioural ABC's

Following a brain injury, new clinicians, recommendations and programs aimed at improving functionality and outcomes are introduced; however, adherence and compliance to these recommendations may be limited. Applied Behavioural Analysis offers an effective tool to address non-compliance.

Historically, this rests on highly structured programs such as token economies, frequent feedback and contrived reinforcement or punishment schedules. This linear fashion (antecedent – behaviour – consequence) is best suited to individuals with severe TBI who learn in a linear fashion needing to experience direct consequences to learn new contingencies. Individuals with moderate or mild TBI, especially those living in the community, require a more relational and contextual approach that builds on existing strengths and focuses on positive outcomes to improve quality of life. To address non-compliance in these individuals it's best to take a non-linear constructional approach to treatment.

The non-linear contingency analysis is a framework for treating challenging behaviours represents a socially valid, client driven and ethical behaviour analytic approach to addressing non-compliance.

Clinicians can create a client-driven program to address non-compliance by relying on an individuals' values, strengths and resources within their current environment and building new skills. These self-driven strategies have more ecological validity for community-based clients with mild to moderate TBI than the traditional linear ABC approach.

Stacie Dertinger *Chief Clinical Officer and Board Certified Behaviour Analyst, Anchor Rehabilitation*



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