



22nd Annual Conference  
on Neurobehavioural  
Rehabilitation in Acquired Brain Injury

# Inter-System Collaboration

Building Innovative  
Networks that Support  
Individuals with ABI

May 14-15, 2015

Hamilton Convention Centre  
Hamilton, Ontario



## 22nd Annual Conference on Neurobehavioural Rehabilitation in Acquired Brain Injury

### Target Audience

This conference will be of interest to ABI Rehabilitation Professionals, Psychologists, Physicians, Program Planners, Insurance and Legal Representatives and Advocates.

### Attendance Certificates

Conference attendance certificates will be placed in your delegate kit. Delegates are encouraged to review self-assessment guidelines issued by their professional college/association for continuing education credits.

### Evaluation Prizes

Delegates who complete an evaluation form will be eligible for a draw. The draws will occur during lunch.

### Casual Friday

Show your support for the Hamilton Health Sciences Rehabilitation Resource Centre and Camp Dawn by purchasing a \$5.00 sticker and dressing casually on Friday May 15, 2015.

### Convention Centre Facilities

**The temperature varies from room to room. Please dress accordingly.**

### Caregiver sponsorships

A limited number of caregiver sponsorships are available. For information call Joyce Lambert at 905-521-2100 ext. 40833.

### Liability

Hamilton Health Sciences hereby assumes no liability for any claims, personal injury, or damage:

- To any individual attending this conference.
- That may result from the use of technologies, program, products and/or services at this conference.
- That may arise out of, or during this conference.

 **@HHS\_ABIP**  
**#ABICongference15**

### Conference Goals

- Explore innovative, inter-system collaborations that support individuals with acquired brain injury throughout the continuum of rehabilitation
- Review examples of effective inter-system collaborations that support individuals with complex needs
- Share challenges and existing gaps in supporting individuals with acquired brain injury
- Provide an opportunity to network, share experiences, build relationships and strengthen partnerships.

### For further information please contact

#### Joyce Lambert

ABI Conference  
Regional Rehabilitation Centre, HHS  
Level 1 North, Room B1-106F  
237 Barton Street East  
Hamilton, ON L8L 2X2

**Phone** 905-521-2100 ext. 40833

**Email** [jlambert@hhsc.ca](mailto:jlambert@hhsc.ca)

# Plenary Sessions

**Rob van Reekum** MD, FRCPC  
Baycrest Centre for Geriatric Care

## The Brain and the Mind are the Same Organ! Towards Improved Service Delivery for ABI and Mental Health

Dr. van Reekum will explore some of the underlying issues that continue to impact adversely on service delivery for individuals who have developed mental health difficulties (e.g. changes in affect, behaviour, cognition and motivation) in the context of an Acquired Brain Insult. A brief discussion related to integrating our understanding of the biopsychosocial determinants of changes in mental health is provided, and this is followed by consideration of some of the obstacles to providing care for affected individuals in the community along with provision of some options to address these obstacles.

**Sharon Lee Smith** Associate Deputy Minister  
Policy and Transformation  
Ministry of Health and Long Term care

## Health Links: Designing an Integrated Model of Care

In December 2012, the Ministry of Health and Long term Care (MOHLTC) announced community Health Links – a made-in-Ontario, interdisciplinary model of coordinated care services for individuals with complex conditions. Health Links engage physicians, hospitals and community agencies working together to coordinate care at the patient level with the aim of improving the patient experience for Ontario's most complex patients through enhanced care coordination and allowing the providers the flexibility they need to coordinate care and services according to local needs.

The Health Links program was designed to allow for local experimentation and the forging of new kinds of partnerships in neighbourhoods and communities.

After two years, and with 69 Health Links at various stages of operation around the province, it's time to take stock of our progress to date.

Information will be shared regarding the Health Links program and its impact so far on patient care and for the system – what's working and what's not and what's been learned about Health Links that can be spread out and scaled up as the Ministry develops the next phase of the Health Links Model.

**Terry McGurk** Program Manager, COAST  
St. Joseph's Healthcare

## ABI – Human Service Sector and Justice Sector Collaboration

Are we able to determine a possible ABI in corrections? Are the ABI clients well served after incarceration? Research has indicated that a large portion of people in the criminal justice system have ABI. There are significant gaps where continuity of service is lacking when released back into the community. The ABI-Corrections Working Group set out to consider establishing a service model that focuses on bringing community-based services together to support the ABI client after release from incarceration. What have they learned? What are the challenges? Learn what this group did over the past 2 years.

**Alice Bellavance** RPN Brain Injury Services  
of Northern Ontario (BISNO)

## Joseph Rule

### “How Undiagnosed Brain Injury in Childhood leads to a life of ongoing Trauma”

When childhood brain injury is identified and treated a legacy of trauma, mental health & addictions challenges can be prevented and/or reduced in severity.

A history of the individual's injuries will be provided as he is a poor historian of his previous health status, not uncommon in brain injury. An overview of how this made him vulnerable to be victimized by a sexual predator, mental health issues and resultant pattern of self medication. As this increased the outcome of involvement with the criminal justice system.

He will share his story of recovery and what has worked for him in terms of support.

*Plenary Sessions cont'd p. 4 >*

**Christina Gojmerac** Ph.D., C.Psych.  
Psychologist, Clinical Neuropsychology Service  
St. Joseph's Healthcare Hamilton

### Neuropsychological assessment of older adults: diagnostic considerations in the context of Traumatic Brain Injury

There are many diagnostic and treatment considerations related to older adults who have suffered a TBI either early or late in life. The aim of this presentation is to discuss these issues from a geriatric neuropsychology perspective, highlighting differential diagnosis in older adults presenting with cognitive deficits.

**Diana Velikonja** Ph.D., C. Psych,  
Regional Rehabilitation Centre, HHS

**Corinne Kagan** BPS Cert, Ontario  
Neurotrauma Foundation

**Scott McCullagh** M.D., F.R.C.P.C.  
Regional Rehabilitation Centre, HHS

### Development and Implementation of a Clinical Practice Guideline for the Rehabilitation of Adults with Moderate to Severe TBI in Quebec and Ontario (Canada)

Clinical practice guidelines (CPG) are a promising tool to improve quality/consistency of care provided by healthcare professionals to optimize patient outcomes. This project will structure/facilitate the adaptation/implementation of the first bilingual CPG in Canada for the rehabilitation of adults with moderate to severe TBI and will provide guidance to clinicians, managers and funders as to best practices. The project involves six stages planned over a three-year period: (1) scoping review/quality evaluation of existing CPGs, (2) formal survey of end-users' (clinicians, managers) needs/expectations, (3) synthesis of all existing information (CPGs/literature review/survey),

(4) expert consensus process for selection of content and adherence indicators, (5) adaptation of recommendations and production of the guideline, and (6) implementation of the CPG in clinical settings. Implementation is being planned in Ontario and Quebec and will be discussed with participants.

### Panel Discussion: Exploring Opportunities to Build a Seamless Patient Journey

**Moderator: Rob van Reekum**

**Brandon Agnew** Housing First

**Karen Marques** CCAC

**Alice Bellavance** BISNO

**Carolyn Lemsky** CHIRS

**David Price** McMaster University/HHS

**Irene Jilderda** HHS, ABI Program

This panel will provide an opportunity to bring together experts from across healthcare systems to discuss both challenges and potential solutions when assisting patients with complex needs. Delegates will have an opportunity to ask questions and hear different perspectives from the panel members.

## Concurrent Sessions

**A1 Joe Talarico** Intake Coordinator  
Brain Injury Community Re-entry

### Building a Pathway to Community Services

A step by step process on how BICR attempts to break down the bricks and builds pathways to many other community support agencies in their community.

This involves balancing a give and take approach and attempting to strategically develop a plan that best supports the participant.

Clearly defining roles, responsibilities and expectations is always a key factor in building the relations.

**A2 AI McMullan** Executive Director,  
Peel Halton Dufferin Acquired Brain Injury  
Services (PHD ABIS)

**Anna Cook** MSW, Clinical Services Manager

**Colin Pryor** Consulting Psychologist,  
Clinical Director

### Developing Genuine Integration Partnerships An ABI Service Provider and a LTC Facility

All too frequently, people with ABI are being placed in long term care facilities, with resulting management, service, and system challenges. Over a decade, learnings from LTC/ABI collaborations led PHDABIS to a ‘courtship’ process that resulted in a genuine Integration Partnership and synergies between ABI provider and LTC facility.

A single subject design research project analyzing transition of an individual from an ABI residence to a LTC facility; a revolutionary new targeted ABI/ LTC service across the MH-LHIN, and funded ABI Seniors Day Services.

This session will review those learnings, and experiences, through the lens of ‘courtship’, from “dating” through to “matrimony” – and ongoingly ...

**A3 David Price** BSc, MD, CCFP, FCFP  
Professor and Chair, Department of Family  
Medicine, McMaster University  
Chief, Department of Family Medicine, HHS

### “Who” knows? “Who” cares ?

Family medicine and primary health care is progressively moving towards an inter-professional team-based model of care for our patients. The importance of engaging the community, and its resources, in helping patients to achieve optimal health is being increasingly recognized. Understanding “what matters to me” when articulated by a patient is critical to quality, patient centered care. In this talk, examples of inter professional care and how this can impact the care we provide our patients will be explored. It’s all about networking!

**A4 Allison Freeman** OT Reg. (Ont.)  
**Caryn Taylor** PT  
UHN – Toronto Rehabilitation Institute

### The LIFEsan Service – Successful Transition to Adulthood through Participation and Prevention.

Individuals with childhood-onset disabilities are living longer than ever before and require ongoing support as adults to support optimal health, remain active and prevent health complications that can lead to hospital admissions. Transition from the pediatric to the adult rehabilitation system can be challenging. A unique service created by Holland Bloorview Kids Rehabilitation Hospital and University Health Network- Toronto Rehab has improved the outcomes for youth involved in LIFEsan (Living Independently Fully Engaged) Service.

We will share with you our process of program development, rationale for model of care and staffing, successes and challenges with bridging the rehabilitation health systems, and future directions for the LIFEsan Service.

**B1 Ashley Everets** Recreation Therapist  
Brain Injury Services

### A Partnership That Serves Individuals Living With An ABI In A Rural Community

Funding and resources are scarce but needs for services are high, especially for individuals with complex needs living in rural communities. The Haldimand Abilities Centre (HAC) is a partnership among Brain Injury Services, The Alzheimer’s Society, and the Canadian Institute for the Blind. The presentation will highlight how this innovative partnership has addressed the needs of people with an ABI living in a rural community, and how the three different client populations have thrived and complemented one another. The HAC offers specialized ABI services, recreational programs, and health promotion presentations, with accessible transportation.

*Concurrent Sessions cont’d p. 8* ▶

# Thursday, May 14th

7:45–8:30	Registration & Continental Breakfast	
8:30–8:45	Announcements Welcome	Rob MacIsaac, Rebecca Repa John Zsofcsin, Carolyn Galand
8:45–9:45	The Brain and the Mind are the Same Organ! Towards Improved Service Delivery for ABI and Mental Health	Rob van Reekum
9:45–10:30	Health Links: Designing an Integrated Model of Care	Sharon Lee Smith
10:30–11:00	Refreshment Break & Poster Presentations	
11:00–11:45	ABI – Human Service Sector and Justice Sector Collaboration	Terry McGurk
11:45–1:00	Lunch & Poster Presentations	
1:00–1:30	How Undiagnosed Brain Injury in Childhood Leads to A Life of Ongoing Trauma	Alice Bellavance & Joseph Rule
1:30–2:15	Neuropsychological assessment of older adults: diagnostic considerations in the context of TBI	Christina Gojmerac
2:30–3:30	<b>Concurrent Sessions A (Select One)</b>	
	A1 Building a Pathway to Community Services	Joe Talarico
	A2 Developing Genuine Integration Partnership Between an ABI Service Provider and a Long Term Care Facility	Al McMullan, Anna Cook, & Colin Pryor
	A3 “Who” knows? “Who” cares ?	David Price
	A4 The LIFEsplan Service – Successful Transition to Adulthood through Participation and Prevention	Allison Freeman & Caryn Taylor
3:30–4:00	Refreshment Break & Poster Presentations	
4:00–5:00	<b>Concurrent Sessions B (Select One)</b>	
	B1 A Partnership That Serves Individuals Living with an ABI in a Rural Community	Ashley Everets
	B2 “Community Collaboration”	Brandon Agnew & Grant Martin
	B3 I Need Help Now ... Where do I Go?	Jessica Bagu
	B4 Exploring the challenges of Substance Abuse and ABI in young people	Terri-Lynn Langdon
5:00	Cocktail Reception & Band	

# Friday, May 15th

7:45–8:45	Buffet Breakfast & Announcements	
8:45–9:30	Development and Implementation of a Clinical Practice Guideline for the Rehabilitation of Adults with Moderate to Severe TBI in Quebec and Ontario (Canada)	Diana Velikonja, Corinne Kagan, & Scott McCullagh
9:45–10:45	Panel Discussion: Exploring Opportunities to Build a Seamless Patient Journey	Moderator: Rob van Reekum
10:45–11:15	Refreshment Break & Poster Presentations	
11:15–12:15	<b>Concurrent Sessions C (Select One)</b>	
	C1 Success In Rough Waters: A Case Study in Rehabilitation for a Complex Client with Multi-Jurisdictional Involvement	Vlad Bartchouk & Candy Sarraf
	C2 The new comfort zone: Trusting your clinical counterpart with the complex patient need	Gary Blake, Eugene Uchida, & Rebecca Bond
	C3 System Integration: What we have learned from service users	Carolyn Lemsky & Omar Ghaffar
12:15	Farewell Lunch	

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### Gifts in Kind

Dr. Kevin Jones

**We Thank All of our Sponsors for their Generous Support**

**B2 Brandon Agnew** Case Coordinator  
**Grant Martin** Managing Director  
London CAREs

### “Community Collaboration”

An introduction to Housing First programming in London will be highlighted. The importance and value of community collaboration to support a vulnerable population will be emphasized.

**B3 Jessica Bagu** Case Facilitator,  
Brain Injury Services

### I Need Help Now....Where Do I Go?

Individuals with a brain injury and their family can wait years for community outreach services and, potentially, a lifetime for a community residential placement. While awaiting service, the individual is likely to encounter situations which may put them at risk, jeopardize income, result in incarceration or homelessness, and/or compromise relationships with family and friends. This presentation will describe a waitlist management strategy that has resulted in successful outcomes through the involvement of other

service providers such as medical professionals, housing agencies, government programs, legal clinics, and other community social service programs.

**B4 Terri-Lynn Langdon** MSW, RSW  
LIFEspan Team, Youth Facilitator, Toronto  
Rehab UHN

### Exploring the challenges of Substance Abuse and ABI in young people

This paper will explore some the considerations and the correlation between ABI and substance abuse treatment for youth. The challenges to accessing competent treatment for people living with an ABI and substance abuse history will be explored. Minimizing barriers to treatment for this population is imperative and will be examined. Additionally, some practical, accessible tools for clinical practice with individuals will be shared and discussed.

**C1 Vlad Bartchouk** Director, Transitional  
Living Service, Brain Injury Services  
**Candy Sarraf** BA Psych, Director, Rehabilitative  
Services, Brain Injury Services and Step UP!  
ABI Recovery

### Success In Rough Waters: A Case Study in Rehabilitation for a Complex Client with Multi-Jurisdictional Involvement.

Providing effective ABI rehabilitation is difficult enough. However, the task becomes even more complex and complicated when rehabilitation professionals need to balance between the needs of the client vs the expectations and requirements imposed by multiple systems, such as health care, criminal justice, and immigration. This case study demonstrates multi-system collaboration in ensuring that a client with complex needs receives appropriate rehabilitation care while being accountable to multiple jurisdictions. The presentation will include video of the client's testimony and how recent experiences have impacted his life.

**C2 Gary Blake** B.A. (Psych.)  
**Eugene Uchida** B.Comm.  
**Rebecca Bond** Hons. B.A./B.Ed.  
Community Intervention Co-ordinators  
HHS, Regional Rehabilitation Centre

### The new comfort zone: Trusting your clinical counterpart with the complex patient need

Challenges related to patient care, discharge planning, and ongoing support have always been present in the health care setting. These challenges are often greatest when a patient or resident is multi-diagnosed and exhibiting difficult behaviours. Clinicians will often collaborate with the goal of identifying treatment and/or supports that foster stability. While collaboration is generally seen as positive, bringing clinicians with different backgrounds, expertise, and experience together can often bring additional challenges. These challenges include interpreting different clinical languages, identifying where (or with whom) the primary care resides, and the overall uncertainty clinicians can encounter when working outside their areas of expertise.

This presentation will explore these differences, attempt to highlight some of the strengths inherent in these collaborations, and offer some suggestions for successful inter-system collaborations.

**C3 Carolyn Lemsky** Ph.D., C.Psych,  
Clinical Director, Community Head Injury  
Resource Services of Toronto

**Omar Ghaffar** MD, MSc, FRCPC  
Medical Head of Neuropsychiatry Services,  
Ontario Shores

### System Integration: What we have learned from service-users

The road traveled by our most complex clients is seldom smooth. Finding the right path to mental health, brain injury, addictions services in the community can be a daunting task when providers in silos of specialized care don't communicate well. Even when appropriate care can be accessed, transitioning from inpatient to community care is especially challenging for our clients who often have difficulty in generalizing gains and need specific and well-developed structure in the community. Using case studies, we will discuss a model of care,

informed by evidence-based interventions, but developed as the result of our experiences in a shared care in a partnership between Community Head Injury Resource Services (CHIRS) neurobehavioural outreach services and Ontario Shores Neuropsychiatric Services. Our clients taught us about the differences between community and inpatient care, what each has to offer and how to integrate evidence-based practices into our interventions more effectively.

### Accommodations

There are several hotels within walking distance or a short drive of the conference site. Please call the hotels directly for conference rates:\*

- Sheraton Hotel\*  
116 King Street West  
905-529-5515 or 1-800-514-7101
- Staybridge Suites  
Hamilton - Downtown  
20 Caroline Street South, Hamilton,  
Ontario, CA, L8P 0B1  
905-527-1001 or 1-877-600-8550

\*A limited number of rooms have been block booked at the conference rate and are available on a first come first served basis until April 13, 2015.

### Driving Instructions

#### From London and Beyond

Follow the 401 East to Toronto. Take Exit 235 and merge onto Hwy 403 East to Brantford/Hamilton. Exit at Hwy 8 East/Main Street in Hamilton. Follow Main Street and just past Bay St., turn left at Summers Lane to enter the Hamilton Convention Centre parking garage.

#### From Toronto and Beyond

Take the QEW West to Hwy 403 Hamilton. Exit at Hwy 8 East/Main Street exit in Hamilton. Follow Main Street and just past Bay St., turn left at Summers Lane to enter the Hamilton Convention Centre parking garage.

#### From Niagara Falls and Beyond

Take the QEW West to Hamilton. Take Exit 89 Burlington Street. Turn left at Wellington Street. Turn right at King Street. Follow King Street just past James Street and the MacNab Street Bus Terminal. There is an entrance to the Hamilton Convention Centre parking garage off of King Street on your left.

## Thank you to our Platinum and Gold Sponsors

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# Delegate Registration

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**I CONSENT** to having my name appear on a published registrant list YES  NO

## Payment

Please make cheque payable (in Canadian funds) to Hamilton Health Sciences – ABI Conference and return your completed form(s) with your cheque to:

### Joyce Lambert

ABI Conference  
Regional Rehabilitation Centre  
Level 1 North, Room B1-106F  
237 Barton Street East  
Hamilton, ON L8L 2X2

For further information contact  
**Joyce Lambert** 905-521-2100 ext. 40833  
[jlambert@hhsc.ca](mailto:jlambert@hhsc.ca)

## Concurrent Session Selection

**I will attend** (please circle):

Session A1 A2 A3 A4

Session B1 B2 B3 B4

Session C1 C2 C3

Please indicate any dietary limitations:

## Delegate Registration Fee

**Early Registration** on or before April 27, 2015

- Single \$325
- 3 or more \$300 ea
- Caregivers or Full-time student \$150

**Group Rate:** A minimum of three registrations received together from the same organization is required. Subtract \$25 from each registration.

**Registration** after April 27, 2015

- Single \$400
- 3 or more \$375 ea
- Caregivers or Full-time student \$150

## Confirmation of registration

A written acknowledgement of your registration will not be sent to registrants prior to the event. Receipts will be provided in your registrant package.

Registration includes breakfasts, lunches, refreshment breaks, reception (excluding beverages) and delegate kits.

# Exhibitor Registration

## Send your completed registration to:

### Joyce Lambert

ABI Conference  
Regional Rehabilitation Centre  
Level 1 North, Room B1-106F  
237 Barton Street East  
Hamilton, ON L8L 2X2

**Phone** 905-521-2100 ext. 40833

**Email** [jlambert@hhsc.ca](mailto:jlambert@hhsc.ca)

## Exhibit space

*(Available on a first come first serve basis)*

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 room has limited provision for electrical outlets. The Exhibitor Registration includes a display area and one registration for the exhibitor. To reserve exhibit space, please complete the Exhibit Space form. Your space is confirmed upon receipt of the completed form. **Exhibit setup time** for the conference is from **06:00–07:45 a.m. on May 14th 2015**. **Removal time** is from **2:00–2:30 p.m. on May 15th 2015**. For further information:

**Joyce Lambert** 905-521-2100 ext. 40833

[jlambert@hhsc.ca](mailto:jlambert@hhsc.ca)

Name

Organization

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## Exhibitor Registration Fee

- Early Registration** \$750  
Postmarked on or before April 27, 2015
- Registration** \$850  
After April 27, 2015

## Exhibitor Requirements

- I will require a table
- I will require an electrical outlet

Exhibitor Registration includes a display area and registration for one exhibitor.

## Cancellation policy

Hamilton Health Sciences reserves the right to cancel this event due to insufficient registration or circumstances beyond our control. Cancellations received before April 24, 2015 will be refunded. No refunds will be issued for cancellations received after this date.