



23rd Annual Conference  
on Neurobehavioural  
Rehabilitation in Acquired Brain Injury

# Gaining Control

Innovative Approaches  
for Self Regulation,  
Mood and Behaviour

May 5-6, 2016

Hamilton Convention Centre  
Hamilton, Ontario





## 23rd 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 6, 2016.

### 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.

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[#ABICongress16](https://twitter.com/HHS_ABIP)

### Conference Goals

- Enhance understanding of complex issues following brain injury related to self regulation, mood and behaviour
- Learn practical and innovative approaches to these issues as they relate to impact on recovery, community integration, social relationships, health and rehabilitation
- Provide an opportunity to network, share experiences and cultivate 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

**Donald Stuss** Ph.D., FRSC, FCAHS, O.Ont.  
University of Toronto University Professor  
of Medicine and Psychology

## Advances in Research of Frontal lobe dysfunction and its impact on self-regulation

This session will focus on the understanding of the functions of the frontal lobes, highlighting personality/behavioural changes associated with frontal lobe dysfunction following an acquired brain injury against the background of other possible disorders. Concepts of self-regulation of mood and behaviour in relation to acquired brain injury will be discussed, with emphasis on accurate operational definitions of the problems. Advances in research and therapeutic implications will be explored.

**Erin McGlade** Ph.D., University of Utah,  
Department of Psychiatry, Salt Lake City

## Sex Differences in Brain Connectivity and Clinical Symptoms of US Veterans

Female veterans are the fastest growing demographic group in the United States Department of Veterans Affairs. Prior research shows that women exhibit higher rates of depression, PTSD, and other anxiety disorders compared to men. Given the rapid increase in the number of female veterans and studies showing increased rates of psychiatric symptoms and disorders in females, research focusing on clinical presentation and neurobiological underpinnings of symptoms in female veterans is vital. Therefore, the current presentation will focus on mood symptoms and brain connectivity in female veterans.

**Abraham Snaiderman** M.D., F.R.C.P(C)  
Director, Neuropsychiatry.  
Brain and spinal cord program.  
Toronto Rehabilitation Institute

## Mood Disorders After Acquired Brain Injury

Mood dysregulation after acquired brain injury is a common occurrence. This presentation will review the state of the art in the classification, diagnosis and treatment issues of the most common mood problems and emotional/behavioural dysregulation syndromes that are often major challenges for patients and caregivers.

*Plenary Sessions cont'd p. 4 >*

**Rodger Ll. Wood** Emeritus Professor  
of Clinical Neuropsychology,  
Swansea University Wales, UK

### Aggression after Traumatic Brain injury: A loss of behavioural self-regulation

Poor temper control after traumatic brain injury often results in aggressive behaviour that can lead to domestic violence which alienates family and caregivers. It has been associated with high rates of unemployment and criminality. There are two forms of aggression after TBI which differ in terms of their aetiology and clinical presentation. One involves impulsive aggression (IA), the other is a form of episodic aggression (EA). I will consider the characteristics that define and distinguish these two forms of aggressive behaviour after TBI in the hope that clinicians will have a better understanding of their potential aetiological mechanisms in such a way that contributes to more effective treatment interventions.

**Keith Yeates** Ph.D., Professor of Psychology  
University of Calgary

### Social Competence in Pediatric Traumatic Brain Injury

Social development has critical implications for children's everyday functioning and quality of life. Children with traumatic brain injury (TBI) are at risk for poor social outcomes. In recent years, research has increased our understanding of the nature, basis, and consequences of the social problems associated with pediatric TBI. This presentation will review current models of social competence and their applicability to pediatric TBI, and summarize current research regarding the social outcomes of TBI. The presentation will conclude with a discussion of the implications of the research knowledge base for clinical practice in terms of both assessment and rehabilitation.

# Concurrent Sessions

**A1 Lyn S. Turkstra** Ph.D., Professor in the  
Department of Communication Sciences and  
Disorders and Department of Surgery/Division  
of Trauma Surgery, University of Wisconsin

### Social cognition and social behavior in children and adults with TBI

Social behavior problems often are a barrier to community reintegration, return to school, and employment for individuals with ABI. There is growing evidence that these problems are due in part to impairments in social cognition, specifically emotion recognition and theory of mind (ToM). This talk will summarize research on impaired emotion recognition and ToM in adults with ABI and discuss implications for clinical assessment and intervention and long-term outcomes.

**A2 Scott McCullagh** Neuropsychiatrist,  
Acquired Brain Injury Program, Regional  
Rehabilitation Centre, HHS

**Danielle Perkin** Community Intervention  
Coordinator, ABI Program HHS

**Shirley Martin** Rehabilitation Therapist  
ABI Program HHS

### Kinesophobia – Donnie’s Journey

Donnie suffered a traumatic brain injury as a result of a workplace accident. He was confined to a bed for 14 months. During this time of extended inactivity, in addition to significant myofascial pain and a major depression, he gradually became deconditioned, which culminated into pain-related fear and avoidance of movement and physical activity. In collaboration with a behaviour therapist and a physician (neuro-psychiatrist), Donnie’s rehabilitation therapist implemented a consistent, medical and behavioural-based approach to his treatment. This was essential in solidifying Donnie’s long-term participation in his renewed independence in the areas of mood, mobility, overall strengthening, communication, and general activities of daily living. The

continuity of services following this type of injury is critical to lasting success in recovery. This presentation will include video replay of testimony in its illustration of Gaining Control of Kinesiphobia.

**A3 Ryan Cousineau** B.A. Psychology,  
Case Facilitator Brain Injury Services

**Tiffany Acton** Diploma in Social Services,  
Case Facilitator, Brain Injury Services

**Amanda Iuglio** B.A. Psychology, Case  
Facilitator Brain Injury Services

### Controlling Off-task Behaviour and Teaching New Skills Using Applied Behavioural Analysis

The re-learning of skills and new behaviours can be compromised in clients with complex behavioural needs. Through the use of applied behavioural analysis (ABA) techniques the trainer is able to gain instructional control with challenging clients and reduce off task behavior during training sessions. This reduces the need for staff assistance and intervention in Activities of Daily Living (ADLs), promotes greater independence, and maximizes resour-

es within a residential home setting. This presentation will demonstrate the gains achieved by two clients who are considered slow to learn. The benefits achieved through ABA, accompanied by multi-trial training and errorless learning, will be compared to informal teaching methods previously proven to have limited impact. The gains achieved through building the foundation of learning through attention, appropriate reinforcement, and instructional control will be demonstrated, as well as the corresponding improvement to both clients’ quality of life and increased confidence in learning other new skills.

**B1 Larry Komer** Assistant Clinical Professor  
Obstetrics and Gynecology,  
Michael G. DeGroot School of Medicine,  
McMaster University.  
Medical Director of: The Centre for Women’s  
Health, the Masters Men’s Clinic, Brant  
Medical Research and the Komer Brain Science  
Institute in Burlington, Ontario

### A New Frontier for Diagnosis and Treatment: Post Traumatic Brain Injury Hormonal Deficiency Syndrome

After traumatic brain injury, 56% of patients have hormonal deficiencies within 3 months of injury; in 36%, these changes persist at 12 months. Symptoms of abnormal hormonal function include: mood disorders, particularly depression and irritability, anger, fatigue, sleep disturbance, poor memory, “brain fog”, joint pain, muscle ache or weakness, menstrual irregularity and headaches. These hormonal disturbances increase the risk of stroke, heart attack, diabetes, metabolic syndrome, arthritis, obesity and hypertension. At present, these changes are seldom being diagnosed or treated. Safe, effective hormone restoration is available and significantly improves function. *cont’d p. 8* ▶

# Thursday, May 5th

7:30–8:30	Registration & Continental Breakfast	
8:30–8:45	Announcements Welcome	Rob MacIsaac, Teresa Smith John Zsofcsin, Carolyn Galand
8:45–9:45	Advances in Research of Frontal lobe dysfunction and its impact on self-regulation	Donald Stuss
9:45–10:45	Sex Differences in Brain Connectivity and Clinical Symptoms of US Veterans	Erin McGlade
10:45–11:15	Refreshment Break & Poster Presentations	
11:15–12:15	Mood Disorders After Acquired Brain Injury	Abraham Sniderman
12:15–1:30	Lunch & Poster Presentations	
1:30–2:00	Survivor	Keith Leblanc & Sandra Thompson
2:15–3:15	<b>Concurrent Sessions A (Select One)</b> A1 Social cognition and social behavior in children and adults with TBI A2 Kinesiophobia – Donnie’s Journey  A3 Controlling Off-task Behaviour and Teaching New Skills Using Applied Behavioural Analysis	Lyn Turkstra Scott McCullagh, Danielle Perkin, & Shirley Martin  Ryan Cousineau, Tiffany Acton, & Amanda Iuglio
3:15–3:45	Refreshment Break & Poster Presentations	
3:45–4:45	<b>Concurrent Sessions B (Select One)</b> B1 A New Frontier for Diagnosis and Treatment: Post Traumatic Brain Injury Hormonal Deficiency Syndrome B2 Feeling Stuck With Your Client: Navigating the Path of Behavioural Change B3 Self-Regulation and Driving Resumption: Factors that Predict Successful Reintegration	Larry Komer  Heidi Reznick & Veronica Takes  Cherisse McKay
5:00	Cocktail Reception & Band	

# Friday, May 6th

7:45–8:45 Buffet Breakfast & Announcements

8:45–9:45 Aggression after Traumatic Brain injury: A loss of behavioural self-regulation

Rodger Wood

9:45–10:45 Social Competence in Pediatric Traumatic Brain Injury

Keith Yeates

10:45–11:15 Refreshment Break & Poster Presentations

## 11:15–12:15 **Concurrent Sessions C (Select One)**

C1 Think SMART: A strategy-based approach for students with TBI

Lori Cook

C2 Self-regulation after brain injury: Brain and heart

John Davis & Ayse Unsal

C3 An inability to empathize: Neurobehavioural implications

Rodger Wood

12:15 Farewell Lunch

## Sponsors

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### Gifts in Kind

Dr. Kevin Jones

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

**B2 Heidi Reznick** O.T. Reg. (Ont.)  
FunctionAbility Rehabilitation Services

**Veronica Takes** O.T. Reg. (Ont.)  
FunctionAbility Rehabilitation Services

### Feeling Stuck With Your Client: Navigating the Path of Behavioural Change

For any person undergoing a major life transition, such as recovery from ABI, the journey can be full of peaks and valleys. While there might be stages of forward momentum, there might also be many points of “resistance” where clinicians and clients feel stuck. There might even be situations where we as clinicians feel that we do not have the competence to help. What do we do when we feel “stuck in the mud” with a client? How do we regain inspiration and help clients reach their meaningful goals? This workshop will examine best practice in the most difficult parts of our work; when we feel like we lack the tools to spark behavioural change. We will provide innovative tools grounded in evidence based approaches to get out of that “stuck place”, including exploration of resistance, stages of change and motivational interviewing.

**B3 Cherisse McKay** Ph.D., C. Psych.  
Storrie, Velikonja & Associates

### Self-Regulation and Driving Resumption: Factors that Predict Successful Reintegration

The purpose of this talk will be to examine the role of self-regulation deficits in the evaluation and rehabilitation of driving skills, as well as in the decision-making process in terms of driving resumption. The presentation will include a review of contemporaneous evidence-based findings in ‘return-to-driving after ABI’ literature, as well as clinical case examples that exemplify how these findings can be implemented in real-life clinical situations. Discussion of cognitive, physical, affective, and neurobehavioural issues in clinical decision-making will also be included.

**C1 Lori Cook** Ph.D., CCC-SLP Centre for Brain  
Health, University of Texas, Dallas

### Think SMART: A strategy-based approach for students with TBI

This talk will include discussion of recent research regarding cognitive-communication/behavioral outcomes in children and adolescents with brain injury as well as description of a novel strategy-based cognitive intervention from a brain plasticity perspective. An emphasis will be placed on applications to maximize higher-order cognitive skills (i.e., reasoning, executive functioning, etc.) and promote generalization across academic, social, and home/community contexts. Content will include use of case study examples as well as opportunities for questions and group discussion.

**C2 John Davis** Psychologist, Acquired Brain  
Injury Program, Regional Rehabilitation  
Centre, HHS

**Ayse Unsal** Psychologist, Regional  
Rehabilitation Centre, HHS

### Self-regulation after brain injury: Brain and heart

Biofeedback teaches self-regulation of physiological states using operant conditioning methods that rely on sophisticated sensors and computer processing. Methods have been in use for over 40 years, but current research now shows clinically-relevant effect sizes for two treatments that are easily used in clinical settings: EEG biofeedback and heart rate variability biofeedback. The first has been shown to affect attention, among other cognitive processes, and the latter has been shown to modulate the autonomic nervous system. These technologies have been shown to change brain structure and function, and to improve cognition and emotional self-regulation. Such changes translate into more effective behavior in relevant community settings.

**C3 Rodger Ll. Wood** Emeritus Professor  
of Clinical Neuropsychology,  
Swansea University Wales, UK

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

Following traumatic brain injury many individuals exhibit difficulty recognising or expressing emotion. In many individuals this reflects a form of acquired alexithymia. Recent research has found that alexithymia is a frequent legacy of TBI. It is associated with a form of emotional blunting that prevents a person from empathising with the needs of family and friends. Those with acquired alexithymia are more likely to exhibit aggressive behaviour. They have poor coping skills and are more at risk for depression and adjustment disorders, as well as health anxiety and suicide ideation. This talk will explore the nature of this condition and its psychosocial consequences following TBI.

### 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 4, 2016.

### 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

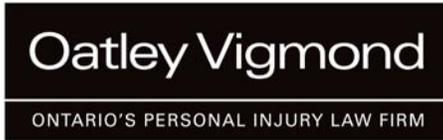
Take the QEW West to Hwy 403 Hamilton. Exit at Hwy 8 East/Main Street exit in Hamilton. Follow Main Street and just past Bay St., turn left at Summers Lane to enter the Hamilton Convention Centre parking garage.

#### 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

Name \_\_\_\_\_

Profession \_\_\_\_\_

Agency or Organization (please specify) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov./State \_\_\_\_\_ Postal/Zip \_\_\_\_\_

Bus. phone \_\_\_\_\_ ext. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

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

## Payment

ON LINE payments require an e-mail sent to Joyce confirming payment and the amount.

You must also submit your registration form to Joyce to confirm your registration.

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

Session B1 B2 B3

Session C1 C2 C3

Please indicate any dietary limitations:

\_\_\_\_\_

## Delegate Registration Fee

**Early Registration** on or before April 15, 2016

- 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 15, 2016

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

## Confirmation of registration

A written acknowledgement of registration will not be sent to registrants prior to the event. Receipts will be provided in delegate 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 5, 2016. Removal time** is from **2:00–2:30 p.m. on May 6, 2016.** For further information:

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

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

Name

Organization

Address

City

Prov./State

Postal/Zip

Bus. phone

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## Exhibitor Registration Fee

- Early Registration** \$750  
Postmarked on or before April 15, 2016
- Registration** \$850  
After April 15, 2016

## 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 22, 2016 will be refunded. No refunds will be issued for cancellations received after this date.