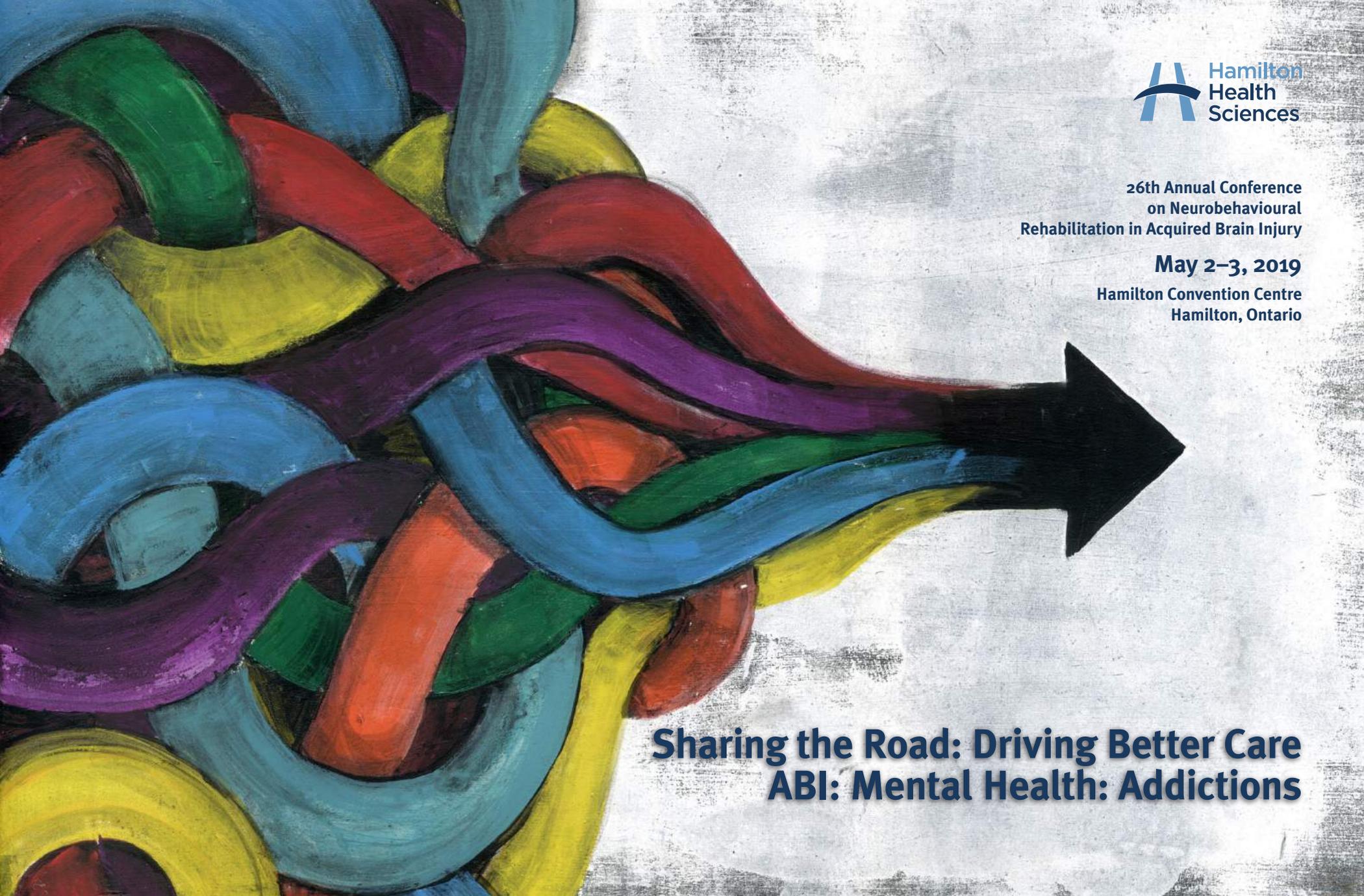




26th Annual Conference
on Neurobehavioural
Rehabilitation in Acquired Brain Injury

May 2–3, 2019
Hamilton Convention Centre
Hamilton, Ontario

An abstract painting on the left side of the page features thick, expressive brushstrokes of various colors including blue, green, red, yellow, and purple. These strokes are intertwined and flow together to form a large, solid black arrow pointing towards the right. The background of the painting is a textured, light grey.

**Sharing the Road: Driving Better Care
ABI: Mental Health: Addictions**



26th Annual Conference on Neurobehavioural Rehabilitation in Acquired Brain Injury

Conference Goals

- Gain an understanding of best practices and future directions of neurobehavioural rehabilitation for individuals with acquired brain injury, mental health and/or addictions challenges.
- Make connections, share experiences, expand knowledge and practice through networking opportunities

 @HHS_ABIP
#ABICongress2019

Target Audience

This conference will be of interest to professionals working in brain injury rehabilitation, mental health and addictions. Psychologists, Physicians, Program Planners, Insurance and Legal Representatives and Advocates.

Attendance Certificates

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

Evaluation Prizes

Delegates who complete the evaluations will be eligible for a draw. The draws will occur during lunches on Thursday and Friday.

Casual Friday

Show your support for the Hamilton Health Sciences Patient and Family Learning Centre and Camp Dawn by purchasing a \$5 sticker and dressing casually on Friday May 3, 2019.

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 June Ciampichini at 905-521-2100 ext. 40339.

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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Collaborating Partners



Plenary Sessions

May 2, 2019 Sharing the Road: Driving Better Care: ABI: Mental Health: Addictions

We All Belong to Each Other: Rehabilitation as a Social Imperative

Tim Feeney Ph.D., Chief Knowledge Officer
Belvedere Health Services Albany, NY
The Mill School Essex Junction, VT

Life following brain injury—for individuals and families and friends and the professionals who support them—can be dominated by frustration, confusion, withdrawal, anger, and sadness. With these realities in mind, the proposition of this presentation is simple: All rehabilitation is fundamentally a quest to help people with brain injury find meaning and purpose—a reason to get out of bed each and every morning.

This means that good supports are founded on the development of powerful and positive personal and social identities and require a flexible framework of support. The emphasis is on the inclusion of interventions that produce outcomes valued by the individual, are non-disability oriented, and embrace opportunities that are designed to assist in the growth of social competence. It requires a collaborative approach that allows for the inclusion of the input of all involved, with secondary emphasis on professional position and credentials.

All of the approaches represented in this framework are built on a foundation of optimism and hope, with the guiding principles that we can always find something that works, that difficulties are expected and we can learn from each period of difficulty and make adjustments as needed, and that when we learn to collaborate with each other with good will we can achieve lasting positive outcomes which will result in a lifetime full of reasons to get out of bed.

Where the Sidewalk Ends: Adventures in Mental Health Care in the Community for People Living with Acquired Brain Injury

Carolyn Lemsky Ph.D., C.Psych., ABPP-CN
Clinical Director, Community Head Injury
Resource Services

Karen Poole Programs Manager,
Reconnect Mental Health

This workshop will provide an overview of the most significant mental health risks faced by survivors of brain injury and how evidence based practices from both rehabilitation and mental health can be used to address them. Emphasis will be given to the important role of emotional regulation in ABI, addictions and mental health recovery and how partnerships between ABI and Mental Health providers can increase capacity.

Learning Objectives: At the end of the session participants will be able to:

- 1 List the most common mental health issues faced by people living with acquired brain injury and serious mental health and addiction and their relationship to emotional regulation.
- 2 Describe evidence-based practices, including DBT-informed skills training, Community Reinforcement approach and suicide prevention.
- 3 Discuss the implications for clinical practice including how to get training and partner with mental health practitioners.

Traumatic Brain Injury at the Margins

Angela Colantonio Ph.D., OT Reg. (Ont.),
FCAHS, FACRM

Traumatic brain injury (TBI) is increasingly well understood as a public health problem, in part due to the media coverage of sport-related concussion, motor vehicle crashes and blast-related injuries among veterans. However, TBI in marginalized populations is under recognized and understudied, leaving many of societies' most vulnerable at risk of additional injury, unstable housing, poverty, development of comorbidities such as poor mental health and addictions, and involvement in the criminal justice system.

This talk will provide an overview of TBI in marginalized populations through the lens of the Acquired Brain Injury Research Lab at the University of Toronto, under the direction of Dr. Angela Colantonio. The lab's comprehensive research program addresses a range of topics from the epidemiology of the problem, to expanding our knowledge on sex and gender, risks and outcomes, technology, and TBI among survivors of intimate partner violence and the criminal justice system. The talk will also include an introduction to an ongoing umbrella program of research funded by the Ontario Ministry of Health and Long Term Care; Integrating TBI, Mental Health and Addictions, currently being conducted by the ABI Research Lab, St. Michael's Hospital (Toronto), CAMH, University of Ontario Institute of Technology, University Health Network-Toronto Rehab Institute and in collaboration with the Provincial Acquired Brain Injury >

Network, Ontario Brain Injury Association, Canadian Association of Elizabeth Fry Societies, Women's Shelters Canada, Waypoint Centre for Mental Health Care, John Howard Society of Ontario, Women's Habitat, March of Dimes Canada, Probation Officers of Ontario, Ontario Neurotrauma Foundation and the Evidence Exchange Network for Mental Health and Addictions.

“The Cryptic Tale of Dr. Taylor, Mrs. Barrie and The Trouble with Ghosts after TBI: anxiety, psychosis and other complex neuropsychiatric issues after ABI”

Abraham Snaiderman M.D., F.R.C.P (C)
Director, Neuropsychiatry Clinic
Brain and Spinal Cord Program
Toronto Rehabilitation Institute.
University Health Network.
Assistant Professor, Departments
of Psychiatry and Medicine,
University of Toronto

This presentation will deal with some of the most difficult mental health aspects in acquired brain injury through an illustrated multimedia narrative. Emphasis will be on diagnosis, differential diagnosis and some management strategies

Acquired Brain Injury and Substance Use

Peter Selby MBBS, CCFP, FCFP, MHSc,
DipABAM, DFASAM
Chief, Medicine in Psychiatry Division,
Centre for Addiction and Mental Health
(CAMH)
Deputy Physician-in-Chief, Education,
CAMH

Clinician Scientist, Addictions Division,
CAMH
Professor, Departments of Family and
Community Medicine and Psychiatry,
and Dalla Lana School of Public Health,
University of Toronto
peter.selby@camh.ca
(416) 535-8501 ext. 36859

Evidence shows strong and demographically relevant associations between ABI and substance use. These associations can both enhance negative symptoms and impair the quality of post injury recovery. This presentation will explore some of the ways in which an approach to substance (ab) use in patients with an acquired brain injury should differ from mainstream approaches to treatment for substances. Given the recent changes to legalization in Canada, particular attention will be given to cannabis use within this population.

Helping Improvements Happen in the Complex World of Brain Injury, Mental Illness and Addiction

Judy Gargaro

The Ontario Neurotrauma Foundation (ONF) has been supporting implementation activities across the province in support of the INESSS-ONF Clinical Practice Guideline for the rehabilitation of adults with moderate to severe TBI. The hope is to help make changes happen in the complex healthcare delivery system across the province. The support is based on the principles of implementation science: planning, evaluation of process and outcome of both clinical and implementation activities, and sustainability of changes. The most

challenging part is breaking down the silos in the healthcare system and addressing the factors that work to keep the status quo. Several implementation projects across the province have been tackling the challenge of increasing service access, efficiency and efficacy when supporting persons with brain injury and mental health and/or addiction problems. The intervention projects have used slightly different methodologies but all involving building trust across sectors, forging networks and increasing communication among providers. Practical examples, key learnings and next steps will be discussed.

Plenary
Speakers
Who's who

Angela Colantonio

Dr. Angela Colantonio is the Director of the Rehabilitation Sciences Institute at the University of Toronto, and a Professor in the department of Occupational Science and Occupational Therapy. She held a Canadian Institutes for Health Research Chair in Gender, Work and Health with a focus on brain injury. She is also a Senior Research Scientist at the Toronto Rehabilitation Institute-University Health Network, where she was the inaugural Saunderson Family Chair in Acquired Brain Injury Research, and is currently leading the Acquired Brain Injury and Society team. Dr. Colantonio heads a broad, internationally recognized program of research on acquired brain injury which includes diverse foci on women, sex and gender analysis, return-to-work, work-related traumatic brain injury, violence, criminalized populations, and traumatic brain injury and Intimate Partner Violence. She has authored over 270 publications and has given presentations to over 500 research, clinical and lay audiences. She is a Fellow of the Canadian Academy of Health Sciences, the American Congress of Rehabilitation Medicine and the American College of Epidemiology. In 2015, she was awarded the Robert L. Moody Prize for Distinguished Initiatives in Brain Injury Research and Rehabilitation.

Other affiliations

Professor, Department of Occupational Science and Occupational Therapy
Faculty Member, Dalla Lana School of Public Health
Adjunct Scientist, Institute for Clinical and Evaluative Sciences

Tim Feeney

Tim Feeney is the Chief Knowledge Officer for Belvedere Health Services in Albany, NY and the Director of the Mill School in Burlington, VT. Tim has assisted numerous agencies around the world in the development of system-wide changes in order to provide sustainable, high quality, and cost-effective educational and rehabilitation services. He has authored over 50 journal articles and book chapters, is co-author, with the late great Mark Ylvisaker, of the book *Collaborative Brain Injury Intervention: Positive Everyday Routines*, and happily talks to anyone who's interested about collaborative services designed to support individuals with complex needs.

Judy Gargaro

Judy Gargaro is the Program Director for the ABI programme at the Ontario Neurotrauma Foundation (ONF). ONF is a non-profit organization funded by the Ontario government that works to prevent neurotrauma, and to ensure Ontarians with neurotrauma lead full, productive lives. ONF is the leader in moving research to evidence-informed practices and connects health care practitioners, researchers, stakeholders and policymakers to the information they need about neurotrauma prevention and health practices.

Judy has been focusing on the implementation of the Standards for Post-Concussion Care and the Clinical Practice Guidelines for Concussion/Mild Traumatic Brain Injury and for the Rehabilitation of Moderate to Severe Traumatic Brain Injury. The implementation activities have involved collaboration with administrators, clinicians

and policy makers to improve the quality of care available to persons after brain injury.

Judy previously worked as a Research Coordinator on numerous projects, focussing primarily on issues relating to brain injury, over the last 25 years in a variety of clinical and academic settings.

Carolyn Lemsky

Carolyn Lemsky is a board certified neuropsychologist with 25 years of experience working in rehabilitation settings in the U.S. and Canada. For the past 20 years she has been the Clinical Director at Community Head Injury Resource Services of Toronto. Dr. Lemsky has been a strong proponent of integrated care. For the past 10 years. She has been the director of the Substance Use and Brain Injury Bridging Project, a research and knowledge transfer initiative funded by ONF. In addition to frequent conference presentations, Dr. Lemsky has contributed book chapters and articles to the neuropsychology and brain injury literature.

Karen Poole

Karen Poole is a Program Manager at Reconnect Community Health Services. With over 25 years of experience in the social services field, she has held a wide range of senior positions in the not for profit sector. Karen is a Dialectical Behaviour Therapy (DBT) trained- clinician (through Behavioural Tech) and is currently trained and is seeking certification as a Skills System Trainer, which is a DBT informed emotional regulation skills training curriculum by Julie F. Brown. She is currently a lead group DBT facilitator at Reconnect. Throughout her career, Karen has also worked in rural settings outside of Toronto,

where she has held senior positions within Community Living (offering supports for individuals with a developmental disability), and the Victim Services sector. Karen shares a commitment to provide individuals with multiple issues access to tailored therapies and approaches.

Peter Selby

Peter Selby MD is the Chief of Medicine in Psychiatry Division, Deputy Physician-in-Chief of Education, and a Clinician Scientist at the Centre for Addiction and Mental Health (CAMH). He is a Professor in the Departments of Family and Community Medicine, Psychiatry, and the Dalla Lana School of Public Health at the University of Toronto. He is also a Clinician Scientist in the Department of Family and Community Medicine. Dr. Selby focuses on a range of interventions and development studies with a focus on tobacco use disorders and related physical & mental health conditions. His STOP study has enrolled and treated over 230,000 Ontarians, creating the largest health services research program in tobacco addiction treatment in Canada. The TEACH Project has developed the largest cadre of health professionals in Canada to treat tobacco addiction in a variety of populations and settings.

He has received grant funding totaling over 85 million dollars from CIHR, NIH, and Ministry of Health and has published 150 peer reviewed publications. He has published 6 books (including 5 edited), is the author of 31 book chapters, and 38 research reports prepared for the government. He is the Chair of the Medical Education Council for the American Society of Addiction Medicine. Dr. Selby mentors

Fellows in Addiction Medicine and Addiction Psychiatry, junior investigators and medical students. The use of innovative methods to communicate messages makes Dr. Selby a sought after speaker for various topics including addictive disorders, motivational interviewing, and health behavior change.

Abraham Sniderman

Dr. Sniderman is an Assistant Professor in both the Department of Psychiatry and the Department of Medicine at the University of Toronto. He is the founding director of the Neuropsychiatry Clinic at the Toronto Rehabilitation Institute, Brain and Spinal Cord Program where he has worked for the past 23 years.

As a clinician teacher he has been involved in training medical students, residents, fellows and ancillary health professionals as well as the general public for over 20 years.

He is a member of the Exam Board and an examiner in Psychiatry for the Royal College of Physicians and Surgeons of Canada and winner of the Ivan Silver Award for Excellence in Mental Health Education given by the University of Toronto.

In his spare time he tortures his family and neighbours with his attempts at learning to play guitar.

Concurrent Sessions

A1 Traumatic Brain Injury in the Margins: The Criminal Justice System and Intimate Partner Violence

Halina (Lin) Haag MSW, RSW, Ph.D. (cand.)

Flora I. Matheson Ph.D.

Catherine Wiseman-Hakes Ph.D.,
Reg. CASLPO

The connection between traumatic brain injury (TBI) and intimate partner violence (IPV) as well as TBI among criminalized individuals remains largely unexplored. Our understanding of TBI in the criminal justice system is somewhat more clearly defined with current evidence identifying at least 80% of incarcerated adults having a history of diagnosed or undiagnosed TBI. Among women survivors of IPV, early investigation has identified elevated TBI rates (35–80%). However, there is a lack of knowledge among front line staff who work with these individuals, compromising identification and provision of appropriate information and support as well as prevention of further injury and or recidivism. This workshop will raise awareness and introduce a new TBI educational toolkit for the IPV service sector. Attendees will also learn about the cognitive-communication sequelae of TBI and how they impact the trajectory of involvement in the criminal justice system, as well as current research on communication partner training as a means of optimizing this trajectory.

A2 Developing a Competency Register for Unregulated Health Care Providers Working in Complex Acquired Brain Injury Rehabilitation

Carmen Carmazan RPT, MSc, BHSc(PT)
Clinical Practice and Education

Denise Johnson RegPT, BHSc(PT),
MSc Quality Specialist Registered
Physiotherapist
Hamilton Health Sciences

Unregulated Health Care Providers including rehabilitation assistants / Rehabilitation Therapists (RhT) work under the direction and supervision of Regulated Health care providers, such as registered nurses, registered physiotherapists, occupational therapists and speech and language pathologists. Rehabilitation therapists provide care and treatment to patients post ABI in the following domains: medical, psychological, behavioural, physical, cognitive, communication and social. In Ontario, rehabilitation assistants are not registered with a regulatory body and do not have a standard level of training and education or a mandatory education requirement.

The development of a competency register set out to define core and clinical competencies for rehabilitation therapists and describe the accountabilities to the Regulated Health Care Professional. The competency register supports staff professional development, and identification of learning objectives, as well as a guide for new staff orientation.

An interdisciplinary working group was formed and developed a 2 part Competency Tool consisting a) Core

competencies for all staff regardless of discipline, and b) Discipline specific competencies. The competency tool is based on best practices and was developed following a formal process. This presentation will highlight the methodology used to develop a formal multi-use competency document for unregulated support personnel such as RhT's. Examples will be presented of how this tool could be used for a variety of purposes and in a variety of settings.

A3 Rehabilitation without Communication: Reducing Challenging Behaviours and Enhancing Client Outcomes with Functional Communication

Stacie Dertinger M.ADS, BCBA, Behaviour
Therapist Brain Injury Services Hamilton

We will present three case studies of individuals with acquired brain injury, each faced with unique rehabilitation needs, varying from low to high functioning cognitive levels, and experiencing moderate to severe challenging behaviour that required individualized behavioural support programs. In all cases, a variety of strategies were utilized to improve communication methods including functional communication training (FCT), the Picture Exchange Communication System (PECS) and augmentative and assistive communication devices (AAC). FCT involves the delivery of the putative reinforcer contingent on the emission of a newly trained communicative response (Durand, 1990) and has been associated with a decrease in challenging behaviour using an antecedent based

approach. PECS is easily learned by both clients and support staff and associated with corresponding increases to vocal language and reduced problem behaviours (Bondy, 2001), while AAC devices can be used to assist with expressive and receptive communication and are discrete and portable in today's society.

This presentation will demonstrate a variety of techniques that break down barriers, acknowledge and reveal an individual's competence, and assist to reduce challenging communicative behaviours. Delegates will gain an improved understanding of the tools and skills that are necessary for individuals with ABI to gain control of their non-verbal voice through effective and persistent trans-disciplinary rehabilitation.

The challenges in developing therapeutic rapport with individuals with limited communication will also be addressed. The use of the results of neuropsychological assessments to guide program design will be discussed as will the need for prolonged learning timelines for post-acute clients.

B1 The Struggle of Individuals Living with Brain Injury: Why are Mental Health and Addiction Issues so Prevalent, and What Can We do about it?

Deborah Tang B.Sc., Ph.D., C.Psych.,
Mind Forward Brain Injury Services

Andrea Ure Mind Forward
Brain Injury Services

Mike Redger Mind Forward
Brain Injury Services

As many as 72% of individuals with mental health and addictions with a prior history of brain injury, and it is clear concurrent issues in mental health and addictions are a major challenge for individuals living with ABI. Traditionally, these challenges have been managed by different systems of care; however, there exists a need for a comprehensive model that treats an individual as a whole using a multidisciplinary approach.

The purpose of this study was to examine the complexities of providing community-based brain injury rehabilitation and the interrelation among ABI, mental health, and addictions.

We provided community-based rehabilitation support for individuals living in the community with an ABI through a Supported Independent Living (SIL) program.

Staff have received a variety of specialized training focused on ABI rehabilitation, mental health, and addictions.

By utilizing a multidisciplinary and holistic approach, the SIL program has demonstrated the ability to effectively support individuals with ABI, mental health, and addictions in the community.

In order to improve upon the support that is being provided, service providers must be prepared to treat all comorbid disorders as primary. Strategic community partnerships must be developed and a comprehensive model of care must be utilized.

B2 Bridging the Gap: Concussion Clinic

Diana Velikonja Ph.D., C.Psych., MScCP,
Hamilton Health Sciences

Concussion/Mild traumatic brain injury (mTBI) is a significant cause of morbidity and mortality. Approximately 33% of concussion patients will experience more persistent symptoms requiring further assessment and support. Of that group, 50% may experience persisting symptoms beyond 3 months. The consequences for these individuals may include physical, cognitive, emotional and behavioural symptoms resulting in reduced functional ability, heightened emotional distress, and delayed return to work or school. These patients require more specialized assessment and management to assist in the returning to their pre injury activities.

Approximately 50% of the patients seen in the HGH Concussion Clinic have pre-existing mental health conditions. Therefore a thorough mental health assessment is critical as underlying mental health and addiction conditions may impede recovery from mTBI. Alternatively, mental health and addiction issues are a potential long term sequelae for some of those patients who do not recover well.

The HGH Concussion Clinic is a comprehensive, interdisciplinary

outpatient clinic for the assessment, diagnosis and treatment of patients with mild head injury/concussion. The features and model of care include:

- Interdisciplinary team approach with the required expertise to assess and identify mental health and addiction issues
- Rapid assessment, diagnosis and treatment decisions
- Cognitive, functional, emotional and behavioural support
- Coordination of care and appropriate community referrals and follow up
- Education for patients/families and healthcare providers

This clinic addresses a significant gap in service in the Central South Region of Ontario, providing a bridge from the acute services, through to post-acute interventions and on into community services/support.

There are significant number of patients in the South Central Ontario Region who may suffer mental health issues as a result of their injury or who have existing mental health issues that impede their recovery from concussion injury. The HGH Clinic aims to meet a significant gap in service through a comprehensive, interdisciplinary approach to rapid assessment, treatment and follow up.

Concurrent Sessions continued on page 10 >

Thursday, May 2nd

7:30–8:30	Registration & Continental Breakfast	
8:30–8:45	Announcements Welcome	John Zsofcsin, Carolyn Galand Teresa Smith, Rob MacIsaac
8:45–9:45	We All Belong to Each Other: Rehabilitation as a Social Imperative	Tim Feeney
9:45–10:45	Where the Sidewalk Ends: Adventures in Mental HealthCare in the community for People Living with Acquired Brain Injury	Carolyn Lemsky Karen Poole
10:45–11:15	Refreshment Break—Poster Viewing and Exhibits	
11:15–12:15	Traumatic Brain Injury at the Margins	Angela Colantonio
12:15–1:30	Lunch—Poster Viewing and Exhibits	
1:30–2:00	Family/survivor	Heather Waddington
2:15–3:15	Concurrent Sessions A (Select One) A1 Traumatic Brain Injury in the Margins: The Criminal Justice System and Intimate Partner Violence A2 Developing a Competency Register for Unregulated Health Care Providers Working in Complex Acquired Brain Injury Rehabilitation A3 Rehabilitation without Communication: Reducing Challenging Behaviours and Enhancing Client Outcomes with Functional Communication	Halina (Lin) Haag, Flora I. Matheson, Catherine Wiseman-Hakes Carmen Carmazan, Denise Johnson Stacie Dertinger
3:15–3:45	Refreshment Break—Poster Viewing and Exhibits	
3:45–4:45	Concurrent Sessions B (Select One) B1 The Struggle of Individuals Living with Brain Injury: Why are Mental Health and Addiction Issues so Prevalent, and What Can We do about it? B2 Bridging the Gap: HGH Concussion Clinic B3 Beating Boredom with Purposeful Activity: Combining Therapeutic Recreation and Behaviour Analytic Interventions to Maximize Client Outcomes	Deborah Tang, Andrea Ure, Mike Redgers Diana Velikonja Stacie Dertinger, Beth Astles
4:45–6:30	Cocktail Reception	Entertainment: Gary Blake Mike Mosher Sandra Sanmartin Larry Zvonar

Friday, May 3rd

7:45–8:45	Breakfast & Announcements	John Zsofcsin, Carolyn Galand
8:45–9:45	“The Cryptic Tale of Dr Taylor, Mrs. Barrie and The Trouble with Ghosts after TBI: Anxiety, Psychosis and other complex neuropsychiatric issues after ABI”	Abe Sniderman
9:45–10:45	Acquired Brain Injury and Substance Use	Peter Selby
10:45–11:15	Refreshment Break—Poster Viewing and Exhibits	
11:15–12:00	Helping Improvements Happen in the Complex World of Brain Injury, Mental Illness and Addiction	Judy Gargaro
12:00–12:45	Panel Discussion: Sharing the Road Improving the continuum of care for individuals with acquired brain injury, mental health and/or addictions	Tim Feeney Angela Colantonio Diana Velikonja Carolyn Lemsky Peter Selby Abe Sniderman Judy Gargaro
12:30	Farewell Lunch	

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B3 Beating Boredom with Purposeful Activity: Combining Therapeutic Recreation and Behaviour Analytic Interventions to Maximize Client Outcomes

Stacie Dertinger BRLS C.T.R.S.

Recreation Therapist

Beth Astles M.ADS, BCBA,

Behaviour Therapist

Brain Injury Services, Hamilton

Combining behavioural analysis and Therapeutic Recreation methods can reduce interfering/challenging behaviours, increase social interaction and enhance positive rehabilitative outcomes for individuals with acquired brain injury living in residential homes and community settings.

Research shows that under-engaged clients express challenging behaviour to interact with their environment when feeling bored; however, providing therapeutic recreational programming can reduce behaviours while enhancing rehabilitation.

Integrating sensory stimulation into residential settings shifts the focus of frontline staff from traditional caretaking jobs to active engagement in their recreation, leisure and programming tasks (Mansell *et al.*, 2002). Residential staff can shape the behaviour of their clients to be more active or passive through their feedback and reinforcement.

Delegates will learn the multitude of ways frontline staff can integrate purposeful recreational programming into the daily lives of clients.

Recreation therapy in a group program model can increase social interaction and stimulate engagement in even the most behaviourally complex clients. Limited social skills can increase challenging behaviours in groups. By providing recreational engagement through dedicated day programs, clients can enhance communication, negotiation, problem solving, tolerance and listening skills, which have a profound impact on their daily interactions in their community.

In the context of providing rehabilitation, recreation and occupation can be used to describe all the ways a person occupies their time including engaging in meaningful activity and productive leisure activities (Ball & Fazil, 2012). Providing meaningful engagement is a vital component of supporting ABI individuals with challenging behaviour. Data will be presented through case study on the impact positive engagement can have on reducing challenging behaviour.

Through hands-on breakout groups, delegates will identify tools and strategies to decrease behaviours, understand the benefits of working collaboratively with an interdisciplinary team.

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 to just past Bay St., turn left at Summers Lane for the Hamilton Convention Centre parking garage.

From Toronto and Beyond

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

From Niagara Falls and Beyond

Take the QEW West to Hamilton. Take Exit 89 Nikola Tesla Blvd. 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.

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 St. W.

905-529-5515

or 1-800-514-7101

- **Staybridge Suites**

Hamilton – Downtown

20 Caroline St. S.,

Hamilton, ON L8P 0B1

905-527-1001 or 1-877-600-8550

* A limited number of rooms have been booked at the conference rate and are available on a first come first serve basis until April 5, 2019.

For all conference inquiries, please contact: June Ciampichini ABI Conference Coordinator

Phone 905-521-2100 ext. 40339

Email ciampich@hhsc.ca

Delegate Registration

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On-Line Registration:

<https://www.eventbrite.com/e/2019-hhs-conference-on-neurobehavioural-rehabilitation-in-abi-tickets-52326695555>

Please make cheque payable in Canadian funds to **Hamilton Health Sciences Foundation Fund 4774** and return your completed forms with your cheque to:

June Ciampichini

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Regional Rehabilitation Centre
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Hamilton, ON L8L 2X2

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Concurrent Session Selection

I will attend (please circle):

Session A1 A2 A3

Session B1 B2 B3

Please indicate any dietary requirements:

Gluten Free

Lactose/Dairy Free

Vegetarian

Other _____

Delegate Registration Fees

Sharing the Road: Driving Better Care

ABI: Mental Health: Addictions

Single Registration \$375

After April 13, 2019 \$425

Caregivers/Full-time students \$175

Confirmation of registration

A written acknowledgement of registration will not be sent to registrants prior to the event. Receipts will be provided upon registration online or upon request.

Registration includes breakfasts, lunches, refreshment breaks, reception, and delegate kits.

Exhibitor Registration

Name		
Organization		
Address		
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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 23, 2019 will be refunded. No refunds will be issued for cancellations received after this date.

Payment

On-Line Registration:

www.hamiltonhealth.ca/ABICONF2019

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Send your completed registration to:

June Ciampichini

ABI Conference
Regional Rehabilitation Centre
B3 South-224
237 Barton Street East
Hamilton, ON L8L 2X2

Phone 905-521-2100 ext. 40339

Email ciampich@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 Exhibitor Registration.

Exhibit setup time for the conference is from **06:00–07:45 a.m. on May 2, 2019.**

Removal time is from **2:00–3:00 p.m. on May 3, 2019.**

Exhibitor Requirements

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

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

I CONSENT to having pictures of me shared on conference social media YES NO

Exhibitor Registration Fee

Exhibitor Registration includes display area and registration for one exhibitor. Additional persons must register at the delegate rate.

- Early Registration** \$800
Includes one registration
- Registration** \$900
After April 13, 2019

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