OBIA REVIEW

OFFICIAL PUBLICATION OF THE ONTARIO BRAIN INJURY ASSOCIATION

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Art & Creativity

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RUTH'S DESK

Artistic Healing: Exploring the Intersection of Creativity and Brain Injury Recovery

Art therapy serves as a profound form of healing that aids individuals in their journey towards recovery.



By Ruth Wilcock
Chief Executive Officer, OBIA

The theme of this edition of the OBIA Review revolves around the intersection of Art and Creativity. More and more evidence is emerging around the connection between the expression of arts and the brain's neuroplasticity.

As our understanding deepens, it becomes increasingly evident that engaging in artistic expression not only enriches our lives but also enhances brain function in multifaceted ways, influencing brain wave patterns, emotions, and the nervous system. Remarkably, art has the capacity to elevate serotonin levels, contributing to a sense of well-being and vitality. What I find particularly interesting is that the benefits of art extend beyond the act of creation itself; they also manifest through the experience of art. [1]

Over the past year, I've had the privilege of participating in several artistic endeavors dedicated solely to exploring the realm of brain injury. Among these projects, "Anatomy of the Recovering Brain" stands out—a poignant composition by Frank Horvat, featuring bass clarinet, instrumental cameos, and fixed electronics. Inspired by the recovery journey of bass clarinetist Kathryn Ladano, this composition serves as a collective voice for brain injury survivors, shedding light on their challenges and triumphs in navigating the invisible mental health impacts of brain injury. The deeply moving performance, held in Kitchener, not only resonated with individuals living with brain injury but also raised awareness of the enduring complexities associated with such injuries.

Another notable event was "Brain Injury and the Arts," hosted at Brock University, which showcased excerpts from Mike Griffin's drama "The Mysterious Mind of Molly McGillicuddy" and Kathryn Ladano's performance, alongside a thought-provoking short film titled "Impact - an accidental meditation"

1 https://acrm.org/rehabilitation-medicine/how-the-brain-is-affected-by-art/

by Jewels Krauss, Steve Lukas, and Nicholas Greenland. As part of an expert panel, I witnessed firsthand how these artistic expressions captured the essence of the brain injury experience, allowing the audience to viscerally connect with the emotions of trauma, depression, and anxiety often faced after a concussion or brain injury.

Art therapy, as exemplified by these experiences, serves as a profound form of healing that aids individuals in their journey towards recovery. I think of the countless brain injury associations across the province who leverage the power of art and creativity to empower their members. Art and creativity not only assists in recovery after brain injury but serves to enrich all of our lives by profound neurological and emotional transformation. ◊◊◊







After 37 years of dedication and service to the Ontario Brain Injury Association (OBIA), Jennifer Norquay is embarking on a new and well-deserved chapter in her life: retirement.

Jen's journey with OBIA dates back to its inception in 1987, when she played a pivotal role as one of OBIA's first staff members. Over the years, she assumed various responsibilities, including Training Coordinator, Executive Assistant, and most recently, Communications Coordinator. No matter what she has put her hand to she has done so with enthusiasm and always kept in mind what can we do best to assist people living with brain injury.

One of Jen's most significant contributions to OBIA was her role as the Editor of the OBIA Review. Under her guidance, the OBIA Review evolved over the past 30 years into a platform that not only disseminates valuable information but also fosters a sense of community among its readers.

This April, as Jen embarks on this new chapter in her life, we extend our warmest wishes to her, in her well-deserved retirement.

From Ruth and the OBIA Staff Team



Climbing the Hill

By: Jenna Dakin

I am often described by others as an old soul. My personality is just that. However, my health seems to want to exaggerate that saying; my friends and I joke that I am 23 going on 90. This stems from the fact that at 19 years old I was diagnosed with rheumatoid arthritis and mast cell disorder. These chronic conditions have made my life an uphill battle of pain, fear, sleepless nights, anxiety and moments of anger, but I am fortunate enough to have a support team that helps me climb that hill every day. As I was fighting up that chronic condition hill, my mental health became stronger and better. I had learned to accept my conditions but not let them define me, learned to accept the bad days along with the good days and accepted that my life would always consist of a medication cocktail to keep me alive. I learned to be okay with myself through these struggles. However, this acceptance and well-being came crashing down the hill one day when I landed at the bottom. I landed at the bottom of that hill, completely defeated and unsure if I would ever get the chance to try and climb that hill again.

On December 11, 2021 in a literal matter of seconds my whole world as I knew it disappeared. I went from being out for dinner on a normal Saturday night to living in the hospital for two months with no recollection of how I got there. At the age of 21 years old I suffered a stroke-like episode, an MRI found lesions covering my brain. My condition is undiagnosed officially as my healthcare team has no idea what happened, and my other conditions make it a complex case. They found numerous lesions on my brain but the lesions do not appear as a stroke. However, my symptoms presented as a stroke and I was therefore treated for a stroke. I am in limbo about what happened but the easiest way to classify it is as a stroke.

The stroke left me with left-side paralysis, severe cognitive impairments (e.g., retrograde amnesia) and communication impairments (e.g., aphasia). I was in the hospital for two months doing intensive rehabilitation to relearn how to walk, talk, read, write, and how to function in a world I had no memory of. I still continue this rehab today. Being half paralyzed was extremely challenging and it has taken tons of work to get to where I am now; walking and functioning almost normally. Having to learn how to talk and communicate in other ways when my voice fails me has been challenging and will always be a struggle in my life. But what stands out to me as the biggest hurdle of my stroke has been losing 21 years of memories. 21 years of my life are gone, 21 years of knowing who my family is, 21 years of adventures, 21 years of schooling, 21 years of living on earth; it's all gone. It all being gone means; I had to learn why I called the lady beside my bed in the hospital "mom", I had to relearn that you peel a banana before you eat it, I had to discover what snow was in the winter, it means I can't participate in those conversations about childhood memories, I don't get excited for holidays because I don't understand them at all, and that I always have to explain myself because people cannot and do not understand what it is like to be 23 years old with no prior knowledge of the world.

When I first started to piece together how much knowledge of life I was lacking, it really affected me. I was angry, I was upset and I consistently felt stupid. I tried so hard to ignore these feelings and not share them with others but my support team easily saw how frustrating it was. To have to ask a million questions a day, to have to fake my way through conversations with people who don't know what happened, to have to endure the laughs when people hear I don't know what a common item is; it ate at

me every day. Every day felt like a struggle, a never-ending struggle to climb that hill of understanding this world I live in. This world that everyone around me understands but me. This world that does not wait for me to catch up on my knowledge, a world that blows past me as I sit screaming for help in the tornado. This new hill to climb felt like an impossible battle that I just kept slipping down. Until one day I decided enough was enough. I looked at my situation and realized how much value I had in this life. I realized that I had 21 years robbed of me in literal seconds, and here I was wasting whatever time I had left being miserable with my memory loss. So, I started talking. Talking to those around me, talking to a therapist. But my words fail me often. When I talk, I can't get the words I want out. So I started writing. I wrote for therapy. I wrote to express my thoughts to a blank page as talking to others made no sense, no one could understand what it was like to have nothing from before; but a blank page knew it had nothing before I wrote on it. As I wrote and wrote and wrote, I realized that my outpouring of emotions was shaping into my story. The events that took place from my perspective. And all of a sudden I had a book formed. Without really meaning to, the pieces fell into place. I was connected with a publisher, Lisa at One Thousand Trees Publishing, and she encouraged me to keep writing as she "absolutely had to publish my book". After a few months together, we published my book entitled *21 Cups*.

This book has been a whirlwind. It has been my therapy. It has been a way to spread hope and support. It has been a way to connect me to people again. And it was a way to use my voice. Using my voice was important to me as I was unaware if I would ever have one again. When I started talking again post-stroke, I made a vow to use my voice for good and to never stop. Because having my voice taken away was debilitating but I was one of the lucky ones to get my voice back. So, my book is much more than therapy and support, it is my voice and it is me climbing that hill. It is my way to share my story as encouragement, as love, and as support for those with brain injuries, for those who support us and for those who may end up in our shoes in the future. I share my story with the message that your life doesn't have to stop. You too can get up that slippery slope; whether it a brain injury or other health conditions, or both. I get the struggles of this new life post brain injury. It is the most confusing, chaotic and isolating struggle I have experienced. But I don't let those emotions win this battle. Instead, I focus on the positive. I focus on the fact that my life can and will change with a brain injury, but I can still use those changes to shape how I want my life to be. I didn't believe I was going to survive that dreaded night in December, let alone be here two years later as a published author. I never would have stayed in school and picked up new courses if I didn't have my brain injury. I never would have gotten to experience all my firsts again; first steps, first words, first memories. In a weird way, my brain injury is something I am grateful for. Without it I wouldn't have all these cool new experiences and outlooks on the world. Without it I wouldn't have become the me that I love so much. My stroke is a part of my life I will live with forever so I figure I might as well continue to make the most out of it. Because my life is so beautiful. And I encourage you to make the most out of yours.



Please feel free to check out my website **www.21-cups.com** and reach out to me. We are all in this battle together and are here to support each other. You, your caregivers, your support team, we all are in this together, because we all are the face of brain injury. And we all are worth so much! ◊◊◊



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Stronger than You Think

By: Phil McCoy

My name is Phil McCoy, and I am a peer support mentor from North Bay Ontario. My love of the guitar was instilled by my grandfather when I was eight years old. My brain was injured by a massive stroke at my basal ganglia in 2014, paralyzing my left side, and ending my career as a truck dispatcher of thirty years.

As a child I was quiet and shy and the guitar was my means of creative communication, stress management, and angst, it became my "psychiatrist" in a case. Managing my injury was going to be a tough road without the use of my left arm and picking hand, and when the unlikeliness of my arm's recovery was presented, I fell into a deep, post-stroke depression, so deep that I had to be hospitalized for my own protection.

My wife Darlene, herself a survivor of a cerebral hemorrhage in 2011 is dealing with her own injury and is also a former peer mentor. In the depths of my depression, she did two things that I desperately needed: she suggested that my creative voice may work in a story and suggested writing. Secondly, she wrote a letter to our local paper asking why someone in my position and condition had access to physical therapy, occupational therapy, and speech therapy but not mental help therapy. She detailed my despair over not being able to play my guitars and an "Angel" responded. A lady named Anne Marie Smith who ran a harp therapy group for the palliative care network offered to come to the hospital and play her harp and let me try as well.



The feel of those strings vibrating against my fingertips was transcendent. I could hear my voice once more. I was invited to join the group and met some wonderful friends who helped me to discover and obtain a Chapman stick, which I play one-handed with the group at nursing homes or local events.



My musical confidence is pretty shy at times but the joy of playing means so much. I found a few new voices for my mind and writing has taken hold. I write books for young readers primarily and although it was not a specific ambition, I had, as a child, wondered if it would be cool to have a book on the shelves at the local library with your name on the cover--it is.

Brain injury is a minefield at times but it offers one a peek at who they are underneath it all. You are stronger than you think my friends--a shy kid like me who once lived in terror of public speaking has been invited to speak at a library and even a University. ◊◊◊



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I Am the Face of Brain Injury

Do you have a story of survival? Do you have coping strategies to share? Are you a caregiver to someone with a brain injury?

To help spread the awareness of how brain injury impacts our lives, OBIA is pleased to share stories from our readers. The goal is simple:

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To share your journey with our readers, email:
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SPOTLIGHT ON

RESEARCH

Can Music Therapy Be an Instrumental Tool for Brain Injury Rehabilitation?

By: Leah Hughes, Training Coordinator/Strategic Initiatives, OBIA

In the rehabilitation journey for those with an Acquired Brain Injury (ABI), therapy plays a vital role in recovering fundamental skills like walking and speaking. Traditionally, these sessions involve standard tools such as exercise equipment and walking aids, but there is a growing recognition of diverse therapeutic tools beyond the conventional.

While music therapy is a relatively recent addition to rehabilitation practices, pianos, guitars, drums, and other musical interventions are thought to be a valuable option in the rehabilitation of brain injuries. Numerous studies have explored the impact of music therapy on various aspects of recovery, including cognitive functioning, emotional well-being, and motor skills. In many instances, it complements traditional rehabilitation methods, enhancing the effectiveness and speed of recovery.

In this edition of "Research Spotlight," our goal is to highlight two recent studies that demonstrate the effectiveness of music therapy on brain injury survivors' executive functioning and mental health. The following information is not to be taken as a substitute for medical advice, but rather as a supplementary resource for informational purposes. Always consult with a qualified healthcare professional for personalized advice and guidance regarding your specific health condition.

Enhancing Executive Functions & Promoting Neuroplasticity[1]

It is widely known that ABI may cause lifelong cognitive deficits, particularly impairments of executive functioning like attention, memory, problem-solving, and self-control. Research dating back to the early 1900s demonstrates that music-based rehabilitation can be used to address serious health concerns[2]. However, the potential rehabilitative effects of music in ABI rehabilitation were still largely unknown until recently.

In 2020, researchers from the University of Helsinki in Finland, aimed to determine the clinical effectiveness of music therapy on executive functioning in ABI patients and to explore its neural footing. Forty individuals with moderate or severe brain injuries received a six-month neurological music therapy intervention. The music therapy intervention consisted of three twenty-minute components guided by a music therapist, which each participant was required to complete twice a week. These components were:

Rhythmical Training: involved playing sequences of musical rhythms and coordinated bimanual movements on a djembe drum and on own body.



Structured Cognitive-Motor Training: involved playing musical exercises on a drum set with varying levels of movement elements.

Assisted Music Therapy: comprised of learning to play the participant's own favourite songs on the piano with the help of the therapist.

Participants were also required to partake in two Magnetic Resonance Imaging (MRI) scanning sessions; one three months into music therapy and one at then end of the six-month session. This allowed the researchers to determine if there were any physical changes to the brain.

The researchers found that music therapy had an overall positive effect on enhancing one's executive functioning. However, the researchers were particularly surprised to find that music therapy improved people's "set-shifting" ability – the ability to unconsciously shift their attention between one task and another. Set-shifting is considered a key component in executive functioning as it relies on multiple cognitive demanding tasks such as attention, inhibition, and working memory. This suggests that music therapy was strengthening parts of the brain where executing functioning deterioration was previously taking place, which further proved to be accurate in the participants' MRI scans.

The MRI data indicated that grey matter volume in the right inferior frontal gyrus part of the brain increased significantly after participating in six months of music therapy. Grey matter volume in the brain consists of neuronal bodies that help to process information. The right inferior frontal gyrus is associated with various cognitive functions like attention, motor inhibition, social cognitive processes, and speech functioning. Thus, when grey matter volume in this part of the brain increases, information is processed more efficiently and effectively, and it also allows for further mental development.

These findings highlight the significance of music therapy, showing that it not only improves executive functions but also serves as a powerful promoter of neuroplasticity. Neuroplasticity, which involves the brain's capacity to reorganize by establishing new neural connections, is crucial for the sustained success of brain injury rehabilitation. By leveraging music therapy as a customized rehabilitation approach, it becomes a valuable tool for addressing an individual's unique executive challenges and deficits. Importantly, music therapy can be designed to specifically target and stimulate areas in the brain that require rewiring, contributing to a more focused and effective rehabilitation process.

Improving Mental Health[3]

In 2022, the same researchers from Finland aimed to investigate the impact of music therapy on the mental and emotional well-being of survivors of brain injuries. One year after the participants had completed their music therapy interventions, the researchers distributed two questionnaires. The first questionnaire utilized was The Beck Depression Inventory II (BDI-II), which assesses the severity of depression. The second questionnaire employed was the Quality of Life After Brain Injury Inventory (QOLIBRI), measuring overall satisfaction in various areas, including physical condition, cognition, emotions, function in daily life, personal and social life, and future prospects. Feedback was gathered from thirty-five individuals who had participated in the original study in 2020, with responses provided either independently or with assistance from a caregiver.



In summary, the feedback revealed that many participants found music therapy to be helpful in terms of emotional well-being. Majority of the participants revealed descriptions of elevated mood which varied from reduced feelings of depression to feelings of joy. The researchers found that their feelings were closely linked to positive emotional experiences induced by music or their increased enthusiasm to participate in musical activities. Other mood-related topics mentioned by the participants were that they could regulate their emotions better, had enhanced levels of energy, feelings of competence, and an overall more positive mindset than before the onset of music therapy. Participants also said that music therapy allowed them to "detach from negative feelings and fear, handle stress/anxiety, and control impulsive behaviour."

These findings are significant as they indicate that music therapy not only enhances emotional well-being but also assists brain injury survivors in developing skills to monitor and regulate their behaviours. Music therapy is particularly impactful due to its emphasis on offering a non-verbal medium for individuals to express and explore emotions. This is crucial, considering that many people face multiple communication challenges after a brain injury. Through providing brain injury survivors with a non-verbal emotional outlet, music therapy contributes to their ability to sense, express, improve, and adjust their behaviors in a way that works best for them.

Conclusion

In conclusion, scientific research has shown music therapy to be a valuable addition to the rehabilitation journey for individuals with ABI as it has multifaceted benefits. As exemplified by researchers at the University of Helsinki, the inclusion of music therapy introduces an unconventional, but effective, approach to brain injury rehabilitation. The findings from both studies underscore the positive impact of music therapy on executive functioning, neuroplasticity, improved mental health, and emotional regulation.

As we recognize these benefits, it becomes imperative for researchers to explore and investigate other unconventional rehabilitation approaches. By broadening our understanding and integrating diverse therapeutic techniques, we can tailor interventions to the unique needs of individual and move closer to a future where every brain injury survivor receives the specialized care they require for optimal rehabilitation and improved quality of life. ◊◊◊

Resources

1. Siponkoski, S. T., Martínez-Molina, N., Kuusela, L., Laitinen, S., Holma, M., Ahlfors, M., ... & Särkämö, T. (2020). Music therapy enhances executive functions and prefrontal structural neuroplasticity after traumatic brain injury: evidence from a randomized controlled trial. Journal of neurotrauma, 37(4), 618-634.
2. American Music Therapy Association. (n.d.). History of music therapy. Retrieved from https://www.musictherapy.org/about/history/#:~:text=In%20the%201940s%2C%20key%20players,training%20programs%20were%20also%20created.
3. Siponkoski, S. T., Koskinen, S., Laitinen, S., Holma, M., Ahlfors, M., Jordan-Kilkki, P., ... & Särkämö, T. (2022). Effects of neurological music therapy on behavioural and emotional recovery after traumatic brain injury: A randomized controlled cross-over trial. Neuropsychological rehabilitation, 32(7), 1356-1388.

New Dataset to Support Concussion Research

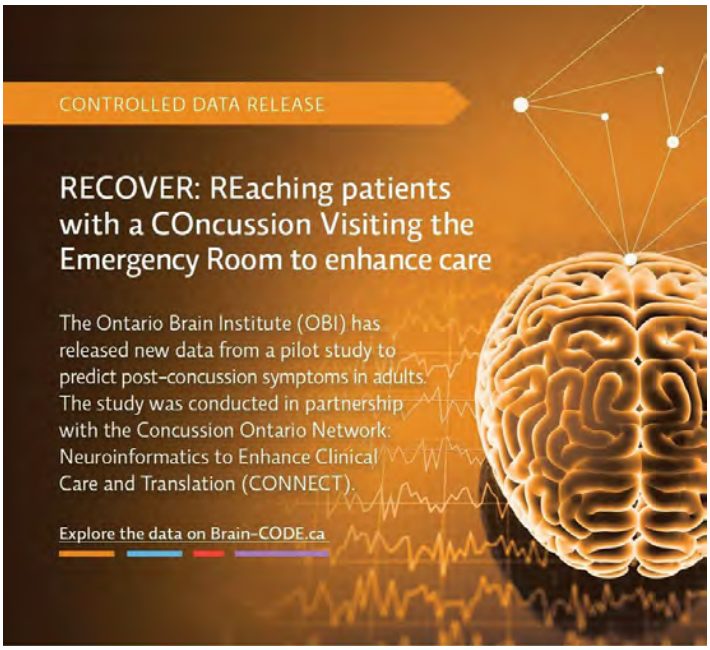
The Ontario Brain Institute released a new dataset from the **Concussion Ontario Network: Neuroinformatics to Enhance Clinical Care and Translation (CONNECT)**.

Gathered through CONNECT's RECOVER (REaching patients with a COncussion Visiting the Emergency Room) study where ultra-early indicators of concussion in adults were used to predict persistent post-concussion symptoms, these meticulously curated data are now available on Brain-CODE, OBI's state-of-the-art neuroinformatics platform.

The RECOVER dataset includes de-identified demographic information for 16 adults, neuroimaging data, and validated baseline clinical assessment scales related to mood, sleep, pain, balance, and quality of life as well as data from the 2-, 4-, and 12-week follow-up points.

As part of OBI's ongoing efforts to make data open and accessible, the data is a new resource available to the global research community to enhance our ability to diagnose concussion quickly and accurately to better manage symptoms over time.

Download the poster | **Explore the dataset on Brain-CODE**



THERAPEUTIC BENEFITS OF ENGAGING IN ARTISTIC AND CREATIVE ACTIVITIES



ART THERAPY is a form of psychotherapy that utilizes creative expression and the artistic process to improve mental health and well-being.

It involves the use of various art forms, such as painting, drawing, sculpture, and other creative activities, as a means of communication and self-discovery.

It is not about creating aesthetically pleasing artwork; rather, it focuses on the process of creation and the emotional and psychological benefits that result from the act of making art.

Formal research continues in this field of study, but many studies and individuals have found art therapy to be helpful in promoting growth and recovery after a brain injury, often leading to an improved quality of life.[1]

1. MOTOR SKILLS DEVELOPMENT

- Artistic activities often involve fine motor skills, which can be beneficial for individuals working on motor skill rehabilitation.
- Painting, drawing, and crafting can contribute to the improvement of hand-eye coordination and dexterity.

2. EMOTIONAL EXPRESSION & REGULATION

- Art provides a non-verbal outlet for expressing emotions, which can be especially helpful when verbal communication is challenging.
- Engaging in creative activities can aid in emotional regulation and reduce stress and anxiety.

3. SOCIAL INTERACTION

- Participating in art-based group activities fosters social interaction and a sense of community among individuals in rehabilitation.
- Collaborative art projects can promote teamwork and communication skills.

4. PROMOTION OF MINDFULNESS

- The process of creating art can promote mindfulness, focusing on the present moment and the act of creation rather than past or future concerns.
- Mindfulness encourages compassion towards oneself, acting as a buffer against current negative thoughts one might be having.

5. COGNITIVE STIMULATION

- Art activities can stimulate cognitive functions such as memory, problem-solving, and concentration.
- Creating art may stimulate neural connections and promote neuroplasticity, which is the brain's ability to adapt and reorganize itself. [2]

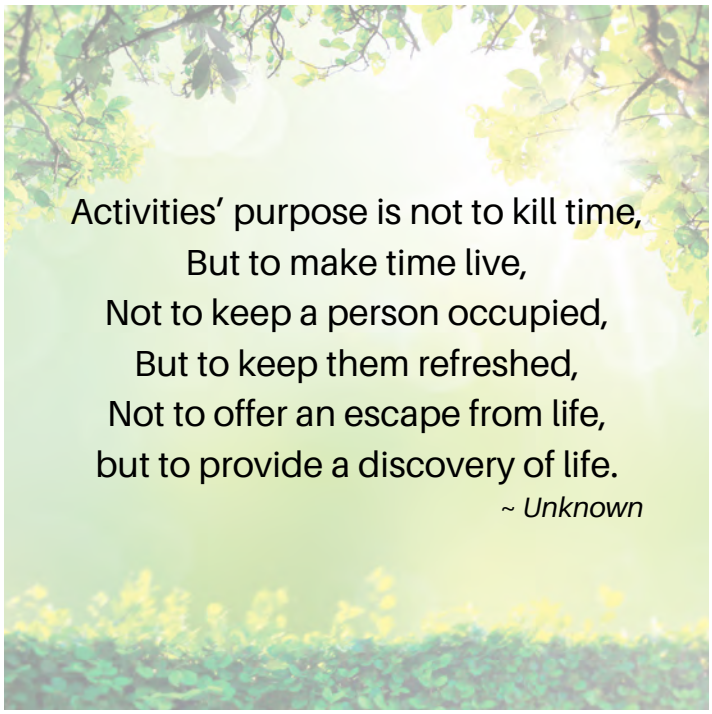
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1 Brainline. (2021). *Creative Art Therapies*. https://www.brainline.org/treatment-hub/creative-arts-therapies
2 FlintRehab. (2021). *7 Benefits of Art Therapy for Brain Injury Patients*. https://www.flintrehab.com/art-therapy-for-brain-injury-patients/



Woodworking as Rehabilitation?

By: Ted Newbigging, Executive Director/Craftsman, Paradigm Rehabilitation



Paradigm Rehabilitation is celebrating its 30th anniversary in 2024. Our programs have always had a real-life and functional activity basis and our woodworking program, now in its 28th year, is a great example of non-traditional therapy. While researchers are starting to investigate and find that woodworking is a great form of therapy, we have been seeing the positive outcomes it provides for nearly three decades.

We began the woodworking program as a functional activity for our residential clients and we started off making simple projects: birdhouses, shelves, benches and toys. We recognized that the program had so much more value than just a functional activity. Soon, we were offering woodworking as therapy to individuals in the community. In 2016, we built a larger woodshop for two pairs of participants and therapists to be able to work together. This allowed for more of a community within the program, increased socialization, cooperation, helping each other, and building of friendships. Some of these friendships grew to outlast their time in the program, others only during their time together. Community integration (going out to purchase materials together) is another component of the program that helps develop social skills and build contacts.

The skills involved in turning a pile of wood into a completed project include the full range of the skills that we were often asked to help the participant relearn: fine motor skills, gross motor skills, communication, and cognitive and executive functioning skills as well. Building something creatively out of wood allows those involved to work on many different aspects of rehab without feeling like they are "doing rehab".

Ability and skill level do not necessarily limit the participant's project selection. It simply alters the amount of assistance provided and the amount of teaching required. We have three therapists who work in our woodworking program, these people are therapists first but they also are all talented woodworkers. We all have good days and bad days. We all have good and bad moments within a day. When these moments happen within our sessions, they present rehab opportunities. Teaching and help are given whenever needed. The therapists can vary the level of assistance given throughout the session. The point we want to make clear: the process is more important than the outcome.

What really goes on in the shop? The participants come in once a week for a morning or afternoon. The participants most

Rehabilitation Skill Areas Involved

- **SOCIAL/COMMUNICATION:** Woodworking provides a natural context for socialization and communication to be developed and improved.
- **PHYSICAL:** Balance, coordination, fine motor skills, gross motor skills, and strength are all necessary to perform the required tasks. These skills are honed both naturally and intentionally through the building of projects.
- **DECISION-MAKING:** The tasks involved create natural opportunities to make decisions. The therapist offers as much or as little advice/assistance as needed.
- **CREATIVITY:** Projects are planned, materials are chosen, sizes are determined and modifications are made. This process also encourages assertiveness. Advice is offered and the participant makes choices throughout the build.
- **PROBLEM-SOLVING:** During a project, problems occur naturally. These are overcome by the participant and the therapist using a team approach.
- **PLANNING/SEQUENCING/FOCUS:** These are all higher-level cognitive skills that are a natural element of every project.

often arrive with an idea for a project and together we bring it to fruition. Some have fully developed ideas and will bring in a drawing or sketch. Others have a rough idea, we may go on the web and search pictures to come up with a more targeted idea and then work together to flesh out a plan. Just as no two people are alike, no two projects are alike. There is a creative process involved in the development of the projects and often the projects evolve as the build progresses. This is where our skilled therapists can really shine or take a bit of a back seat, as needed. In most rehab settings the individual follows a treatment regiment that is laid out for them. At a time in the individual's life when they have often lost some sense of their independence, our program promotes autonomy. In the woodshop, they can let their imagination run wild. Their project is a product of their creativity and desire.

After the basic design is imagined, we determine the size they want the end product to be and then start to determine material needs and preferences. This is usually a collaborative process. Next, we go together to purchase materials and upon return to the shop begin the project. This can mean processing





rough lumber with a thickness planer and jointer or simply beginning to cut finished lumber to size on the sliding mitre saw and table saw. Safety is taught with the introduction of each new piece of equipment, and repeated as often as necessary. In addition to the four machines already mentioned we also have three sanding machines, a drill press, a band saw, a router table, and a lathe. We have several handheld machines as well: drills and impact drivers, routers, saws, nail guns, sanders, and plenty of hand tools. Not every participant will use every tool but every participant will use some of the tools.

After the processing of the materials, the build begins. This can include gluing up panels to make wider pieces of wood, for example, a table top. It can also include using various tools to shape the wood, for example, cutting out the curved pieces of a Muskoka chair on the band saw. It almost always includes using various techniques to join pieces of wood together, sometimes using complex joinery but most commonly using screws and glue. Sanding is almost always involved as well, to make the pieces feel smooth. Sometimes we add hardware such as hinges and handles. Sometimes we add glass fronts



or tops. Every project is unique. Although we have made quite a few Muskoka chairs, these too can all be individualized.

The program can be run in many different ways: we can target specific skills and rehabilitation areas, we can focus on reading and interpreting plans, we can implement a work-hardening experience… However, typically we are working together giving as much instruction and assistance as necessary and working at a slow, non-competitive pace. There are no deadlines (except those self-imposed at Christmas time). When we have a project that needs to be completed for some reason, we can all work together to make sure it gets done on time.



Note, the trim being screwed together in the photo on page 16, is attached to the corner of this shed.

The final step in the process is some form of finishing. This can be staining, painting, oiling, or some form of wood burning. Finishing can sometimes be the most creative stage and sometimes a very simple process.



There are choices to be made throughout the project and each piece can be modified to suit the individual. Some people really enjoy getting creative, others like simpler things. Some projects are complex, such as a grandfather clock, and can take months to build. Others are simple, carved wooden spoons, or charcuterie boards and can be completed in a session or two. But all offer challenges and opportunities to learn, a chance to demonstrate creativity, and a true sense of accomplishment and satisfaction.

There is no set length for the program, some people have been attending for years, and others have come for a few months. The program is for everyone. Although we began as an ABI program we now work with people with various disabilities. While a funding source is not necessary the program is one on one and therefore quite expensive. Most of our participants have either insurance funding or WSIB funding.

Our focus throughout the program is on rehabilitation. We are using woodworking as a mode to help people rehabilitate from their injuries, we are not training people to be carpenters or furniture builders. Some people will go on to use the skills learned in the shop for the rest of their lifetimes. Some will simply be proudly showing friends and family the things they created during their time with us. Many of the finished products are posted on our social media, please visit our Facebook (www.facebook.com/paradigm.rehabilitation) and Instagram (@paradigmrehabilitation) to see some of the hundreds of things our people have created.

So, woodworking as rehabilitation? You bet your ash! ◊◊◊



Anatomy of the Recovering Brain:

Music Performance after Brain Injury

By: Kathryn Ladano



In September of 2020 I was involved in a very minor car accident that changed my life, likely forever. I was on my way home after spending the day in Toronto and was stopped at a stoplight when suddenly my vehicle violently shook, and I noticed someone had rear ended me. After getting over the initial shock of the incident, I went to assess what had happened. The driver who hit me appeared embarrassed and wouldn't speak to me and initially wouldn't even put his window down. I had to request that he please back his vehicle up so that I could assess the damage. Thankfully he complied, but no words were ever spoken by him during this ordeal. Given that the damage to my car didn't seem to have gone beyond my license plate being dented, the offending driver wouldn't engage in discussion, and I was in a different city (I live in Kitchener-Waterloo), I didn't know what to do except simply go home. After driving for only 5-10 minutes, I could tell that something wasn't right. I didn't feel well at all that I missed my exit to get onto the 427 highway. I found a safe place to pull over and got the passenger of my vehicle to drive home. Since that day, I haven't experienced a single day where I have felt "normal" like I did pre-injury.

One of the most difficult aspects of my injury was the fact that it had significantly impacted my ability to perform music. As a professional bass clarinetist, performing (and teaching music at Wilfrid Laurier University) was essentially my life. A couple weeks after my injury, I tried to play my instrument and I found that after only a few minutes, I was completely intolerant to it. Getting a sound out of the instrument requires the reed to vibrate in one's mouth, and this was sending vibrations and creating a sense of pressure throughout my head. The first time I tried it, I played for 2-3 minutes and then passed out afterwards for a good 1.5 hours. This was absolutely devastating for me. If I couldn't perform, I didn't really see the point of my life. I had to turn down several performance opportunities and really limited this kind of work for several years. Over time, I was able to get most of my previous ability back, but it required doing extensive physiotherapy, massage therapy, and osteopathy initially. With the help of those treatments (and lots of exercises for homework), I was able to regain the

ability to play for a maximum of 45 minutes at a time. While performing was getting easier, I found that the whiplash injury I sustained during my accident was causing problems in my neck whenever I did extensive practice or performed live. This is an ongoing problem, but I can manage it by continuing with all the treatments mentioned above and also adding in pain injections into my neck and seeing a chiropractor regularly.

During my journey to regain my ability to perform (with the goal of doing more consistent professional performances), I had a conversation with my friend Frank Horvat, a very successful composer based in Toronto. Frank wanted to work with me again as we'd collaborated on many previous projects over the years. Through our discussions we came up with the idea of Frank composing a brand new long-form piece of music for solo bass clarinet, which would tell the story of not only my own journey, but the stories of other brain injury survivors, giving them an important voice expressed through music. The end result of this project was the 60-minute composition, "Anatomy of the Recovering Brain". The piece was completed in early 2023 and was composed for solo bass clarinet, fixed electronics (which included both musical sounds as well as the stories of six different brain injury survivors), and four instrumental cameos. The "cameos" were an idea I had come up with to help me get through the piece. Playing for 60-minutes straight would have been a lot before my injury, but after my injury, it seemed impossible for a very long time. As a result, I thought it may take the pressure off me a little bit if four other musicians would come on the stage and join me for short periods of time. I later thought that it would be particularly meaningful for me if those guest musicians were people that supported and helped me through my recovery journey. As a result, I chose four friends (percussionist Richard Burrows, cellist Morgan Lovell, pianist Greg Turner, and vocalist Pam Patel), to perform in the piece. Frank then wrote parts for these four instruments, keeping the musical strengths of these specific musicians in mind, and they each appear for 5-minutes at different points in the piece.

After many months of practice and preparation, "Anatomy of the Recovering Brain" was premiered on June 11, 2023 at the Registry Theater in Kitchener, Ontario through a partnership between NUMUS concert, the Brain Injury Association of Waterloo-Wellington, and the Ontario Brain Injury Association. I performed the piece to a packed house, with many brain injury survivors in attendance. Hearing how deeply the piece impacted the people in attendance was incredible to hear, and I consider that performance as the most important of my entire life. The concert lives on in a recorded version, but plans are in place to professionally record and release the piece in 2024. My hope is that after the world premiere performance, many other survivors will get to listen to this piece, my story, and the other stories contained within it and feel that they are not alone. I want them to feel that they have an important voice, and I wish to use this music to help their voices be heard. ◊◊◊




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THE CENTRAL LINK

ABI RESOURCE LIBRARY

When You Listen to People with Lived Experience:

The Creation of a Resource Library that Reflects the Holistic Needs of an Individual who has Sustained a Brain Injury

By: Cathy Halovanic, Central ABI Navigator and Marnie Lye, Justice-Adapted Dialectical Behaviour Therapy Specialist

In January 2024, a new resource library was launched – ***The CENTRAL LINK ABI Resource Library***. The concept itself is not new, in fact many resource libraries exist, but the development and implementation of this project takes the concept to a new level.

Resource navigation is a key component of the authors' work, and while both Cathy and Marnie have had the opportunity to access a variety of beneficial resources for the individuals they serve, it has not come without struggles. In their respective roles, Cathy and Marnie have been involved with the Traumatic Brain Injury Report Card and the Neurotrauma Care Pathways Initiative since their inception. This work is helping to address identified gaps in neurotrauma care, in an effort to provide more consistency across the Province. Working in the central region of Ontario, they were honoured to be chosen to create an implementation project as part of the Pathways work for this region. Two key gap areas identified during these meetings, which involved persons with lived experience, caregivers, front-line staff, researchers, clinicians and physicians were RESOURCE NAVIGATION and EDUCATION.

In an effort to meet the spoken needs of the community and to reduce barriers, Cathy and Marnie chose to create a resource library that could address those two key points, while expanding and improving upon what already existed. Their work was made all the more impactful, through the involvement of two integral participant partners, Marisa Kennedy (a person with lived experience), and Joy Reuvekamp (a caregiver). Both were instrumental in ensuring the voice of individuals with lived experience was not only heard, but also enacted. All the more special, Marisa created the logo for the library and Joy further championed the cause by pouring in her wealth of resources and passionate experience. In addition, the project team also had the opportunity to have those with lived experience 'test' the resource and provide the team with some very insightful feedback. This is likely a key factor that sets this resource apart; it was designed for a community, by a community.

There is a lot to consider when someone sustains a brain injury and is returning back to the community. Not only will they be looking for brain injury specific supports, but if they cannot return to paid employment, they will need information on income supports and benefits, perhaps even how to access shelters for housing. As they come to terms with the ongoing effects of their injury, they may have need to access mental health supports, and/or supports that are culturally sensitive and representative of their individualized needs. If they can no longer drive, transportation supports may be needed; and the list goes on. Many resource libraries are segregated based on a specific need and do not necessarily consider the *holistic* needs of a person. This results in individuals having to try and seek out supports and services from multiple sources, which can be overwhelming and confusing. It also means one has to know what they are looking for before they start, which we know is not always the case. By creating a resource library that contains a wide range of supports and services one may need, we can highlight necessities a person may not have originally considered.

In addition to ensuring ***The CENTRAL LINK ABI Resource Library*** was meeting the needs of persons with lived experience, the project team also felt it was important to meet the needs of professionals, not only those who work in the field of brain injury, but also those who work outside of it. We know from research that there is a high percentage of individuals with a brain injury, who are also dealing with the complexity of comorbid factors such as addictions, mental health, justice involvement, homelessness or domestic violence. Their ability to access specialized supports and services is a key component to improving their outcomes. Knowing this, ***The CENTRAL LINK ABI Resource Library*** provides linkages to a variety of those specialized supports and services, so whether you are an ABI community outreach worker trying to find addictions services for your client, or an addictions worker trying to find ABI supports, you will find what you are looking for in one, centralized location.

When you access the website, you will discover five main category lists: Acquired Brain Injury Supports and Services, Community Supports and Social Services, Specialized Supports and Services, Accessibility, and Healthcare. The resources under each category are found on individual pages, organized alphabetically by key sub-categories. Visitors are encouraged to glance at the full range of content in order to peruse resources they may not have been aware of, or considered needing.

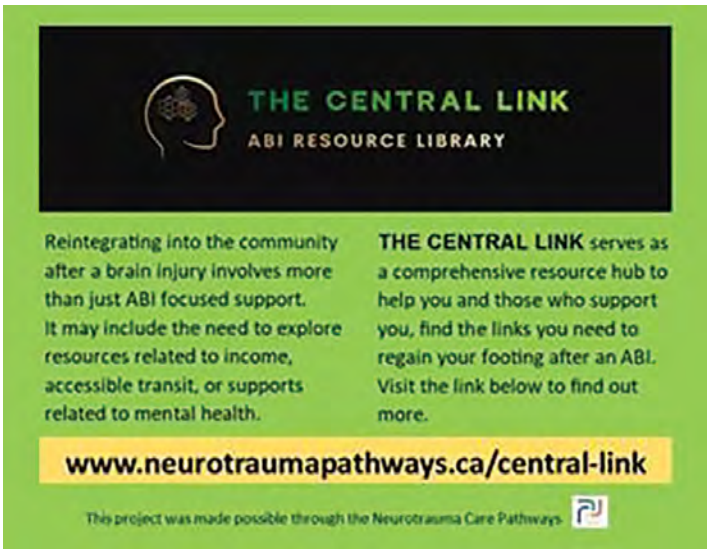
Though funding would not allow them to implement certain accessibility features, the team feels they have done their best to help people navigate a resource that can meet the needs of individuals with a brain injury, their caregivers, and the professionals who support them. While it is not an exhaustive list of all the resources out there, they feel the library provides a well-rounded focus on resources that are financially accessible to all and meet current clinical guidelines.

At this time, due to financial and time constraints, ***The CENTRAL LINK ABI Resource Library*** focuses on resources that are found in York Region and South Simcoe (legacy Central LHIN) only. It does however contain a number of provincial and federal resources that can apply to a larger geographic audience as well. The intent in its creation was to provide a template for future expansion, and the dream is to see each region in Ontario building onto ***The CENTRAL LINK*** with similar libraries, so that no matter where you are in the Province, you can find support for your specific needs.

To date, feedback on the resource has been extremely positive and the project team feel that they have been able to achieve their goal of easing the often-confusing world of resource navigation. They also feel that they have created a tool that will put education into the hands of those who need it most. It may not be perfect, but it is a strong move in the right direction.

To access ***The CENTRAL LINK ABI Resource Library***, please visit the website at www.neurotraumapathways.ca/central-link or use the QR code embedded in the postcard to the right. We encourage you to share widely with those you feel would benefit from this resource. Not only can it help someone access the services they are looking for, but it can also help them connect with supports they never knew existed.





Cathy Halovanic has worked in the field of brain injury for over 25 years. She divides her time between her work as the Central ABI Provincial System Navigator and as an Intake Facilitator at Community Head Injury Resource Services (CHIRS). She is passionate about improving the system for those with a brain injury.

Marnie Lye entered the field of brain injury over 25 years ago providing neuro-rehabilitation and multi-therapeutic care. Her desire to support others and promote growth in our system has led her to collaborate on a number of multidisciplinary projects. She is currently the Justice Adapted-Dialectical Behaviour Therapy Specialist with the Community Networks of Specialized Care - Central East and proudly serves in that capacity. ◊◊◊



Mysterious Minds and Invisible Injuries

By: Mike Griffin

It was a sunny day in June. I was doing laundry. I ducked below the low beam as I entered the tight, windowless room, a constant reminder of how basement suites were not made for men as tall as me. I started the load. It was mixed. I was never good at separating lights and darks. Suddenly, I heard my phone ringing in the living room. My impulse was to run and answer it, as I had been programmed to do. So naturally, I took a quick step and—

Bang—

That was the moment my life changed.

After hitting my head, I fought off a gang of concussion symptoms daily. Brain fog, blurred vision, and headaches followed me around like school yard bullies, tripping me up and preventing me from going back to the life that I had once lived. I no longer felt like myself. As a high achieving, productive individual, I was struggling just to get through the day. Eventually, I had no choice but to go on medical leave, unable to meet the demands of my job. This was one of the most difficult moments of my life. My job was my identity. How could I separate the two? Who would I be if I couldn't teach? If I couldn't make theatre? But my brain felt like a snow globe that someone was continuously shaking, creating a tempestuous swirl. I was confused, I had difficulty articulating my thoughts, and I was exhausted…*all the time!*

Throughout the next year of my life, I rode the rickety rollercoaster to recovery, experiencing some of the lowest moments of my life as I struggled, alone, with an illness that was invisible to others.

"You're still off work?"

"Aren't you better yet?"

"You look fine."

I did return to work, after about a year, probably sooner than I should have, and continued to struggle as I tried to find my way back to myself. It took me a long time to recognize that the version of myself prior to the accident was gone. I had to learn to accept this new version of who I was.

A few years post-accident, as my brain started to clear, I felt a need to creatively explore the experience that I had been through. I wanted to help build awareness of this invisible injury and show audiences what the journey of a concussion was like. So, I began to develop *The Mysterious Mind of Molly McGillicuddy,* a play that explores brain injury and related mental health issues through the styles of full-mask, movement, and physical theatre. The play follows the character of Molly as she experiences a concussion. We see her tumultuous journey back to health as she struggles to reconnect with her own identity, manage relationships, and navigate the darkness of mental health.

This is a non-verbal play. I chose this approach because of the visceral, physical nature of a brain injury. Words often fail us as we try and describe how something *feels*, and so approaching this play through physical storytelling felt like the right fit. The theatrical styles of mask, movement, and physical theatre supported this choice as they allow us to take ideas that are invisible or microscopic and heighten them through theatrical techniques.

Creating *The Mysterious Mind of Molly McGillicuddy* has been one of the most fulfilling creative projects that I have worked on in my career, but it has also helped me in my recovery. As I began to write, it was the first time since the accident that I reconnected with my creative side. Being able to work from a place of experience and use a whimsical style of theatre to tell this story was very freeing. I was having fun. I was playing. I was finding a lightness in my life that I hadn't seen in a long time. All these elements helped lift my spirits and aid my healing process.

The Mysterious Mind of Molly McGillicuddy opened Thursday, Feb. 15 at 7:30 p.m. at Brock University's Marilyn I. Walker Theatre at the Marilyn I. Walker School of Fine and Performing Arts in downtown St. Catharines and ran until Feb. 18th. As additional steps towards accessibility, we offered a relaxed performance on Sunday, Feb. 18 at 2:00 p.m. and a live stream of the production on Saturday, Feb. 17 at 7:30 p.m. ◊◊◊





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The Employment after Concussion/Brain Injury Program is recruiting participants!



Are you an employer who has an employee on leave or currently transitioning back to work after a concussion/ brain injury?

OR

Are you a survivor of concussion/brain injury looking for support to return to your pre-injury role?

The **FREE** program provides virtual training to employers and their employees to support the return to work process

PLUS ongoing support is provided by an Occupational Therapist and Social Worker

For more details visit our website:
https://obia.ca/support/return-to-work-project/

Or email the team: returntowork@obia.on.ca

This program is available to employers based in Ontario only.

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Around the Province

OBIA Advisory Council (OAC) Report

The last meeting of the OAC was January 17, 2024. During that meeting the following items were on the agenda for discussion:

- TBI Guidline - A follow-up to discuss PWLE engagement, their use of the Guideline, and how it links to the Ideal Care Pathways.
- National Strategy on Brain Injury for Canada, "125 Days to Say Yes!" campaign
- Across the Province - association updates.

Thank you to the following community associations for sharing reports on their activities over the past few months. **For other community associations, please check their websites for updates.**

BIA Niagara



Take a look at some recent artistic works that members have created at the Oasis Clubhouse! Recent art activities have included Neurographic drawing art, spiral paper art, and chalk





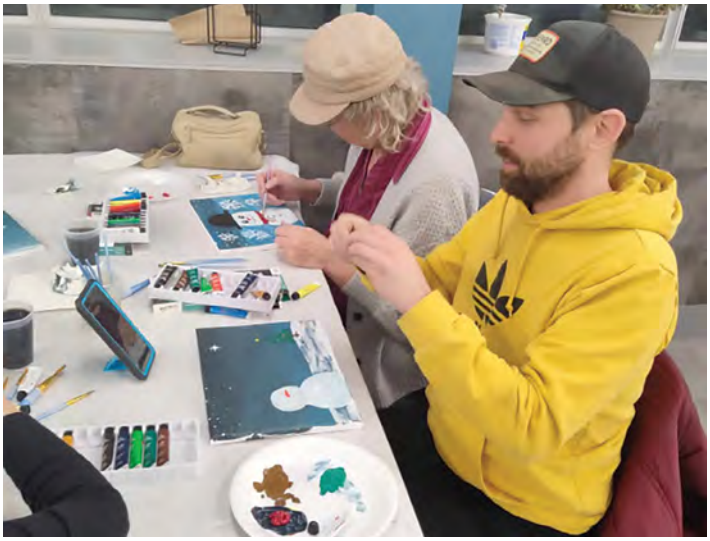




prints. At the Clubhouse on the third Monday of every month, we offer “Art Your Heart Out”. This includes an afternoon activity that focuses on different art mediums and projects intended to inspire and engage the right and left hemispheres of the brain. If you would like to learn more about the different art activities offered at BIAN, please email info@bianiagara.org.

BIA Windsor-Essex

The Brain Injury Association of Windsor and Essex County’s mission is to enhance the lives of those affected by an acquired



brain injury. A brain injury often leaves people feeling isolated and disconnected from the world. We offer a range of social and artistic programs designed to uplift and inspire our members.

Guided by compassionate artists, our clients discover a profound outlet for self-expression through art. Through painting and other art forms they find a way to communicate and process their emotions without the constraints of language.

"I really enjoy it. It helps me relax. It helps me with my self-esteem. My last brain surgery had taken my self-esteem away, and this gives me a boost." - J

Music/Singing sessions allow them to share their love of music and feel a sense of belonging by singing together.



Our cooking classes, facilitated by a registered dietician increases not only their knowledge of healthy food, but also provides a way to navigate the challenging journey of recovery.

Our social programs play a pivotal role in breaking the chains of isolation that often accompany brain injuries. With our



monthly gatherings, support groups, and community events, we provide a space for individuals to share their experiences, offer encouragement, and celebrate milestones. The sense of belonging that emerges from these interactions became a powerful catalyst for healing. It becomes a beacon of hope for those navigating the challenging journey of recovery, proving that, with the right blend of creativity and fellowship, even the most daunting obstacles could be transformed into opportunities for growth and connection.

BI Society of Toronto

The Brain Injury Society of Toronto is busy gearing up for our Annual 'Art On the Brain' Expressive Art Show happening April 3rd - 29th at the beautiful Clark Centre for the Arts - a new cultural arts space located in the historic Guild Park and Gardens in Scarborough.

If you're in the area, please visit The Clark Centre - admission is FREE!

The Clark Centre hours are Monday to Sunday: 9 a.m. to 4 p.m. Our Launch Event will take place on Saturday April 5th, 1-3 PM. Everyone is welcome!

Submissions which depict themes of living with brain injury and / or hidden disability are encouraged, but not mandatory. For more information please see: **www.bist.ca/ART** or contact Meri Perra, BIST Communications and Programs Manager at: **mperra@bist.ca**.

In addition, BIST will be running arts-based programs in February and March leading up to our art to encourage our members to get their creative juices flowing. We are excited about what's to come!

Here's a sample of the artwork to be displayed: **James Okore, Living Choices Lived**



BIA Sarnia-Lambton

The Brain Injury Association of Sarnia Lambton has focused its programming more on the arts and recreation programming over the last year. We have been fortunate enough to utilize a local sports bar, the "Refined Fool," when it is not open so that



we can privately play Corn hole with our members. It's a great opportunity for our survivors to enjoy a "pub environment" without the competing noise and and social interactions that can cause anxiety for our members.

Recently, we have begun to access a local indoor swimming pool for a private swim, to engage in non weight bearing exercise.

Lastly, we have contracted the talents of our own survivor, Shreena Dew to teach monthly art classes to our members. Classes include painting, vision boards and winter snow globes. When recently asked of our members how they felt during a painting class, words like, "relaxing, calm, peaceful, in a better space, and inspired," were their responses. We look forward to integrating more art and recreation into our weekly programming.



BIA of Peterborough Region

Creativity at BIAPR:

ReFrame Film Festival – Creativity found in the artistry of film:

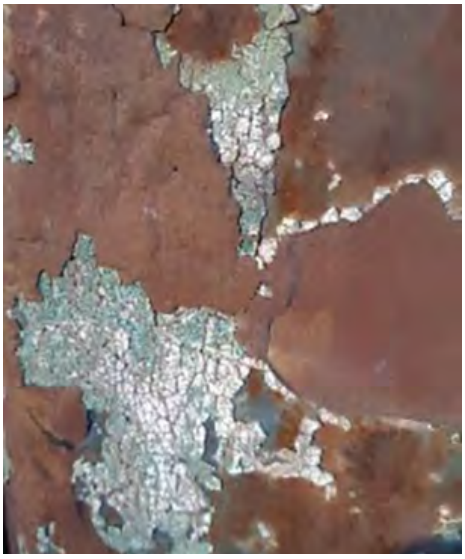


The documentary, Winding Our Way Home, created in collaboration with Melissa-Addison Webster, BIAPR and the Peer Led Women's Group, was presented as a part of the 2024 ReFrame Film Festival. The documentary was viewed at the Peterborough Public Library by a local audience followed by an insightful Q&A panel discussion. Winding Our Way Home explores the journey of six women who live with Brain Injuries. It is about their experiences of living with an invisible disability, and their sense of belonging and identity.

SPARK – Theme is Life's Texture



2024 will be the tenth year that BIAPR has participated in the SPARK Photo Festival. Every year our interest in photography grows. Members look forward to again showcasing their work in April in our month-long window display as well as hosting an Open House in April. The BIAPR members and staff are excited to share our work with our community. Our Community Exhibit allows for us to showcase our creativity and abilities. It also empowers members to interact with people in new ways. BIAPR follows the therapeutic recreation principles of a strength-based approach in all that we do and being part



of SPARK each year is a highlight and shows our strength using photography.

Zoom hybrid programming continues to make creative expression accessible:

Daily Zoom sessions continue to connect members from home with the members onsite in group programming. BIAPR continues the collaboration with a monthly Voices and Vibes with CHIRS. In the "Weekly Art Show" program, ABI Day Service members are encouraged to visually share with the group what they have been creating, varying from photography, works of art, or handmade creations. Each creator is encouraged to speak about their creation, and participants are invited to provide their feedback and encouragement to their fellow artists. Participants also have the opportunity to find inspiration and ideas in viewing the creative works of others. This group programming serves the social and affective (mood) health domains, supporting mental health and bringing people together to share their creativity and love of artistic expression.

Monthly Art Project Group



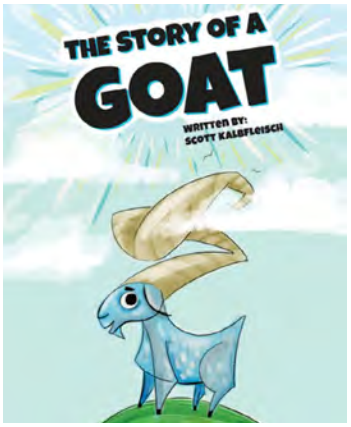
This new programming at BIAPR offers both the opportunity to increase artistry skills, but also to explore expressive arts as a therapeutic medium. Meeting monthly, each session seeks to ignite inspiration and encourage members to take on

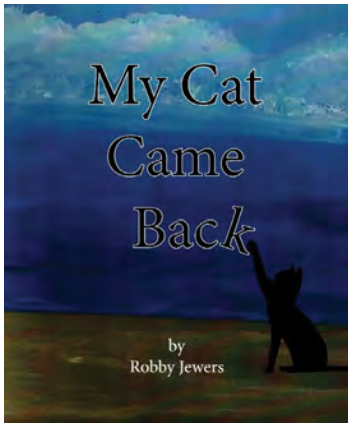




new challenges. The program is structured to explore new art mediums, demonstrating, and practicing new techniques and skills. With these newfound skills, individuals are encouraged to release and express their own emotions in a natural way that may not be otherwise possible. By exploring and discovering the skills of artistry, the following benefits have been realized: reduced anxiety, accessing inner emotions, a deeper sense of self-awareness, enhanced communication, and building personal resilience. Recently, the participants took on the medium of watercolour painting technique, and explored their own creativity to create works that will be framed.

The Power of Creative Writing





Writing allows individuals to express their ideas freely, develop unique narratives, and explore diverse perspectives. Writing is a creative medium that nurtures the ability to communicate effectively and persuasively, using skills that improve self-competence and personal autonomy.

An ABI Day Service member Scott Kalbfleisch has found his creativity in writing his first children's book, The Story of a Goat. He has used his great sense of humour and brought personal experience and perspective in living with a brain injury. This enjoyable story explores Wishwash the Goat, demonstrating what it is like to be set apart from others and what can be achieved despite one's limitations. This book is available currently on Amazon.

Another ABI Day Service member, Robby Jewers is also a published writer. His book My Cat Came Back is a humorous children's story of his cat "Newfie" and his incredible adventures. This book has been a fundraiser for BIAPR. Thanks, Robby, for your creativity and generosity! ◊◊◊



Seeing the Light of your Artistic Spark:

How Vision and Neuro-Optometry Play a Role in Recovering Your Creative Self

By: Dr. Kiera Garner, Dr. Nicole Maione and Dr. Kristel Jefferies

A new year may welcome a new outlook and an opportunity to think about the activities in life that inspire you and bring you vitality. Take time to reflect on the creative outlets that bring you joy as well as improve your overall wellbeing and mental health. Consider finding a way to re-integrate these into your life as you recover from a traumatic brain injury to improve your quality of life. Providing a space for creative and artistic expression can significantly impact one's degree of happiness and purpose we feel in life.

In some cases, brain injury or a traumatic event can introduce a road-block in creative thinking and artistic activities. In other cases, head injuries and other trauma can completely zap our energy or even introduce mechanical injuries or physical restrictions that can prevent a return to your daily creative outlets. Traumatic brain injuries also often lead to a feeling of cognitive overload, and it can be challenging to break through the fog. Brain fog and exhaustion can lead to avoidance behaviours during the recovery period and loss of inspiration, motivation and creativity may result. Finding the energy to re-ignite the creative spark during rehabilitation often requires a support, structure and motivation from friends, colleagues, family members or your health care team.

Finding the Light in the Fog

There is a beautiful dichotomy and healing elements that can develop through the fusion of rediscovering your creativity and visual skill development. Cutting through the fog and directing yourself towards that creative and artistic spark can be fostered through the application of Behavioural Optometric Care and Vision Therapy. Your overseeing eye care professional can provide you with the tools to recreate that light and support your journey to re-discovering your artistic passions leading to improved well-being, purpose and quality of life.

Connecting with an Optometrist who has a special interest in Neuro-Optometry and traumatic brain injury recovery is a great way to start the process. Visit the **Vision Therapy Canada website** and use the "Find a Doc" tool to help you can find an eye care provider in your area that offers these services:

Looking Through the Lens of Rediscovery

What can your Vision Therapy Optometrist do for you in the process of re-discovering your creative and artistic passions? An important optometric consideration is what are your visual needs for the activity you wish to pursue? Discussing openly with your eye care provider about the activity and what it requires allows your Optometrist to create a customized glasses prescription that will suit your specific needs.

As an example, playing a musical instrument where the music stand is set to a particular distance is a wonderful opportunity to have a specific spectacle lens set to focus at the required working distance. Similarly, if you would like to paint or sew at

near with an emphasis on a very high level of fine visual detail, a unique magnified spectacle lens can be prescribed to enable you to perform that creative expression with more ease. Perhaps you prefer to express your creativity through movement, such as yoga, tai chi or dance? In a case like this, it may be suggested that prescription contact lenses will provide you with better clarity and balance with less visual distortion during periods of movement.

There are also countless options of customized tints, filters, prism or partial occlusion to help with functionality when the activity is performed in visually stressful environments or if your eyes are not working well together as a team following your brain injury. Some examples may be an environment with distracting fluorescent lighting, bright stage lights or even screen-based tasks. Customized optical devices from a Vision Therapy Optometrist can help soften the demands on the visual system and allow you to perform them without added strain or stress. Actively and openly communicating these desires with your optometric provider can start the process of you practicing and participating in your artistic passions once again.

Visualizing the Way Forward

Application of lenses, filters and devices is a great start returning to your creative passions by removing strenuous barriers or limitations. To further support the return and passion for the activity, a course of Vision Therapy can help provide a foundational framework to setting the goals and developing the visual skill set you required to pursue to your creative hobbies.

Vision Therapy or "Vision Training" is a customized program designed to improve visual skills and enhance overall visual performance. Your supervising Optometrist creates a tailored sequence of visual exercises prescribed for your individual needs and monitors your progress in therapy regularly. Vision Therapy utilizes a customized sequence of visual experiences using lenses, prisms, filters, 3D activities, visual games, and computer programs. Vision Therapy sessions are most often performed in-person at your Optometrist's office on a weekly basis.

Actively participating in Vision Therapy provides an avenue to discuss your visual needs for both returning to your creative activities as well as other life goals such as a return to work or driving. Since Vision Therapy programs are completely customized for each patient's needs, you can set goals with your Vision Therapist. Once your goals have been set, the weekly sessions provide accountability for integrating positive behavioural patterns and practicing visual exercises that are needed to meet your milestones. Vision Therapy can help you build a very wide range of skills unique to each creative activity such as balance and visual-spatial awareness for dance, hand-eye coordination for sports, visualization for visual arts, and eye tracking and visual-auditory integration for music.

Author's Final Thoughts

Finding inspiration and motivation for your creative and artistic practices can be fostered with the support of an Optometric Care Provider. Whether you require the assistance of performing the activity with more ease or would like to improve your visual skills to participate in the artistry with more enjoyment, there are many options that can be discussed and accomplished. Vision Therapy and customized spectacle lens solutions represent an opportunity to return traumatic brain injury patients to the creative activities that enhance their sense of self, wellbeing and vitality. ◊◊◊

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To participate, contact **OBIA** at
1-800-263-5404 or **peersupport@obia.on.ca**
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local Peer Support Coordinator.

Funding for the Provincial Peer Support Program is provided by: **Ontario**



Finding Your Success

By: Steve Noyes

My name is Steve Noyes. I am a Survivor! When I was presented with the theme for the March release of the OBIA Review, "Art and Creativity" I decided I wanted to share a very unique art that OBIA helped me develop and I am still growing today.

When I first joined OBIA back in 2008, I had the privilege of meeting then Executive Director, John Kumpf. John taught me the art of Pen Making. I had never touched any woodworking equipment before, but he taught me to use a wood lathe to create these absolutely fine creations.



Pen Making is a complex process with many steps. The first step in creating a pen is the selection of the blank. The blank is the rectangle of wood or plastic that becomes the body of the pen. Each blank is unique in its design, colour and appeal. Once a blank is chosen, then we proceed to shape it on the lathe. This can take several hours and involves hand carving the desired shape. After the body of the pen is shaped, we assemble the final product using one of many distinct pen kits that includes the ink, tip and coupler. Each finished pen is unique in its appearance, thanks to the many design and colour options available in each step of the process.

Pen Making has been important to me because it was my first real hobby. I never had a hobby prior to learning this skill. It has given me a whole new opportunity to explore creative expressions and feel productive. The ability to create these unique objects has given me the opportunity to provide gifts to colleagues and friends, including more than 300 pens that I made for my daughter's wedding as favours and a special pen made of mother of pearl for the residing priest at my son's wedding this past year.

A few years ago, I moved to the Royal Henley Retirement Community. To enhance the community aspect of the residence, I transferred all of my woodworking equipment to a space at the facility to create a workshop for individuals wishing to use such a space to work on their own creations, with hopes of teaching others the skill of Pen Making.

When I first started learning Pen Making, it was so early in my recovery from my brain injury that I had nothing else on my agenda. I was bored and directionless, and Pen Making gave me purpose and enjoyment. For me, making pens gave me the opportunity to succeed and feel accomplished. If you find your craft, you will be able to find the same success. ◊◊◊


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The Brain on Music

Reprinted from The Voice - July 2023

When we begin listening to music, we set off a highly specialized process between the ears and the brain. Music is, first and foremost, a sensory experience and thus requires a high level of sensory processing in our ears and auditory cortex of the brain. To describe this entire process would take up a whole article by itself. If you want to learn more about how our ears turn sensory information into sounds we can process, check out **this video** or the **September 2022** issue of The Voice covering Sensory Changes.

Besides the ears, there are many other areas of the brain that are implicated in listening to and enjoying music. Once the sensory nerves from the ear deliver auditory information to the brain, these areas get to work. There are five main processes that happen in the brain when listening to music: rhythm, pitch and tone, anticipation, memory, and emotion.[1]

- If you find yourself tapping your foot along to the beat of a song, your cerebellum is using that auditory information from the ears to follow along with the rhythm.
- The recognition and understanding of pitch and tone are handled by the auditory cortex. The auditory cortex is also implicated in analyzing a song's melody and harmony.[1]
- Research shows our brains create expectations when listening to a song. For example, figuring out if a beat is steady or if the melody makes sense. This analysis takes place in the brain's prefrontal cortex.[1]
- Our brains have an amazing ability to remember lyrics. Think of all the songs you know by heart. Chances are you could recognize some of your favourite songs after only a couple of beats. These memories are made with the help of the brain's hippocampus.[1]
- Music has the ability to elicit powerful emotions. There are three areas of the brain responsible for these emotional responses, but the main one responsible for emotional memory is the amygdala.[1]

Cognitive Effects

Music can have a powerful effect on the brain's cognitive functioning, especially after brain injury. Music, like other forms of creative art, can be communicated verbally and non-verbally. Fatigue, memory problems, and slower information processing are all common after brain injury and can make communicating with others and interacting with the environment challenging. Music can be used to soothe uncomfortable sensations, communicate thoughts and feelings, and express oneself creatively.[2]

The type of music that can help is typically subject to the person with the brain injury and their preferences. For some, non-lyrical music such as classical piano or jazz may be helpful and, for others, upbeat lyrical tunes such as pop or electronic music may help. The great thing about music is that it's entirely unique to the listener and their experiences.

Mental Effects

We often listen to music as a source of pleasure and happiness. Unsurprisingly, listening to music has many other psychological benefits. Music can promote emotional wellbeing through relaxing the mind and improving stress and mood levels.[2] Some

research suggests that listening to music to boost mood and arousal can also improve areas of cognitive functioning, such as concentration and memory.[2]

Music can be a great way to momentarily escape the stressors of life to a place filled with only enjoyment and pleasure. Some have even stated that music helps them connect with their past self before their brain injury, promoting feelings of happiness and relief.

Listening to music or engaging in musical activities such as dancing, playing an instrument, or singing can also be a great way to socialize after brain injury. Sometimes striking up a conversation or meeting new people can be overwhelming and tiresome, especially after an injury. Music can be a great ice breaker as its universal language and storytelling can help connect others in a way that is productive and free of barriers. ◊◊◊

References

1. https://www.kennedy-center.org/education/resources-for-educators/classroom-resources/media-and-interactives/media/music/your-brain-on-music/your-brain-on-music/your-brain-on-music-the-sound-system-between-your-ears/
2. https://www.headway.org.uk/about-brain-injury/individuals/brain-injury-and-me/music-after-brain-injury/#:~:text=Following%20brain%20injury%2C%20music%20can,role%20in%20recovery%20and%20rehabilitation

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And People Think I'm on Vacation

By - Lisa Griffiths

A couple of years ago, five years into my brain injury journey, I took an art class. It was such a wonderful experience. It didn't replace the musical world I lost as a result of my injuries, but it was a creative outlet that I very much took to and appreciated as part of my healing journey. Week two of the art class, the teacher asked us to do a cityscape. My peers did their great and literal versions. This was mine (see following page).

My city has one building for each medical practitioner I regularly see. Not the ones I see once a year. The ones I see regularly.

Look for my house, my window. That's where I live now, observing the world from isolation. I used to have a huge, social, noisy, bright life. Now I have a smaller, lonelier, quieter, accommodated life.

Above my window is a broken flower; that's my broken brain. I'm drawn out of my home for the hope of a healed brain - the complete flower at the entrance to the city. It's a medical city. I stand before it with my purse filled with earplugs and headphones and various glasses so that I can withstand going out. But don't worry, I look fine. I look great! No one will notice I need help.

I hold a paper - is it a map to help me get there now that I've lost my inner map function? Is it directions of things I must do to prepare for the appointment? Follow-up from last time? Is it a prescription? Perhaps it's rehab I'm supposed to do on my own at home. Maybe it's new exercises, or how to change my diet, or how to fix the sleep I don't get? Maybe it's a letter to myself to keep going, keep going, keep going. Yes, it's literally hard to read the page, but I'm quite sure it says 'keep going'. Enter the city, the medical life, each clinic with its own people and operations and methods and expectations. And limits. They are silos, few observable bridges between these buildings. Right, the paper is a reminder to myself that I am to be the bridge in this unknown world! The paper reminds me I will use my broken brain to learn a new language all about my brain in this city in order to heal my broken brain. Isn't that absurd.

The moon is out, and the sun? Yes. There is no peace from these conditions I carry. They don't close like the clinics do. They come everywhere with me. Find a way, add more buildings, figure out how to get the bridges built, learn more! Is this still the right building in the right spot? There is no master architect but me, and my brain is the master architect being treated.

The city is so large, and yet invisible or unimportant to those I needed around me. I enter it alone, at a time when alone is the last thing I should be. I didn't expect to visit this city, and I certainly didn't expect to experience abandonment instead of support as an external response for my having to do so.

I know who I will celebrate with when I leave with my flower intact. When will that be? Will they who let me down while I require the existence of this medical city continue to claim to have been with me on this tour? I have lost many things from this accident; my memory of who has been with me on this journey is not one of them.

Rest, the paper says, don't forget to rest. Learn that rest is productive! Look at this life, doesn't it look restful? Oh yes, I'm so lucky to not be working! Lucky me, a tourist in a city, resting at home, and looking fine.

Which buildings today? The sun is so bright, and there is such loud construction. New buildings are needed if we're going to get that flower.

And people think I'm on vacation. ◊◊◊



And People Think I'm on Vacation, *(mixed-medium cityscape), by Lisa Griffiths*



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Newfoundland & Labrador Brain Injury Association
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Website: nlbia.ca

CONNEXION: Regroupement des associations de personnes traumatisées craniocérébrales du Québec
Phone: 514-543-4800
Email: info@connexiontccqc.ca
Website: connexiontccqc.ca

Brain Injury Association of Nova Scotia
Phone: 902-422-5000 or toll-free 833-452-7246
Email: info@braininjuryns.com
Website: braininjuryns.com

There are no brain injury associations in the territories, Prince Edward Island or New Brunswick at this time.



Events Calendar

For more listings, check: obia.ca/events/

March 27-30, 2024

North American Brain Injury Society presents:
17th Annual Conference on Brain Injury - Evidence Informed Best Practices & Guidelines in Brain Injury Medicine and Neurorehabilitation: Achieving Optimal Outcomes Through Interdisciplinary Collaboration
Location: Mirage Las Vegas, Las Vegas, Nevada
Contact: Conference Coordinator
Email: congress@internationalbrain.org
Website: https://abi2024.org/

April 26, 2024

The Canadian Concussion Centre presents:
Update on Research and Care for the Concussion Spectrum Disorders (NOTE: In conjunction with the Conference, there will be a Concussion Public Forum on Thursday, April 25, 2024, Navigating Concussion for Patients and Families)
Location: Krembil Brain Institute, Toronto Western Hospital
Contact: Conference Coordinator
Email: conferences@uhn.ca
Website: https://events.myconferencesuite.com/ConcussionSym2024/reg/landing

May 3, 2024

GTA Rehab Network presents:
Best Practices Day 2024 - Reimagining Rehab: Innovations that strengthen the role of rehab in the healthcare system.
Location: Virtual
Contact: Conference Coordinator
Email: conferences@uhn.ca
Website: https://gtarehabnetwork.ca/best-practices-day-2024/

May 9-10, 2024

Hamilton Health Sciences ABI Conference presents:
Forging the Path: Navigating the Landscape to Support Those Needs
Location: Hamilton Convention Centre
Contact: Conference Coordinator
Website: https://hhsf.akaraisin.com/ui/2024ABI

June 5, 2024

BIST/OBIA presents:
Mix and Mingle
Location: Steam Whistle Brewing, Toronto, ON
Contact: Terry Bartol
Email: tbartol@obia.on.ca
Website: https://obia.ca/events/mix-mingle/

December 5-6, 2024

Toronto ABI Network presents:
2024 Conference - Connecting, Learning, Inspiring - SAVE THE DATE
Location: Beanfield Centre, Exhibition Place, Toronto, ON
Contact: Conference Coordinator
Email: conferences@uhn.ca
Website: https://events.myconferencesuite.com/ABI2024/page/Registration

As with all in-person events scheduled for the upcoming year, events may be postponed or moved to a virtual setting, if the need arises. Please contact the event coordinators for more details. ◊◊◊

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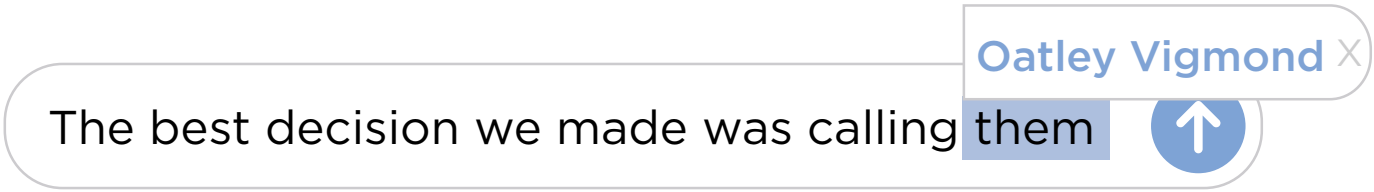
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