



Elder Abuse Prevention (ON)

Stop Abuse - Restore Respect

Prévention de la maltraitance envers les aînés (ON)

Arrêtez les mauvais traitements - Restaurez le respect

EAPO WEBINAR SERIES

Concussion Hits Home: Correlation between Abuse and Concussion in the Aging population



June 18, 2020

Hosted in Partnership with:



Ontario Neurotrauma Foundation

Fondation ontarienne de neurotraumatologie



The information and opinions expressed here today are not necessarily those of the Government of Ontario

Welcome to our Webinar!

Microphones/Video: Attendee video and audio will be turned off during the webinar.

Adjusting Video Size of Speakers/Interpreters: click and drag the line between the video frame and slides to the left (adjust at beginning of the webinar).

Recording: Webinar will be recorded and posted on EAPO's website.

ASL Interpreters: ASL Interpreter's will be identified with their name under their image during the webinar.

Welcome to our Webinar!

Questions/ IT issues: Type your questions to the speakers in the Question/Answer box. The speakers will answer them during the Question and Answer period at the end.

The Chat Box can be used to post any comments during the webinar.

Evaluation: After the session, you will be asked to complete a short evaluation survey to provide your feedback and ideas for future webinars.

Webinar Overview

1. To understand the types of abuse that can cause a concussion.
2. To understand the intersection of concussion and aging.
3. To identify some of the challenges of accessing concussion support as an older person.

Elder Abuse Prevention Ontario (EAPO)

EAPO envisions an Ontario where ALL seniors are free from abuse, have a strong voice, feel safe and respected.

Building that requires raising awareness, delivering education and training, working collaboratively with like-minded organizations and assisting with service co-ordination and advocacy.

“STOP ABUSE – RESTORE RESPECT”

Elder Abuse Prevention Ontario (EAPO)

**EAPO is mandated to support the implementation of
Ontario's Strategy to Combat Elder Abuse**



- Not-for-profit, provincial charitable organization established in 2002 as ONPEA
- Funded by the ON Government, under the Ministry of Seniors and Accessibility (MSAA)

“STOP ABUSE – RESTORE RESPECT”

Priorities of the Strategy

**Community
Coordination &
Response**

Training

**Public
Awareness**



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Judy Gargaro

Judy Gargaro is the Program Director for the ABI programme at the Ontario Neurotrauma Foundation (ONF). 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.

Judy has also worked as a Clinical Research Coordinator on numerous projects over the last 29 years in a variety of clinical and academic settings studying primarily brain injury but also mental illness, diabetes, addiction, and spinal cord injury.

She has extensive research experience co-ordinating and managing projects, has many publications in peer-reviewed journals and is an invited speaker on topics related to brain injury and implementation.



Trudy Blugerman

Trudy retired from her position as Senior Policy Advisor, Ministry of Education, Ontario Government in 2016, and shortly afterwards, her partner suffered two concussions within one week. The ABI Network refused to coordinate assessment and treatment because he was over 65. She became his advocate and coordinator.

Since 2017, she has been a “lived-experience” stakeholder for ONF and HQO related to concussion diagnosis and post concussion care.

For 18 years, from 1998-2016, she was involved in four ministry specific and inter-ministerial initiatives for strategic policy development, system transformation, implementation, funding, legislative change, contracting, data development and analysis (using experts), communications, and stakeholder management. Her areas of policy and advocacy work experience include Special Education Funding, Child and Youth Mental Health, Domestic Violence, and Indigenous stakeholder negotiation.

Trudy is a Registered Social Worker who worked primarily in Child Welfare and for CNIB prior to going to work in policy for the Ontario Government in 1998.



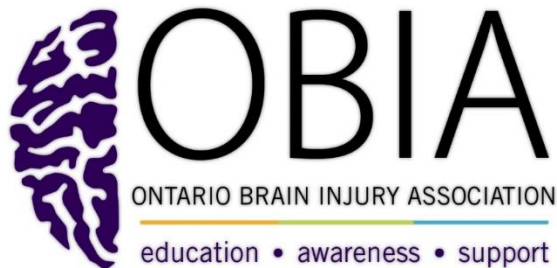
Ruth Wilcock

Ruth has worked in the community services field for over 30 years. She is the Executive Director of the Ontario Brain Injury Association (OBIA) and has been with the organization since 2004.

Ruth is also a Registered Psychotherapist. Ruth's work at the OBIA continues to focus on enhancing the lives of Ontarians living with acquired brain injury through education, awareness and support. Ruth has and continues to serve on numerous committees for special projects and research by representing the needs and concerns of those living with acquired brain injury.



Concussion Hits Home – Correlation between Abuse and Concussion in the Aging population



Ruth Wilcock
Executive Director

The Need to Support

- ▶ There are almost a half a million people living in Ontario with a brain injury
- ▶ 45,000 will sustain a brain injury this year



Older Adults and Brain Injury

- ▶ Mild traumatic brain injury is a common occurrence in the elderly
- ▶ Concussions/Brain Injury can be sustained through
 - Falls
 - Motor Vehicle Collisions
 - Struck by or against objects
 - Sports
 - Assaults (including domestic violence)



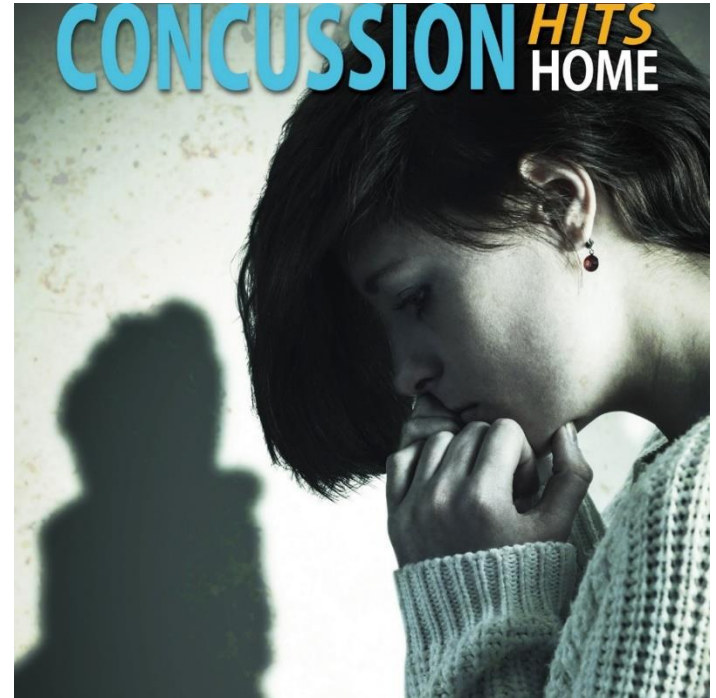
Elder Abuse and Brain Injury

- ▶ Domestic violence can refer to an intimate partner, but could also be a sibling, and in elder abuse the caretaker, whether that is a family member or a paid caregiver



Domestic Violence

- ▶ Internationally 30% of women over the age of 15 report Intimate Partner Violence
- ▶ 92% of partners hit them in the head more than once
- ▶ Up to 83% reported being both hit in the head and severely shaken
- ▶ 8% disclosed that they were hit in the head over 20 times in the past year
- ▶ 80 – 90 % of injuries are above the neck



Source: Sojourner Centre

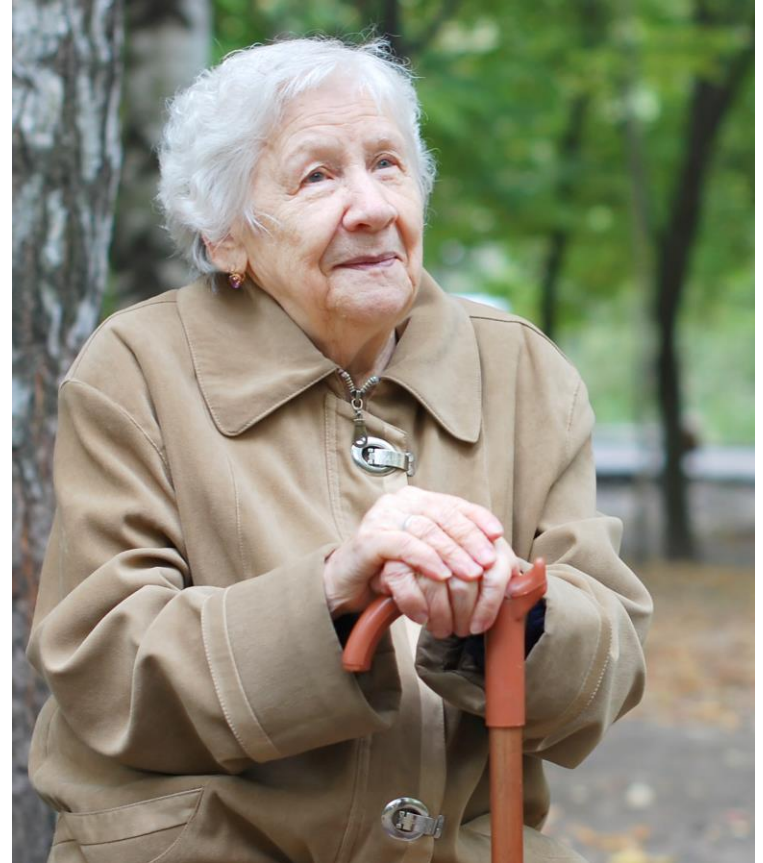
Unreported Injuries

- ▶ For many survivors of domestic violence the injuries go unreported and do not receive medical care
- ▶ A majority do not realize they have sustained a concussion/ brain injury
- ▶ When medical care is received the consequences of brain injury may be confused with mental health, substance abuse or in the case of older adults dementia



A Vulnerable Population

- ▶ Seniors are a vulnerable population
- ▶ Abuse that causes a brain injury can be:
 - ❖ A direct or indirect blow
 - ❖ Shaking
 - ❖ Shoving (causing a blow to the head)
 - ❖ Rough handling particularly of frail residents at a long-term care facility
 - ❖ Neglect



OBIA's Role



- ✚ So much support is needed
- ✚ OBIA is here to help!

Support Services

- + OBIA 1-800 Helpline
- + Online Concussion Support Group
- + Online Caregiver Support Group
- + Peer Support
- + Caregiver Education
- + Research Study



Access to Services

- ▶ Linking and connecting people with appropriate services
 - Legal Services
 - Community Support
 - Therapy
 - Programs

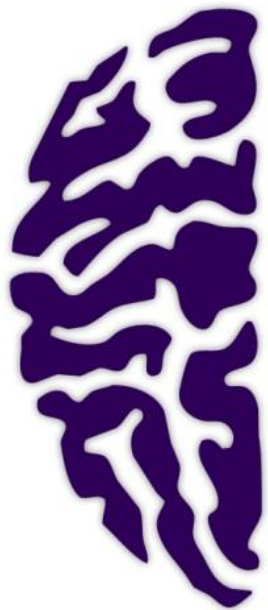


EMOTIONAL SUPPORT

- ▶ Provide initial and ongoing emotional support if needed



Thank You!



OBIA

ONTARIO BRAIN INJURY ASSOCIATION

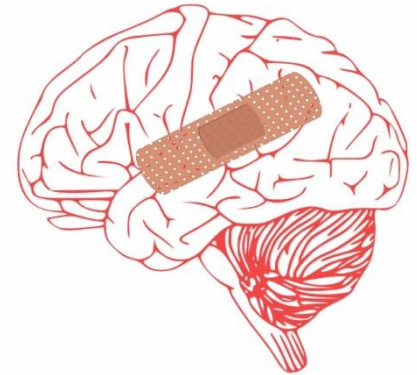
education • awareness • support

Toll-free Helpline:

1-800 263-5404



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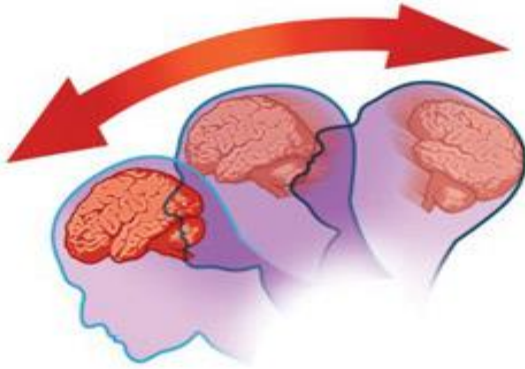
Concussion Hits Home – Correlation between Abuse and Concussion in the Aging population

Judith Gargaro

Objectives

- Understand the types of abuse that can cause a concussion
- Understand the intersection of concussion and aging
- Increase awareness of concussion resources
- Identify some of the challenges of accessing concussion support as an older person

What is a Concussion?



Concussion/mTBI denotes the acute neurophysiological event related to blunt impact or other mechanical energy applied to the head, neck or body (with transmitting forces to the brain), such as from sudden acceleration, deceleration or rotational forces. Concussion can be sustained from a motor vehicle crash, sport or recreational injury, falls, workplace injury, assault or incident in the community.

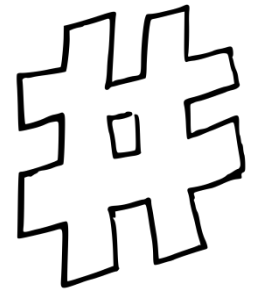
concussionsontario.org



Important points:

- **Loss of consciousness is not necessary**
- **Direct impact to the head is not the only way to sustain a concussion**

Some numbers



- There are at least **157,000** new concussions every year in Ontario (compared to about 5,000 brain injuries requiring hospitalization)
- Concussions are most often diagnosed in ER – 73%



Across all TBIs, falls represent almost 2/3; over half of falls in those 65 years and older

Langer, Levy & Bayley. Increasing incidence of concussion: True epidemic or better recognition. JHTR, 2019. DOI:10.1097/HTR.0000000000000503

Some concerns

- Symptoms are physical, cognitive AND emotional
- Concussions can be missed: particularly in elderly they can be misinterpreted
 - Not believe a concussion could have happened
 - Cognitive symptoms could be “normal aging”
- Standardized assessment scales are not consistently used
- Concussion patients need timely follow-up
 - Monitor all patients for graduated return to activities
 - Continue to monitor those with risk factors, prolonged symptoms

Concussions Ontario

ConcussionsOntario.org is sponsored and led by the Ontario Neurotrauma Foundation (ONF). We work with many experts and partners, aiming to improve concussion care in Ontario.

NEW STANDARDS

FOR PATIENTS & FAMILIES

NOUVELLES NORMES

15 Standards for high-quality post-concussion services and concussion clinics

- ✓ Tools and resources
- ✓ Patient and family materials
- ✓ Clinic assessment tool

www.concussionsontario.org

<https://braininjuryguidelines.org>



GUIDELINES COMPONENTS

COMMITTEES AND STAKEHOLDERS

METHODS

PATIENT VERSION

ADDITIONAL RESOURCES

CONTACT US

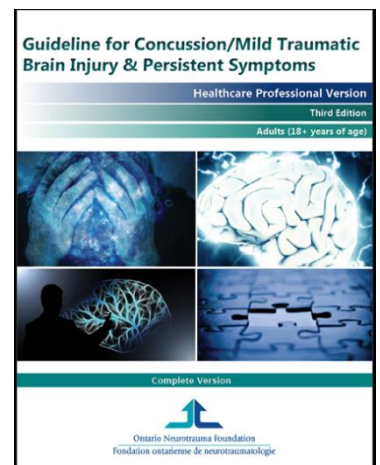


GUIDELINE FOR CONCUSSION/MILD TRAUMATIC BRAIN INJURY & PERSISTENT SYMPTOMS

3RD EDITION, FOR ADULTS OVER 18 YEARS OF AGE


Ontario Neurotrauma Foundation
Fondation ontarienne de neurotraumatologie

- Key recommendations
- Summary of evidence
- Algorithms/Tools/resources
 - Patient materials



Considerations in the Elderly

- Always screen for concussion even if there is no direct contact to the head
 - Many concussions are overlooked in the presence of other injuries/conditions
- Important to provide written material and to involve the person accompanying (if applicable)
- Important to understand usual activities and abilities in order to identify any immediate changes





Additional Resources

- **Concussion Awareness Training Tool (CATT):**
www.cattonline.com
- **Ontario Health – Quality:** Concussion Quality Standard (in progress)
- **Centre for Effective Practice:** Clinical Tool for the Diagnosis and Management of Concussion: cep.health
- **UHN - ECHO Concussion:**
<https://uhn.echoontario.ca/concussion>

Worldwide, IPV is a leading cause of non-fatal injury experienced by women.

The head, neck, and face are the most common sites of injury in victims of IPV. Such assaults can result in brain injury, and they often do.

Abused and Brain Injured: A Toolkit

<https://abitoolkit.ca/>

Intimate
Partner
Violence
(IPV)



Traumatic
Brain Injury
(TBI)

Contact

Judy Gargaro

Program Director, ABI

416-422-2228, ext 2216

judy.gargaro@onf.org



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Fondation ontarienne de neurotraumatologie

Concussions and Aging:

The challenges of accessing concussion support as an older person

TRUDY BLUGERMAN, DIP CS, MSW, RSW
RETIRED SR. POLICY ADVISOR, ONTARIO

Who Am I to Speak to You?

I was a Child Protection Social Worker for many years

I then became a Senior Policy Advisor for the Government of Ontario working in areas such as special education, domestic violence, children and youth mental health

I retired from the OPS in 2016

One month later my partner suffered two concussions in one week

- First, a fall to the floor hitting his head
- Second, an incident of twisting and shaking of his head and upper body, which resulted in hospitalization for several days

My Partner's Concussion Symptoms

Major symptoms included:

- Speech (slurred, stuttering despite knowing the words, mostly consonants)
- Balance and Vestibular distortion (e.g. perceived earth movement counter-clockwise)
- Vision distortion (e.g. floor tilted)
- Cognition and Memory fluctuated
- Mood – depression, frustration and anger
- Sleep disrupted (e.g. feeling bed moving)

When he was ready for discharge from hospital, the ABI Network refused to help because he was over 65 (this was 2016).

The STRESS was Awful and Took All my Energy

He would have sat on the couch hoping things would get better. His GP did not follow up with him.

I became his **advocate, system navigator, tracker of symptoms and medical appointments, treatment coordinator and part-time caregiver** until he BEGAN his post-concussion treatment, and as symptoms changed

I had to manage my emotions, my frustrations with the Concussion System (lack thereof), my partner's disabilities and emotions, and my retirement becoming focussed completely on him

Learning About Concussions

I knew very little about concussions, requiring:

- Hundreds of phone calls
- Learning about post-concussion care for a multitude of symptoms
- Meeting with professionals and self-proclaimed experts
- Deciding who to trust
- Waiting for call backs, waiting for appointments, waiting for treatment
- Tracking symptoms, advice, progress and setbacks
- Hoping for results, learning to accept/adjust to persistent symptoms

Services Accessed

Immediately After 2nd Incident, Concussion Diagnosis (NYGH and GP)

Without the ABI Network, I was finally able to obtain the following services (*helpful):

- *Geriatric / Neurological Psychiatrist (3 months)
- Geriatrician & Psychiatrist, North York Seniors Centre assessment (4 months)
- Sports Medicine Assessment (5 months)
- *Neurologist Assessment (6 months)
- *Vestibular Occupational Therapist (10 months)
- *Psychological Assessment, Baycrest Centre for Geriatric Care (9 months)
- *Memory & Aging Program, Baycrest Centre for Geriatric Care (11 months)

Stakeholder, Ontario Neurotrauma Foundation

In 2017 in Bonavista, I met Judy Gargaro

- After a long discussion about my work background, my partner's concussions and the work of ONF, she invited me to become a "lived experience" stakeholder regarding assessment and post-concussion care

Raised ABI Network needed to assist seniors, and for an overall focus on "No-Blow to Head" concussions

- My mother had worked with seniors for 30 years and I had heard so many stories about elderly falling and breaking a hip and "never being the same after" even though they had not hit their head (possible undiagnosed concussions)

Since 2019, I have also been a "lived experience" stakeholder for Health Quality Ontario (HQO)

Concussions and The Elderly, When No Blow to Head

Our young and old seniors are from the generation that believe concussions are only caused by a blow to the head

Current knowledge is clear – shaking/jolting the brain without blow to head can cause concussions

Too frequently, after a fall / broken hip, elderly are NOT assessed for concussion

- “Older adults who fall and land on their knees or their backside will think they can’t possibly have a concussion. But there is often enough force involved to shake the brain and cause an injury,” says Dr. Alicia Puskar, PsyD UPMC Sport Medicine Concussion Program
- “Whiplash from a car accident, hitting one’s head on a cabinet door, or even an innocent head butt from a young grandchild also can result in a concussion.”
- <https://rethinkconcussions.upmc.com/concussions-in-the-elderly/>

Focus on “No Blow to Head” Concussions; and a Seniors’ Advocacy/System Navigation

- Seniors with undiagnosed concussions/no treatment become more dependent on families and systems of care, and deteriorate quickly losing quality of life and increasing health care costs
- Domestic Violence against seniors, including shaking, can cause concussions
- Seniors with possible concussions require assessment, diagnosis, treatment
- Seniors are often isolated, unable to self-advocate and/or find resources, especially if they have had a concussion

Discussion

- Language is required to highlight a focus on concussion risk with “No Blow to Head”
- Statistics should be collected on “No Blow to Head” concussions for future planning
- Is there a difference in post-concussion care for seniors, compared with children/youth or athletes?
- How does a senior without an advocate navigate the complex and stressful assessment and post-concussion care system, especially one who lives alone or with poor/abusive/neglectful caregivers?

Options For Seeking Supports



- Website
- In-person
- Phone
- Referrals from professionals

Support Line

Seniors Safety Line

Provide assistance to abused seniors and their families across the province

24/7

Highlights:

- Trained, experienced staff answers the phone
- Service in over 150 languages
- One toll free number for the entire province
- Instant access to provincial database listing regional resources
- Instant referral information provided

Benefits for local resources

- No more missed calls when your service is closed
- Immediate service in a crises situation
- Seniors and family members will be directed to local services and agencies
- Detail the services you provide and be part of the provincial database
- Database information is kept current
- Regional statistical information will be available.

Stop Abuse. Restore Respect.

1-866-299-1011

Provincial Information and Support POLICE

RCMP

www.rcmp.gc.ca

Call local Police Service

LEAPS/Seniors Support Officers

Ontario Provincial Police

www.opp.ca

Senior Crime Stoppers

www.canadiancrimestoppers.org

1-800-222-TIPS (8477)

Canadian Anti-Fraud Centre

www.antifraudcentre-centreantifraude.ca/index-eng.htm

1-888-495-8501



**SENIORS
CRIME 
STOPPERS**



**To anonymously report
crimes against seniors.**

1-800-222-TIPS (8477)

Provincial Information and Support REPORTING

Retirement Homes Regulatory Authority

www.rhra.ca

1-855-ASK-RHRA 1-855-275-7472

RHRA is a *not-for-profit organization* that oversees retirement homes, processes retirement home license applications.

Respond to calls about harm/abuses to residents and inspect homes to ensure they meet the standards.

Reporting: If anyone sees or suspect harm or risk of harm to a resident resulting from: Improper or incompetent treatment or care, abuse of a resident by anyone or neglect of a resident by staff of the retirement home, unlawful conduct, misuse or misappropriation of a resident's money.

Ministry of Health and LTC ACTION Line

www.ontario.ca/page/long-term-care-home-complaint-process

1-866-434-0144

A service to hear concerns and complaints from persons receiving service from Long-Term Care Homes and Local Health Integration Networks (LHINs).

Office of the Public Guardian and Trustee - Investigations Unit

www.attorneygeneral.jus.gov.on.ca

1-800-366-0335

Consent and Capacity Board

www.ccboard.on.ca

1-866-777-7391

Provincial Information and Support CRISIS/HELP LINES

Assaulted Women's Helpline

www.awhl.org

1-866-863-0511 (24 hours)

Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

www.satcontario.com/en/home.php

416-323-7518

Ontario Coalition of Rape Crisis Centres

www.sexualassaultsupport.ca

Victim Support Line

www.attorneygeneral.jus.gov.on.ca/english/about/vw/vsl.asp

1-888-579-2888 (24hrs)

Fem'aide

www.femaide.ca/

1-877-336-2433 (24 hours)

TALK4HEALING

www.talk4healing.com/

1-855-554-HEAL (4325)

Support Services for Male Survivors of Sexual Abuse

www.attorneygeneral.jus.gov.on.ca/english/ovss/male_support_services/

1-866-887-0015

Provincial Information and Support

Rainbow Health Ontario

www.rainbowhealthontario.ca/

416-324-4262

Alzheimer Society of Ontario

<http://www.alzheimer.ca/en/on>

1-800-879-4226

LHIN Home and Community Care

<http://healthcareathome.ca/>

The Canadian Caregiver Network

<https://thecaregivernetwork.ca>

Seniors' InfoLine

1-888-910-1999

www.ontario.ca/page/information-seniors

Ministry for Seniors and Accessibility

1-888-910-1999

www.ontario.ca/page/ministry-seniors-accessibility

Ontario Human Rights Commission

1-800-387-9080 or (416) 326-9511

www.ohrc.on.ca/en/about-commission

Office of the Ombudsman of Ontario

1-800-263-1830

www.ombudsman.on.ca/

Provincial Information, Resources and Supports

Canadian Network for the Prevention of Elder Abuse

www.cnpea.ca

National Initiative for the Care of the Elderly

www.nicenet.ca

International Federation on Aging

www.ifa.ngo

Stop Family Violence

www.canada.ca/en/public-health/services/health-promotion/stop-family-violence.html

Stay in touch with us!



[@elderabuseONT](https://twitter.com/elderabuseONT)



www.facebook.com/Elderabuseontario



linkedin.com/in/elder-abuse-ontario/

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Elder Abuse Prevention Ontario

Tel: 705-876-1122 x 327

Email: partnerships@eapon.ca

www.eapon.ca

**HelpAge
Canada**

age helps

SUPPORT CNPEA AND EAPO JOIN OUR MATCHING GIFT CAMPAIGN!

Thanks to the generosity of **HelpAge Canada**, every dollar donated to Elder Abuse Prevention Ontario until the end of June will be matched **up to \$2,500** for each organization.

What does this mean?

It means that if you donate \$10, we will receive \$20. If you donate \$50, we will receive \$100, and so on and so forth, up to a total of \$2,500 per organization.

When you support EAPO with a donation during Seniors' Month, you will **DOUBLE** your **impact!**

Donate safely today via Canada Helps:

EAPO: <https://www.canadahelps.org/en/dn/14272>

With gratitude,



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EAPO Webinar Series

UP-Coming Events

**So you have had a concussion,
what does this mean for an older person?**

Wednesday June 24th 2020

1:00 - 2:00 pm

Speaker: Dr. Tartaglia, Neurologist, Memory Clinic, Krembil Neuroscience Centre, University Health Network.

Learning Objectives:

- To understand how concussion and aging impact cognitive functioning
- To identify key strategies to help older persons after a concussion
- To know where to access some helpful resources

EAPO Webinar Series

UP-Coming Events

Understanding Ontario's Estate Administration Tax

Tuesday June 30th 2020

1:00 - 2:00 pm

Speaker: Jeremy Bertrand, Tax Advisory Specialist, Ontario Ministry of Finance

Would you like to better understand how Ontario's Estate Administration Tax (EAT) works? Has someone asked you to be their estate representative? This webinar will provide you a better understand how Ontario's Estate Administration Tax (EAT) works.

This webinar that will teach you:

- What EAT is and when it is applicable
- What assets are included in the tax calculation
- How to determine the value of an asset
- How to calculate the tax
- How to file the tax return and pay the tax
- Recent legislative changes to the tax.

Understanding Ontario's Personal Income Tax, Credits and Benefits Amid the COVID-19 Pandemic

Tuesday June 23rd, 2020

10:30 - 11:30 am

Speaker: Jeremy Bertrand, Tax Advisory Specialist, Ontario Ministry of Finance

Regardless of your age, income level, or time of year it is, your time will be well spent exploring the answers to the following questions:

- How well do you understand Ontario's personal income tax, credits and benefit programs?
- How does it all work in a year disrupted by a pandemic?
- Are there new relief measures you can access?
- Will your income for 2020 be significantly impacted by year end and change what you normally qualify for?



*Thank
You*