



DMARehability NEWS

November 2017

IN THIS ISSUE

Featured Service

Return to School

H.A.B.I.T. – Helping Acquired Brain Injury Treatment Annual Golf Tournament

DMAREhability was there...

Brain Injury Association Sarnia & Lambton

New DMAREhability Team Members

DMAREhability remains committed to hiring and training highly qualified professionals that reflect our business practices. In this edition you will be introduced to some of these professionals and their accomplishments, as well as corporate services, news and events.

At DMAREhability, we maximize the functional and economic potential of our clients impacted by illness/injury. We have over 20 years of experience, expertise and knowledge, delivering quality service and maintaining consistent results. Everything we do in the client's home, place of work and community contributes to solutions that are cost effective, real-life and relevant.



NOVEMBER
2017

Return to School

Written by: Monique Feron, Social Worker, DMAREhability

Parents, are you relieved, or secretly worried? Is the decrease of stress around entertaining those precious children with summer activity, play dates, travel or camp MORE or LESS than the stress associated with return to school?

For over 10 years we have heard the now popular radio jingle or TV advertisement which refers to the return to school as "The most wonderful time of the year." Once a song that was played with bells ringing to celebrate the festivities around the Christmas Season is now suggesting the return to school as the Most Wonderful Time of the Year. Is it? While many a parent feels relief, and welcomes the September to June school structure and routine, there are a growing number of students who do not share this perspective and would not describe the return to school as relieving. With anxiety plaguing Canadian young minds, many students approach the onset of the new school year with fear, worry, physical symptoms and a mind filled with creative strategies to avoid the pain they associate with school.

Recent reports indicate that 20% of children and youth present with anxiety symptoms. Dr. Jean Clinton, a child psychiatrist at McMaster University reports to Global News the following: "As a society, we need to be saying this is a crisis." Dr. Clinton is referring to the expedient rise of 1 in 5 Canadian children and youth who suffer with diagnoses within the stress, anxiety and depression umbrella.

What happened to phrases like: carry on, pull your socks up, whining won't get you anywhere, structure is good, that child needs a good spanking, tomorrow is another day? They worked for this author and many of you. What is different? With anxiety on the rise, we see the fall of good old fashion characteristics like grit, stick-to-it-ive-ness, tenacity, drive, sheer determination etc., We hear the new language version: resiliency, cognitive skills development, mindfulness, calming strategies, wise-mind, problem-solving etc., and we have manuals and programs to deliver, teach, and rehearse these skills. Children and youth are not equipped to manage the social interactions, interpersonal struggles or the challenges of growing up. The quote by Margaret Mead reminds us of the importance of teaching our young minds the "how," she says "Children must be taught how to think, not what to think." We need to give them the tools and skills to feel strong enough to manage their world.

What happened? Why such a change? That's for the next newsletter, but let's just say children and youth today are not the intense navigator's children once were. Life is navigated for them, either via Google, instant everything, fast food, immediate responses - text; minute by minute updates – snap chat, Instagram, tweet, twitter; and social media. When instant doesn't happen today's children and youth feel unsettled, not included, left out, not admired, threatened, anxious and afraid. The Children and youth of today lack an inherent balance barometer. Their mind and thoughts move quickly to chaos and catastrophic thinking, they lack the tools to move to "I can" thinking. The lack of ability to navigate, the reality that our children and youth do not know how to dig for a solution or how to find self-affirmation, is one of issues that give rise to our children and youth, and their quick format for panic.

Let's look at the internal experiences of the child who is separated from the device that provides the easy, quick fix that is usually readily available. When required to self-navigate, they feel like a fish out of water. Not unlike the fish out of water, they sputter, flip and flop. They feel panic, overwhelmed and uncomfortable.

If we agree that the past is a good indicator of the future, and if experience is the best teacher, then we can understand that our children and youth would be unwilling to re-enter that place which was cause for uncomfortable feelings. They will avoid and stay clear from reinjury or from the internal pain.

In an article written by Allison Vuchnich and Carmen Chai they show findings that Canadian children and youth report that social stress is 10 times more stressful than exam stress. They go on to remind us that the adolescent is in the midst of active emotional brain development; the part of the brain that looks at logic and reasoning which is not as far developed as the emotional brain. Therefore, the social aspects of adolescent life are by far and away the pressing, most important components of their thinking, feeling and actions. In this era of intense social media and social pressure, the emotional part of the young brain becomes easily saturated, children and youth experience overwhelming feelings quickly. This overwhelming feeling, this nervous wonder, is anxiety. Alicia Lutes, Associate Editor of Smart Girls describes anxiety "like a monster that lurks behind you, hoarding all your rational thoughts." It's a no wonder we are seeing an epidemic, our adolescents are responding naturally, when overwhelmed it is natural to retreat, react, avoid or fight, flight or freeze. The difference is the frequency our children and youth would report they are overwhelmed.

No generation before has been met with such intense social demands and pressures. The brain is not yet ready to manage the intensity being experienced, the brain spills over and the symptoms that present are the result of too much, just plain too much. This combined with lower navigation skills, less tenacity and confidence contribute to a rise in symptoms of anxiety.

Children and youth are immersed in Social Media and their mobile device. Many reference this as a time of scrolling or even relaxing. Our youth will go to the device when they are taking a break, and many refer to going on their device as going to their happy place. Studies do show that as time on devices increase, rates of happiness decrease. Children and youth would report a different experience. They have a perceived gain when on social media, they feel affirmed, popular, liked or physically secured when getting comments, likes, re-posts, re-tweets, or inclusion in group chats. There is some truth to their report, a chemical called dopamine which is a pleasure controlling chemical in the brain is released when good feelings or experiences happen. In this example the device is like the drug, it has a strong draw, a pull, our children and youth are intensely committed to respond to the device pull. The release of the chemical dopamine is the same as the high or fix of those with addiction. Staying connected is the fix. Staying connected also causes a great deal of strain. Twitter is described as a "battlefield of competition, how many followers, how many favorites or retweets." (A.Lutes) Living in a battlefield, experiencing chronic alert, being on guard all day, every day create an internal self that is chronically unsettled. Such a demanding existence lends itself to worry, fear and nervousness daily. Our children and youth are in a battlefield, that leaves them ill at ease. The power of technology is shaping and influencing the thoughts and feelings of the children and youth today.

Does your child or youth use anxiety language to describe their concern? Do they have difficulty ungluing from their device? Do they seem driven by

every binge or ring their phone makes? Are they defensive of their time on their device and profess they can listen to you and be on their phone at the same time? Have you every suggested that their time, mood and person is impacted by their device while they argue that their mood is not related to the happenings on social media? Have they like many youths made poor choices regarding the sharing of sensitive material? Would they be lost without their device? Has your child or youth made extreme statements about the impact on their life in a social media crisis? If yes, then perhaps we are seeing early signs of a child or youth who lacks the confidence, control, clear and concise plan that combined provides a child or adolescent the ingredients to move forward into successful adulthood.



What can we do. Encourage a plan, purpose and direction, feed confidence and completion. Yes, feed completion, when a person completes a task it will invite a YES IT'S DONE response, this has positive impact, and feeds the sense of capacity. Create a clear role in the household, even if it's a role or responsibility initially resisted. Roles give purpose and create self-definition, it is easier to say no to something when you have a clear self with which you operate. Support the development of a passion. Passions bring healthy dopamine and drive. Teach and encourage mindfulness and awareness of feelings.

Mindfulness is a watchdog to self-messages; mindful thinking develops positive self-talk. Be positive, uplifting and upbuilding but don't overdo it, it is more important to interrupt negative self-talk then it is to be an overzealous cheerleader. Put downs make it hard to get up. The absence of negative self-talk allows a positive or at least neutral self to be present. "Negative emotions like fear and sadness can lead to brain activity and thought patterns that are detrimental to creative, productive work: (a) avoidance of risk; (b) difficulty remembering and planning; and (c) rational decision-making." (Lice Isen)

Other considerations include engaging our adolescents in developing a clear path. When they can see the road ahead, have a goal, are excited for where they are heading, the process of getting there becomes less of a hurdle, more of a desire and the reality of achieving is increased significantly. It's hard to get to where you are going when you don't know where that is. Unfortunately, many children and youth do not have a defined or even partially defined goal of what they want for their future. Youth today feel tremendous pressure to know what they want to be when they grow up. The result of an answer rich society, google and instant outcome society is that today's children and youth feel less self-defined than the generation before them. The very thing that drives their lack of awareness may be the approach to gain awareness. Accessing a tool, often using online resources, to complete an assessment of aptitude, achievement, interest testing and vocational options can and will assist in cultivating a direction for a youth to consider. Feedback given from a computer-generated assessment experience is like google, completely true and accurate, just kidding. However, it is feedback given in the very method youth have confidence and comfort with. These types of assessments can be formally completed by vocational specialists and those skilled in psychometric testing. Be aware, not all testing is equal, if Vocational planning is the goal be sure to be specific about the service you are seeking.

H.A.B.I.T. – Helping Acquired Brain Injury Treatment Annual Golf Tournament - Sept. 2017

Phillip Millar, Millar Law, Louis del Signore, Siskinds, Kirin Baskey, DMARehability, Jan King, DMARehability>



DMARehability was there... - Concussion Research & Awareness, Aug. 2017

Greg Willson, Lerner's, Agnes Agnelli, DMARehability Ron MacLean, Cheryl Scollard, DMARehability.



Brain Injury Association Sarnia & Lambton, Annual Conference - Sept. 2017

Committee Members, left to right-Laura Zelenik, Foster Townsend, Nadia Butchey, Lambton Public Health, Christina Martin, Siskinds, Linda Pereira, Lambton Mutual, Cheryl Scollard, DMARehability Chantal Prasad, DMARehability, Kevin Cheung, Fleck Law.



We Warmly welcome the following professionals to our Team:

Alisha Parent, Occupational Therapist, **Windsor**

Valentina Ievski, Occupational Therapist, **Windsor**

Colleen Grossi, Speech Language Pathologist, **London, Sarnia**

Dominique McKee, Vocational Specialist, **London**

Monique Feron, Social Worker, **London, Kitchener**

Tennille Baskey, Rehabilitation Therapist, **London**



LOCATIONS

CORPORATE HEAD OFFICE:

1151 Florence Street, Suite 300,
London, Ontario N5W 2M7

Phone: 519-452-0046

Toll Free: 1-866-309-0046

Fax: 519-452-1413

Toll Free Fax: 1-866-899-7460

Email: info@dmarehab.com

REFERRALS:

Phone: 519-452-0046 ext. 226

Toll Free Phone: 1-866-309-0046 ext. 226

Fax: 519-452-3692

Toll Free Fax: 1-866-442-7691

Email: intake@dmarehab.com

WINDSOR OFFICE:

1682 Howard Ave,
Windsor, Ontario N8X 3T7

Phone: 519-974-7399

Toll Free Phone: 1-866-802-5518

Fax: 519-974-1838

Toll Free Fax: 1-866-899-7460

Email: info@dmarehab.com

KITCHENER:

1601 River Road, Suite 311
Kitchener, Ontario N2A 3Y4

Phone: 519-893-9747

Toll Free Phone: 1-866-467-3339

Toll Free Fax: 1-866-899-7460

Email: info@dmarehab.com