Stacey L. Stevens



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Stacey Stevens is a Partner with Thomson Rogers. She has dedicated her legal career to working with people and their families who have been seriously injured in what has often been described as one of life's most traumatic and life altering experiences.

Stacey's core belief is that her clients not only deserve justice following a serious car accident but also every opportunity to recover and build resilience as they adapt to what for many of her catastrophically injured clients is a brand new way of life.

Stacey's belief in the power of resilience comes from her own life changing events that followed her decision to leave home at an early age. Over the next 20 years Stacey forged her own path and ultimately achieved her life-long goal of becoming a lawyer.

Since being called to the Bar, Stacey has built a strong reputation within the legal, insurance and rehabilitation community. She has a client centred practice that works collaboratively with her clients and their rehabilitation team to navigate through the complex and stressful world of statutory accident benefits and litigation.

Her efforts have not only been recognized by her clients but also her peers. She has earned the highest peer rating of AV Pre-eminent in Martindale Hubble and is recognized by Lexpert and Best Lawyers Canada as well as being sought out in interviews on Canada AM, the Business News Network and CFRB Radio and in newspapers and magazines including the Lawyer's Weekly, Law Times, The Litigator, and The Globe and Mail.

Leigh Craney



Leigh Craney & Associates Case Management 3255 Edenwood Cres Burlington, Ontario L7M 3K6

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Leigh Craney holds a Bachelor of Science degree from Brock University, and has been working as a community case manager since 2003. While working it the field, Leigh has successfully completed extensive brain injury and spinal cord injury educational training through the Ontario Brain Injury Association (OBIA) & Brock University, McMaster University, and the University of Calgary.

Leigh is an accredited Registered Rehabilitation Professional (R.R.P.) through the Vocational Rehabilitation Association of Canada, a VRA member in good standing, and a member of the Ontario Rehab Alliance.

Noha George



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Noha George, M.S.W., Reg. (OCSWSSW), Reg. (CRPO), is a registered psychotherapist and a registered social worker who holds a Master of Social Work degree from the University of Toronto. For past 29 years, she has worked within an inpatient hospital neurological rehabilitation unit and in her own private practice, providing psychotherapy to individuals, couples, and families who have experienced physical, mental, and emotional trauma.

Noha uses a holistic approach that draws upon principles and practices from a variety of therapeutic modalities that work together to honour the whole person, including but not limited to Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Mindfulness Based Stress Reduction (MBSR), Eye Movement Desensitization and Reprocessing (EMDR), Emotion Focused Therapy (EFT), Sensorimotor Psychotherapy (SP), and Acceptance and Commitment Therapy (ACT).

In addition to her direct clinical work, Noha has initiated and organized workshops in the wider community on various topics such as management of stress, anxiety, and depression, non-violent conflict resolution, traumatic brain injury, and parenting. She was also involved in organizing some of the earliest community wide events in the Greater Toronto Area, aimed at increasing awareness around traumatic brain injury.

Noha continues to be actively engaged in her community as a volunteer, often offering her services as a speaker and/or panel discussion member at conferences, workshops, and other group events.

Debbie Patterson



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Debbie Patterson is a registered physiotherapist in the provinces of Ontario and Alberta. She is a founding member of the Pain Science Division of the Canadian Physiotherapy Association.

Debbie has a clinical practice treating people whose lives are affected by persistent and complex pain conditions. She has worked within the Biopsychosocial model of pain for over 35 years. She sees herself as a physiotherapy coach to help patients relieve suffering, pain and distress and improve their quality of life. Debbie has used Telerehab to assess and treat patients for over 10 years.

She is a trained and certified Progressive Goal Attainment Programme (PGAP) clinician and is trained in Cognitive Behavioural Therapy and Motivational Interviewing.

Debbie has a passion for teaching patients and health care providers about the science of pain in the Biopsychosocial model. She has taught courses in pain science and appropriate assessment and treatment approaches. Now she provides live and recorded webinars. She also mentors other physiotherapists in developing their knowledge and skills to better meet the needs of their patients with persistent pain."

Rohit Tamhane



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Rohit Tamhane is the founder and CEO of Arcadian Home Care. The company was founded in 2005 and specializes in home care for those suffering from Alzheimer's and related dementia, and ABI in the greater Toronto area.

Back to School

Case Study: Navigating Challenges in Rehabilitation Tips for Dealing with Difficult Clients

Panel:



Stacey Stevens (Chair)



Leigh Craney



Noha George



Debbie Patterson



Rohit Tamhane

1. Ensure no team member, including the lawyer, works in a bubble. Bubbles do not make a strong foundation. Having weekly client check in calls is a highly effective tool to contribute to building the foundation. It is a way to keep on top of a multitude of issues that can spiral out of control. It's an opportunity to reinforce grounding techniques, get ahead of anxiety provoking thoughts, and acknowledge and celebrate successes.

Be available to support fellow team members after encountering difficult situations or behavioural outbursts. Strong team bonds translate into a strong team foundation.

2. It is essential that there is strong communication throughout the team so that every team member is aware of presenting issues, potential pit falls, triggers, and consistent treatment approaches to address.

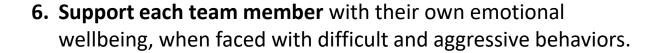
3. There must be clear and specific treatment approaches, particularly when dealing with difficult situations. Ensure each team member is aware of any presenting difficult situation, and is well versed in the recommended treatment approach so there is consistency from one provider to another.



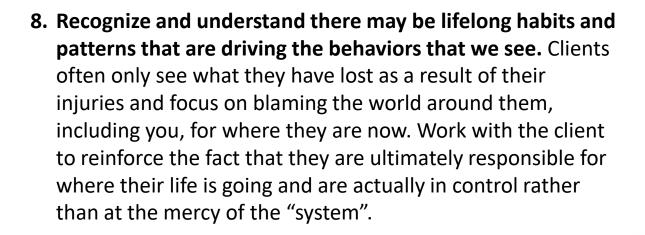
4. Unite in times of crisis. Quite often clients are in a perpetual state of crisis. With each crisis event, the team should come together in a quick and efficient manner to ensure there is an appropriate plan to deal with the event, and to ensure it will not take precedence over the rehabilitation.



5. Avoid team splitting and finger pointing when the client attempts to pit one team member against each other. This includes legal counsel. Often the lawyer is either unaware of the challenges the client is presenting or positioned in a way that s/he are not part of the treatment team. Do not hesitate to contact the lawyer when issues arise, even it is just to keep them informed, so everyone is working with the same base of information.



7. Find the hook. Something that grabs the client's interest and allows the client to leave their anger behind and move on with dignity and intelligence.



9. Design a set of "Rules" for the client and team to follow. This will help identify each person's role and responsibilities during the process. This includes the clients.

