



Brain Injury Association of Canada
Association canadienne des lésés cérébraux

THE BRAIN TRAIN

Get on board with BIAC

Published by the Brain Injury Association of Canada

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So, what is an addiction?

Let's be clear about this and use following medical model as the definition:

Addiction is a dependence on a behavior or sub-stance that a person is powerless to stop. The term has been partially replaced by the word dependence for substance abuse.

Addiction has been extended, however, to include mood-altering behaviors or activities. Some researchers speak of two types of addictions: substance addictions (for example, alcoholism, drug abuse, and smoking); and process addictions (for example, gambling, spending, shopping, eating, and sexual activity). There is a growing recognition that many addicts, such as polydrug abusers, are addicted to more than one sub-stance or process.

It is a progressive syndrome, which means that it increases in severity over time unless it is treated. Substance abuse is characterized by frequent relapse, or return to the abused substance. Substance abusers often make repeated attempts to quit before they are successful. — Bill Asenjo, MS, CRC

People with FASD or other acquired brain injuries regardless of their age, are extremely vulnerable to the effects of addictive substances like alcohol, drugs, or tobacco, because of the brain damage and resulting behavioural challenges, and because of emotional and social dysmaturity. They are always emotional and socially younger than their physical age.

They are also vulnerable to process addictions like gambling (at VLT's, casino's, or on-line). It's vital that caregivers and friends fully understand this vulnerability and have an action plan in place to access support, help, and information. Awareness is the foundation to supporting your child, teen, or adult child. *(continued on page 5)*

Annual Conference 2008

**5th ANNUAL BRAIN
INJURY ASSOCIATION OF
CANADA (BIAC)**

***"The Squeaky Wheel
Gets the Grease; Getting
What You Need!"***

July 11-13, 2008

Word from the President

It seems that time passes more quickly with each year. It's difficult to believe that we are already into February of a new year. From all indications 2008 is going to be a very exciting year for the Brain Injury Association of Canada. We have been working with SmartRisk and the Knowledge Network on a film, we are organizing a bursary program for persons with acquired brain injury pursuing a post-secondary education to be awarded in Brain Injury Awareness Month (June) and we are well on our way in the organization of our 2008 Annual Conference in July to name just a few. Information on these can be found on our website www.biac-aclc.ca. It is enormously encouraging to us all to see the increased visibility that brain injury prevention is receiving in the media recently. At least every week when I read my daily paper there is something that brings one's attention to playing safely, including recently a Family Circus comic strip about wearing a helmet when tobogganing. Educating youngsters and having them learn about helmet use will carry forward into their older years and ultimately protect our most valuable resources – our children.

We would like to thank everyone who supported us in any manner last year and encourage you to be in touch with us if you can be involved again this year. We appreciate our many volunteers who serve on our Board of Directors and our committees. We appreciate the many people who show confidence in our work by assisting us with financial support. Most importantly, we appreciate everyone across this great country of ours who live with the affects of acquired brain injury in their lives. You are the reason for our existence.

Shirley Johnson
President

News from Nova Scotia

- Prevalent in the brain injured community of Nova Scotia funded by the Department of Health and carried out under the auspices of BIANs has been completed and was scheduled for presentation to the Dept of Health in January, 2008. It is expected that many recommendations to address the gaps in the continuum of care for those with brain injuries will be forthcoming from this study.
- Preparations are under way for the annual BIANs golf tournament to be held at the historic Brightwood course overlooking Halifax Harbour in Dartmouth, Nova Scotia. The popular tournament will be held on 16 June. Unfortunately it looks like neither Mike Weir nor Stephen Ames will be able to make it this year.
- Planning is currently taking place for the Annual General Meeting of BIANs in May. This year's meeting marks the 20th anniversary of the establishment of BIANs. So we expect to mark the occasion everyone will be wearing a piece of platinum jewelry or a day lily.

Hawaiian Oyster Odyssey kicks off with a bang as the over 150 guests walked the red carpet in Toronto!

TORONTO, Ontario — Toronto's 4th Annual Hawaiian Oyster Odyssey, the 18th held across Canada since they kicked off in 2005, was held January 21 and was a blowout success.

Over \$350,000 has been raised and has allowed BIAC to launch national programs, open an office and hold annual conferences with delegates from across Canada.

This year's Toronto event featured stories of survivors Sarah Briggs and Danny Betts. Sarah, a BIAC director is a former National ski team member who wowed the audience with the impressive way she came back after her brain injury. Danny, a member of BIST, told his story of comeback after an accident just two years ago.

Over 150 attended, including Ontario's Deputy Premier and Health Minister George Smitherman, Education Minister Kathleen Wynne, David Zimmer MPP, Carolyn Bennett MP, former Legislative speaker David Warner and Markham Deputy Mayor Jack Heath.

Thanks to national sponsors Diageo, Insurance Bureau of Canada, TD Bank Financial Group, Bombardier and Apotex. Barrick was a Toronto sponsor and Air Canada has again donated a pair of Airline tickets to Hawaii. Toronto's winner was Diane Broad. The event was featured in a number of media.



Be sure to make other upcoming HOO events in your calendar:

- February 20 – Gatineau, PQ
- March 14 – Saskatoon, SK
- May 2 – Moncton, NB
- May 3 – Charlottetown, PEI
- June 6 – St. John's, NF
- July 11 – Montreal, PQ

For more information see www.hawaiianoysterodysseys.ca.





Grief – There is No Way Around it!

— By Janelle Breese-Biagioni (www.soulwriter.com)

You have undoubtedly heard the saying – “You can do this the easy way or you can do it the hard way!” However, what if the task at hand, as in grief, is already hard? The reality is there is no easy way to grieve. When grieving a loss – whether it is a death, catastrophic injury, chronic illness or transitional loss – the journey is hard, long, and difficult. Furthermore, the grief journey can be longer and more difficult if we do not engage in the process.

Unfortunately, society doesn't always support the grief process. For example, consider how many employers do you know who will allow an employee more than 3 days bereavement leave? And, how many of those employers have an open-ended list of people that qualify as important enough to warrant giving the employee bereavement leave? Not many – if any! The provision is usually for the death of an immediate family member as in father, mother or a sibling. But what about the person whose family are their friends? Are they not entitled to time off when their 'stand-in mother' dies just because they don't share the same blood?

Commercially, we are flogged with the perception that anything worth having is instantaneous...high-speed email, fast food, digital pictures, instant messaging and on and on. It is no wonder that society holds the false expectation that when tragedy strikes, people should “heal fast” and “get back to normal as soon as possible”! The journey of loss is not that easy. To engage in the grief process is to suspend life and to be fully aware of each aspect of the loss, including secondary losses. For example, if you are catastrophically injured, you may not have the ability to return to work and as a result have limited income. The loss of financial security is a secondary loss. Each loss must be grieved and, yes, this takes time. By engaging fully in the grieving process we can come to terms with the loss and eventually renew our capacity to love, laugh and plan for the future. As difficult as it sounds, there is no way to the other side of grief except to go through it. Take time to heal – for however long that takes! You are worth it!

Together We Can Make A Difference – from one parent to other parents

On a night that now seems like a lifetime ago we lost our son in a car crash. He was happily working at a job that would lead to a career he loved.

We did not get to grieve - no one noticed we had lost him. How could this happen, you ask? My answer – it happens all the time. The son we loved was gone forever as a result of his accident. Another person with the same name still exists. Once in a while a glimpse of the old person will pop through, but these are few and far between and becoming more so.

You see, his physical being survived this crash. He received a massive brain injury that resulted in severe damage and “our son” was gone forever. The happy young man who had a huge circle of friends, enjoyed life and was a considerate, caring son has been replaced by someone who has not a single friend, struggles daily with loneliness and frustration, and for whom life is constantly challenging. He looks almost like everyone else on the street, he walks and talks. His disability is not announced by a mobility problem. He recognizes that many years after his accident he has not achieved any of the things he was dreaming of as a young man.

As a parent I have to admit that I was very much looking forward to the time when our children were grown and we could travel and enjoy life. That is very different from what life is like for us now. We have the time and resources that would allow us to travel. The truth is, however, that our son does not have the support he needs from our “system” to allow us the luxury of really retiring. We are thankful for the “good” day or stretches of days when he is settled and content. We are very worried and unsure of what the future will hold for him. This is not to say that we don't have positive things in his situation. He has worked hard at being a good parent. He lives a healthy life style that is free of drugs and alcohol and owns his own home. He has wonderful support in the legal community, albeit we pay dearly for it. The support workers who are with him part of each day, and for whom we pay privately, are good people.

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(Grief – continued from page 3)

Our healthcare system was very skilled at saving his life and getting him through his eight months of "recovery." This same system released him from hospital to a family that had no previous experience with brain injury. This same system watched and told what we should do to "manage" for many years while providing minimal support so that there was never enough funds for psychological treatment or therapy. The current systems are incapable of providing support sufficient to allow any of us to move forward in our lives.

What is in our son's future? Unless he can recover from his brain injury after twenty years – more of the same. What is our future? The rest of lives providing support for our son and worrying about what will happen when we are no longer able to, plus dealing with our own medical conditions that have occurred as a result of the stress and, of course, aging.

Our story is not unique or even very different from hundreds of others. Some of these people live in their own homes and manage fairly well independently, some live in homes specifically managed for people with acquired brain injury, some of them live in extended care facilities shared with elderly people in their final years, many live in the provincial and federal correctional centres across the country and many have nowhere to live but on the streets. Unfortunately, to our politicians, health care systems and other bureaucrats people who survive acquired brain injury are disposable – and so are their families. How can we change this? - Through continued pressure on those who could provide the support needed. Unfortunately not one of us has the time, energy or expertise to do it alone – but together we can make a difference.

In A Nutshell

— by Barb Butler, Editor

We are fast approaching our 5th annual Conference and it promises to be bigger and better. It is a chance for survivors, family members and professionals interested in brain injury to gather together in a beautiful setting to learn and meet others in similar situations. I would encourage all of you to watch the website or call our toll free number for further information. Once again I hope you enjoy this edition of the "Brain Train" newsletter. It is a newsletter written to keep you informed about the Brain Injury Association of Canada. Please feel free to contact your editor at barbbutler@biac-aclc.ca. Your questions and comments are encouraged and appreciated. Enjoy what is left of winter in your area, look forward to spring and I hope your summer plans include attending our conference. I look forward to renewing friendships with those who have attended before and making new ones too. Together we can learn and educate others.

Meloni Lyon – Vice President External Affairs



Meloni has been a registered nurse for over 25 years, graduating from Red River Community College in Winnipeg, MB in 1980. She has worked in a variety of health care settings including, neurology, neurosurgery, acute care in-patient psychiatry and rehabilitation.

She has several years experience working with people with developmental disabilities and with acquired brain injury, as well as with their families and caregivers on an inpatient basis and in the community.

For the past several years, working in long term care, she has gained valuable experiences working and living with survivors. She has gained a heartfelt and personal understanding of brain injury following the tragic death of her 11-year-old son, Abraham, in July 2003; her daughter suffering a serious concussion, and her grandmother's debilitation and death after suffering 2 strokes.

In addition to her busy life as a mother and a foster parent, she became involved in the Brain Injury Association of Alberta in 2004. In 2005 she became the BIAA representative to the board of directors for the Brain Injury Association of Canada. In 2006 she was elected Vice President, External Affairs and is now in her 2nd year. Her responsibilities include, the BIAC-ACLC annual conference in Pierrefonds, Quebec in 2007 and again in 2008. She serves as a member of the Alberta Disability Forum group in Edmonton, Alberta.

She lives and works in Ponoka, Alberta and will remain a dedicated advocate for survivors, their families, service providers and the brain injury community at large for many years to come.

She is particularly thankful for her daughter's and other family members understanding and compassion when it comes to serving these causes.



(Addiction – continued from page 1)

Addiction to substances results from the interaction of several factors:

Drug chemistry

Some substances are more addictive than others, either because they produce a rapid and intense change in mood; or because they produce painful withdrawal symptoms when stopped suddenly.

Genetic factor

Some people appear to be more vulnerable to addiction because their body chemistry increases their sensitivity to drugs. Some forms of substance abuse and dependence seem to run in families; and this may be the result of a genetic predisposition, environmental influences, or a combination of both.

Brain structure and function

Using drugs repeatedly over time changes brain structure and function in fundamental and long-lasting ways. Addiction comes about through an array of changes in the brain and the strengthening of new memory connections. Evidence suggests that those long-lasting brain changes are responsible for the distortions of cognitive and emotional functioning that characterize addicts, particularly the compulsion to use drugs. Although the causes of addiction remain the subject of ongoing debate and research, many experts now consider addiction to be a brain disease: a condition caused by persistent changes in brain structure and function. However, having this brain disease does not absolve the addict of responsibility for his or her behavior, but it does explain why many addicts cannot stop using drugs by sheer force of will alone.

Social learning

Social learning is considered the most important single factor. It includes patterns of use in the addict's family or subculture, peer pressure, and advertising or media influence.

Availability

Inexpensive or readily available tobacco, alcohol, or drugs produce marked increases in rates of addiction.
Individual development

Before the 1980s, the so-called addictive personality was used to explain the development of addiction. The addictive personality was described as escapist, impulsive, dependent, devious, manipulative, and self-centered. Many doctors now believe that these character traits develop in addicts as a result of the addiction, rather than the traits being a cause of the addiction. — Bill Asenjo, MS, CRC

We also believe that addiction is a 'feeling' disease. If we have issues of pain, loss, grief, sorrow, low self-esteem, isolation.... Then we may turn to a behaviour (smoking, gambling, drinking, drugs, shopping) that becomes addictive to help soothe the pain.

PREVENTION

The most effective form of prevention appears to be a stable family that models responsible attitudes toward mood-altering substances and behaviors. Prevention education programs are also widely used to inform the public of the harmfulness of substance abuse. — Bill Asenjo, MS, CRC

So, create a drug and alcohol free home, model the behaviours you wish your child or teen to model. Offer ideas for social gatherings that are not structured around 'parties' but around activities like movie nights, bowling, skating, or cross-country skiing as just four ideas. If you are helping someone in recovery do not have alcohol or drugs in your home. You may not be able to control what they buy for themselves, or keep in their homes, but you can take care of your own environment. Recovery is a life long journey. There is no safe amount of alcohol/drugs for a recovering addict to use.

The FASD Centre at the Regina Community Clinic is dedicated to helping people in Southern Saskatchewan who are living with the effects of FASD. FASD is a disability that impacts every community. If you think we can help, or have questions, call 306-543-7880 x268.



To support the work of the Brain Injury Association of Canada

You may donate in one of four ways :

1. Donate Online through www.CanadaHelps.org
2. By Cheque - Send a cheque with your complete name and mailing address to

Brain Injury Association of Canada
28 Caron Street
Gatineau, QC J8Y 1Y7

3. By Credit Card via phone Call 1-866-977-2492 and donate by credit card.
4. Gift Donation – make a donation as a gift to a family member, friend or colleague. A card will be sent to them and you will receive a charitable receipt for tax purposes.

If you have any questions about donating to the Brain Injury Association of Canada or would information about Planned Giving please contact us at 1-866-977-2492 or by email at info@biac-aclc.ca.

