



## *The Synaptic Post Quarterly Newsletter*

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### **Message from Executive Officer**

The British Columbia Brain Injury Association is pleased to begin 2007 in a positive direction. We have been busy rebuilding the organization to better reflect the needs of all persons with Acquired Brain Injury and their families across our province over the last eighteen months. We have returned to our organization's grass roots - changing the name back to the original name. We have a refreshing new logo and our tag line, which we believe, embodies the BCBIA organization, which is to provide the *spirit of hope*.

While we understand that it is hard to maintain the spirit of hope when faced with brain injury, we truly believe that by working together with others including regional organizations, community organizations, government, business and especially those persons who experience ABI first hand and their families we can collectively keep our spirit of hope alive and strong by collectively providing support and a voice for the ABI community in BC.

We are actively seeking members and welcome all who have an interest in making a difference through our prevention initiatives and increasing the quality of life for those with Acquired Brain Injury. Volunteers for committee work are also needed. If you would like to join us in by supporting BCBIA through membership, volunteering or by donation please refer to the appropriate web pages for further information.

Our new Sports Concussion Cards are now available and we plan to further expand our concussion program to include a Kid's Concussion card later in the year.

I am truly privileged to work with such a great team, our Board of Directors, Advisory Committee and volunteer committees are working hard to make a difference in the

Province of BC in the Acquired Brain Injury community and we hope that you will join us.

Sincerely,

Patti MacAhonic, Executive Officer – BC BIA

### **Mild Traumatic Brain Injury: Invisible...Undiagnosed? Untreated?... *Deadly***

By Kerry Jackson, bereaved mom

Excerpts from [www.2020Parenting.com](http://www.2020Parenting.com)

In January of 2002 I lost my only precious child, son Ryan, to crystal meth-induced bipolar disorder and suicide. He was 12 days shy of his 27th birthday. However, I now believe that I really began to lose Ryan when he was only two and a half!

It was at this time he sustained two accidental head traumas that, from the information I have obtained since his death, were bad enough to cause mild traumatic brain injury (MTBI). The second injury happened at a family gathering on a beautiful summer day.

The sundeck was missing its railing, awaiting a replacement, so we kept the kids indoors and sat guard on the deck as we visited. Suddenly Ryan burst through the doors, turned and taunted the others to chase him. Before any of us could catch him off he went, landing nine feet below onto a pointed rock... smack in the middle of his forehead.

I still cringe at the thought of it, but in those days, a few stitches and an overnight in hospital confirmed to the doctor he was okay.

Brain researchers have known differently for about 15 years that a “closed head” injury, even without concussion or loss of consciousness, can cause permanent damage if left untreated...(two close together – even more dangerous!).

Sadly, even today, few parents are aware of how vulnerable their child’s brain is, much less what the symptoms of injury are, whether immediately or gradually apparent, how one or two will lead to more... and how often they are misdiagnosed as ADHD, Oppositional Defiance Disorder (ODD), some other brain-related behavior disorder, or just plain family troubles, therefore mistreated or untreated.

You may be wondering how this led to Ryan’s eventual demise.

The lack of accurate assessment and treatment left him with long-term behavior difficulties that he had no control over: emotional impulsiveness, lack of emotional control, distractibility, inability to conduct himself according to negative consequences previously learned, inability to follow through with decisions (his own and others he would agree too) poor memory, poor thought organization, stubbornness, and many other

symptoms consistent with frontal lobe injury (executive function/self conduct). His continual failures adversely affected how he saw himself (self esteem) and he became more and more difficult to handle, eventually leading to drugs and alcohol, school problems, work problems, eviction from his apartment, homelessness, drug-induced mental illness, and suicide.

Yes, Ryan did have other emotional problems that alone could have resulted in the same end even with counseling/therapy. However, with effective MTBI treatment he would have had a fighting chance to overcome his other problems as I did provide him with counseling several times – he just could not stick with it (inability to follow through, forgetting appointments).

Furthermore, with my own lack of understanding and parenting techniques for "normal" kids I had unrealistic expectations of him, as did everyone else including school and health professionals, which further undermined his self-esteem and self-confidence. Eventually this drove Ryan towards his more understanding and accepting peer group: other youths with underlying problems and self-medication coping habits.

As you can see, timely accurate diagnosis and effective treatment is crucial, for the sake of our children's success in life. Though we have a long way to go with this there is reason to be hopeful. Science has recently proven that the brain is quite plastic (able, with assistance, to rebuild to a great degree). Help is here and continuing to develop. If you or a loved one has a brain injury, do ask questions... never give up. Your future really does depend on it.

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*For further information about MTBI, and other earlier risk factors/vulnerabilities for substance abuse please visit: [www.2020Parenting.com](http://www.2020Parenting.com) > Potential Vulnerabilities > Mental Conditions > Brain Injury. Kerry Jackson, founder of 20/20 Parenting, is also a new committee member of the BCBA.*

## **Tax News**

By Earle Yasin, BCBA Treasurer

### Non-refundable government tax credits and deductions

Did you know that non-refundable tax credits can reduce the amount of income tax payable by a disabled individual? The value of these credits decreases when income reaches a specific level. Specific benefits are the Disability Tax Credit, the Medical Expense Deduction, the Caregiver's Credit and the Attendant Care Expense Deduction. In addition to income limits, qualifications relating to dependency and age will influence what can be claimed.

If there are more tax credits than tax liabilities some of the excess credits may be used by the person supporting the disabled individual. As a result, income generated from inherited assets may impact the tax credits allowed to your heir, and must be planned for carefully.

Using a Trust may be the answer. Trust benefits include: control, reduced taxation, and the potential for the disabled beneficiary to retain his or her government benefits.

## **The Importance of Family Involvement**

By Tom Teranishi, Director

It has been said that the brain injury does not only affect just the individual but the entire family, parents, spouse, siblings, grandparents, the extended family and those persons who have been close to that individual prior to the brain injury. It goes without saying, then, that the family or those persons who are seen as the 'significant others' to the brain injured person can have an enormous impact in the rehabilitation and recovery process of that person.

This may seem like simple common sense but you would be surprised at the medical and rehabilitation personnel focus their most of their attention on treating the brain injured individual and how little attention and involvement is given to the family member or 'significant other' in the treatment process. They are looked at as mostly bystanders. However, these 'bystanders' can provide the vital and important personal information of the brain injured's psychosocial situation previous to the brain injury and the difference they see in the person after the injury.

It is very important that the family, relative, friend, or 'significant other' to understand how the brain injury is affecting the individual physically, cognitively behaviourally, and emotionally at this time, as having to cope with this situation is a totally new experience for them. They need to know what questions to ask and feel comfortable in asking them. The more appropriate information the family or the 'significant other' has, and their feeling of being involved in the treatment process would result in less distress for them for the present and the subsequent long-term recovery process.

Another factor in reducing distress among the family and 'significant others' is their having adequate social supports.

(Research in this area of Social Support was done at Wayne State University Dept. of Psychology in April 2002)