Objectives

• Describe the impact of drugs & alcohol on the brain
• Describe 5 contraindications for drug & alcohol use following a TBI
• Modifications needed for traditional substance abuse programs to accommodate TBI

Things to Consider

Alcohol use is implicated as a risk factor for injury resulting from:

• motor vehicle accidents
• falls
• violence
Connecting the NeuroCare Continuum

Things to Consider

• The link between intoxication and serious injury exists due to:
  – poor motor control
  – impaired decision making
  – vulnerability to victimization
  – propensity toward belligerent/aggressive behaviors

Things to Consider

• History of alcohol or drug use places individuals at greater risk for sustaining TBI
• Individuals with TBI frequently misuse substances pre- and post-injury
• Individuals who consume alcohol are at 4 times the risk of sustaining a TBI than those who do not

Frontal Lobe Functions

• Planning
• Organizing
• Problem solving
• Judgment
• Impulse control
• Decision making
• Working memory
Impact of Substance Abuse

Effects on a Healthy Brain

Effects on a Healthy Brain

HOW ALCOHOL ATTACKS THE BRAIN

1. First, alcohol affects the brain and changes the way the brain works.
2. Then, alcohol mixes with the blood, allowing it to be absorbed into the brain.
3. Finally, alcohol acts on the brain to cause unwanted effects, such as nervousness and sometimes, a dangerous and potentially fatal condition.
Impact of drugs & alcohol

• Interferes with the recovery process

• Effects are typically stronger and last longer

• May interfere with the effectiveness of prescribed medications

Contraindications for Drug & Alcohol Use

Alcohol & drug use can:

• Increase the risk of mood disorder in individuals with brain injury

• Interfere with prescription effectiveness

• Increases the risk of sustaining another brain injury
Modifications to Existing Programs

• Current alcohol and drug treatment and services need to be adapted to accommodate disability arising from traumatic brain injury

• Individuals, regardless of prior usage, should be educated about the negative consequences of continuing, or starting, to use drugs or alcohol after injury

• Those with TBI who have drug/alcohol problems need rehabilitation programs that provide dual treatment—not aimed just at TBI or at substance use, but at both.

• Linkage with community-based prevention programs, such as AA, via a mentor—that is a person with a TBI already involved in the community program, would be essential

• Substance abuse providers need to:
  • determining a person’s unique communication & learning styles – specifically post brain injury
  • assist the individual in compensating for their unique learning style
  • provide direct feedback regarding inappropriate behaviors
  • be cautious when making inferences about motivation based on observed behaviors
### Compensating for Learning Styles

- Written materials are concise and clear
- Record information to play back later
- Use concrete examples
- Incorporate visual aids & recordings or combo
- Present an idea in more than one way
- Allow the individual to take notes
- Write down key points for later review and recall
- Encourage the use of a calendar or planner
- Make sure assignments are written down

### Compensating for Learning Styles

- After group sessions, meet individually to review main points
- Provide assistance with assignments or worksheets
- Allow more time and take into account reading or writing abilities
- Enlist family, friends, or other service providers to reinforce goals
- Do not take for granted that something learned in one situation will be generalize to another
- Repeat, review, rehearse; repeat, review, rehearse

### Provide Direct Feedback Regarding Inappropriate Behaviors

- Let a person know a behavior is inappropriate
- Do not assume the individual knows and is choosing to do so anyway
- Provide straightforward feedback about when and where behaviors are appropriate
- Redirect tangential or excessive speech, including use of a predetermined method of signaling in groups
**Be Cautious When Making Inferences About Motivation Based On Observed Behaviors**

- Do not presume that non-compliance arises from lack of motivation or resistance
- Be aware that decreased awareness of deficits can arise as a result of specific damage to the brain and may not always be due to denial
- Confrontation shuts down thinking and elicits rigidity
- Roll with resistance and redirect
- Do not just discharge for non-compliance
- Follow-up and find out why someone has no-showed or otherwise not followed through

**Community Head Injury Resource Services**

http://chirs.com


**Substance Use Brain Injury Bridging Project Client Workbook**

https://www.brainline.org/sites/default/files/SUBIClientWorkbook.pdf
Resources

- Community Head Injury Resource Services
  - http://chirs.com
- Substance Use after TBI: Information for Consumers
  - http://ohiovalley.org/informationeducation/substanceuse/
- Substance Use/Brain Injury Bridging Project Client Workbook

Resources

- Suggestions for Professionals - Handout
- Substance Abuse as a Mediating Factor in Outcome From Traumatic Brain Injury – Journal Article
  - http://www.archives-pmr.org/article/50003-9993(95)80654-7/pdf
Bibliography


Questions???

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