Substance Abuse and the Brain Injury Client

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Presentation Objectives

2. Explore the relationship between substance abuse and brain injuries.
3. Explore the prevalence and impact of substance abuse in the brain injury client.
5. Explore therapies for the substance abuse brain injury client.
6. Explore team and family approaches toward recovery.
So, Just What Do We Mean When We Are Talking About “Substance Abuse”? 

Recovery
Substance Abuse/Substance Use Disorder Defined (DSM 5):

- Evidence of **impaired control, social impairment, and risky use**
- **Recurrent use causes clinically and functionally significant impairment**, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.
- The use leads to **detrimental effects** on the person's physical and mental health, or welfare of others.
- The use is **continued and chronic** (versus acute) and can include the use of a **medication or a non-medically indicated drug or toxin**.
Criteria for Substance Use Disorders

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.
Severity and Remission of Substance Use Disorders

The severity of Substance Use Disorders (SUD’s) is established by number of criteria meet by the patient.

- **Two or three** symptoms indicate a *mild* substance use disorder
- **Four or five** symptoms indicate a *moderate* substance use disorder
- **Six or more** symptoms indicate a *severe substance* use disorder.

We can also add the following terms to the severity classification:
- early remission
- sustained remission
- maintenance therapy
- controlled environment
The activation of the brain’s reward system is central to problems arising from drug use.

The rewarding feeling that people experience as a result of taking drugs may be so profound that they neglect other normal activities in favor of taking the drug.
What is a TBI?

- TBI is a **disruption of normal brain function** that occurs when the skull is struck, suddenly thrust out of position, penetrated, or struck by blast pressure waves.
- The severity of a TBI may range from “mild” (i.e., a brief change in mental status or consciousness) to “severe” (i.e., an extended period of unconsciousness or memory loss after the injury).
- Most TBIs that occur each year are mild, commonly called concussions.
In 2013,¹ about 2.8 million TBI-related emergency department (ED) visits, hospitalizations, and deaths occurred.

- **Males** have a higher rate of TBI than females.
- TBI contributed to the deaths of nearly 50,000 people.

- In 2012, an estimated 329,290 children (age 19 or younger) were treated in U.S. EDs for sports and recreation-related injuries that included a diagnosis of concussion or TBI.

- From 2001 to 2012, the rate of ED visits for sports and recreation-related injuries with a diagnosis of concussion or TBI, alone or in combination with other injuries, more than doubled among children (age 19 or younger).
Leading Causes of TBI (2013)

- **Falls** accounted for 47% of all TBI-related ED visits, hospitalizations, and deaths in the United States.

- Falls disproportionately affect the youngest and oldest age groups:
  - Being **struck/against** an object second leading cause, approx. **15%**

- Among all age groups, **motor vehicle crashes were the third overall leading cause of TBI-related ED visits, hospitalizations, and deaths (14%).**

- When looking at just TBI-related deaths, **motor vehicle crashes were the third leading cause (19%)** in 2013.

- Intentional **self-harm** was the second leading cause of TBI-related deaths (**33%**) in 2013.
In the military, between 2000 through 2017, more than 379,000 service members sustained a TBI.

Brain injury has become known as the signature wound of the wars in Iraq and Afghanistan.
What Are the Links Between SUD and TBI?

- History of substance abuse is a risk factor for TBI.
- Alcohol use at time of injury is a common occurrence with TBI.
- Prior TBI is common among individuals in substance abuse treatment.
- Substance abuse is linked to worse outcomes from TBI.
- Substance abuse is linked to recurrent TBI.
- It is estimated that 60% of pre-TBI substance abuse patients returned to abuse one year post TBI.
There does appear to be high incidence of (pre-injury) drug and alcohol abuse in persons receiving care for TBI, where in many cases, the subject was intoxicated at the time of injury.

Drug/Alcohol abuse increases risk for TBI, and impairs recovery from TBI.

Patients with Pre-injury histories of drug or alcohol abuse are at increased risk for relapse to abuse or dependence following TBI.

The prevalence of substance abuse after TBI appears to reflect enduring, pre-morbid abuse patterns and coping strategies.
More Data

- Alcohol use and TBI are closely related.
- Up to two-thirds of people with TBI have a history of alcohol abuse or risky drinking.
- Between 30-50% of people with TBI were injured while they were drunk and about one-third were under the influence of other drugs.
- Around half of those who have a TBI cut down on their drinking or stop altogether after injury, but some people with TBI continue to drink heavily, which increases their risk of having negative outcomes.
After TBI, many people notice their brains are more sensitive to alcohol.

Drinking increases your chances of getting injured again, makes cognitive (thinking) problems worse, and increases your chances of having emotional problems such as depression.

In addition, drinking can reduce brain injury recovery. For these reasons, staying away from alcohol is strongly recommended to avoid further injury to the brain and to promote as much healing as possible.
Alcohol and brain injury recovery

- Recovery from brain injury **continues for much longer than we used to think possible**. Many people notice improvements for many years after injury.
- **Alcohol slows down or stops brain injury recovery.**
- **Not drinking** is one way to give the brain the **best chance to heal**.
- People's lives often continue to improve many years after brain injury. **Not drinking will increase the chance of improvement.**
Alcohol and the risk of having another brain injury

- After a brain injury, survivors are at higher risk (3 to 8 times higher) of having another brain injury.
- Drinking alcohol puts survivors at an even higher risk of having a second brain injury. This may be because both brain injury and alcohol can affect coordination and balance.
- Not drinking can reduce the risk of having another brain injury.
Negative Effects of Alcohol On Mental Functioning

- Alcohol and brain injury have similar negative effects on mental abilities like memory and thinking flexibility.
- Alcohol magnifies some of the cognitive problems caused by brain injury.
- Alcohol may affect brain injury survivors more than it did before their injury.
- The negative mental effects of alcohol can last from days to weeks after drinking stops.
- Not drinking is one way to keep your mental abilities at their best and stay sharp and focused.
Alcohol and mood

- Depression is about 8 times more common in the first year after TBI than in the general population.
- Alcohol is a "depressant" drug, and using alcohol can cause or worsen depression.
- Alcohol can reduce the effectiveness of anti-depressant medications. People who are taking antidepressants should not drink alcohol.
- Falling into old self medicating habits - state dependent learning
- One way to improve problems with sadness or depression after TBI is to stop or cut down on the use of alcohol.
How much alcohol is "safe" after TBI?

- After TBI the brain is more sensitive to alcohol.
- This means that even one or two drinks may not be safe, especially when you need to do things that require balance, coordination and quick reactions, such as walking on uneven surfaces, riding a bicycle or driving a car.
- The fact is, there is no safe level of alcohol use after TBI.
- Explore “safe” and real focus
Other TBI Links To Be Aware

- **Individuals with abuse patterns before the injury may need increased continuing care and extra emphasis on relapse prevention.**

- **Risk is elevated for psychiatric disorders following TBI.** Susceptibility is greatest for depression, generalized anxiety disorder, and PTSD.

- **The risk for committing suicide is two to four times greater for individuals with TBI than for the general population.**

- **Chronic pain is another disorder that can co-occur with a client’s TBI.** There is a need to monitor and evaluate use of medications for chronic pain.
Alcohol and medications

- Alcohol is especially dangerous after TBI if you are taking certain prescription medications.
- Alcohol can make some medicines less effective and can greatly increase the effects of others, potentially leading to overdose and death.
- Using alcohol along with anti-anxiety medications or pain medications can be highly dangerous because of the possible multiplying effect.
What about using other drugs?

- Alcohol is a drug.
- Almost everything mentioned above about alcohol applies equally to other drugs.
- If your drug of choice is something other than alcohol—such as marijuana, cocaine, methamphetamine or prescription drugs, anti-anxiety medications (benzodiazepines such as Ativan, Valium, or Xanax), or pain medication (opioids like Percocet, Oxycodone or Oxycontin)—many of the same principles apply.
- In addition, use of illegal drugs or misuse of prescription drugs can lead to legal problems.
If you use **multiple drugs** like alcohol and marijuana, or alcohol and pain pills, there is a **higher risk of addiction and overdose**.

Using alcohol and pain medications together, or alcohol and anti-anxiety medications, **increases chances of death**.

Contact your doctor if you are drinking/drugging and using prescription drugs.
In Summary, SUD appear to be more prevalent before the TBI. Continued or developed SUD interfere with recovery from TBI.
Understand the Changes of Change

- Making changes
- Maintaining changes
- Stable safer lifestyle
- Relapse
- Thinking about change
- Preparing to change
- Precontemplation
Need for Assessment by Counselors

- Consistent failure in completing tasks, disinterest, inappropriate social behavior, lack of self-awareness, and tangential speech (making irrelevant and unrelated statements) are among the red-flag behaviors of the person with TBI. They also are typical for the client in substance abuse treatment.

- Counselors are advised to investigate whether head injury is involved

- Ask the right question: “Have you ever been knocked out?” or “Did you lose any memory after being hit?”

- Ask about involvement in sports such as football, baseball, soccer that may have caused hits to the head

- Don’t let awkwardness or not wanting to offend to be a barrier to questions
Screening Tool

- The Ohio Valley Center for Brain Injury Prevention and Rehabilitation has developed a screening tool for use by nonexperts to identify clients who may need support in treatment because of a TBI history. The T-B-I Screening Tool uses a series of questions to help clients recall and characterize head injuries.31 It also includes information for working with clients who have TBI.

- The tool can be accessed at:
Strategies Used for Clients With TBI

- Clients can benefit from a low-stimulus counseling environment with few distractions and frequent rest breaks.
- Best supported by structured instruction, presented in a variety of formats and aimed at helping them acquire adaptive and coping skills.
- May need to keep the pace slow and to repeat information frequently, in short and concise segments (Be Patient).
- Feedback should be specific, immediate, direct, and positive.
- Keep in mind that inappropriate client behavior may be unintentional.
- Client can benefit from gentle redirection.
- Avoid confrontation and when necessary, use empathetic confrontation.
- Encourage clients to rehearse desired actions and to adopt reminder systems such as calendars, lists, or electronic devices.
- Promote a positive atmosphere towards healing.
Coordinate with other providers of care

- Collaborative care teams can include:
  - physicians
  - specialists for physical and neurological rehabilitation, psychiatric disorders, vocational rehabilitation
  - employment services
  - family support services
  - case management services
Assistive Technologies for Clients

- Cell phones
- Smart phones
- Personal digital assistants
- Help with cognitive issues to remember essential information, navigate daily tasks, be reminded of appointments or times to take medication, and stay focused on treatment goals.
- Counselors/Providers can send the client text messages or voice reminders
Educate clients about the need to remain abstinent to avoid another TBI

- Reinforce the client’s motivation for recovery
- Emphasizing relapse can worsen the adverse cognitive and emotional effects of his or her TBI.
- Relapse increases risk of a repeat TBI, which can cause even greater brain damage.
Encourage clients to join a TBI support group

- Rehabilitation facilities often organize TBI support groups.
- Alternatively, substance abuse treatment programs can form in-house groups or provide peer mentors for clients affected by TBI.
Support Groups like AA and NA

- Support groups provide support and mentorship for clients
- Support groups are available for the substance user and family and friends
- Closed – Substance Users Only
- Open – Substance users and others
- Become aware of group types
- Encourage continual attendance and home group
- AA.org; NA.org; Al-anon.org
Provide incentives

- Incentives for completing the intake process can accelerate the decision by a person with TBI to commit to a substance abuse treatment plan
- Incentives can positively affect early attendance and retention
- Incentives can be gifts, certificates, affirmation, privileges, etc.
Offer motivational support

- Clients with TBI may benefit from systematic motivational counseling - SMC (an intensive form of motivational counseling) when it is used as an adjunct to other therapeutic techniques.

- Booster sessions following motivational counseling may help clients remain abstinent.

- SMC Group showed significant improvements in motivational structure and a significant reduction in negative affect and the use of substances of abuse.

- SMC improves motivation and may help to moderate substance use.
Support client’s coping skills

- Positive coping styles (e.g., actively addressing the problem, using humor to counteract stress, making time for enjoyable activities) help the client with SUD and TBI adjust to the distress that accompanies decreased functional ability.

- These adjustments in turn may reinforce effective coping
What should you do?

- The stakes are higher when people choose to use alcohol after having a TBI.
- Some people continue drinking after a TBI and don't have any desire to change that behavior.
- Others know they probably should stop or reduce alcohol use, but don't know how or have tried in the past and not been successful.
There are many ways to stop using alcohol or other drugs and many ways to reduce the potential for harm.

The great majority of people who have stopped having alcohol problems did it on their own. They got no professional help or counseling and did not use Alcoholics Anonymous (AA).

Don't underestimate your ability to change if you want to.
There are many ways to change, cut down or stop drinking

The key ingredients to changing your drinking are:

(1) find people who will support your efforts to change your drinking;

(2) set a specific goal;

(3) make clear how you will meet your goal;

(4) identify situations or emotions that can trigger drinking, and figure out ways to cope with those triggers ahead of time; and

(5) find ways to reward yourself for sticking to your plan and meeting your goals.
If you have questions or concerns about your drinking, there are many ways to get information or help:

- Talk to your physician about your concerns, and ask about medications that can help you resist relapse or reduce cravings for alcohol, such as naltrexone (Revia).
- Psychologists or other counselors in your brain injury rehabilitation program can help you get started on a treatment program that is right for you.
Alcoholics Anonymous (AA) has helped millions of people. There are meetings in most towns and cities (http://www.aa.org/).

Moderation Management (http://www.moderation.org/) and Smart Recovery (http://www.smartrecovery.org/) are alternatives to AA that do not use the 12-step model.

Substance Abuse and Mental Health Services Administration (SAMHSA) is a federal program that can help you find a treatment facility wherever you live (http://findtreatment.samhsa.gov/);
Reduce the harm from drinking

For those who don't want to stop drinking, it is still possible to reduce some harm from drinking:

- Eat food and drink water before you drink alcohol. This will help reduce the sharp spike in blood alcohol level that can cause nausea, vomiting, falls, blackouts and alcohol poisoning.

- Plan your transportation so you don't drink and drive: have a non-drinking designated driver; plan to spend the night where you are doing your drinking; or drink only at home.

- To avoid dangerous peaks in blood alcohol concentrations, drink beer rather than hard liquor, or mix hard liquor with water instead of with sweet, carbonated beverages.

- Sip your drinks slowly (no more than one per hour). Drinking too fast can make the pleasant feelings of alcohol go away.
- Drinking in bars slows some people down because of the expense. However, be sure you do not drive after drinking.
- Take vitamins B1 (thiamine), B12 and folate to reduce the chances of alcohol-related brain damage.
- Keep your drinking to no more than two drinks per day. Or cut back on certain days of the week, such as weeknights.
- Take a drinking "holiday" (days or weeks when you decide not to drink at all). This can remind you of some of the benefits of being sober.
How family members can help

- No one can force another person to stop using alcohol or drugs, but you can have an influence.
- Attending Al Anon meetings can be a good source of support for a friend or family member of someone who abuses alcohol or drugs, and it can help promote change.
- Planning an "intervention" where family and friends confront the person may help.
- Creating expectations and boundaries for YOU.
A program called Community Reinforcement and Family Training (CRAFT) has been found to work best.

CRAFT takes a more positive, motivational approach that helps loved ones make not drinking more rewarding for the person with the alcohol problem.

Research has shown that alcoholics are more likely to go into treatment if their loved ones follow the CRAFT method.

To learn about CRAFT, see the book Get Your Loved One Sober in the Resources section below, or find a counselor familiar with this approach.
South Central (Rural) MIRECC: Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans

https://www.mirecc.va.gov/visn16/docs/craft-sp_final.pdf
1) Take domestic violence precautions during the transition to new ways of responding.
2) Develop an understanding of what leads to substance abuse episodes (functional analysis).
3) Learn behavioral skills including communication skills.
4) Use positive reinforcement for nondrinking/using behavior.
5) Use time out from positive reinforcement for drinking/using behavior.
6) Allow natural consequences for drinking/using.
7) Develop reinforcers for themselves and their partners.
8) Learn how to give effective suggestions of treatment/self-help group involvement for the drinker or drug user if he/she relapses.
9) Cope with relapse by accessing rapid intake procedures when motivation for treatment emerges.
Client’s Significant Other (CSO)

- 1) Promote continued abstinence.
- 2) Reduce the risk of family violence.
- 3) Minimize distress and increase positive lifestyles for all family members.
- 4) Prepare the CSO to support the substance abuser during his/her treatment.
- 5) Prepare the CSO to suggest re-engagement in treatment if relapse occurs.
ENGAGING CSOs INTO TREATMENT

RECOGNIZING TRIGGERS AND SIGNS OF INTOXICATION

AFFIRMATION, ENCOURAGEMENT, REWARD, IGNORE/BOUNDARIES

HAVE A PLAN: HOW YOU WILL DEAL WITH INTOXICATION/ Lapse/ RELAPSE
Positive communication

- Choose a Time, the Right Time
- Be brief, be specific – why not write it down.
- Be empathetic
- Go Slow, Breathe, Tune into your body
- Stay in the Now….let the past stay in the past
- Avoid the Would of, Could of, Should of and Musts of Useless Belief Systems
Take Care of Yourself

- Don’t give up on your life
- Don’t become co-dependent, finding your meaning and purpose as being solely a caretaker, rule enforcer, etc.
- Rest
- Be silent
- Meditate and Pray
- Build your social group, outside of being a caregiver
- Practice positive self talk
- Reward yourself
- You can...NOW
Telling The Story, Changing the Present, embracing the future, remaining centered.

Thank you and Always Be Blessed


Tanielian, T.L. and Jaycox, L.H.. “Invisible wounds of war: psychological and cognitive injuries, their consequences, and services to assist recovery”, (2008), Rand Corporation, Santa Monica, CA

- https://www.cdc.gov/traumaticbraininjury/get_the_facts.html