MAKING TREATMENT WORK

Alcohol abuse has been associated with the acquisition of traumatic brain injury in over half of all occurrences. Traumatic brain injury appears to be correlated with lifestyles where alcohol and other drug abuse and risk taking are common. When alcohol and other drug use predates the disability, the chances are greater that the substance abuse problems will continue following rehabilitation. The continued abuse of alcohol and other drugs can negate attempts at physical, social, and cognitive rehabilitation. In fact, many individuals with brain injury are unaware of the impact that their use of alcohol and other drugs has on their lives. Even when the consumer recognizes and accepts a problem with substance abuse, adequate services are not always available.

TREATMENT CONSIDERATIONS

Substance abuse services are most often designed for a population of adults who can function in group settings and can benefit from models of drug education that are cognitively based and didactic. In addition, most substance abuse services offered today focus on a traditional disease model which espouses chemical dependency as a primary disease. Although the disease model is a viable method for substance abuse treatment, it may be less successful with people who understandably argue that their injury is far more “primary” than the abuse of substances. Also, traditional disease model treatment is highly cognitive in its approach; whereas, people with brain injury require a more behavioural and situation-specific orientation.

MATCHING PERSONS WITH DISABILITIES TO TREATMENT ALTERNATIVES

People with brain injury should have individualized services, even when the problems experienced are similar to the problems of others. Traditional chemical dependency treatment settings find it difficult to provide truly individualized treatment services. A number of factors should be considered when determining which alternative is best for a certain consumer with brain injury. These include current and past drug use patterns, specific risk factors, physical health, prescribed medications, severity of cognitive impairment, family or other support, and motivation, Some individuals with traumatic brain injuries may benefit more from one-on-one counselling, family counselling, or disability-specific support groups than traditional chemical dependency treatment.

In every case, it should be taken as a matter of course that substance abuse services will need to be adjusted for some people with traumatic brain injuries. It is especially important to engage and actively involve this person in

his or her treatment. This may even include modifying treatment goals to include objectives that the consumer wants, even if the professional has reservations about their potential success. It is vitally important here to make certain these goals are realistically evaluated over time so the consumer understands the consequences of his or her decisions.

INTERDISCIPLINARY APPROACHES

Case management is a critical component of successful chemical dependency treatment for people with traumatic brain injuries. However, it may be easier to utilize a team approach instead of placing the professional burden on one person. The rehabilitation process is complex and requires the input of a team with specialized skills. Since traditional substance abuse programs do not generally have an interdisciplinary team, they often cannot adequately meet the needs of individuals with traumatic brain injuries. At the same time, rehabilitation programs do not have expertise in substance abuse. Therefore, these programs cannot meet the needs or recognize the recovery issues of individuals with brain injury and substance abuse problems. The team approach also is useful since many professionals tend to focus on the brain injury rather than on the substance abuse. Professionals must be careful not to view substance abuse as being a “normal” part of a disability.

MEDICAL EDUCATION AND MONITORING

Another factor important to the treatment process is medical education and monitoring. Many substance abuse programs have policies against the use of medications during all phases of treatment, and individuals with brain injury may be prescribed a number of medications. They may require the ongoing use of these medications during the remainder of their lives. For some individuals abstinence versus controlled medication use will be one of the most difficult issues for consumers, family members, rehabilitation professionals, and substance abuse service providers to deal with.

AFTERCARE

Aftercare is a critical component of recovery, especially for an individual with altered or diminished cognitive functioning. It is not uncommon for individuals with co-existing impairments such as brain injury, to quickly lose the gains made during substance abuse treatment once they are discharged from a program. Aftercare is important in order to reinforce learning, provide new educational information as it becomes appropriate, provide continuing assistance in recovery, and continue supportive relationships developed during treatment. Specific components of aftercare may need to be expanded for people with brain injury. For example, the therapeutic relationship with a counsellor may need to be extended after treatment and educational efforts will need to be ongoing in nature.

CONTRACTING

One particular helpful idea for individuals with brain injury is to create and implement a contract between the consumer and all involved parties. This written plan may list all persons involved in the treatment and aftercare of the consumer; the names of people who will be monitoring behaviours; a list of allowable medications; the support group, therapy or other sessions the consumer will attend; a list of significant persons and phone numbers; specific behaviours which are to be avoided; and consequences for not following the contract. This means of monitoring and documenting progress during rehabilitation can also provide useful information upon which to base future decisions.

A MODEL FOR INDIVIDUALS WITH BRAIN INJURY

Currently, there is a lack of rehabilitation alternatives and treatment programs to address substance abuse problems for individuals with co-existing conditions. This is especially true for persons with brain injury, especially in light of the growing number of identified sub-acute brain injuries among populations of individuals needing substance abuse treatment. In order to comprehensively address sub-stance abuse issues, models must include several components such as theoretical orientation, identification and recruitment of consumers, curriculum, staffing, degree of community involvement, and provisions for extended care. Although this area of substance abuse treatment is too new to champion "state of the art" approaches, there appear to be some elements worth considering.

Since the consumer's involvement and understanding of a need to change is so pivotal to treatment success, a logical choice for theoretical perspective is the work of Prochaska, DiClemente, and Norcross (Prochaska et al., 1992). Within their paradigm understanding a person's motivation and readiness for change is critical for choosing specific interventions in the continuum of treatment services. It has not been well delineated whether integration into existing community treatment programs is preferable to more specialized and segregated treatment for most persons with brain injury.

Some components of substance abuse treatment for brain injury may be essential. These include an educational orientation to functional life skills and cognitive training, the inclusion of vocational rehabilitation early in the treatment process, family involvement in treatment, and case management. A successful and comprehensive treatment program must include extended contact and support, with support groups and individual counselling, continuing perhaps for a minimum of 18 months following the initiation of treatment.

The Rehabilitation Re-search and Training Center of Drugs and Disability (RRTC) located in the School of Medicine at Wright State University in Dayton, Ohio, is focused on substance abuse issues among persons with disabilities. Recognizing that substance abuse treatment for persons with brain injury is one of the most challenging situations in this field, they have initiated a study of this topic. The principles of the program include:

(1) persons will be eligible for involvement with the project regardless of their current attitudes or beliefs regarding alcohol or other drugs;
(2) involvement with clients will be holistic, i.e., all problems of community integration must be addressed, not just those thought to be directly related to substance abuse or traumatic brain injury;
(3) the client and family are the decision-makers regarding goals and objectives and staff are information providers and facilitators;
(4) attitudes, beliefs, and skills acquired in a person's home community are more likely to be sustained in that community than attitudes, beliefs, and skills learned elsewhere that require generalization;
(5) client, family, and service providers are a team whose efforts need to he actively coordinated; and
(6) when facilitated through case-specific consultation, the expertise of local service providers is extremely applicable to the problems of substance abuse following traumatic brain injury.

The project, entitled "Consumer Advocacy Model," is located in the Rehabilitation Medicine Department at Miami Valley Hospital in Dayton, Ohio. This program utilizes early assessment and referral, comprehensive vocational rehabilitation planning, com-munity services integration, and long-term employment support as its base. Results from this project will provide information on a consumer-oriented model for addressing substance abuse among persons with a serious co-existing disability.

CONCLUSION

The last few years have seen much advancement in services for persons with traumatic brain injuries. Among those services are an increasing number of models and specific programs which address substance abuse problems. However, the need for these services far outstrip the resources currently available. Deciding how best to configure and staff new or modified substance abuse treatment services for people with brain injuries will take time and experimentation, and it may be several years before the most promising models become understood. As in other areas of rehabilitation, there also must be room for a continuum of services ranging from self-contained to community integrated. In this way, people with brain injury will have the best opportunities for solutions that are individualized and flexible.

BIBLIOGRAPHY

Prochaska, JO., DiClemente, CC., & Norcross, JC. (1992). In search of how people change. American Psychologist. 47(9), 1102 -1114.

Authors: Jo Ann Ford, MR.C and Dennis Moore, Ed.D.