

Supporting Someone with Co-Occurring Disorders

Brain Injury, Mental Health & Substance Use

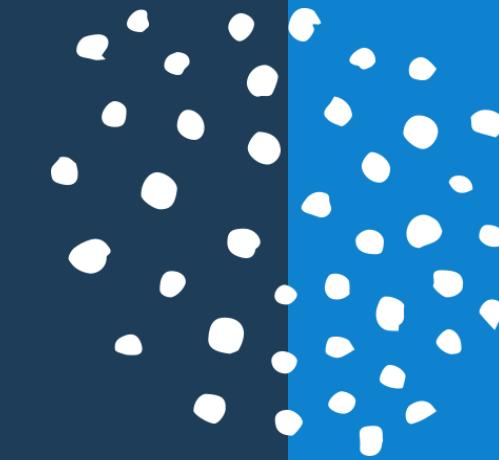
Presented by Jess Nesbitt
Brain Injury Association of Maryland



BRAIN INJURY
ASSOCIATION
OF MARYLAND

Jess Nesbitt
Support Services Case Manager
She/her/hers pronouns

TODAY'S DISCUSSION



TO COVER

- Welcome & Remember You Have a Body
- Q&A
- General Brain Injury Overview
- Brain injury & mental health
- Brain injury & substance use
- Co-occurring disorders
- Accommodating/supportive strategies



QUESTIONS & ANSWERS

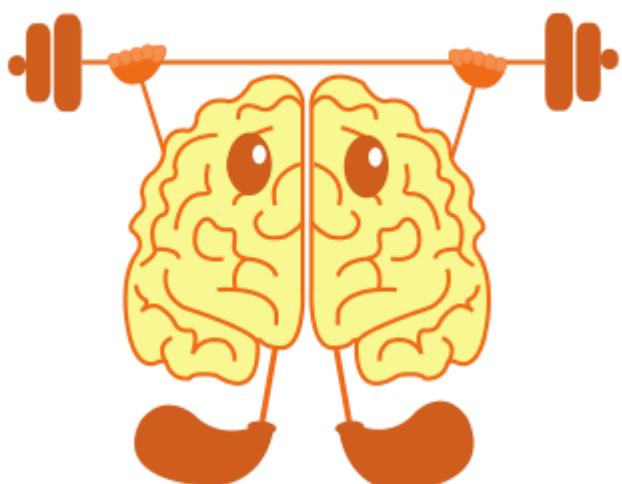
Feel free to raise your hand, nod your head, or call out the answer when the correct answer is read.

HOW MUCH DOES THE ADULT BRAIN WEIGH?

1.5 lbs

3 lbs

5 lbs



HOW MANY ADULTS IN THE US HAVE BOTH A MENTAL HEALTH AND SUBSTANCE USE DISORDER?

3.3 million

5 million

8.4 million

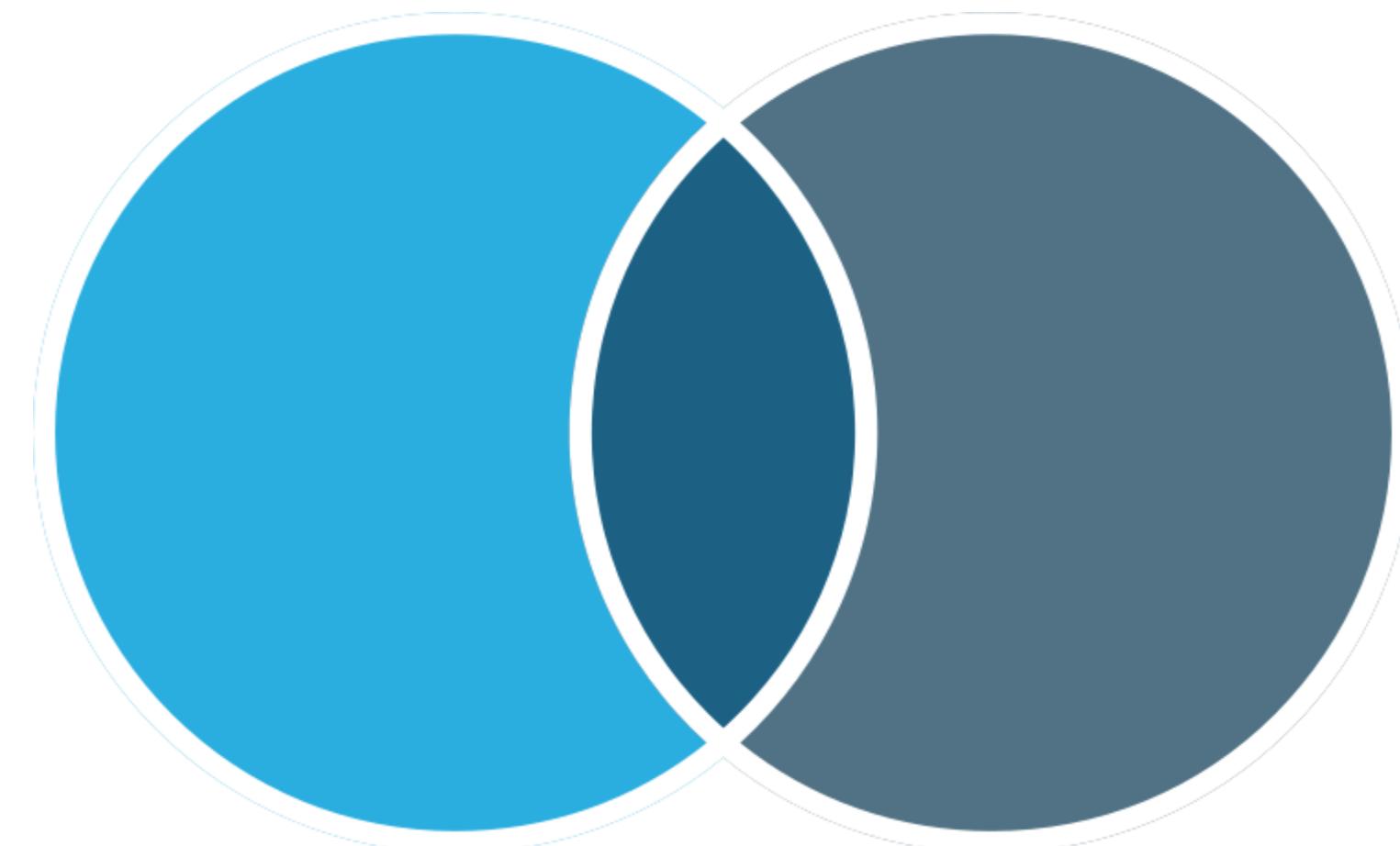


OF THOSE 8.4 MILLION, HOW MANY PEOPLE RECEIVE TREATMENT FOR BOTH CONDITIONS?

7.9%

9%

22%



HOW MANY PEOPLE IN THE US ARE TREATED IN EMERGENCY DEPARTMENTS, HOSPITALIZED, OR DIE AS A RESULT OF A TRAUMATIC BRAIN INJURY?

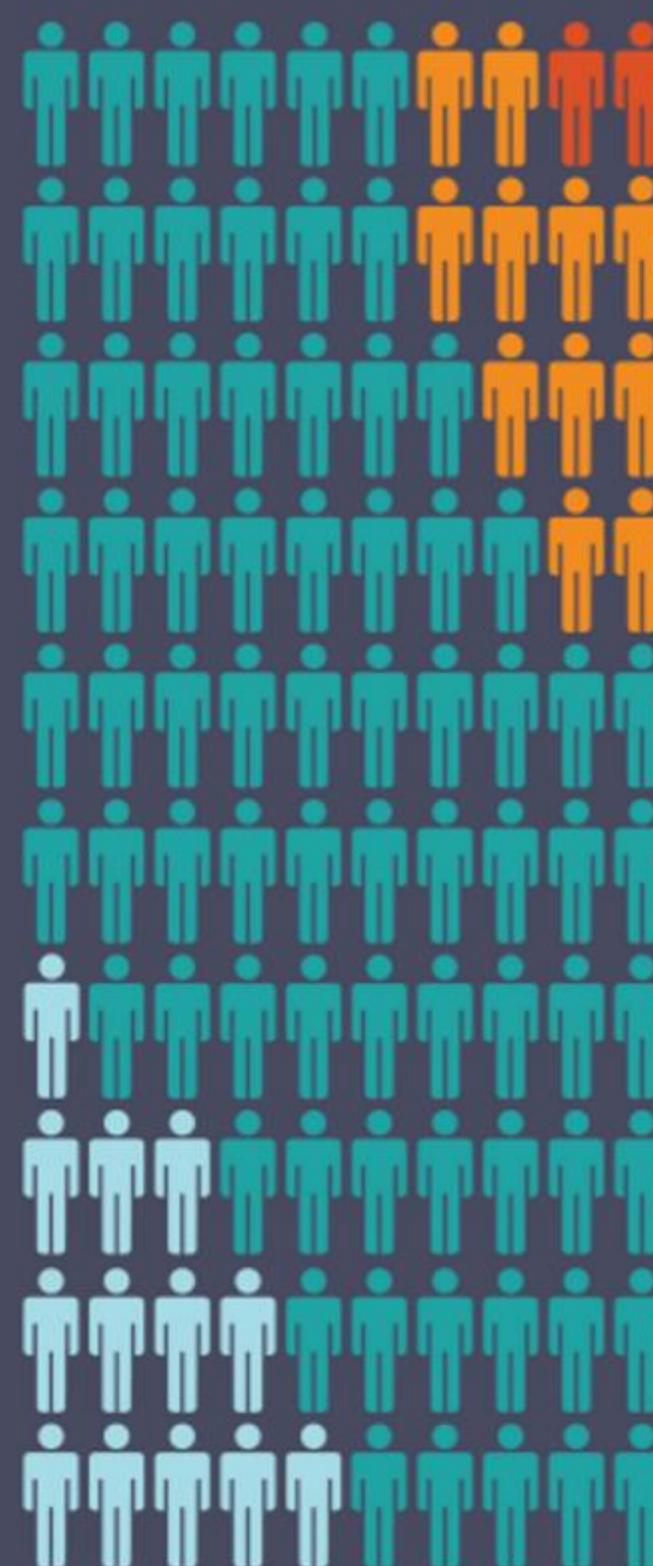
231,840

2.8 million

1.2 million

2.8 Million Traumatic Brain Injuries a Year

in the United States



Up to 15% of those diagnosed with a mild TBI may have long-term problems.

56,000
Die

282,000
Hospitalized

2.5 million
Treated and released
from ER

brainline.org

Visit www.brainline.org for more information on preventing, treating, and living with traumatic brain injury.

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56,000 DIE

**282,000
HOSPITALIZED**

**2.5 MILLION
TREATED AND
RELEASED FROM ER**

WHICH OF THESE CELEBRITIES HAS NOT HAD A TBI?



Tracy Morgan



Ben Roethlisberger



Anne Hathaway



George Clooney

WHAT IS A TRAUMATIC OR ACQUIRED BRAIN INJURY?

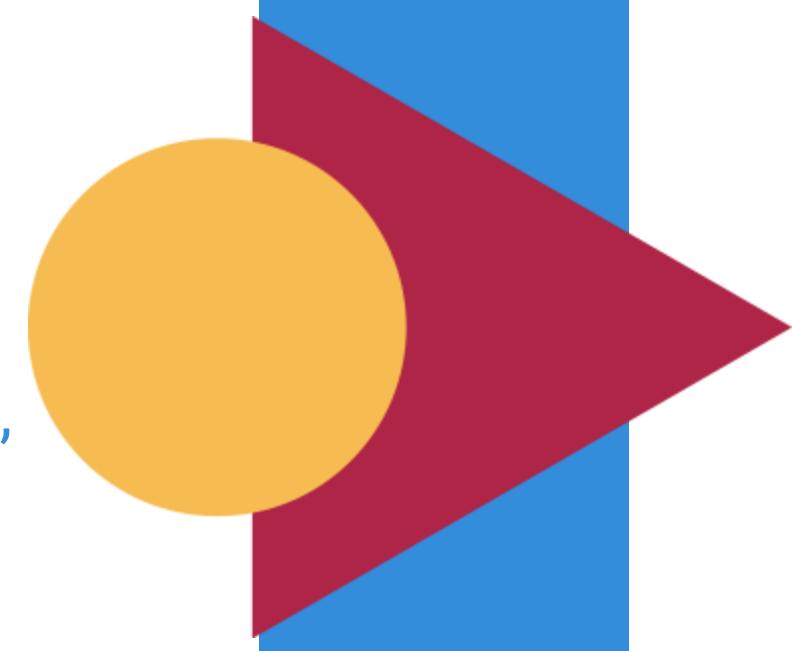


Definitions

TRAUMATIC BRAIN INJURY (TBI)

A TBI is defined as an insult to the brain caused by **an external, physical force**.

Examples include: falls, car crashes, sports injuries, assaults

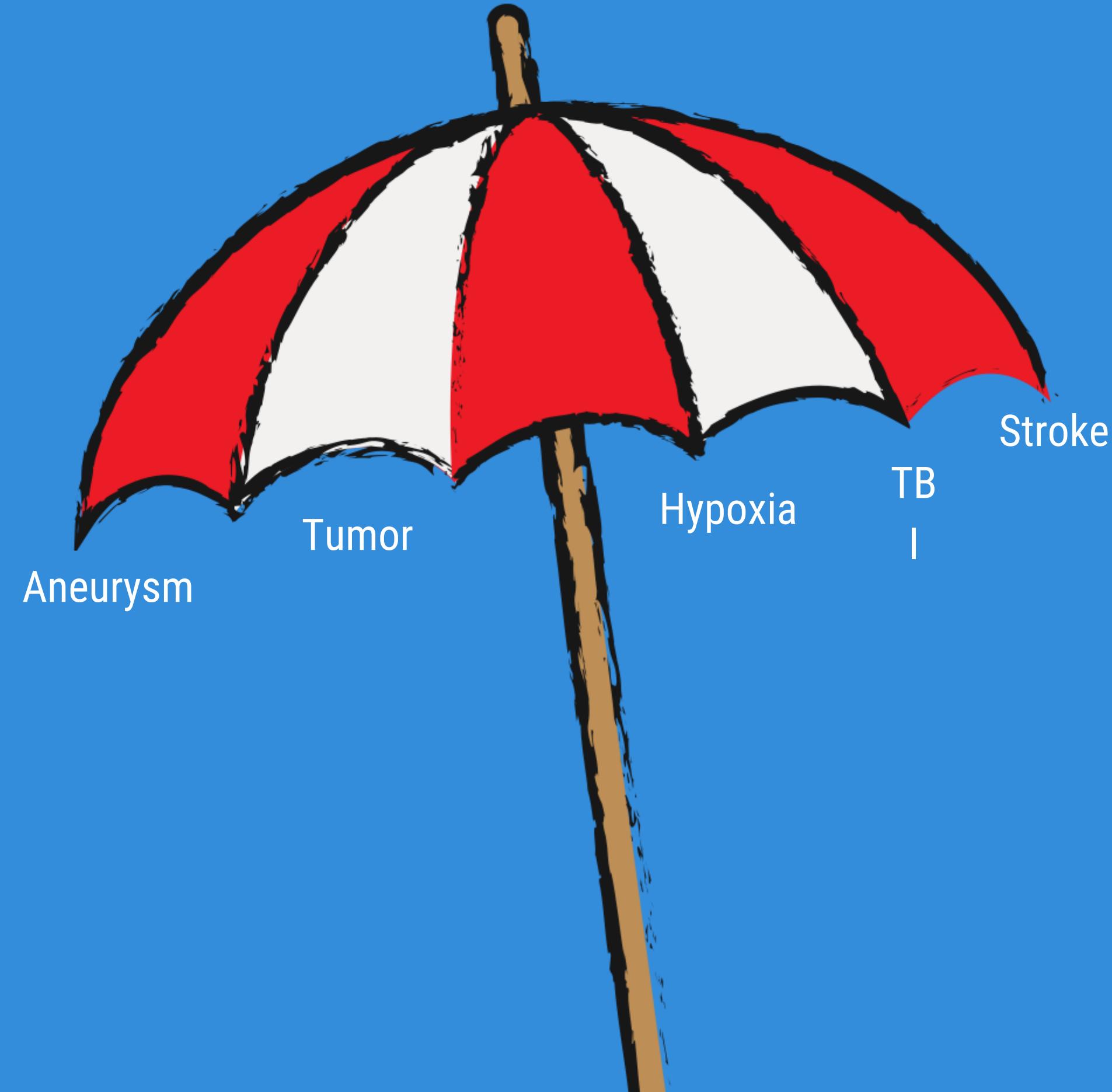


ACQUIRED BRAIN INJURY (ABI)

An ABI is defined as an insult to the brain that occurs after birth caused by **internal factors**.

Examples include: stroke, aneurysm, lack of oxygen to the brain (hypoxia and anoxia), tumor, traumatic brain injuries (TBI)

Acquired Brain Injury



COMMON CAUSES

FALLS 47%

STRUCK BY/AGAINST 15%

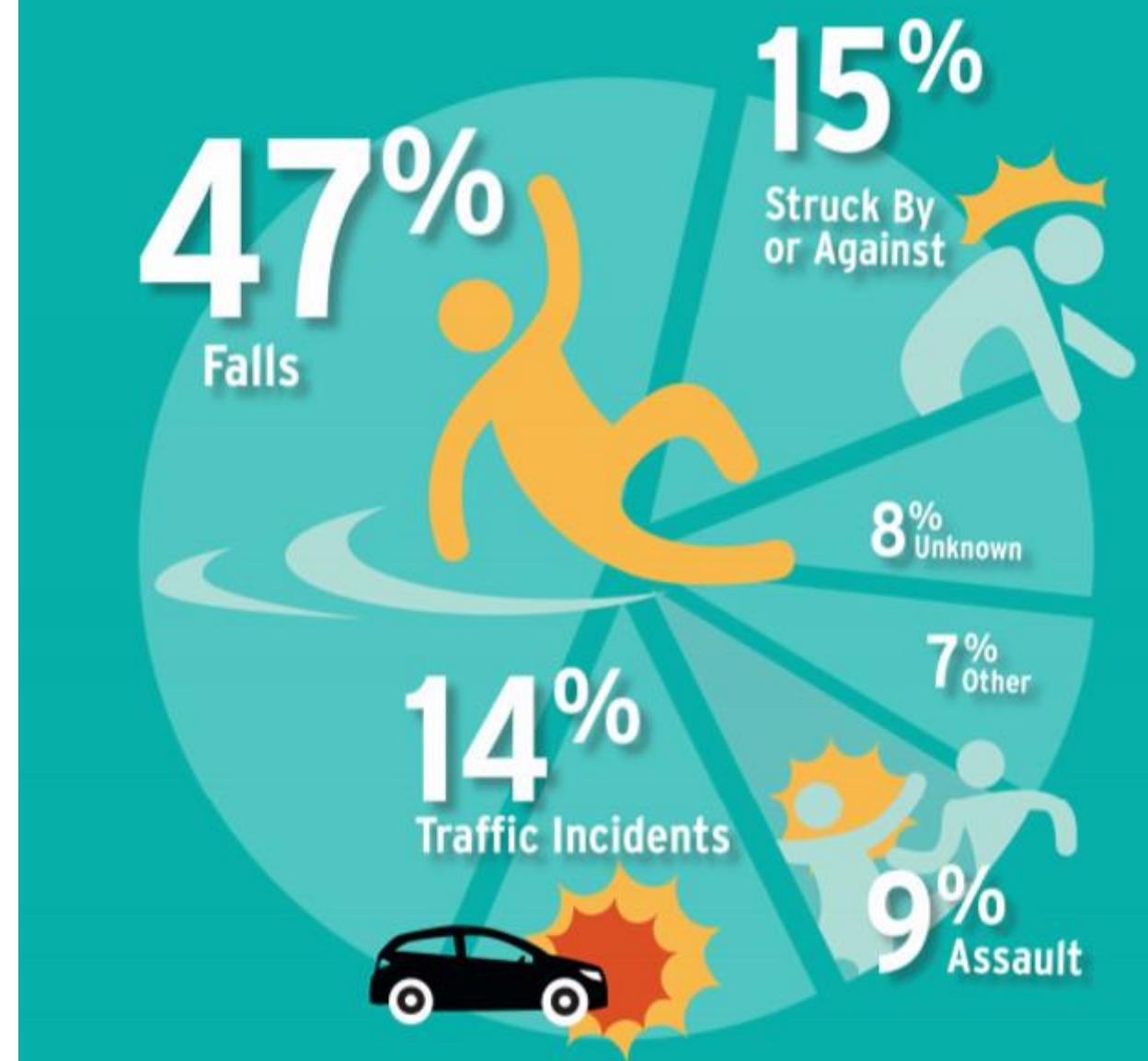
TRAFFIC INCIDENTS 14%

ASSAULT 9%

UNKNOWN 8%

OTHER 7%

Leading Causes of Traumatic Brain Injury in the United States (2013)



Visit www.brainline.org for more
information on preventing, treating,
and living with traumatic brain injury.

brainline.org

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LEVELS OF SEVERITY

MILD - 80%

Loss of consciousness (LOC) <30 minutes
Post traumatic amnesia (PTA) <1 hour

MODERATE 10-13%

LOC 30 min.-24 hours
PTA 1-24 hours

SEVERE 7-10%

LOC > 24 hours
PTA > 24 hours

RISK FACTORS

SOME GROUPS ARE MORE LIKELY THAN OTHERS TO SUSTAIN TBIS

AGE

Young children and older adults are more likely to sustain TBIs from falls. Adolescents have higher rates due to car crashes and intentional injuries.

SOCIOECONOMIC STATUS

People with lower income have decreased access to preventative measures (baby gates), lack of a safe place to play

GENDER

Men are twice as likely to sustain TBIs.



GROUPS WHO HAVE MULTIPLE, MILD TBIS:

ATHLETES

PEOPLE WHO ARE HOMELESS

PEOPLE WHO HAVE MENTAL ILLNESSES

PEOPLE WHO USE DRUGS

PEOPLE WHO ARE INCARCERATED

VICTIMS OF DOMESTIC VIOLENCE OR CHILDHOOD ABUSE

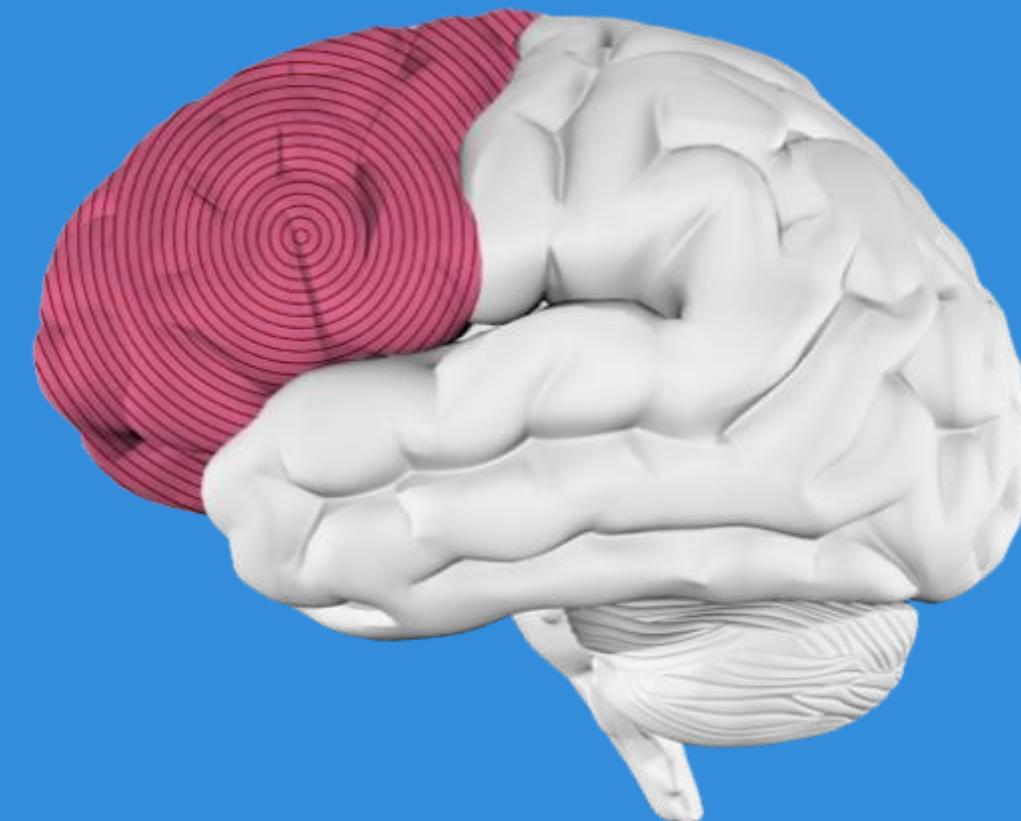
ANATOMY

THE FRONTAL LOBE

The frontal lobe is the area of the brain responsible for our "executive skills" or higher cognitive functions.

These include:

- Problem solving
- Spontaneity
- Memory
- Language
- Motivation
- Judgement
- Impulse control
- Social and sexual behavior



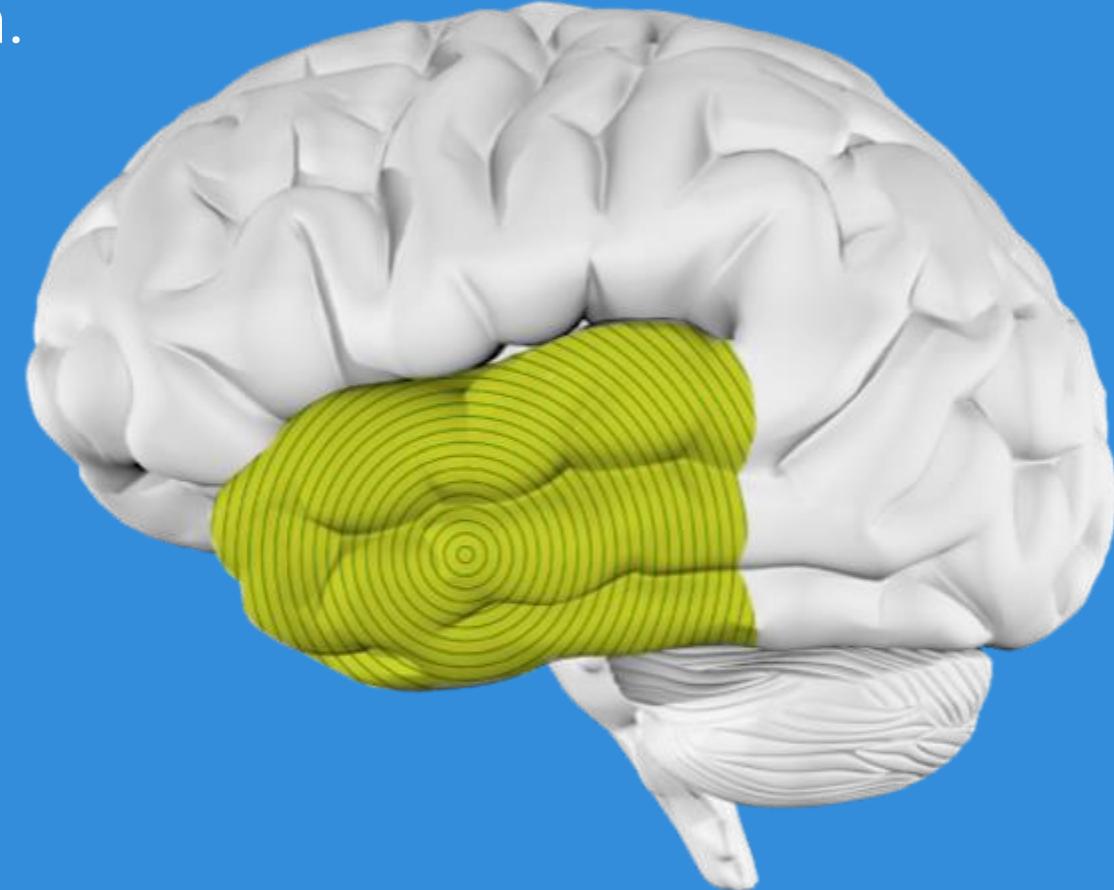
Executive Functioning



TEMPORAL LOBE

The temporal lobe plays a role in emotions and is also responsible for smelling, tasting, perception, memory, understanding music, aggressiveness, and sexual behavior.

The temporal lobe also contains the language area of the brain.

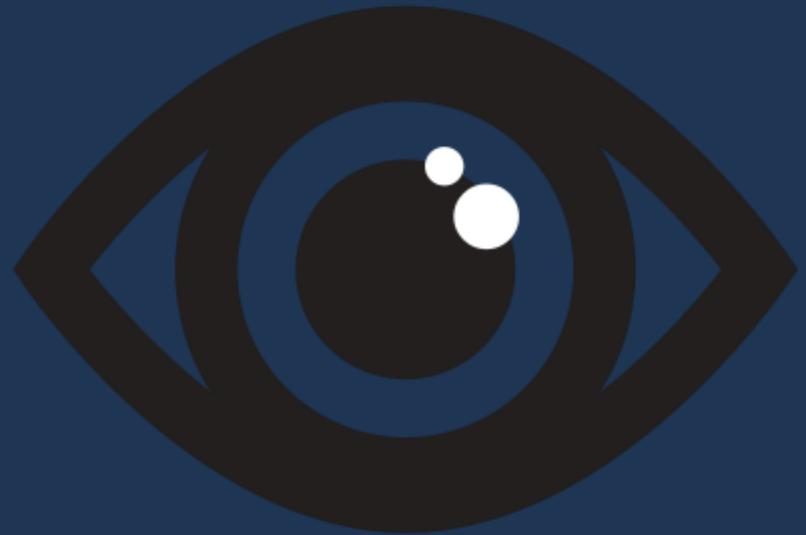


WHAT EFFECT CAN A BRAIN INJURY HAVE ON SOMEONE?



PHYSICAL CHANGES

- Change in or loss of vision
- Change in or loss of hearing
- Speech can be slowed or slurred
- Spasticity (muscle contraction) and tremors
- Seizures
- Motor skills and balance
- Fatigue and weakness
- Change in taste or smell



COGNITIVE CHANGES



EFFECTS OF BRAIN INJURY CAN LOOK LIKE
A DEVELOPMENTAL DISABILITY OR SOMEONE 'BEING DIFFICULT'

- Memory
- Attention
- Concentration
- Processing
- Problem solving
- Confabulation
- Lack of self-awareness
- Organization
- Self-perception
- Aphasia (expressive and receptive)
- Persistence (perseveration)
- Executive skills



BEHAVIORAL CHANGES

EFFECTS OF BRAIN INJURY CAN LOOK LIKE A MENTAL ILLNESS

- Depression and anxiety
- Mood swings
- Difficulty controlling emotions
- Trouble recognizing social cues
- Difficulty with initiation
- Difficulty in relationships
(forming new ones, maintaining old ones)



MENTAL HEALTH AND TBI



MENTAL HEALTH AND TBI

- 1 in 5 individuals may experience mental health symptoms up to 6 months after a mild TBI
- Depression and anxiety are frequent following TBI
 - The risk for dying by suicide is 3x greater for individuals with TBI
 - When a psychiatric disorder or SUD co-occurs with TBI, the risk for death by suicide increases further
- People with TBI have higher rates of anxiety disorders (generalized and PTSD)
- Some studies have found higher rates of personality disorders among people with TBI
- Childhood TBI doubles likelihood of psychiatric disorders by early adulthood

SUBSTANCE USE DISORDER



SUBSTANCE USE AND TBI

- Substance use disorder is a risk factor for sustaining a TBI, having a TBI is a risk factor for substance use
- Substance use is linked to worse outcomes after TBI
 - "Studies of both brain structure and function indicate that substance misuse and TBI interact in an additive way, specifically, their co-occurrence results in more impairment than either one alone."
- Substance abuse is linked to recurrent TBI

SUBSTANCE USE AND MENTAL ILLNESS

- About 50% of people who experience a mental illness in their lifetime will struggle with a substance use disorder and vice versa
- Both mental illness and substance use disorder can be considered 'chronic brain diseases'
- Mental illnesses can lead people to self-medicate to lessen or manage symptoms
- History of trauma

CONSIDERATIONS FOR CO- OCCURRING DISORDERS

- Mental health professionals and substance use disorder treatment counselors may not be brain injury informed
- A history of TBI may make it difficult for someone to engage in traditional therapies for mental health or substance use disorder treatment
- Therapies, treatments, and doctors may not be communicating as a team
- Sometimes the most obvious or difficult disorder is treated but others aren't addressed
- Unaddressed stigma in varied medical fields (someone may not feel comfortable disclosing substance use history to a neurologist or physical therapist)
- Integrated intervention is the ideal model but not always possible

SUPPORTING SOMEONE WITH CO-OCCURRING CONDITIONS

- Listen (especially if someone uses drugs or has a disability)
- Ask Questions
- Respect Boundaries
- Encourage self-advocacy if appropriate
- Support someone in keeping appointments
- Learn about harm reduction
- Be patient - change doesn't happen overnight

SUPPORTING SOMEONE WITH CO-OCCURRING CONDITIONS

- Learn more about any disorders that are not your specialty
 - Frequently we hear therapists will not see or treat patients with brain injuries because they are not brain injury specialists
- Make appropriate referrals
- Encourage general coping skills
- Learn about and use motivational interviewing (self-awareness and supporting change)
- Learn about harm reduction

"The most helpful thing someone has done for me since my brain injury..."

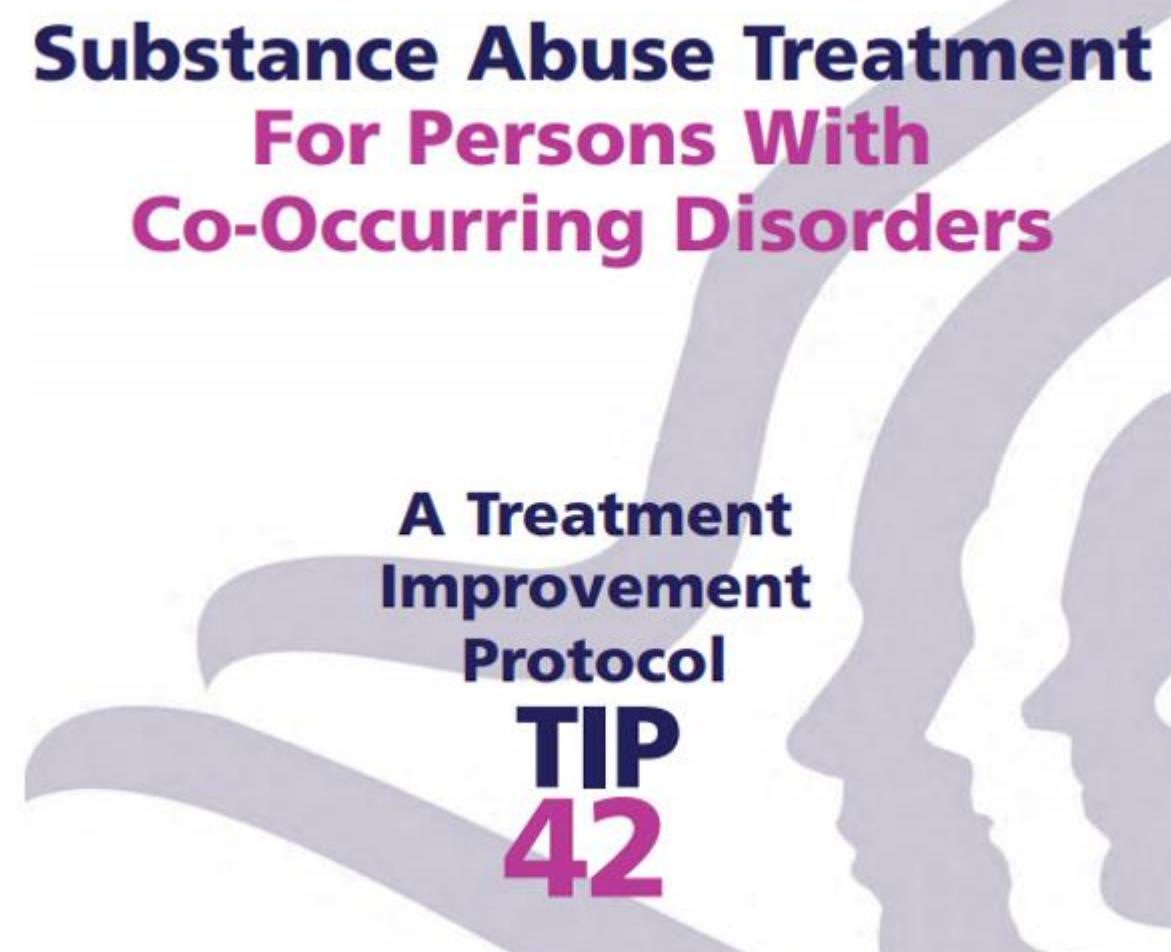
- "Exercised patience"
- "Loved the new me"
- "Don't try to fix me"
- "Took care of my two year old so I could have quiet time"
- "Remind me of the things I forgot"
- "Show me kindly a new way of doing the same task more efficiently"



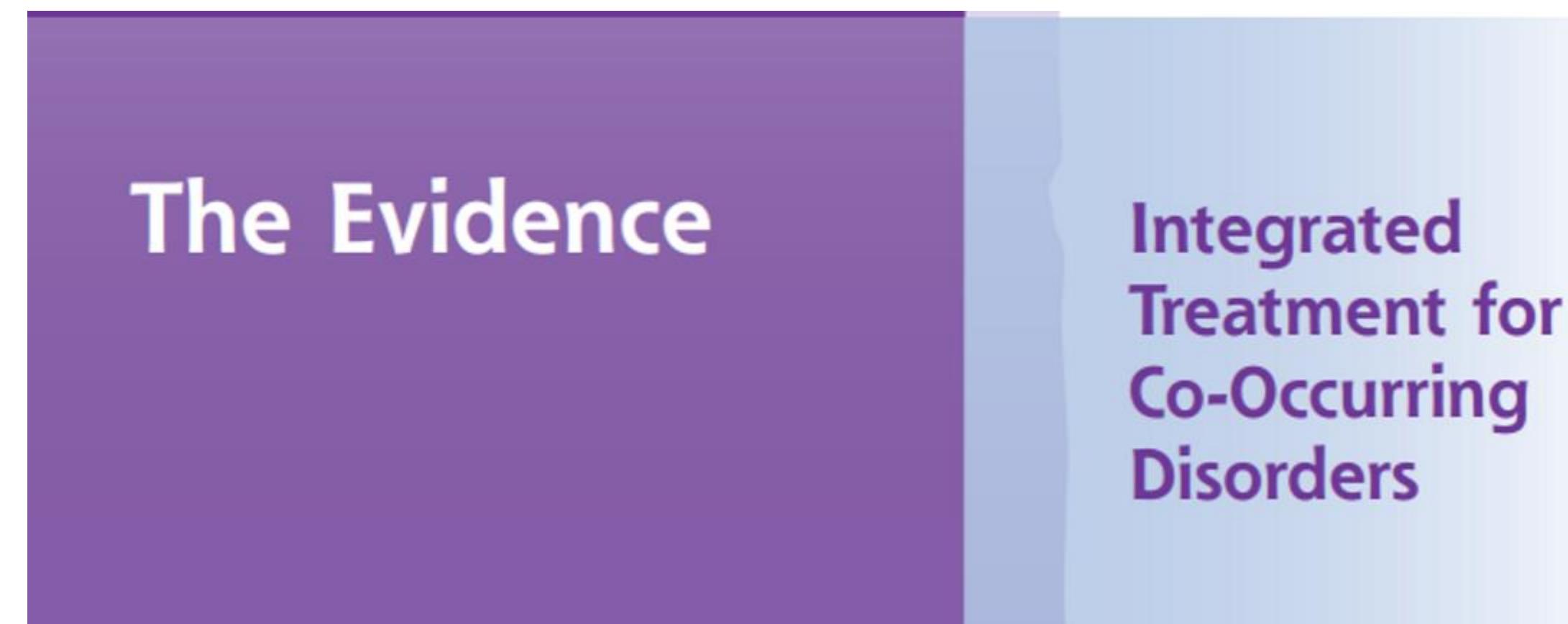
Supporting Someone with Co-Occurring Disorders

- Start a dialogue, not a debate
 - Learn about the condition on your own, do not make someone educate you
 - Ask what you can do to support someone
 - Take care of yourself, model and encourage boundaries
 - Do not try to fix or save someone
-

RESOURCES



<https://store.samhsa.gov/system/files/sma13-3992.pdf>



<https://store.samhsa.gov/system/files/theevidence-itc.pdf>

RESOURCES



**TREATING CLIENTS WITH
TRAUMATIC BRAIN INJURY**

<https://store.samhsa.gov/system/files/sma10-4591.pdf>

RESOURCES

Handout Available Online
Accommodating the Symptoms of
TBI

<https://tbi.osu.edu/modules/6>

THANK YOU!



**Feel free to reach me at
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or 410-400-6550**