

BrainLine Webcast: Substance Abuse and TBI

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Webcast #4 – Part I

Doris McMillon: Why are people with brain injury more prone to substance abuse? How do drugs and alcohol affect a brain that's already injured? Please join me for Substance Abuse and TBI, a BrainLine webcast.

[Music]

Narrator: BrainLine is funded by the Defense and Veteran's Brain Injury Center. The primary operational TBI component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. Through the Henry M. Jackson Foundation for the Advancement of Military Medicine.

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Doris McMillon: Hello everyone, I'm Dorris McMillon. Welcome to the BrainLine webcast, Substance Abuse and TBI. In this first segment, we're going to take a look at why people who abuse drugs or alcohol are at risk for brain injury and why people with brain injury are more likely to become addicts. We'll also explore why brain injury and addiction together can make recovery so much harder. Joining me are three experts, Doctor John Corrigan is a professor in the Department of Physical Medicine and Rehabilitation at Ohio State University. Captain Paul Hammer is a psychiatrist and director of the Naval Center for Combat and Operational Stress Control in San Diego. And Jan Brown is the founder of Spirit Works Foundation and an expert on addiction recovery and brain injury recovery. I want to thank you all for joining us. We would also like to welcome our studio audience who will have some questions for us a little bit later. Doctor Corrigan, let me start with you. Let's define the main problems. Why does brain injury go hand in hand with drugs and alcohol?

Dr. John Corrigan: Well there's several associations Dorris. I think the one we're most familiar with is that people who are intoxicated are more likely to have injuries and as a matter fact, the more intoxicated you are, the more likely your injury could include a traumatic brain injury. Less well known though is that among folks who have traumatic brain injuries, there's really quite a number who have had prior histories of substance abuse, problems with alcohol or other drugs. And so now they've had a brain injury and that makes things harder. And then there's a certain proportion who after their brain injury for multiple reasons develop problems with substance use. So, several associations with, between the two.

Doris McMillon: Ok. Jan, let me come to you. Substance abuse and TBI each come with their own set of challenges. How do each of these affect or exacerbate the other? And then how do you deal with the double challenge?

Jan Brown: I think for me, the biggest difficulty was my, my substance abuse came first and then my brain injury after that. And I have to be very vigilant and make sure that I deal with both of those issues. I can't just focus on being sober from, from alcohol and other drugs. I really had to get to a point where I was willing to also be that committed to my recovery from my brain injury.

Doris McMillon: Ok. Captain Hammer, you work with the military population. What do we know about problems with drugs and alcohol before or after brain injury that may be particular to service members?

Capt. Paul Hammer: Well, as, as John said, it is, it is a significant thing that we have problems with TBI, with people with substance abuse prior. In the military population, we're looking at mild TBI or concussion. And it's not well characterized and if you don't have, it really well understood about what are the associations between substance abuse following a TBI and what happened with mild TBI in particular as opposed to more severe, moderate, or severe TBIs.

Doris McMillon: Ok, Doctor Corrigan, let me come back to you. Let's look at some numbers. How often are drugs and alcohol involved in the incidents that cause TBI?

Dr. John Corrigan: Well among people who are hospitalized, about one in five hospitalized for a traumatic brain injury I should say. About one in five will have been intoxicated at the time of their injury. If we look at people whose injury, traumatic brain injury is severe enough that they're going to required, they require rehabilitation, as many as one in three will have been intoxicated at the time of their injury.

Doris McMillon: Ok, Captain Hammer, how common is TBI among, among service members who are receiving substance abuse treatment?

Capt. Paul Hammer: We don't really have good numbers on how common that is among service members receiving substance abuse treatment. However, we are really working hard to be much more vigilant and, and there's a very aggressive screening process across all military treatment facilities as well as in the substance abuse community to better characterize that.

Doris McMillon: Ok, Doctor Corrigan, how many people with TBI actually have a, a history of substance abuse before their TBI?

Dr. John Corrigan: Among individuals who receive rehabilitation, these are adolescents and adults, as many as half have prior histories of problems with alcohol or other drugs.

Doris McMillon: What percentage of people who did not have a problem with addiction before their TBI became vulnerable to drugs and alcohol after their injury?

Dr. John Corrigan: This we're not quite as certain about that number, but we think about

10% of everyone we treat in rehabilitation, all the adults, about 10% will not have had any problem before but will develop one at some point after their injury.

Doris McMillon: So there's a window of time for vulnerability?

Dr. John Corrigan: There is certainly, there's both a window of time for vulnerability, but there's also for those who have not had one before, that as they are facing the stressors of going home from the hospital with this, this injury and the changes that's occurred for, for some the coping strategy and not a good one may be to turn to drugs and alcohol. For others it might be due to pain or other complications they have after their injury. And it might include actually abuse of a prescription medication. There, at the, so there is a definite vulnerability that we see immediately, but it is, it's more than just immediately. It's also life, lifelong we have to vigilant.

Doris McMillon: Ok. Captain Hammer, not being able to sleep, being depressed, lacking inhibition for example can be symptoms of a TBI or substance abuse. I mean how do you figure out what's causing what in order to break the cycle?

Capt. Paul Hammer: Well, it's probably not as important to figure out what's the cause of it, but more important to be vigilant and aware and treat it. And so that's what's important for providers who are treating patients who have psychiatric symptoms and TBI, substance abuse and TBI are treating all of those things simultaneously and collaborating with the other providers to make sure that you are aware of these things and treating them. So that the, particularly in the neuro-cognitive area, they need to be vigilant for signs of depressions, for insomnia and, and be collaborative with all the other providers working with it to make sure they're, they're aware of these things when they come up and they, they actually get treated. So that it doesn't impair their ability to treat the other, other parts of the TBI problem.

Doris McMillon: Ok. Jan, you've lived with this. You sustained two brain injuries and you've lived in recovery from addiction for the past 22 years and I think you mentioned earlier that your addiction came first.

Jan Brown: Right.

Doris McMillon: How'd you deal with that?

Jan Brown: With my addiction coming first? I was completely out of control with my alcohol and drug use. And had the good fortune in a, in a strange kind of way of having a brain injury and it, and was treated for that first. So, my experience was slightly different because essentially they needed to save my life. I couldn't stop drinking and doing other drugs. And so I went into treatment for that.

Doris McMillon: Ok, and then you had your brain injury so you worked through that as well. That, the treatment for that helped you in the other area.

Jan Brown: Yes.

Doris McMillon: Ok.

Jan Brown: Initially they did not recognize that I had a brain injury when I was in alcohol and drug treatment. And so I had many, many complications and significant problems and they didn't know why I had them and I didn't know why I had them, but they just kept telling me to do things and I got to the place where I had a willingness to follow instructions and do them.

Doris McMillon: Ok. Now you've made it your life's work to help others with recovery from addiction through your foundation Spirit Works. What's the biggest challenge for people struggling with addiction and TBI?

Jan Brown: Well, my own personal experience is that it was accepting a new reality for myself. And that I was going to need to work through both my addiction, recovery from my addiction as well as from brain injury issues and I think the other big piece is about developing a new yard stick and looking at myself from time of injury forward instead of looking back at what I used to be able to do. Because I won't ever be able to do those things again.

Doris McMillon: Well, I want to thank you for sharing your story and to our other panelists, thank you and we're going to wrap up this segment, but the discussion isn't over. And if you would join us for part two of this webcast when we'll be talking about the effects of drugs and alcohol and TBI on the brain and body. Now for more information about preventing, treating and living with brain injury and to watch the rest of this webcast, please visit us at www.BrainLine.org. And while you're there, please let us know your thoughts. You can email us at info@brainline.org. Again, thanks for joining us.

[Music]

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[Music]

Webcast #4 – Part 2

Doris McMillon: How do drugs and alcohol affect someone with a brain injury? Why are people more vulnerable to developing an addiction after a TBI? Please join me for physical and emotional effects, part two of the BrainLine webcast, Substance Abuse and TBI.

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[Music]

Doris McMillon: Hello everyone, I'm Dorris McMillon. Welcome to the BrainLine webcast Substance Abuse and TBI. In part one, we discussed the relationship between TBI and addiction. Now we're going to talk about the effects drugs, alcohol and TBI together have on the brain and the body. I want to say thank you to Doctor Corrigan, Captain Hammer, and Miss Brown for joining me. And before we jump into our discussion for this segment, let's take a look at a short video clip.

[Music]

Therapist: I noticed that you've got quite a few beer bottles sitting there on your counter, which I didn't notice in the previous times when I've been out to visit you. Have you had a party recently or?

Paul: Oh, no, no, no, no. No, no parties. No, it's like always, you know. When I'm home, I'm having couple beers, there's nothing wrong with it, right? There's nothing wrong with having couple beers once in a while. You get tired, you want to have couple beers, right?

Narrator: Alcohol and drugs have a more intense effect after a brain injury. Even when the client is using within clinically safe guidelines. Among other things, substances can increase cognitive impairment and depression.

Paul's Wife: I'm really frustrated about it. I, I don't like the behavior in front of my kids. It's hard enough that they don't have a dad anymore. He's like another kid to us, he's, I have to remind him about everything. I call every day just to make sure he's done the lists that I've left around the house. And, the, the drinking behavior in front of the kids is awful. They just, now they don't, they didn't have a dad for the longest time and now he's drunk around the house all the time.

Charissa Courtney: Making observations, especially if you're visiting the client in their home I think is an important point. And I think another important point too is to not be afraid to ask about substance use whether it's alcohol or drugs. Therapist: Have you ever felt you ought to cut down on your drinking?

Paul: I don't, I don't drink that much.

Therapist: Have people annoyed you by criticizing your drinking?

Paul: You're doing it right now. Supposed to be a therapist right? And you're doing it right now. And my wife does it. The kids don't like it and neighbors.

Therapist: Have you ever felt bad or guilty about your drinking? [Background noise]

Paul: Yes. Because of my kids.

Dennis James: The intervention task is to try to assist this person in tipping the balance where they're now thinking about do I or don't I and maybe I do, to make that one little step to yes indeed there is something that is harmful or there's, there's something that's damaging.

Therapist: Let me ask you then what is it about your drinking that isn't good? [Background noise]

Paul: Nothing bad is happening. [Background noise] It just, I cannot cope with sitting at home doing nothing.

Narrator: Paul's provider has identified his drinking problem, discussed the pros and cons with him, educated him and gauged his family and connected with a substance abuse professional.

Dennis James: A straining across helping that there can be collaboration-providing service, providing treatment. I think that many more people can be helped.

[Music]

Doris McMillon: Doctor Corrigan, for someone with a TBI like Paul how do drugs and alcohol affect the brain?

Dr. John Corrigan: Well, I think as the, as portrayed with Paul and with, with many others that drug, drugs and alcohol after an injury can take some of the effects of that injury and just make them worse. So whether in Paul's case you saw his frustration, his ability to cope with that frustration, his ability to not show it in bad ways, whether with his kids or other places, will just be, he'll be just that much less able to, to deal with some of the consequences if he's drinking or using other drugs after his brain injury.

Doris McMillon: Ok, let's take this just a little bit further. How does addiction affect the pleasure pathways of a brain on a biochemical level?

Dr. John Corrigan: Well there's, we're still learning something every day about how the brain interacts with the use of drugs. But the, there's no question that the, what alcohol and other drugs do is essentially hijacks our pleasure pathways and makes the use of them more valuable to us than, than what they should be. More valuable than having a more balanced lifestyle, more valuable than not getting in trouble, more valuable than our relationships. And

getting that, that, those values changed and those reward circuits kind of rewired for a more, a more satisfying lifestyle is, is what substance abuse treatments at some level is all about.

Doris McMillon: Ok. What are some of the other effects of drug and alcohol use on someone with a brain injury?

Dr. John Corrigan: Well we've, any of the things that occur with brain injury can just be made that much worse, whether it's that you have problems with balance or walking, talking, the use of the drugs can, can make all those problems more accentuated and probably one of our biggest concerns is ways in which you may not recover as well from your brain injury by using drugs or and alcohol. And whether it's that, the actual cell regrowth doesn't occur or it's development of problems like depression or seizures or even worse a second brain injury. We know that there's a cumulative effect of these injuries. And having a second one is worse than the first.

Doris McMillon: What about memory, things like that?

Dr. John Corrigan: Of course, concentration and memory are effected by brain injury, they're affected by intoxication and they're affected by chronic use. So again it's a, the basic formula there is you take a problem and you're going to make it worse by adding the two together.

Doris McMillon: Ok. Jan, let me come to you. Now I know that you've suffered two brain injuries. First of all, tell us how they happened.

Jan Brown: Sure. The first one I was, had been using substances and I fell down a flight of concrete stairs. And was because I was intoxicated, have very little memory of the actual event. The second one as Doctor Corrigan just mentioned was as a result of not believing that I could have a first, could have that second injury and had been somewhat careless and was just kind of living my life. And some of the, the consequences of the first one fatigue, things like concentration and attention and things like that, my coordination, my balance were somewhat off. And I was working at the time and was, was really exhausted and was playing with a group of youth in the swimming pool and went to swim from one side to the other and missed my turn and swam head first into the, into the sidewall of the swimming pool.

Doris McMillon: Oh my. What were the effects then from your brain injuries and what, which ones were the hardest ones to deal with?

Jan Brown: From the first one I really didn't know what I had lost. I was, I was grateful to be alive and to be sober and things like that. It wasn't until later on when that one got diagnosed I was really able to, to know what, what was missing from my life.

Doris McMillon: What was missing?

Jan Brown: Pleasure, first and foremost. I was, I was going through the motions and watching my friends in recovery from addiction get back things they had loved and lost. And those things weren't happening for me. I was, I had a horrible, horrible moods and agitation and restlessness and things like that. I had been a competitive athlete and was no longer able to play, play sports on the same level. So I, I used to teach tennis and then when I was, would go to play tennis, a bird might catch my attention. Doris McMillon: So concentration?

Jan Brown: Absolutely, absolutely. I, I got to a place where I, I, in my rehab was able to get some help and rely upon checklists and cue cards and pagers and all kinds of devices to help my memory because I just didn't have it.

Doris McMillon: Ok. And then the second brain injury. What did you see missing then?

Jan Brown: The second one for me was much more difficult because that time I knew what I had lost. I had begun to put my life back together again with lots of help after that first one. And a second one, I, I lost the ability to work for and was on SSDI for many years. I lost the ability to drive. So things like that. I was dependent upon a fulltime essentially a fulltime caregiver to pretty significant. In addition to kind of the activities of daily living which I couldn't do anymore. So, I had, I had quite the losses from the second one.

Doris McMillon: Ok, so how and when did you learn to compensate for all of that?

Jan Brown: The first one I was, I finally took a job working at a physical rehab and I worked on the brain injury unit, by, by good fortune. And was watching the people, I was working as a physical therapy aid. And the people who I was working with behaved like I did. And a lot of the problems they were having I was having. And I hadn't really told anybody about those problems before that. And so I went to a neuropsychologist and I went to a speech therapist and told the truth and was able to get testing and began to get the help that I needed from that one.

Doris McMillon: Ok. How do drugs and alcohol interfere with recovery from a traumatic brain injury?

Jan Brown: I would have to agree with what Doctor Corrigan said a few minutes ago. I know for me, to use, if I were to use drugs again, I would die. And so it's really, it's really simple why I don't use drugs or alcohol today. And from what I've read and from those that I work with at my center, you know it makes everything worse. And you just really can't focus on, on being able to get in recovery and stay in recovery for either if you're, if you're still using.

Doris McMillon: Well then, we're really celebrating you. Jan Brown: Yes, thanks for that.

Doris McMillon: Doctor Corrigan, if a person is already having problems with drugs or alcohol then how will having a traumatic brain injury affect them differently?

Dr. John Corrigan: Well I get asked often you know gosh, doc, what have I done to my

brain? What's the difference? And it is a big difference. Whether we're looking at the structure of the brain, how the brain functions, your thinking skills, study after study says that the two together are worse than either alone. And so it really is important that if you had a brain injury to address your substance abuse. If you are abusing substances, to, to try to get, get some control on that. So it, the two together really make a whole different picture than either one alone.

Doris McMillon: Alright, it seems that treatment for drugs and alcohol work in the long term for only a small percentage of people in the general population. The challenges are then even greater for people with TBI. I mean how dire is this, is the situation?

Dr. John Corrigan: Well dire is probably an accurate word unfortunately. That there are some very effective substance abuse treatment and yes, for you know any given episode or treatment program for this, this group of people may not have a great success rate. But over time, people can recover from this, there's no question. But when you add traumatic brain injury to it, then you're taking that same, those same odds and you're making them a bit longer. And what's critical is that we not try to treat these as two different things in two different bins, in two different treatment programs that an integrated approach to addressing the two together is where the best success will come.

Doris McMillon: I see Jan and Doctor Hammer, you're both in agreement. Jan, what's your experience been?

Jan Brown: My experience was I received treatment for drugs and alcohol first. I think that potentially I wouldn't have had to have a second injury had, had the treatment come, come differently. And when I work with people the idea is for them to be able to get access to care to treat both of them because one without the other is, you're destined for, for trouble.

Doris McMillon: Ok. Doctor Hammer, I saw you were shaking your head in agreement.

Capt. Paul Hammer: I agree. I think that the collaborative approach with looking at everything without trying to stovepipe it is the way to go.

Doris McMillon: In the military community, is it seeing any more success with treatment than in the civilian population?

Capt. Paul Hammer: I'm not sure if we can say we have more success, but we have more advantages in the military community. We have more control over our population. Their job is actually to get better. They're earning their paycheck, they're getting their housing, they're getting their health insurance. They, they have a number of advantages that the civilian community doesn't have because of them being in the military. And they're more accountable or held more accountable because the command has a very much vested interest in are they going to get better and get back to duty. So I think we have a lot more advantages in the military community than we do in the civilian community in treating this.

Doris McMillon: Well sometimes like athletes, I think service members hide their symptoms so that they can return to their unit. How do you know when it's safe for a service member to return to combat after a TBI that's been compounded by issues of drug and alcohol abuse?

Capt. Paul Hammer: Well, we don't rely solely on the individual member's report of how well they're doing. And it, and an important key component in treatment is after care. You can go through the program and be an inpatient, but in after care, that's where you really get better. And in the military population, we have a significant after care program. Are they maintaining their sobriety? Are they working the program? Are they going to meetings? How well are they functioning at work? There's the command has a vested interested, there's a lot of observation. And in addition, with a TBI, we in the military setting we can also do, have the luxury of doing a really good neuro-cognitive assessment. So that even if they're able to hide things, that will often times get to the nugget of are they really able to perform in a neuro cognitive way then you know they may be hiding it, so.

Doris McMillon: Right.

Capt. Paul Hammer: So we're able to get at it.

Doris McMillon: And there's some real accountability it seems.

Capt. Paul Hammer: Definitely.

Doris McMillon: Ok, I want to thank you all. You know we've covered a lot of territory and in the next segment of this webcast, we're going to address how to get the right treatment. Please join us then. For more information about preventing, treating and living with brain injury and to watch the rest of this webcast, please visit us at www.brainline.org. And while you're there, please let us know your thoughts. You can always email us at info@brainline.org. Thank you for joining us.

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Webcast #4 – Part 3

Doris McMillon: What rehab programs are available for people with TBI and addiction, and what does good treatment look like? Please join me for Treatment, part three of the BrainLine webcast, Substance Abuse and TBI.

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Narrator: BrainLine is funded by the Defense and Veteran's Brain Injury Center. The primary operational TBI component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. Through the Henry M. Jackson Foundation for the Advancement of Military Medicine.

[Music]

Doris McMillon: Hello everyone. I'm Dorris McMillon. In the previous segments, we discussed how substance abuse can affect the brain after an injury or be the cause of the injury. In this segment, we're going to talk about how to get the right treatment for both TBI and drug and alcohol addiction. Welcome Doctor Corrigan and Captain Hammer and Miss Brown. Thanks again for being with us. Before we get to our panel discussion in this segment, let's watch another video clip.

[Music]

Narrator: When a client enters a substance abuse program without a diagnosed brain injury as Annette has, it's very easy to miss the symptoms of that injury. Clients with brain injuries may make tangential remarks, fall behind the group, not pick up on social cues and get stuck on a word or a topic.

Female Group Member: The way that people are saying things, I'm getting lost in what they're saying and then I think of a thought of my own and I have to say it right away or then I'm really, completely lost.

Male Rehab Specialist: Wanted to talk to you a little bit about some concerns I had around some of what seems to be happening for you in-group. You seem to be having some difficulty following what the other group members are talking about. When you were saying that it feels to you like you get lost in what's happening for people.

Female Group Member: I just, I don't know how to explain it other than people are talking and I can't, I just can't follow what they're saying. I can't follow the story lines. You know what I mean?

Male Rehab Specialist: Ok.

Female Group Member: And I blank out and I blank back in and I think after my car accident, I would, that would happen to me a lot, it would be really hard for me to figure things out. But then you know I kind of, I would have a drink or I would go out and party and stuff. And then it wouldn't seem as bad. I would kind of be able to focus a bit more and my like head wouldn't feel as kind of fuzzy.

Dennis James: As a substance abuse provider, what I want you to do is, is first and foremost

to become more sensitive to the fact that a portion of the clients that you're going to work with will have suffered a brain injury. And of those people, not all, but some of them will have some consequences of that having had that experience. I would like you to start to talk with a brain injury provider in relation to what you're seeing and what, how this person is presenting. And to think about ways that you may need to modify the usual program that you provide and the usual intervention in order to accommodate and make it more helpful and more possible for this person to get help.

Male Rehab Specialist: I got your name from a colleague of mine. And I'm just calling because I have a client who I suspect might have a brain injury. And I was calling to see if I could get some guidance as to how I might work with her differently. I've spoken to a brain injury specialist and just been given some information that sort of given me a different understanding about what might be happening for you. It's possible that when you had the car accident a couple of years ago that you may have suffered some kind of injury that hasn't been diagnosed. So what I'm going to try to do is arrange for a referral for you to see a physician who's a specialist in this area so you can get some further consultation around this.

Narrator: Armed with the knowledge of how to deal with Annette's learning needs, her provider is slowing down in sessions, giving her written handouts, anticipating a higher frequency of off topic remarks and being flexible while making clear what's acceptable.

[Music]

Doris McMillon: Well Jan let me come to you. You recognize Annette's story.

Jan Brown: Very much.

Doris McMillon: How unusual is it that a rehab specialist would actually recognize the symptoms that Annette had as a possible TBI?

Jan Brown: From my own personal experience, it, that's pretty unusual. When I, I worked in a treatment center for a period of time and some of the things that they began to actually look to see if there was brain injury, similarly to what we saw in the video and that, that was really neat, watching them be able to do that. And things like it does, it takes us longer to understand and to comprehend and we're told the same thing over and over and we go the opposite direction anyway. So that was really neat to watch that.

Doris McMillon: How did yours get identified?

Jan Brown: From working on a brain injury unit and watching some of the other clients and what it was that they were doing.

Doris McMillon: Now, once someone knows that they're dealing with TBI and addiction issues, what are the first steps they should take?

Jan Brown: As the individual receiving the care, I mean I think for me the first thing was I really just had to stop using and then I had to be honest about what it was that I could and couldn't do. You know years ago they used to call people like me walkie talkies because we could walk and we could talk and, and a lot of times we parroted the answers and things like that. And we relied upon our old knowledge. But until I could get honest and say what it was I could and couldn't do, I wasn't able to get the help that I needed. And then to be able to follow the instructions.

Doris McMillon: Should you be getting treatment for both things simultaneously?

Jan Brown: Absolutely. Absolutely.

Doris McMillon: Ok. Doctor Corrigan, how should people go about finding that kind of multi disciplinary help?

Dr. John Corrigan: Well I would like to think that on the civilian side it would not be hard to find that kind of integrated treatment. But I'm afraid that's just not the case quite yet. And I would like to see that change in our country. I think on the military side we're seeing great strides and that's one of those areas like Captain Hammer said earlier where they have some advantages that we don't on the civilian. It may be improving. There was a time when it used to be that you'd go for one treatment and they'd say well until you get the other taken care of, you can't have this. And you go to the other door and they'd say no, don't come here until you've done that. And now we're seeing more where places will say, oh you have that too. And we'll get what we kind of call parallel treatment where they're both being treated at the same time. But what we eventually need to get to is fully integrated treatment, where you get the advantage of both.

Doris McMillon: Ok, so that's what good treatment looks like for TBI and substance abuse. Dr. John Corrigan: Yes.

Doris McMillon: Ok. Captain Hammer, would there be any differences in the military setting?

Capt. Paul Hammer: It's identical. However, I think one of the advantages we have is the index of suspicion. Because so many of our people are having mild TBI from incidents, we already know about and this is a big issue for the military right now. Our index of suspicion is much higher than in somebody that would just come to a civilian thing, civilian program where who would know that they had a car accident six months ago? Somebody may not even know to ask that. So because of our situation now with, with the conflicts, you know we know to ask that.

Doris McMillon: Ok. Jan, how were you able to focus on recovery from alcohol and drugs and then at the same thing you're dealing with the cognitive and emotional symptoms that resulted from your brain injuries?

Jan Brown: Initially I didn't do very well coping with it. I think over time my inability to do the things that I wanted to be able to do and do them successfully and do them long term kept getting in the way and so as that continued to happen, my willingness to follow instructions increased. And then just getting really good treatment providers, family, friends. I had a, I had a very strong recovery support team.

Doris McMillon: And that's important. Jan Brown: Absolutely, yeah.

Doris McMillon: Captain Hammer, how is the military doing with the collaborative treatment of TBI and substance abuse?

Capt. Paul Hammer: I think we're doing much better now than we have in years past, particularly because of pretty much universal screening for TBI, particularly when people enter a program, that's one of the first questions they ask is were you at risk, were you exposed to a blast, you know? Were you in any kind of an accident that could have given you a TBI?

Doris McMillon: Ok. Now what can the service member who's returning to a small town, what are the options for them?

Capt. Paul Hammer: That's probably the most difficult thing for particularly for service members in the guard and reserve. They have a very difficult time because the resources are fairly limited. There are a couple of options for them. And probably the best one is the Defense and Veteran's Brain Injury Care Coordinator. We have regional care coordinators that they can access. In addition, they have psychological help outreach coordinators that, that should be able to help them in all the services and all the reserve components. They can help out. And failing that, Military One Source is an excellent resource that people can access and they should be able to help get them directed to somewhere where they can get care. But the resources vary greatly depending upon what region of the country they are.

Doris McMillon: Ok. Doctor Corrigan, what advice would you give to other professionals who are trying to set up concurrent programs?

Dr. John Corrigan: Well I'd first encourage them because they're very much needed. I think that we need to be really open to bringing in the expertise so the, because you don't have the expertise for both under, in one brain or in one program. So encouraging programs to explore new relationships and new ways of working together. We've seen some, a few examples of some very creative ideas, some staff sharing, where, so that the substance abuse facility has somebody who knows brain injury, the brain injury facility has somebody who knows substance abuse.

Doris McMillon: Ok. Captain Hammer, let me come back to you. Let's talk about the obvious challenge when you've got pain management after a brain injury, then how do you prescribe medication if problems with drug, drugs and alcohol are already involved?

Capt. Paul Hammer: Well, pain management is absolutely critical and particularly when dealing with a substance abuse problem. But again, it's the, you go back to the collaborative process of treating these things. And the collaboration in that case also includes the patient. You have to be very upfront and honest with the patient about addressing that. You, the first thing though is to make sure that you are identifying what is causing the pain and make sure you get that treated and taken care of. And then in managing the, the pain medication situation or the pain treatment, close follow up, frequent follow up, small prescriptions so that they don't have large supplies, making sure that the providers are coordinating with each other so that they aren't doctor shopping to get you know a little bit from here, a little bit from there and collecting a bunch. That and that's part of that collaborative approach that we have to take.

Doris McMillon: I see Jan is over there saying yep, that's right.

Jan Brown: Absolutely. I would've been the doctor shopper and so yes it is really, really important to be able to have that level of accountability.

Doris McMillon: Have you seen a significant link between suicide and TBI?

Capt. Paul Hammer: People with TBI are at risk for increased suicides. And the literature shows that even as much as a concussion can put somebody at much greater risk for suicide than, than in the general population. We are very concerned about suicide in the military but that has not, the link with TBI I don't know that we're seeing that in the military. Ours is much more relationships and substance abuse problems.

Doris McMillon: Well, how do drugs tie into those suicides rates?

Capt. Paul Hammer: I don't have a good answer for that in particular. Do you, do you know John?

Dr. John Corrigan: Well, we know that folks who may be depressed or may have suicidal ideation if they are using alcohol and other drugs are more likely to have an attempt or have a successful attempt. That's you know judgment goes down and success goes up.

Doris McMillon: Ok. Captain Hammer, is substance abuse rehab different for people with TBI as opposed to those with, with PTSD?

Capt. Paul Hammer: Well again you have to treat everything at the same time and, and not say well you got to get that taken, taken care of first before you do the other thing. As they showed in the video, you have to have a little bit of suspicion that there's a TBI problem and account for the neuro cognitive difficulties the individual is going to have as they go through. In other words hand outs or reminders or that sort of thing. PTSD is going to be a little bit different because you're dealing more, it's going to be more like dealing with depression, anxiety or other psychiatric syndromes. You won't have as much of neuro

cognitive difficulty such as focusing and concentrating. You're going to be dealing more with emotional, more common psychiatric kinds of symptoms like anxiety and depression.

Doris McMillon: Jan, let me come back to you. What should we be doing to destigmatize the psychological health problems like substance abuse, TBI and post traumatic stress syndrome?

Jan Brown: I think the, one of the biggest things is the, the new research and the information that's coming out that talks about TBI I mean which is a brain injury, but certainly substance abuse as a brain disease. And helping people understand that, that pleasure center make sense and all of those kinds of things rather than just you know I can't think correctly and that's why I behave the way that I do. I think having increased understanding, teaching it in schools similarly to sex education or health education that really doing some, some critical education around this idea that, that this is a disease and that people do in fact recover is the other piece of that.

Doris McMillon: And that's good news, yeah. Captain Hammer, in the military setting how can somebody best find a support group to straddle both the substance abuse and the TBI issues?

Capt. Paul Hammer: Well in the best resource for that is the aftercare program that's, that's evolved in the substance abuse program and making sure that people number one are involved in the after care and that the after care is also including and being involved with the TBI care program as well.

Doris McMillon: Doctor Corrigan, let's talk about the civilian population.

Dr. John Corrigan: In the civilian side you're, what you're most often going to have to do is as the person using that support group kind of teach your support group about the other situation. So if you're in a brain injury support group, making sure they understand substance abuse and substance abuse support group making sure they understand brain injury. And unfortunately, I think on the civilian side the big difference is the importance is going to have to come from the user of the service or support group while there are many more, there's more of an infrastructure of knowledge and awareness on the military side now.

Doris McMillon: Ok. Jan, when we talk about TBI and addiction, obviously those are major challenges. How do you motivate yourself and then others?

Jan Brown: I think for me I'm very goal oriented to start with, so that's really helpful and important. And I needed to figure out you know kind of now what? You know what are you asking myself and others, what do you want to do? You know what do you want to be when you grow up? You know what would make your life wonderful at this point? And really focusing on using this new yard stick or measurement of you know where can I go now? My life is going to be different and that's ok. Different is ok and not trying to measure my progress or forward movement based on you know some of the other people sometimes in those support groups that we go to.

Doris McMillon: Comparison is a terrible thing.

Jan Brown: It absolutely is.

Doris McMillon: Yeah. What advice would you offer people who are struggling to find the programs that they need to recover from addiction and then traumatic brain injury?

Jan Brown: Well right now as, as John mentioned, this idea of having to go to different systems because it's not integrated is really important. And just to have the willingness to not give up and to go wherever there is. That's where you go and get the help that you need, wherever it is.

Doris McMillon: Ok. I want to say thanks to everybody. In our next segment, we're going to cover the long term picture for people living with TBI and addiction as well as their families. So join us for part four of this webcast. For more information about preventing, treating and living with brain injury and to watch the rest of our webcast, please visit us at www.brainline.org. And while you're there, please let us know your thoughts. You can email us at info@brainline.org. Thanks for joining us.

[Music]

Narrator: BrainLine is funded by the Defense and Veteran's Brain Injury Center. The primary operational TBI component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. Through the Henry M. Jackson Foundation for the Advancement of Military Medicine.

Webcast #4 – Part 4

Doris McMillon: Are there questions we haven't answered for you yet? Please join us for segment five of the BrainLine webcast, Substance Abuse and TBI. We'll be taking questions from our audience.

[Music]

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[Music]

Doris McMillon: Hello everyone, I'm Dorris McMillon, welcome to the BrainLine webcast, Substance Abuse and TBI. In previous segments, we've discussed the importance of getting

treatment simultaneously for both TBI and substance abuse and strategies for living with TBI and addiction in the long term. Now it's time to hear from our audience. And I want to welcome Doctor Corrigan, Captain Hammer and Miss Brown and thank you all for being with us. And if you all are ready, let's dive right in with the first question. And we have our questioner number one standing at the mike. Please go ahead.

Questioner #1: Thank you. Substance abuse treatment clients who've achieved abstinence may be reluctant to take medications that have been prescribed for their TBI treatment. Is this an issue and how do you handle it?

Doris McMillon: Captain Hammer?

Capt. Paul Hammer: Well that is, that is an issue in any kind of substance abuse treatment, that often people are reluctant to take medications. You have to have a conversation about that and particularly involve the individual in understanding why they need to take the medications, what the medications are for and often times reassure people that if the medication is not addictive or has no risk of addiction that you can, you know it's ok to take it and reassure them that you're doing it for a good reason. If it does have a potential for addiction, then you need to be careful and again make sure you counsel people, talk about it and involve the, the patient or the client in participating in their own care.

Doris McMillon: Ok, let's take our next question.

Questioner #2: Hi, how are you? What advice do you have for a parent who is worried that the young adult post TBI will not use good judgment in social situations where drugs and alcohol might be present?

Doris McMillon: Doctor Corrigan, why don't you take that one?

Dr. John Corrigan: Well I think it's a parent is wise to be concerned, but also has to know their child and know their situation. Of course, you know whatever we can do to have a person's environment, particularly their social environment supporting the goals of not using alcohol, not using other drugs is very critical. And so a beginning point is looking at who an individual is, who your family member is spending time with as well as how you are demonstrating to them or modeling for them the kind of behavior you want. It's, we don't recommend saying you shouldn't drink but I'm going to here. You know let's do this together is a very good message. So seeking out the involvement of the friends too is still another strategy one might use.

Doris McMillon: Ok. Let's take an email question. This one comes to us from Tom in Nashville, Tennessee. Tom says are people with TBI more vulnerable to addiction with specific drugs like prescription drugs such as cocaine or crystal meth? And Captain Hammer, that question is for you.

Capt. Paul Hammer: I think if people have used drugs in the past, they're going to be more

vulnerable to using drugs in the future. I think the danger of prescription medications is if again you don't have good coordination of care or collaboration. People are high risk to you know go doctor shopping or go clinic shopping to try to get medications and that's when you get into the, the higher, higher risk of being addicted to pain medications. I think there are many people that will not get addicted to medications and will be responsible. But in terms of those that are at risk, you need to be careful. We as providers, as medical providers really need to be careful about what we do and how we manage prescription medications. Doris McMillon: Ok. Let's take our next question please.

Questioner #3: How do you think community leaders can best prevent substance abuse among people with traumatic brain injury?

Doris McMillon: Jan, you want to take that question?

Jan Brown: Sure. I think one of the first places to start with answering that question is around education. And, and having the educational support available to really help people understand that substance abuse is a brain issue as when as TBI. And then ongoing from that place is really about having, having the ongoing after care or ongoing recovery support services in the community that are available and then steering those folks in the direction of those services and supports.

Doris McMillon: Alright, thank you so much. Let's go back to the email bag for another question. This one comes from Tonya in Rhode Island and Tonya says, do any of the medications commonly prescribed for TBI adversely interact with medications used in substance abuse treatment? Captain Hammer, you want to take that one?

Capt. Paul Hammer: That's an easy one. With any medication, any time for any reason that you take, you have really got to watch if it's going to interact with any other medication. And again, you got to be, have a good conversation with the people who are prescribing medications to make sure that they're aware of all the different venues where medical treatment can become a problem. So it doesn't matter, it doesn't matter whether it's TBI, substance abuse or you know a common cold. You really have to your, make sure your provider understands exactly all the medications you're taking so that they can make sure that there, there are no interactions or the interactions are minimized.

Doris McMillon: Ok, let's go back to our studio audience. Thanks for your question, please go ahead.

Questioner #4: How should substance abuse treatment programs screen for a TBI at intake as well as on an ongoing basis?

Doris McMillon: Doctor Corrigan, want to take that?

Dr. John Corrigan: The question was how, that we have been developing tools that we are trying to get into the hands of substance abuse treatment providers and other behavioral

health specialists to of course increase their awareness of what traumatic brain injury is and then to, to in a, even if it's an informal way be able to identify that somebody's had one in the past. So as a matter of fact on www.brainline.org is a tool called the TBI screening tool that can be used by a lot of professionals for looking for brain injury in folks they're working with.

Doris McMillon: Ok, great. Alright, we're going to take another question from our studio audience. Please go ahead.

Questioner #5: This question is for Jan. What kind of insurance were you able to get for both substance abuse treatment and brain injury?

Jan Brown: Sure. I had the very good fortune of having a father who was in the military at the time of my treatment for, for substance abuse so I was able to receive care through the military. And then ongoing kind of, kind of growing up after I turned the, the magical age of 25, was able through my employer to be able to get some insurance and then eventually when I had my second injury, needed to have Social Security Insurance and so Medicare was my insurance of choice at that point.

Doris McMillon: Alright, thanks so much. And let's take another question.

Questioner #6: How knowledgeable are substance abuse treatment providers about TBI and its relationship to substance abuse? For example as a causal factor for TBI and as an impediment to recovery.

Doris McMillon: Doctor Corrigan?

Dr. John Corrigan: Well not knowledgeable enough unfortunately and that's something that we have been trying to correct and I hope that we continue to work with various government agencies and state agencies to address. The, it's I think an important missing piece of information that substance abuse treatment facilities have more folks with traumatic brain injuries on their rolls than they understand. And the one thing we do know is that folks who have both substance abuse and traumatic brain injury when they're receiving treatment on the civilian side are more likely to prematurely terminate from treatment usually with the label of being noncompliant. And that's a circumstance we have to change.

Doris McMillon: Ok. Well I want to thank everyone for your thoughtful questions and for your answers. And I'm only going to make one more request of our panelists. I'd like each of you if you would to leave our audience with a final thought. And Doctor Corrigan let me start with you.

Dr. John Corrigan: Well I think I would say to the brain injury community substance abuse is a very important problem for folks you're working with and we need to continue to expand what we're doing to, to address it. Similarly, for the substance abuse community, brain injury is there and it's there more than you think. And it's making a difference in the effectiveness of your treatment. So let's figure out how to be better at addressing it when we're working with

folks who have both conditions.

Doris McMillon: Ok, Captain Hammer.

Capt. Paul Hammer: I think my final thought would be two words. Collaboration and coordination of care. And all providers have to be aware of this and really work hard to make sure that that collaboration works so that the care is provided and that's the only way that, that really good care is going to happen.

Doris McMillon: Jan?

Jan Brown: And I guess for me it be that recovery is indeed possible. And, and don't ever give up. Create the team of family, friends and supports, people around you and then, and then follow the instructions that they give you.

Doris McMillon: Alright. Thanks so much. And I want to thank all of you for joining us. Now if you'd like to view all five segments of this webcast and for more information about preventing, treatment and living with traumatic brain injury, please visit us at www.brainline.org. And while you're there, please let us know your thoughts. You can email us at info@brainline.org. Again, thank you so much for joining us.

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