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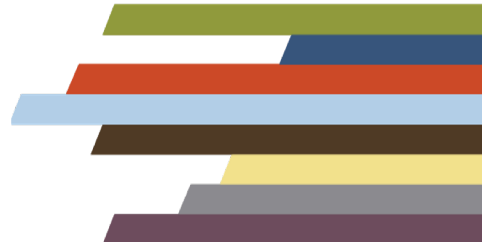

Mountain Plains ATTC (HHS Region 8)

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Traumatic Brain Injury and Addiction Tips and Strategies for the Substance Use/Abuse Community

October 22, 2020

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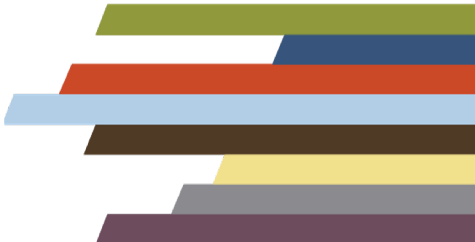
SAMHSA

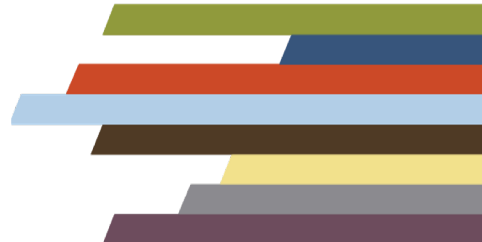
Substance Abuse and Mental Health Services Administration

NASHIA



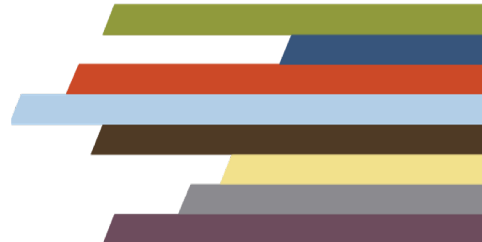
Poll Question: Welcome and who is here?

- Social workers
- Certified addiction professionals
- Licensed professional counselors
- Peer specialists
- Direct Support Staff
- Nurses



Today’s webinar will cover:

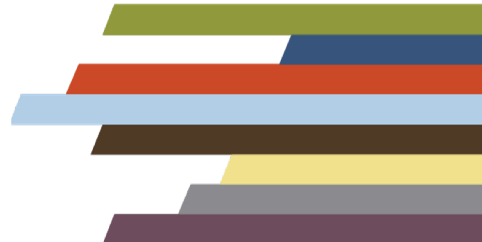
- Brief Brain Injury Overview
- Being Brain Injury aware is being person centered: integrating best practices, assessment and interventions
- How can providers and programs support and accommodate individuals who have a documented or probable history of brain injury
- What are recommendations for aftercare when there is a history of brain injury
- Resources for professionals



Poll Question

Have you worked with an individual you know, or suspect is living with a brain injury

Yes No

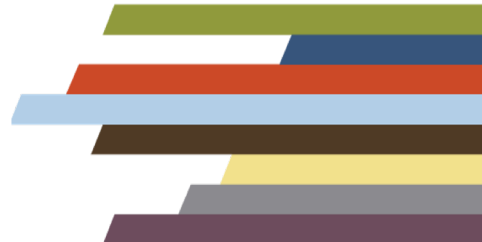


Purpose

Why is it important for Professionals working with persons who use substances to have a working understanding of Brain Injury?

- A history of Brain Injury is often hidden among individuals behavioral health challenges (mental health and addiction)
- Being Brain Injury informed IS being Person Centered

…By the way, brain injury professionals should have a working understanding of substance use disorders



TBI vs. ABI

TBI Defined	ABI Defined
Traumatic Brain Injury (TBI) is an insult to the brain caused by an external physical force, such as a fall, motor vehicle accident, assault, sports-related incident, or improvised explosive device (IED) exposure	**Acquired Brain Injury (ABI)** is an insult to the brain that has occurred after birth, such as TBI, stroke, near suffocation, infections in the brain, or anoxia **and opioid overdose(s)**

***Both mechanisms of injury can result in a chronic disability that may get worse with age.**

What might it feel like to be living with a condition that makes it hard to follow directions?

Writing and processing exercise

Debrief in the Chat

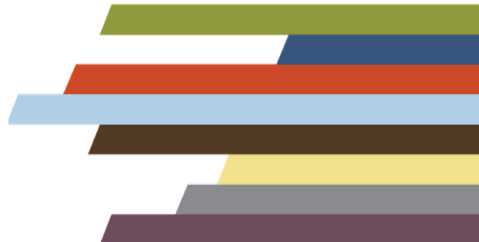
Fast Facts

- In 2013, 2.8 million Americans were treated in Emergency Departments (ED), hospitalized, or died as a result of a TBI.
- The brain reaches its adult weight of 3 pounds by the age of 12.
- The adult brain reaches cognitive maturity by the mid-20's.
- The last part of the brain to develop is the frontal lobe.

Source: *CDC 2017*

Fast Facts

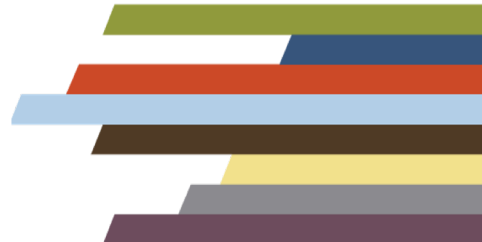
- The adult brain matures fully between 23-25
- If a person can state their name and the date after a blow to their head, that does NOT mean they will be TBI symptom free
- The impact of childhood brain injury may NOT become apparent until years later
- Falls account for 47% of all TBI related Emergency Room visits, hospitalizations, and deaths in the United States



Brain Injury Severity

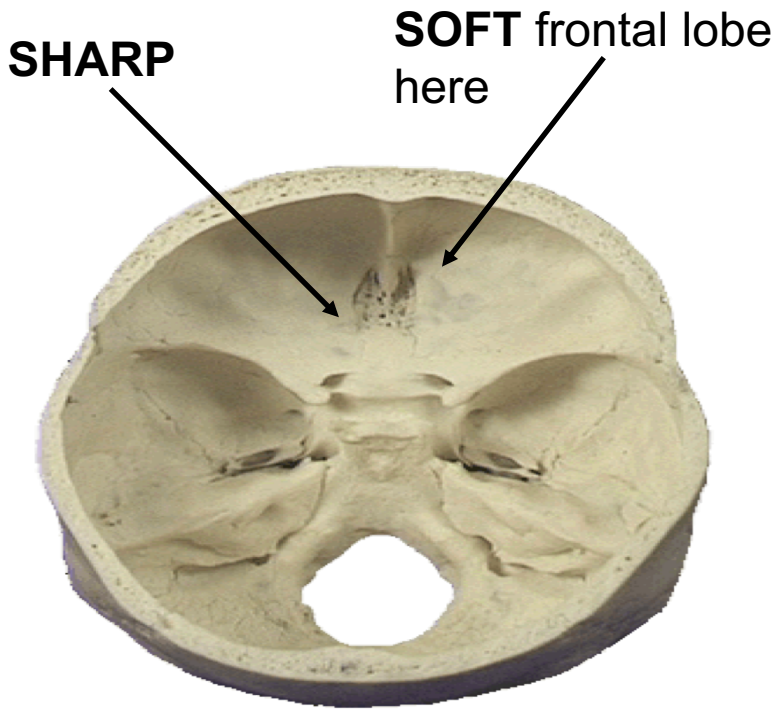
Distribution of severity:

- **Mild injuries = 80 percent**
  (Loss of consciousness (LOC) < 30 minutes, post traumatic amnesia (PTA) < 1 hour)
- Moderate = 10–13 percent
  (LOC 30 minutes to 24 hours, PTA 1 to 24 hours)
- Severe = 7–10 percent
  (LOC >24 hours, PTA >24 hours)



Brain Injury-the skull

Many of our adult thinking skills reside in the frontal lobe; the frontal lobe is very vulnerable to injury.

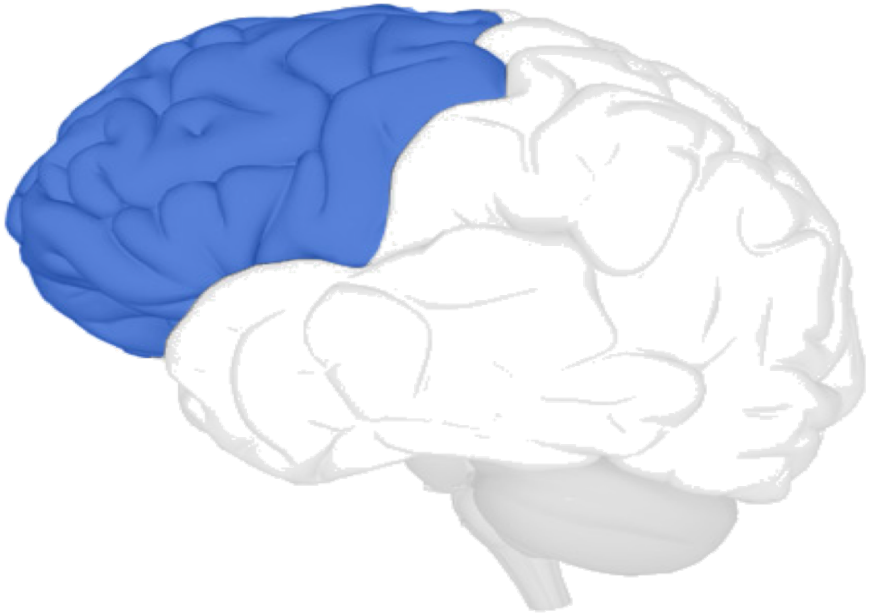


The Frontal Lobe

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
- Judgment
- Impulse control
- Social and sexual behavior



Source: *Adapted from Dr. Mary Pepping of the University of Idaho’s presentation “The Human Brain: Anatomy, Functions, and Injury”*

The Frontal Lobe

"… What takes a little longer to develop are the connections between areas like the prefrontal cortex, that regulate thinking, and the limbic system, where emotions largely stem from, as well as biological drives you could call "the four F's—fight, flight, feeding, and ffff… fooling around."

Source: *James Griffin, the deputy chief of the National Institute of CCHD's Child Development and Behavior Branch, quoted in Julie Beck's 2016 article in The Atlantic entitled " When are You Really an Adult?" .* https://www.theatlantic.com/health/archive/2016/01/when-are-you-really-an-adult/422487/

The 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.

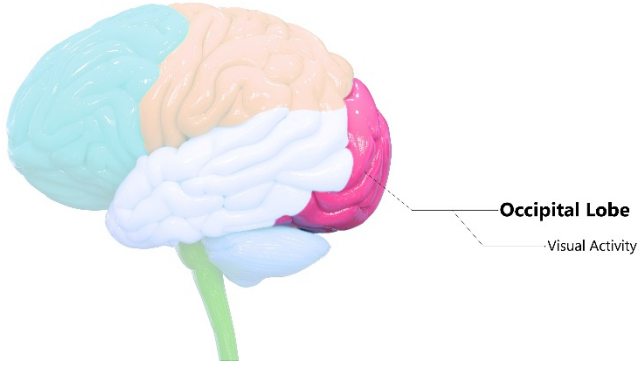
Source: *Adapted from Dr. Mary Pepping of the University of Idaho's presentation "The Human Brain: Anatomy, Functions, and Injury"*

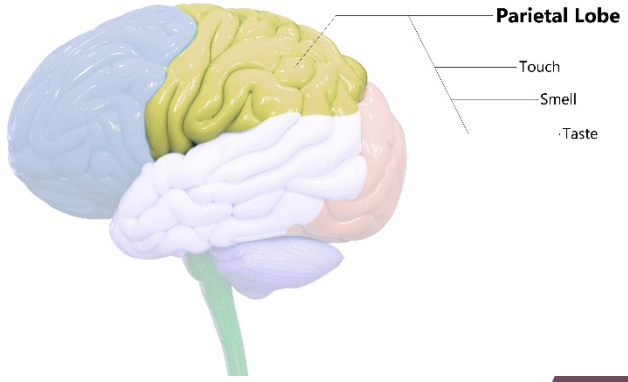
TBI “Fingerprints”

Our frontal lobe and the temporal lobes are key to managing behavior and emotions.

Thus, damage to these regions can contribute to mental health and/or addiction problems. Damage to these lobes is considered the **“Fingerprint of Traumatic Brain Injury.”**

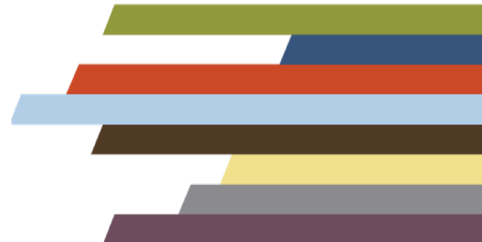
There are two other lobes in the brain, the occipital and the parietal lobes.





Possible Physical Changes

Injury-related problem	How it may affect a person functionally
Coordination	Unsteady gait, poor eye-hand coordination, slow or slurred speech, tremors, paralysis
Visual Deficits	Staring or poor eye contact, blurred or double vision, inability to follow an object with their eyes
Additional Physical Challenges	Seizures, deaf or hard of hearing, fatigue



Possible Cognitive Changes

Injury-related problem	**How it may affect a person functionally**
Memory	Trouble following directions, providing requested information, making appointments
Processing (receptive)	Understanding what is being said and reading
Processing (expressive)	Trouble putting thoughts into words—tip of the tongue syndrome
Problem solving (related to frontal lobe and temporal tip injury)	Impulsive, easily frustrated, sexually disinhibited, verbally/physically combative, interpersonally inflexible, poorly organized

Possible Behavioral Changes

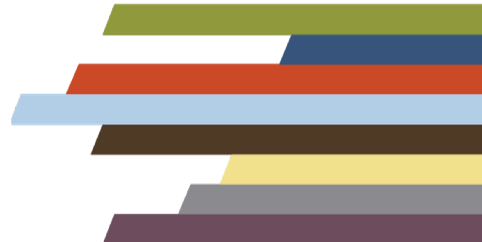
Injury related problem	**How it may affect a person functionally**
Depression	Flat affect, lack of initiation, sadness, irritability
Unawareness	Unable to take social cues from others
Confabulation	“Making up stories”
Perservation	Gets “stuck” on a topic of conversation or physical action
Post Traumatic Stress Disorder	Intrusive thoughts, sleep disturbance, hypervigilant
Anxiety	Can exacerbate other cognitive/behavioral problems

Other Clues

- You may observe scars on an individual's forehead, neck, face
- The individual is unsteady on their feet, limps or drags one foot while walking, may use a cane, walker or wheelchair
- Speech is slurred
- Individual is wearing an eye patch, or they have what looks like a diamond cut lens in one side of their glasses
- Individual seems to have difficulty making eye contact or looks like they are not paying attention to you

Lack of Awareness

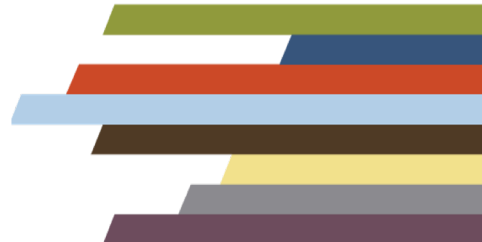
A common and difficult to remediate hallmark of a brain injury



Levels of Awareness

- **Intellectual Awareness:** “My memory is so bad” but can’t link that awareness to using such strategies as keeping a calendar so appointment aren’t missed
- **Emergent Awareness:** Individual is able to recognize a problem when it is actually happening “Darn it, I knew I should have taken a picture of the parking space number” (as they are wandering around the parking garage)
- **Anticipatory Awareness:** individual is able to anticipate a problem will occur and plan for the use of a particular strategy or compensation that will reduce the chances that a problem will occur, e.g. keep and refer to a calendar, take a picture of the parking space number and/or park in the same general area each time they go to the mall

Source: *Crossen et.al (1989) J Head Trauma Rehabilitation*



Recognizing Brain Injury

Groups who have multiple mild TBIs include:

- Athletes — especially boxers, football players, and hockey players
- Victims of intimate partner violence and childhood physical abuse
- People who use drugs
- People who are homeless
- People living with mental illness
- People who are incarcerated
- People who are/have been members of the armed forces

Source: *Adapted from John Corrigan Ph.D., Ohio Valley Center 2014*

Recognizing Brain Injury

Greatest behavioral risk factors:

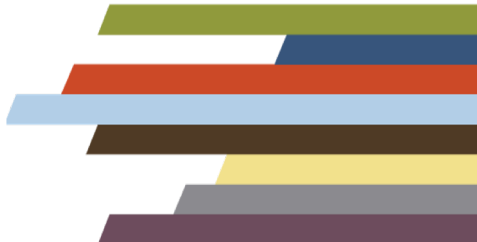
- **Violence-prone** or exposed to those who are
- **Misuse substances** or exposed to those who do
- More risk among **lower socio-economic** groups

  Unpacking the why's-social and health inequities-what might be the difference in supports and outcomes for the scholar athlete who experiences multiple concussions and the young person who grew up in a household where there was physical abuse

Source: *John Corrigan Ph.D., Ohio Valley Center 2014*

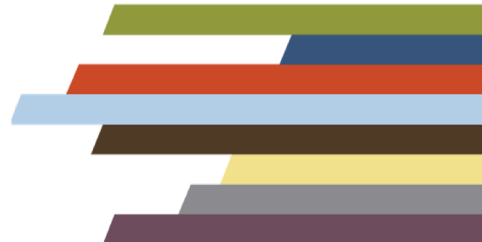
Common Challenges After Brain Injury-Imagine How you might feel if…

- You have no trouble remembering your childhood, but you can't remember; the last paragraph of that book you are trying to read, the conversation in the grocery store with your neighbor
- The littlest thing makes so you angry you feel like screaming or throwing something (and when you are tired and frustrated, you just might)
- You know what you want to say, but you can't pull the words together, and by the time you do, the moment has passed (conversation has moved on)



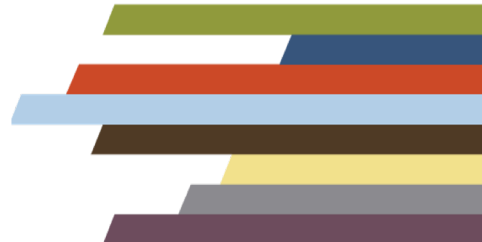
Common Challenges After Brain Injury- Imagine How you might feel if…

- Feel sad, depressed, irritable and/or more anxious than before the accident
- You blurt out things you never would have said before your injury
- You find yourself very, very tired, both mentally and physically
- You have been told to drink alcohol or use illicit drugs now might cause seizures, increase your risk of fall, and you have 2x the risk of have a second brain injury than someone who hasn’t had a brain injury
- You are living with double vision, chronic headaches, coordination, paralysis on one side of your body



Imagine Living with a Hidden History of Brain Injury

- Your partner is physically abusive, but you are having a hard time following through with the recommendations of the police and domestic violence center staff
- You have been diagnosed with major depression, you live with intermittent suicidal ideation/you have attempted suicide
- You keep violating the terms of your parole, frustrating yourself, your family and your parole officer
- You really want to stay sober but you can’t follow what is said in group therapy/12 step meetings

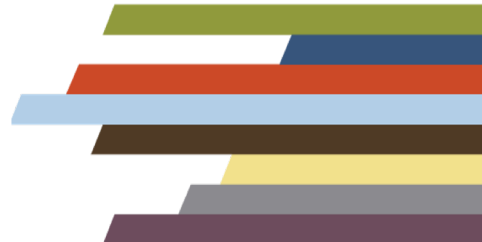


Brain Injury: "*Growing* into Brain Injury" …

The Developing Brain

Please keep in mind, TBI is not the only way a young brain can be hurt.

Trauma/abuse and neglect, fetal alcohol poisoning, and exposure to lead paint dust/chips can cause significant developmental and behavioral problems in kids that look perfectly “normal.”

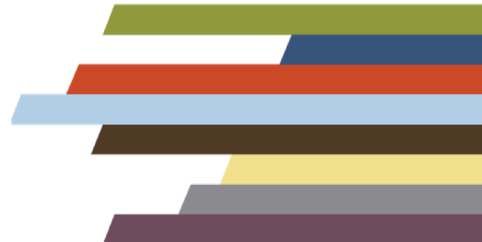


The Long Arm of Brain Injury

According to a Christchurch, New Zealand study:

- Early childhood TBI, even if mild, may pre-dispose people to later having **behavioral problems and/or involvement with law enforcement**
- People with an early childhood TBI, that resulted in at least one night in hospital, were found to be **three times more** likely as young adults to have alcohol or drug dependency

Source: *Corrigan 2014*



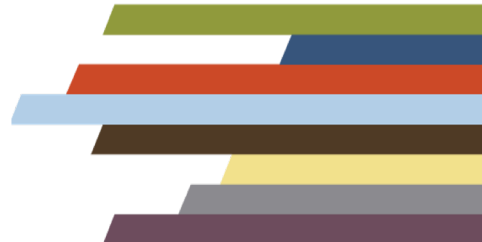
Intersection of Trauma and Brain Injury

A review of studies of individuals who were homeless, incarcerated, and at risk of or living with mental illness found a positive association between adverse childhood experiences (ACES) and TBI:

- Physical abuse
- Psychological abuse
- Household member incarceration

The authors of the review recommend, “Clinicians and researchers should inquire about adverse childhood experiences in all people with traumatic brain injury as pre-injury health conditions can affect recovery.”

Source: *Journal of Disability Rehabilitation 2018*



Substance Use and 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 misuse also limits outcomes from TBI by undermining environmental supports such as familial care or access to services."

Source: *Corrigan and Mysiw's chapter "Substance Abuse Among Person's with Traumatic Brain Injury" from Brain Injury Medicine, 2nd Edition 2012-Key Points*

“Opioid Use among Individuals with TBI: a Perfect Storm?” summary of the research

- Those who misused substances before their injuries are **considerably** more likely misuse substances after injury compared with prior non-users of drugs
- It is estimated that 10-20% of individuals develop new-onset substance use post injury
- TBI often results in headaches & orthopedic injuries leading to prescriptions for opioids-**70-80% of all patients with TBI are discharged with a prescription for opioids**
- TBI Model Systems study indicated that individuals living with a history of TBI were 10x’s more likely to die from accidental poisoning, with 90% related to drug overdose (67% narcotics, 14% psychostimulants, 8% alcohol)

Sources: *(2020) . Adams, Rachael Sayko., Corrigan, John D., and Dams-O’Connor. J. Neurotrauma.37:211-216.*
https://acl.gov/sites/default/files/news%202018-05/20180502NIDILRROpioidRFIFindings.pdf

Substance Use

Persons engaged in treatment for problematic substance use, who are also living with a history of TBI tend to have:

- First used alcohol at a younger age
- A more severe substance misuse history (heavier use and more prior treatments)
- Have more co-occurring mental health problems
- Have poorer prognosis for successful treatment outcome (more so earlier the age at first TBI)

Source: *(Corrigan & Mysiw, 2012), courtesy of John Corrigan Ph.D.*

Name: _____ Current Age:_____ Interviewer Initials: _____ Date: _____

Lifetime History of Traumatic Brain Injury (from the OSU TBI-ID) and other Acquired Brain Injuries

1. Please think about injuries you have had during your entire lifetime, especially those that affected your head or neck. It might help to remember times you went to the hospital or emergency department. Think about injuries you may have received from a car or motorcycle wreck, bicycle crash, being hit by something, falling down, being hit by someone, playing sports or an injury during military service.

a. Thinking about any injuries you have had in your lifetime, were you ever knocked out or did you lose consciousness?

- ☐ Yes
- ☐ No (IF NO, GO TO QUESTION 2)

b. What was the longest time you were knocked out or unconscious? (Choose just one; if you are not sure please make your best guess.)

- ☐ knocked out or lost consciousness for less than 30 minutes
- ☐ knocked out or lost consciousness between 30 minutes and 24 hours
- ☐ knocked out or lost consciousness for 24 hours or longer

c. How old were you the first time you were knocked out or lost consciousness?
_____ years old

2. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g., history of abuse, contact sports, military duty)?

- ☐ Yes
- ☐ No (IF NO, GO TO QUESTION 3)

a. How old were you when these repeated injuries began?
_____ years old

b. How old were you when these repeated injuries ended?
_____ years old

3. Have you ever lost consciousness from a drug overdose or being choked?

- ☐ Yes
- ☐ No (IF NO, GO TO QUESTION 4)

a. How many times from a drug overdose?
_____ overdose(s)

b. How many time from being choked?
_____ choked

4. Have you EVER been told by a doctor or other health professional that you had any of the following?

- ☐ epilepsy or seizures?
- ☐ a stroke, cerebral vascular disease or a transient ischemic attack
- ☐ a tumor of the brain
- ☐ swelling of the brain (edema)
- ☐ toxic effects or poisoning by substances
- ☐ infection like meningitis or encephalitis
- ☐ a brain bleed or hemorrhage
- ☐ child or adult maltreatment syndrome
- ☐ loss of oxygen to the brain - like from a time when you stopped breathing, had a near drowning or experienced a strangulation

Complete this screening to determine if a person may have had a brain injury. It is important to note that this screening does not result in a diagnosis, is not intended to be used for eligibility determination and DOES NOT replace a face-to-face evaluation and assessment with a trained professional. This information should be treated as Protected Health Information. Deidentified data may be analyzed for program evaluation.

Interpreting Findings

The validity of this tool is not based on elicitation of a perfect accounting for a person's lifetime history of brain injury. Instead, it provides a means to estimate the likelihood that consequences have resulted from one's lifetime exposure.

A person may be more likely to have ongoing problems if they have any of the following:

- WORST: one moderate or severe TBI
- FIRST: TBI with loss of consciousness before age 15
- OTHER SOURCES: any TBI combined with another way their brain function has been impaired

Interpreting Findings

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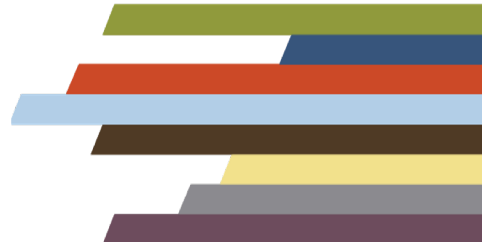
Alcohol Use Screening Tools

- CAGE Questionnaire
- Brief Michigan Alcoholism Screening Test (BMAST)
- AUDIT

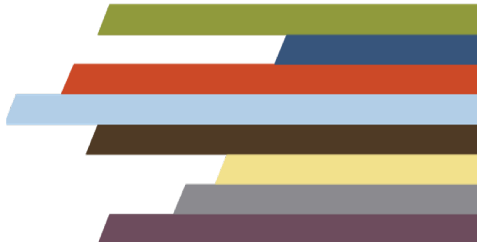
These instruments are recommended for use by brain injury professionals who specialize in treating individuals who also misuse substances as they are brief and concrete, these qualities are suggested when selecting a screening tool for opioid use disorder

Source: *Bombardier and Davis 2001*



Screening Tools-Other Substances

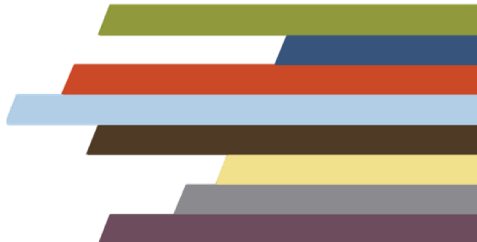
- 12-item form of the Screener & Opioid Assessment for Patients with Pain Revised-recommended by TBI Model System Researchers for use during inpatient rehabilitation stays to help determine risk factors
- (TAPS) Tobacco, Alcohol, Prescription medication, and other Substance use Tool
- Ask about cannabis use



Messages to Share, Substance Use Post Brain Injury

- People who use alcohol or drugs after TBI don't recover as fast as those who don't
- Any injury related problems in balance, walking or talking can be made worse by using drugs or alcohol
- People who have had a brain injury often say or do things without thinking first, a problem made worse by using alcohol or drugs
- Brain injuries cause problems with thinking, like concentration or memory, and alcohol makes these worse
- After a brain injury, alcohol and other drugs have a more powerful effect
- People who have had a brain injury are more likely to have times when they feel sad or depressed and drinking or using drugs can make these problems worse
- After a brain injury, drinking alcohol or taking drugs can increase the risk of seizure
- People who drink alcohol or use other drugs after a brain injury are more likely to have another brain injury

Source*: adapted from Bogner and Lamb-Hart Ohio Valley Center*



Messages to Share

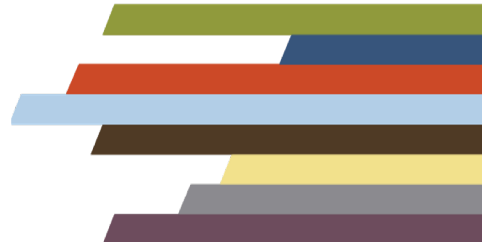
12 Steps Adapted for people with brain injury

- Admit that if you drink and/or use drugs your life will be out of control. Admit that the use of substances after having a TBI will make your life unmanageable
- You start to believe that someone can help you put your life in order. This someone could be God and AA/AN group, counselor, sponsors, etc.
- You decide to get help from others or God. You open yourself up
- You will make a complete list of the negative behaviors in your past and current behavior problems. You will also make a list of your positive behaviors
- Meet with someone you trust and discuss what you wrote above
- Become ready to sincerely try to change your negative behaviors

Source: *Peterson NHIF 1988*

12 Steps of Alcoholics Anonymous (AA)

- Ask God for the strength to be a responsible person with responsible behaviors
- Make a list of people your negative behaviors have affected. Be ready to apologize or make things right with them
- Contact these people. Apologize or make things right
- Continue to check yourself and your behaviors daily. Correct negative behaviors and improve them. If you hurt another person, apologize and make corrections
- Stop and think how you are behaving several times a day. Are my behaviors positive? Am I being responsible? If not, ask for help. Reward yourself when you are able to behave in a positive and responsible fashion
- If you try to work these Steps, you will start to feel much better about yourself. Now it's your turn to help others do the same. Helping others will make you feel even better. Continue to work these Steps on a daily basis



Strategies and Accommodations

Environmental and internal aides: Creative cognitive strategies will employ both kinds of aid depending on individual need.

Environmental strategy: Changing or modifying the environment to support and/or compensate for a injury imposed deficit.

- Example: labeling kitchen cabinets and drawers

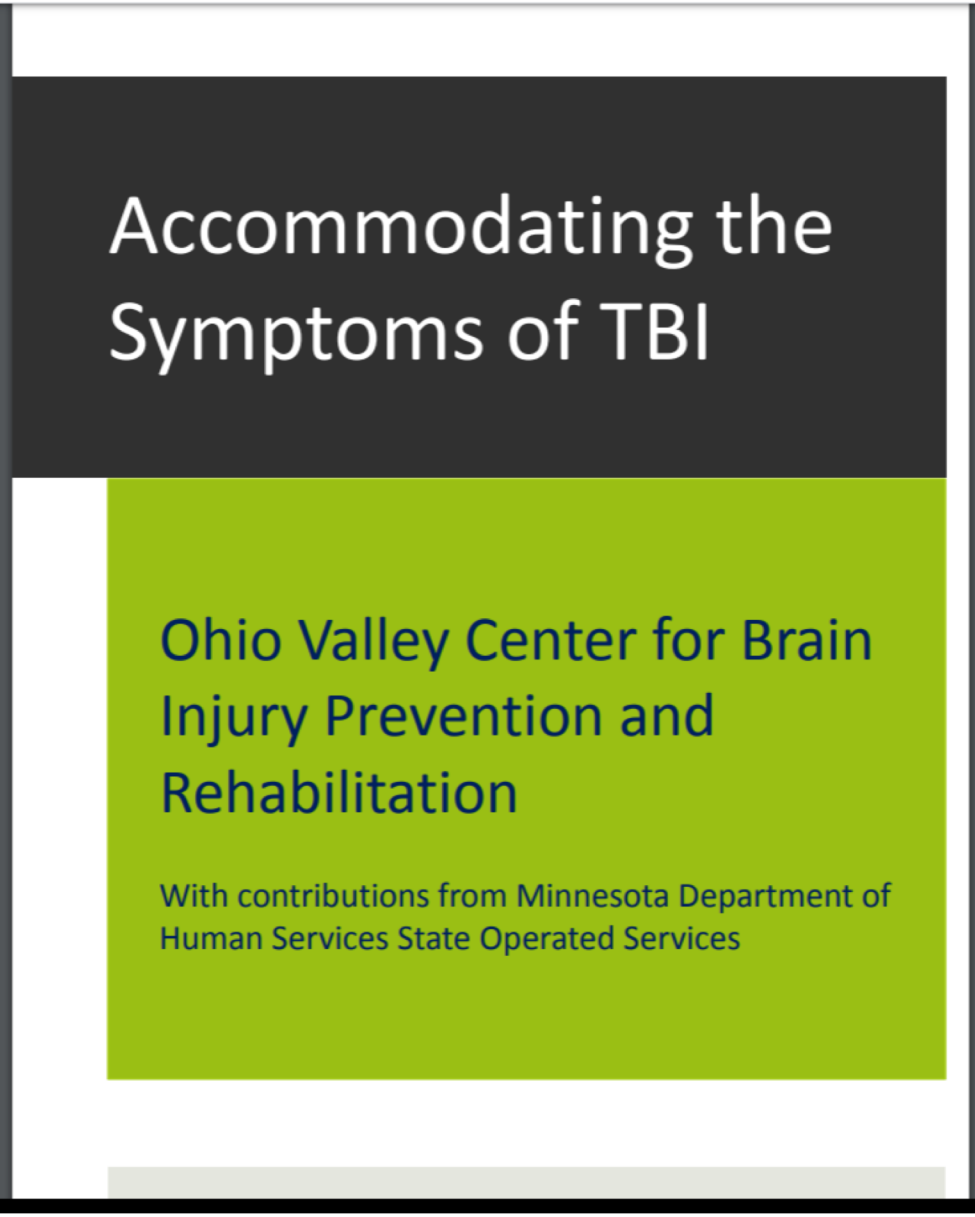
Internal strategy: The strategy is “in your head.”

- Example: “I have to work the memory muscle by counting everything, like how many times I pedal when I am on a bike”

Source: *Actor George Clooney discussing the use of internal memory strategies in The London Sunday Times10. 23.05*

To view on-line go to:

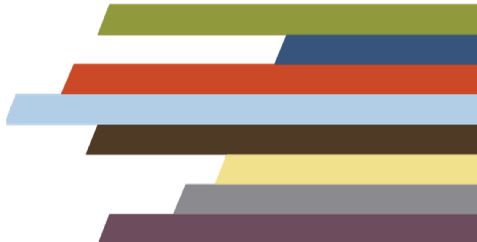
https://heller.brandeis.edu/ibh/pdfs/accommodating-tbi-booklet-1-14.pdf



Accommodations and Strategies in Treatment Settings

- Link individuals to certified peer specialists
- Offer graphic organizers to structure group discussions
- Offer review sessions of larger group meetings
- Use “Change Plan” and Readiness Ruler worksheets
- Prepare for slip ups-”Emergency Plan”& “Personal Emergency Plan: Lapse”
- Develop a person centered plan with the individual, the treatment team and their natural supporters (see handout)

Sources: https://smartrecovery.org/wp-content/uploads/2017/03/Change_Plan_Worksheet-1.pdf, http://adultmeducation.com/downloads/Readiness-to-Change_TOOL.pdf



Enhancing the Accessibility of 12-Step Meetings and other Community Recovery Groups

- Share recovery literature, brochures and if literacy level appropriate, the Big Book
- Attend an open meeting with a staff person or friend/supporter
- If the person wants to share, organize thoughts ahead of time, write up some notes on their phone/index cards
- Collaborate with the individual to create an “introduction to my future sponsor” that reviews common cognitive and emotional sequela of TBI and makes compensatory strategies suggestions that work for the person
- Recommend movies/TV shows that depict people attending 12 step meetings

Source: *A Letter to Potential AA & NA Sponsor (McHenry & members of the Task Force on Chemical Dependency, NHIF 1988)*

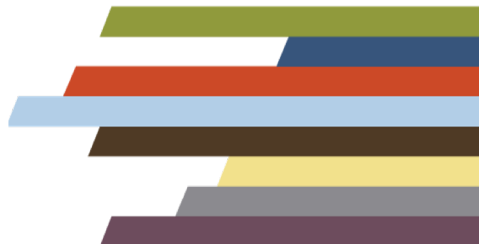
Environmental Strategies: supportive to individuals with histories of TBI and/or Trauma

- Staff person welcomes verbally & there are Welcome signs
- Clear directions with graphics posted
- Scratch paper and pencils at hand for notes
- Necessary forms to be filled out at first appointments are available on line or by mail
- Provide a template of a completed forms as a reference
- Area for children, toys, books, puzzles, child sized tables & chairs
- Waterfalls/fountains
- Plants
- Soothing music and smells
- Fish tanks
- Art work by inspirational messages/created by program participants
- Calming paint colors (blue/green, pink, white, violet, grey, yellow)
- Non institutional lighting
- Seating allows for personal space
- Reading & resource materials available in the waiting room
- Non caffeinated beverages/water available

Source: *adapted from Agency Environmental Components for Trauma Informed Care*
https://www.integration.samhsa.gov/about-us/TIC_Environmental_Scan.pdf

If there is a History of TBI and/or Trauma-possible strategies

- Referral to specialized services/support group/12 step program
- Staff needs to be aware of the history and potential triggers and accommodate accordingly
  - ➢ Don’t insist on sharing/participation right off the bat in groups
  - ➢ Allow for self determined breaks, stretches, sitting away from the group until comfortable
  - ➢ Pair new participant with a experienced participant



Support and Aftercare for Individuals Living with Brain Injury who also Misuse Substances

“Because of the neurobehavioral effects of Brain Injury, it is essential to fortify insight, including:

1. Structured and systemic engagement of natural supports
2. Avoidance of environments that can cue relapse
3. Prolonged maintenance of supports
4. Expanded use of Medical Assisted Treatment (MAT)

* In general, there is a paucity of research on whether Substance Use Disorder treatment interventions that are effective for the general population show comparable efficacy for persons with TBI. This question would seem to be particularly important with regard to MAT.”

Source Sources:
Adapted from :(2020) Adams, Rachael Sayko., Corrigan, John D., and Dams-O’Connor. J. Neurotrauma.37:211-216. :

Techniques for change:
Recommended for individuals with a history of brain injury

At the Programmatic and Systems Levels

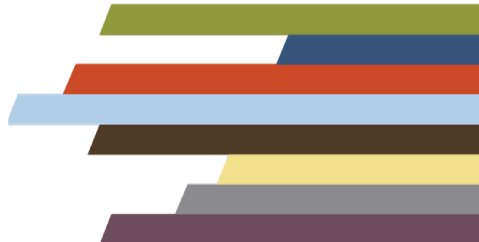
- All brain injury inpatient and outpatient programs need to take a detailed behavioral health history and screen for past/current use of substances, and have a working understanding of the Stages of Change & Harm Reduction Models
- All behavioral health programs need to take a detailed history and screen for possible history of traumatic or acquired brain injury
- Harm Reduction Strategies: Syringe exchange, safe injection sites, Medical Assisted Treatment ***and*** brain injury informed supports and accommodations

https://wexnermedical.osu.edu/neurological-institute/departments-and-centers/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/for-professionals/substance-use-and-tbi

Individual psychotherapy and counseling for individuals living with brain injury can offer valuable support and reinforcement of strategies and accommodations

Recommended strategies for engagement

- With the individual establish a regular appointment time and day
- Address any possible barriers and formulate plans to address e.g transportation, internet connection and a private place to talk remotely/by phone
- Incorporate person centered approaches such as Motivational Interviewing and Stages of Change and using Cognitive Behavioral Therapy are all considered best practices for individuals living with brain injury
- With the individual, determine the preferred way to track topics and issues discussed, e.g. via journal, phone app etc.
- Incorporate strategies and accommodations recommended for individuals living with brain injury as best benefits the individual, e.g. individual fatigues easily, build in 1-2 minute stretch breaks into sessions, summarize main points at intervals throughout session and jot them down or have the individual record them on their phone, at the end record and/or review session “take aways” and “next steps” (these can be home work between session as well as notes of topics to discuss in the next session



Hidden Brain Injury

Take 1

- Brain Injury Symptoms can be very subtle.
  Watch this video of a gentleman in session with his therapist. What do you see and hear? How might his demeanor be interpreted?
  https://youtu.be/pETaarPzTCg

Take 2

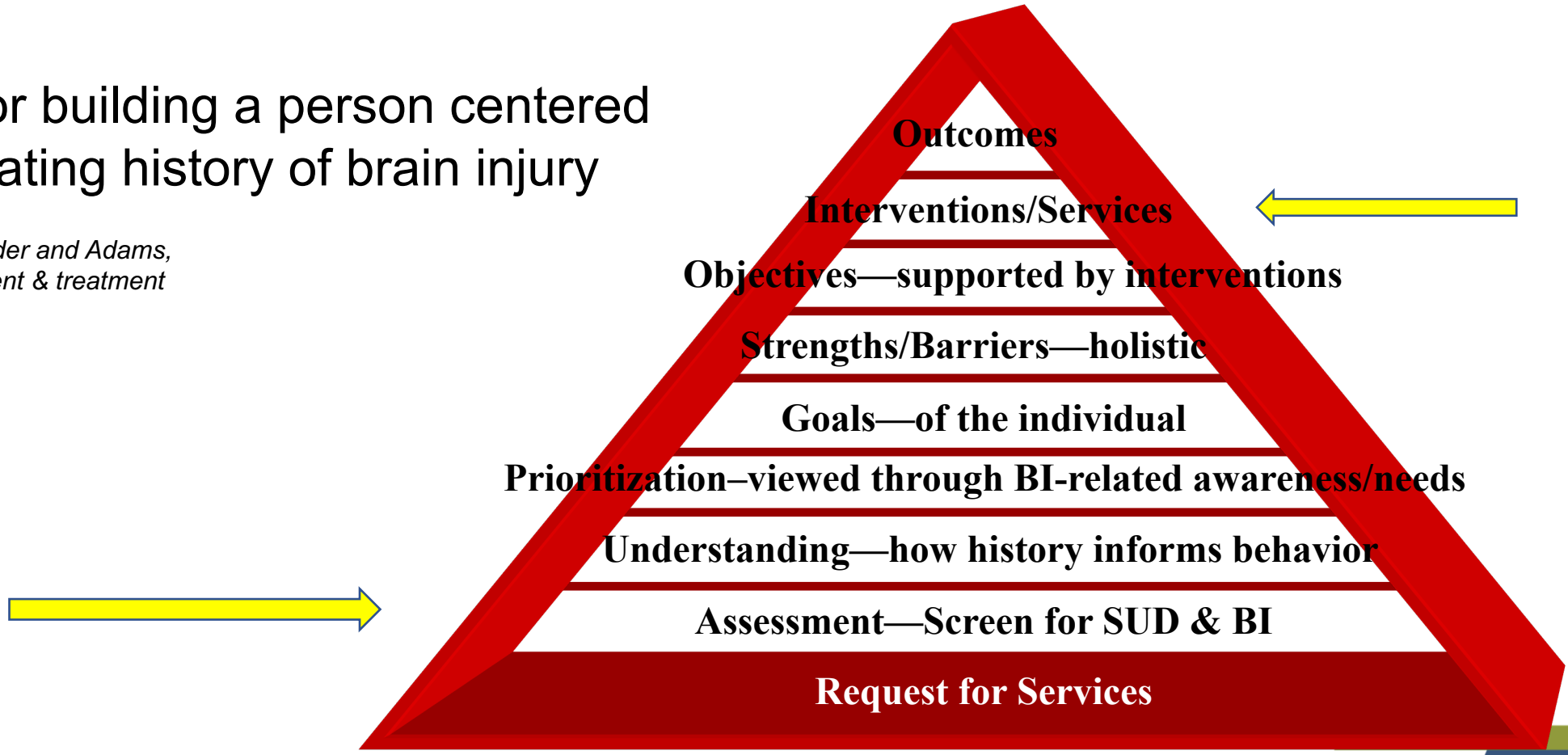
- How did the therapist accommodate the individual's brain injury related communication& awareness issues?
  https://youtu.be/D81TkQUAhrU

Source: *Accommodating the Symptoms of Traumatic Brain Injury* http://about-tbi.org/accommodating-tbi.html created by the Ohio Valley Center for Brain Injury Prevention and Rehabilitation at Ohio State University (all rights reserved). https://www.youtube.com/channel/UCJO4IOm6iMsSq08GdWO37Og

Building a Plan through a Brain Injury Informed Lens

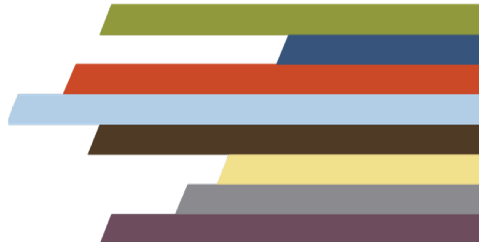
A Logic Model for building a person centered plan-accommodating history of brain injury

Source: *Adapted from Grieder and Adams, 2005 See sample assessment & treatment plan in handouts*



Feedback from Individuals in Recovery…

- Early treatment for those living with a substance use disorder
- Pay attention to those whose use of substances is not disclosed/unknown to brain injury professionals (who do not consistently screen for or ask about a history of substance misuse)
- Challenge of redefining new self and life doubled with both TBI and substance misuse
- Hard to know where to find support, with the TBI community or the recovery community



Feedback from Individuals in Recovery…

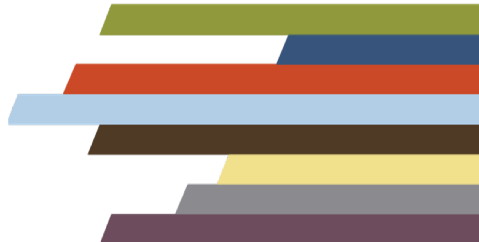
- “find the right 12-step program, change “persons, places and things” that trigger use, spirituality

Recommended viewing

- **“I Got One More High Left In Me…..”** Https://youtu.be/qAakzl6s7QI Bubbles attends a 12 Step Meeting

For individuals living with a history of brain injury, it might be difficult to imagine what to expect at a 12 Step Meeting. This scene gives a good visual and also demonstrates different stages of change, Pre-contemplation, Contemplation, Action and Maintenance

- **Beyond the Invisible,** *https://youtu.be/ePJgU2LFU-g* The first 10 minutes of this 30 minute documentary depicts what living with a TBI is like for three veterans of the Middle East conflicts.
- **The Lookout,** available for streaming on several platforms including YouTube (for purchase). This 2007 Miramax release features Joseph Gordon-Levitt as a young man 4 years post a motor vehicle crash that left him with lingering brain injury related challenges and ruined his chances to play college hockey. Excellent depiction of how challenges are visible and invisible and how strategies and accommodations can be build into a person’s day to day life and environment



Thank You!

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See Handouts for Resources

NASHIA