What families need to know about substance use and brain injury

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Acquired Brain Injury Provincial Conference
Niagara Falls, ON
The SUBI Story

- 1999 Workshop
- CHIRS/CAMH Partnership (2002)
- Ministry of Health Transition Funding (2005)
  - Needs Assessment
  - SUBI materials
- Ontario Neurotrauma Foundation (2007-2009)
  - Assessment of SUBI Materials
  - Training Modules
  - Conduct Training
  - Community of Practice
- Ontario Neurotrauma Foundation (2010-2015)
  - Screening project at CAMH
  - Treatment Pilot
  - Family materials
Mental Health Symptoms
Cognitive Issues
Addictions Issues
What do you do?

I want to get on with my life too—but when will I get the time?

Find services for myself and my family, but where?

OK. Take care of myself...but how when I’m always on call?
Objective

To take the best of existing resources and create an integrated resource for families living with the long-term effects of brain injury with complex co-morbid conditions.

1. Use family and clinician feedback
2. Not intended as a model of family therapy
Our Methods…

- Reviewed Existing Resources
- Family feedback to select material for inclusion
- Developed Tip Sheets
- Feedback from families Via OBIA
Family Resources

...mostly free, but a few you need to buy
Main Resources Consulted

Brain Injury Family Intervention

Kreutzer and Taylor (2004) *Brain Injury Family Intervention*;
http://www.tbifamilyresearch.com/bifi
http://www.brainline.org/index.html

SUBI Provider Manual

Carolyn Lemsky; www.subi.ca
BIFI: Content

- Information
- Impact on family members
- Strategies to achieve personal goals
- Emotional well being
- Instilling Hope

(updates have an emphasis on the concepts of resilience and ambiguous loss)
SUBI: Topics areas

1. Understanding the addiction cycle
2. Tools to use during recovery
3. Understanding yourself and your relationships
4. Coping strategies for life
5. Pulling it all together
Main Resources

CAMH Family Guide for Concurrent Disorders

A Family Guide to Concurrent Disorders

http://www.camh.ca/en/hospital/health_information/

CRAFT

CAMH Family Guide: Format

- Use in conjunction with a group or self use
- Structured information provided in chapters
  - Practical
  - Simple and concise
  - Uses quotes
- Work sheets and case studies
Part I: What are concurrent disorders?

Part II: The impact on families

Part III: Treatment

Part IV: Recovery
C.R.A.F.T.

1. Motivational strategies
2. Functional analysis of the substance use behavior
3. Domestic violence precautions
4. Communication training
5. Positive reinforcement training
6. Discouragement of using behavior
7. Significant other self-reinforcement training
8. Suggestion of treatment to the Identified Patient
What is it?

• Evidence-based:
  – Randomized control trials with alcohol, drugs, adults and youth

• Based on behavioural principles
  ✓ Families learn to reinforce non-using behaviour
  ✓ Communication and problem-solving skills are emphasized
  ✓ Families are taught to attend to their own needs, increasing quality of life
C.R.A.F.T.

- > 2/3 of family members who use CRAFT successfully engage their substance-using loved ones in treatment

- Evidence: substance users are less likely to relapse than clients who are encouraged into treatment with confrontational means

- Family members who use CRAFT experience greater improvements in their emotional and physical health

- People who use CRAFT: more likely to see the process through to success
<table>
<thead>
<tr>
<th>Broad Topic Area</th>
<th>BIFI</th>
<th>SUBI</th>
<th>CAMH</th>
<th>CRAFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
<td>Brain Injury – family focus</td>
<td>Substance use and brain injury – client focus</td>
<td>Mental illness and substance use – family focus</td>
<td>Substance use - family focus</td>
</tr>
<tr>
<td>Trajectory of recovery</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Affect on the whole family</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Coping and Problem solving</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Taking care of yourself</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Managing stress and emotions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Navigating the system</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
We consulted…

- Phase 1: Focus Group
  - Service providers and family members
  - Listened to the good *and* the not so good about the existing resources
  - Discussed the content for the resource

- Phase 2: Tip Sheet feedback
  - OBIA contacted families on our behalf
  - Copies of all the Tip Sheets

- Phase 3: Final feedback
  - Entire resource
  - Families
  - Service providers
What families want…

✓ Relevant for:
  • individual or group delivery with provider
  • self-study

✓ “One-stop shop” resource

✓ Concise, easy to access, with background information in a simple format

✓ Use to advocate for their family member
Feedback about content

- Introduction to the different diagnoses and terms
- Help with what to do
- Crisis management
- Time and stress management

- Available services and resources
- Helpful tips
Tip Sheet Feedback

✔ Good comprehensive content

➢ Too much info per page
➢ Conversational language; not so much like a text book
➢ Add more colour and make them look appealing but not too childish

➢ Improve the balance between what is in the resource chapters and the tip sheets themselves
What we learned from families

Wide range of emotional responses may become barrier to accepting help.

- Guilt
- Anger
- Frustration
- Loss/Depression
- Anxiety
The catch-22 of client needs

Often the environment (including family members) are the first target for change.

Because problems can’t all be addressed at once, sometimes this means things are not addressed initially.

Tough to balancing the safety/needs of all.
Some big questions

- Am I enabling my family member if I don’t confront them?
- What does my family member really have control over?
- What do I do when my family member uses coercion?
Guiding Principals

- Each family has unique needs
- More complex problems take longer to address
- Clients and family members face many challenges and unexpected problems after brain injury, mental illness onset, and substance use/abuse
Guiding Principals

- Challenges can last for many years

- Frustration, loss, ambiguous loss are common, and reasonable responses to a difficult situation

- Family members are often less interested in self care, but self-care is essential
Guiding Principals

- Clients should be served in the setting best prepared for their needs (not based on diagnosis or influenced by stigma).

- Providers and family members often need education and support to overcome stigma.

- Family members often need to advocate for integrated and appropriate care across service sectors.
Materials in Development

Section 1: About Substance use, Brain Injury and Mental Health
  • Tip 1: Brain Injury and Substance Use
  • Tip 2: Brain Injury and Mental Health
  • Tip 3: Stages of Change and Levels of Awareness

Section 2: Why Families need information/support (effects on family life)
  • Tip 4: It is important to take care of yourself
  • Tip 4A: Ways to cope when the road is long
Section 3: What Can Families Do?

• Tip 5: Good communication is the key to success
• Tip 6: Building Health Relationships
• Tip 7: Planning for the Unexpected
• Tip 8: What can families do to help their family member make change?
• Tip 9: Effective Problem-solving
• TIP 10: Service Options on Mental Health and Addictions
• TIP 10A: Competency and Capacity
Key content

1. Crisis Planning

2. Stage of change (getting the timing right)

3. Influencing (motivation)

4. Communication (getting the message right)
Crisis Planning

Planning for the unexpected

Sometimes despite everyone’s best efforts crises can happen. How can you plan ahead? What can you do when a crisis occurs?

Understanding crises and emergencies

A crisis is any serious deterioration of a person's ability to cope with everyday life. It does not necessarily involve a danger of serious physical harm. A crisis develops when people feel they cannot control their feelings and behaviour and have trouble coping with the demands of day-to-day life.

Although people in crisis are not necessarily a danger to themselves or anyone else, in many crisis situations, outside help (the person's doctor or therapist, a mobile crisis service or crisis line) is needed.

An emergency is a situation in which there is an immediate danger that the person will harm either him/her self or someone else.

Examples of emergencies: threats of suicide; threats of physical violence; or extreme impaired judgment caused by problems such as psychosis or intoxication.

In an emergency - Call for help.

In most cases you'll need to call 9-1-1 or go to an emergency department if that is possible. In some cases you may have an emergency plan that includes a crisis team who can respond in an emergency.

Goals of crisis management

- Define the problem
  
  You need to ask: Whose crisis is it? The answer will help you understand who is really asking for help—your relative, yourself and other family members, or both and what to do.

- Look for solutions
  
  What are the available options? What is possible in the immediate, short and long-term? Think about available services, support from peer support groups and community organizations, and support from family and friends.
Crisis Planning

• Sometimes despite everyone’s best efforts crises can happen.

• How can you plan ahead and what can you do when a crisis occurs?

• Define it:
  – Whose crisis is it? The answer will help you understand who is really asking for help—your relative, yourself and other family members, or both and what to do.
Phases of Crisis Management

1. Preparedness
   - Develop a plan when everyone is calm
   - What types of crises are likely to occur?

2. Response
   - Crisis vs Emergency

3. Recovery
   - Debrief
   - There may be a change in the family; turning point
   - Taking stock of what happened and its impact should not be overlooked.
A good crisis plan has...

- A list of people who can help
- Mental health crisis resources (you can meet with them ahead of time)
- List of things that have worked to reduce stress
- Information for responders about history
- Exit plan
- De-escalation techniques
- Crisis kit for hospitalization (snacks, change of clothes, etc.)
# Making a Crisis Plan

## Crisis Prevention and Management Plan

<table>
<thead>
<tr>
<th>Situation of Concern:</th>
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</thead>
<tbody>
<tr>
<td><strong>Stage</strong></td>
<td><strong>Recommended Responses</strong></td>
</tr>
<tr>
<td>Typical behaviour</td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
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<tr>
<td>Escalation</td>
<td></td>
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<tr>
<td>Crisis</td>
<td></td>
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<tr>
<td>Post-crisis resolution and calming</td>
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</tbody>
</table>
**Crisis Prevention and Management Plan**

**Situation of Concern:** Paranoid ideation, verbal escalation, requests to move out of the house

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<tr>
<th>Stage</th>
<th>Recommended Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical behaviour: Engages well with teachers, therapists. Responds well to requests.</td>
<td>Positive and clear instructions with reminders. Use humor. Reinforce pleasant conversation and take time to remember positive events/accomplishments</td>
</tr>
<tr>
<td>Prevention: Using Marijuana, frustration</td>
<td>Avoid starting discussions/making requests when it is clear he's been using. Calmly suggest waiting for important conversations</td>
</tr>
<tr>
<td>Escalation: Accusations, physical restlessness</td>
<td>Use de-escalation techniques. List, keep stimuli low, give space, offer support/help.</td>
</tr>
<tr>
<td>Crisis/emergency: Makes physical threat. Does not head to his room</td>
<td>Access safety plan and implement. Use crisis line</td>
</tr>
<tr>
<td>Post-crisis resolution and calming Client will often apologize</td>
<td>De-brief with family members and client. Provide brief information about impact, accept apology and plan prevention</td>
</tr>
</tbody>
</table>
De-Escalation

- Use a calm voice
- Listen
- Don’t argue
- Express support/concern
- Avoid continuous eye contact
- Ask how you can help
- Offer suggestions
- Don’t touch without permission
- Move slowly
- Be patient
- Gently announce your intentions before you act
- Give Space
Stages of change

Client

Precontemplation

Contemplation

Preparation

Action

Maintenance

Termination

Family Members
CHANGE IS ACTUALLY MORE LIKE A CYCLE THAN STRAIGHT FORWARD PROCESS. TO BE READY TO MAKE A CHANGE, A PERSON HAS TO RECOGNIZE THAT A CHANGE IS NEEDED.

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Level of Awareness</th>
<th>Type of Intervention</th>
</tr>
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</table>
| Pre-contemplation: Does not see a need for change in the foreseeable future. May appear to be in ‘denial’ or resistant to others efforts to encourage change. | No Awareness Does not recognize/acknowledge the problems. | Environmental Supports
- Supervision/structured activities
- Trustee/Legal system
- Reduce exposure to substance
- Support to reduce harms/attend treatment
- Family intervention/education |
| Contemplation: Aware that a problem exists but has not yet made a commitment to take action. | Intellectual Awareness Recognizes that others see the problem. Unaware of the personal implications. | Collaborative Interventions
- Client-centered/collaborative goal setting
- Motivational Interviewing
- Supported trials
- Client education
- Cognitive/behavioural interventions
- Cognitive compensation |
| Preparation: Has intent to make a change, and sometimes steps have been taken in the right direction. There may have been recent unsuccessful tries at making a change. A plan for change in the near future is being made. | Emergent Awareness Recognizes problems, with awareness best after an error. Recognizes the need to do something about the problem but may not fully appreciate what to do. | |
| Action: Able to get intention and behavior to meet. The person is taking steps to make a change. | Anticipatory Awareness Can predict challenges and avoid them or makes preparations to cope successfully with lapses. | |
Phases of concurrent treatment

**Engagement**
- Develop working alliance
- Ready client to address goals
- Stabilize symptoms
- Outreach
- Practical supports

**Persuasion**
- Develop motivation
- Reduce Harms
- Address ‘non-target behaviours’.

**Active Treatment**
- Address Treatment goal
- Self-management of MI/ABI/SA

**Maintenance**
- Build ongoing supports
- Manage relapse/crisis
- Support groups
- Related treatments
Environmental Supports

- Supervision/structured activity
- Trustee/Legal system
- Reduce exposure to substance
- Support to reduce harms/attend treatment
- Family intervention/education
Collaborative Interventions

- Client-centered/collaborative goal setting
- Motivational Interviewing
- Supported trials
- Client education
- Cognitive/behavioural interventions
- Cognitive compensation
- Meta-cognitive strategy training
• Client-centered/collaborative goal setting
• Motivational Interviewing
• Supported trials
• Client education
• Cognitive/behavioural interventions
• Cognitive compensation

• Supervision/structured activity
• Trustee/Legal system
• Reduce exposure to substance
• Support to reduce harms/attend treatment
• Family intervention/education

Collaborative Interventions

Environmental Supports

Anticipatory Awareness

Emergent Awareness

Intellectual Awareness

Unaware

Engagement

Persuasion

Active Treatment

Relapse Prevention
Phases of Family Support

- Safety/Crisis Planning
- Reduce Conflict
- Build Resilience
- Active Intervention
- Follow-up
Positive Communication Rules

**BE BRIEF**
Repeating yourself or giving too much detail is a turn-off to your listener

**BE POSITIVE**
Avoid blaming, name calling, and over-generalization

**REFER TO SPECIFIC BEHAVIOURS**
The more specific, the easier it is for your loved-one to respond

**LABEL YOUR FEELINGS**
Feelings should be stated in a calm and non-judgemental/accusatory way

**OFFER UNDERSTANDING**
A Show of empathy reduces defensiveness

**ACCEPT RESPONSIBILITY**
Most of the time credit for a particular issue or event should be shared by all involved. Sharing the responsibility reduces defensiveness and increases communication.

**OFFER TO HELP**
“How can I help?” is a very important question. Non-blaming offers are more likely to be taken up and move communication forward.
Food for thought…

Would you like to be involved?
Conclusions

✓ Substance use issues often appear after most acute rehabilitation services have ended; hard to access services

✓ Having a single reference to use for both information and advocacy was valued.

✓ Endorsed the content, chapters and tip sheet format
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