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Integrating Treatment for Clients with Co-occurring Disorders and Intellectual Disabilities

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Prevalence of Comorbidity

The CDC estimated that 5.3 million Americans live with disabilities due to brain injury and that 67% of people in rehabilitation for brain injury have a previous history of substance abuse (Thurman, 1998). 50% of these people will return to using alcohol and drugs after the injury (Corrigan, 1995).



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Physical Causes

- Developmental disability
- Brain attack
- Heart attack
- Infection
- Learning disability
- Fetal alcohol
- Birth related
- Trauma
 - Traumatic brain injury
 - Physical disability



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Psychosocial Effects/Changes

- Anger / Aggression
- Social inappropriateness
- Difficulty managing money
- Following directions
- Formulation goals
- Starting and completing tasks
- Speaking clearly



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Physical Effects / Changes

- Physical Changes

- Muscle movement
- Muscle coordination
- Sleep
- Hearing
- Vision
- Taste
- Smell
- Touch
- Fatigue
- Weakness
- Balance
- Speech
- Seizures
- Sexual functioning



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Social Effects and Changes

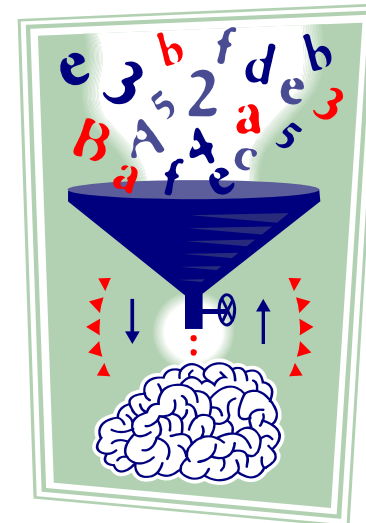
- Orientation
- Concentration
- Mental control
- Shifting thoughts
- Sequencing
- Perseveration
- Memory verbal and non-verbal
- Reasoning verbal and non-verbal
- Learning over time
- Linear thought process
- Mechanical manipulation
- Perception
- Planning
- Foresight
- Language



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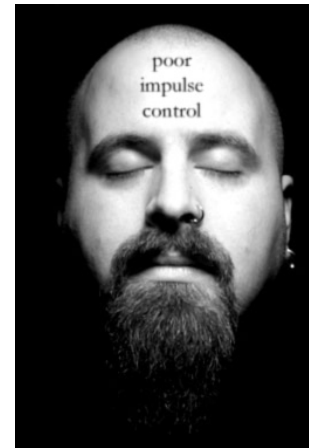
CONSEQUENCES OF Disability

- Memory impairment – short and long term
- Decreased self awareness/insight
- Impairment in abstract thinking
- Increased concrete thinking
- Attention deficits/concentration
- Reduced ability to process information



Consequences of Disability

- Sensory deficits – smell, taste, touch, vision
- Reduced initiation and what may appear to be motivation
- Disinhibition – decrease impulse control
- Altered self image



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CONTINUUM OF USE

ABSTINENCE

Selective Abstinence

USE - Prescribed and OTC

EXPERIMENTATION – ETOH Drugs

HIGH RISK – Stress relief, facilitation –
counteracts a perceived deficit(s)

ABUSE – Behavioral and Physical Problems

DEPENDENCY



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Awareness Grid

AWARENESS	DESCRIPTION	TYPE OF STRUCTURE NEEDED	PLAN
No Awareness	Unable to recognize deficits	External Structure	Structure environment to limit exposure to triggers
Intellectual	Can recognize past problems due to deficits. Cannot predict when or how they will interface with future functioning	External cueing needed to implement strategies	Teach role-play standard responses with use of memory aids
Emergent	Recognizes problems due to deficits as they occur	Can use strategies but needs help anticipating when they will be needed	Emphasize Stop-Think- Act Strategies
Anticipatory	Can anticipate future problems	Self Cues	Assist to independently use Stop-Think-Act Strategy



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TREATMENT

It is important to adapt treatment techniques for people with TBI so that:

- There is an increased opportunity for success
- The patient can understand what is required by the program
- The patient can act appropriately and understand behavior concerns
- TBI education is as important as is the drug/alcohol education for this patient.
- The treatment of both recovery and cognitive needs produces the best outcomes



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TREATMENT

- Modify groups
 - Give a group orientation
 - Date
 - Purpose of group
 - Important announcements
 - Do not overwhelm
 - Rate of information is critical
 - Verbal and written with repetition is useful
 - Practice new skills
 - Role play
 - Be concise
 - Encourage note taking
 - Be aware of vocabulary problems, especially when using specialized or treatment language
 - Always define and give examples
 - Summarize statements to check patients' comprehension and identification of main points
 - Ask clients to present their own summary statements



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TREATMENT

Compensatory strategies

- Date books and calendars to record appointments and daily schedule
- Notebook to record important information and notes from groups and counseling sessions
- Wristwatch alarms
- Post – its
- Visual cues (pictures, maps, diagrams)
- Information, guidelines and expectations should be reviewed often and should be very specific
- Offer immediate and specific feedback about behavior
 - Give concrete suggestions and examples



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TREATMENT

Importance of
psychoeducation

- Increased self-awareness
- Peer support for adjustment to the disability



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TREATMENT

Education about TBI and specific issues related to substance abuse

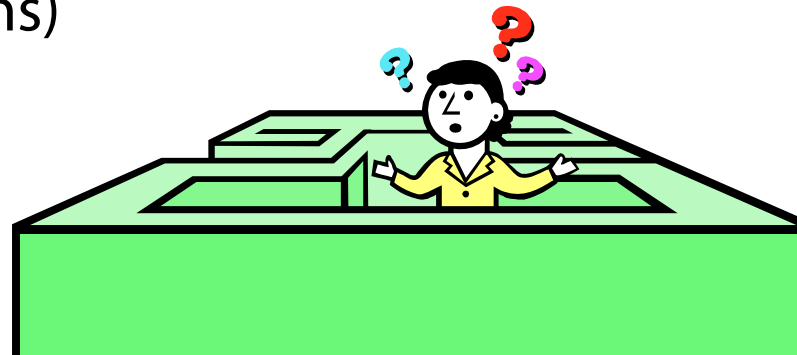
- Seizures are more likely
- Dangers of mixing alcohol and drugs
- Dangers of mixing above with prescription medications
- Increased risk of additional brain injury
 - Chance of a second head injury is 3 times greater (Ohio Valley Center for Head Injury Prevention)
- Interferes with TBI rehabilitation



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SPECIFIC EXAMPLES OF PROGRAM AND SITE MODIFICATIONS

- Signs identifying:
 - Counselors offices
 - Group rooms
 - Bathrooms
- Directions (floor plans) displayed



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HELPFUL HINTS WHEN WORKING WITH TBI PATIENTS

Educate your non-TBI patients about TBI.

- Many Non-TBI patients do not understand why TBI patients may need extra time or attention
 - Be careful to not violate individual patient confidentiality
 - Educate non-TBI patients about all the areas of life that can be affected by TBI (e.g. memory, concentration, reading, difficulty with instructions, mood swings, impulse control etc.)
 - Appeal to patients empathy. Ask them to imagine what it would be like if they woke up one day and a part of their brain no longer worked correctly. What kind of help would they need ?
 - Remind them of the need for individualized treatment – one size does not fit all



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HELPFUL HINTS WHEN WORKING WITH TBI PATIENTS

What appears to be denial in TBI patients may be lack of self awareness caused by the brain injury

- TBI patients get lost sometimes – be understanding and helpful
- TBI patients may need extra rest – this is not a manipulation to avoid treatment.
- TBI is often a direct consequence of alcoholism/addiction – perhaps gratitude is possible if you have not experienced this consequence.



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HELPFUL HINTS WHEN WORKING WITH TBI PATIENTS

Group Issues that may need to be addressed

- Significant Grief/Loss:
 - Loss of memory/skills/abilities
 - Loss of identity
 - Loss of power /control
 - Loss of anticipated future (dreams/career)
 - Relationship issues (possible loss of relationships)
 - Spiritual confusion/crisis
 - Isolation related to all of the above



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HELPFUL HINTS WHEN WORKING WITH TBI PATIENTS

Groups

- Provide notebooks for taking notes during group
 - Will need to change group therapy rules to allow for note taking – not usually allowed in group setting
- Experiential activities work well – allows for multiple pathways for processing information



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IMPLICATIONS of DISABILITY

- Know the client's history
- Read the chart
- Pursue collateral contacts
- Research disabilities
- Make 1:1 time
- Obtain disability related testing and medical reports
- Use what the client tells you worked or the record indicates worked in the past



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ACTIVE vs. REACTIVE COUNSELING

- Get releases and start calling
- Look for weak links in the support system
- Inform the network of the plan – ask for support
- Try to modify the network
- Know 1 or 2 key resources
- Anticipate access problems
- Visit clients where they live or will live
- Meet caregivers
- Learn the transportation system



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OVERVIEW of DISABILITIES

- Attention deficit disorders
- Developmental disability
- Brain attack
- Traumatic brain injury
- Physical disabilities
- Illness/infection
- Anoxia
- Learning disabilities
- SPMI



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SHADOW DISORDERS

- Schizophrenia
 - Paranoia
 - Delusional
 - Persecutory
- Anxiety
 - Panic
 - Obsessive compulsive
 - PTSD
 - Stress
- Communication
 - Receptive
 - Expressive
- Attention Deficit
 - Inattention
 - Hyperactive
 - Oppositional
 - Disruptive
- Mood Disorders
 - Depression
 - Bipolar



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General Qualifications

- Under Age 65
- Certified as Disabled
- TBIW must have Acquired Brain Injury
- Eligible for MA
- Received a Screening by County
- Danger of Placement in a Nursing Home
- Chooses Home and Community Based Services
- Can be Maintained in Community
- Must not Replace other sources of Funding (MA)



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Medical Assistance Funded Waiver Programs

- CADI-Community Alternatives for Disabled Individuals
- Case-management
- Day programs-Adult Day Care
- In Home Services
- ILS-Independent Living Skills
- Residential Services
- TBIW-Traumatic Brain Injury Waiver
- Case-management
- Adult Day Care
- In Home Services
- ILS
- Mental Health
- Residential Services



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Treatment Approach Comparison

- Traditional
- Reality Therapy
- Client Centered
- Abstinence Based
- Cognitive
- Insight Orientation
- Disability Strategies
- Motivational
- Client Centered
- Relapse Containment
- Lifestyle
 - Cue
 - Belief
 - Alterations



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Education Strategies

- Role Play New Coping Skills
 - Refusal Skills
 - Risk Avoidance
- Extensive Individual Counseling
- Extensive Conjoint Counseling



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COMPENSATORY SKILLS

- Attention
- Preferential seating
- Distraction free
- Sensitive to fatigue
- Look for withdrawal behaviors – confusion
perseveration
- Language comprehension
- Speak slowly
- Use tape recorder, notes, signs
- Use repetition
- State question first



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Compensatory Skills

- Organizational skills
- Teach common routines
- Teach main idea and then details
- Groups tasks – doctor, work, support meetings
- Task organization
- Use checklist and daily planner
- Work in quiet environment
- Eliminate distractions
- Keep items in designated places



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Visual Cues

Cue Adaptive Responses
With:



- Poster Boards
- Tasking Boards
- Hand Gestures
- Visual Load the 12 Steps- with signs and symbols meaningful to the client



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Independent Living Skills

- Self care
- Financial Management
- Personal safety
- Relationships
- Food preparation
- Pre-vocational skills



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Relaxation Recreation

- Teach arousal reduction techniques
- Physical therapy/ self management techniques
- Planned guided relaxation
- Activities that lessen the chance for impulse control problems
- Assign a peer to help those with eye hand coordination problems



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Individual

- Short term 15-20 minutes
- Daily or multiple times per day
- Reduce Stimulus
- Reduce Distractions



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Questions?



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Thank you!

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