

# focus on

# Serious Injury Care

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## Sharing the care: A new approach to brain injury and substance use

Brain injury and substance use is a relatively new area of research, but studies already suggest that the problem may be much more serious and widespread than previously believed.

“We know the comorbidity of substance use and brain injury is quite high,” says Dr. Carolyn Lemsky, Project Lead of the Substance Use and Brain Injury Bridging Project (SUBI) and Clinical Director of Community Head Injury Resources of Toronto (CHIRS). “Some of the new research shows that probably between 25 and 30 per cent of everyone who comes to an addiction program has had a brain injury with loss of consciousness and the potential for neurocognitive impairments, and that’s on top of the neurocognitive impairment caused by the substance use itself. That’s especially true for the concurrent disorders program, where the two are managed together; the proportion of people with brain injury seems to be even higher in those programs.”

According to SUBI, 20 per cent of people who do not have a substance use problem before their brain injury become vulnerable to substance use after an injury. Substance use also appears to rise after a brain injury, which is especially alarming because substance use greatly increases the chances of another injury.

CHIRS and the Centre for Addiction and Mental Health (CAMH) started SUBI five years ago, with a grant from the Ontario Ministry of Health and Long-Term Care and support from the Toronto Acquired Brain Injury Network. SUBI’s goals are to facilitate the interdisciplinary management of clients living with acquired brain injury (ABI) and problematic substance use; improve access to addiction services for people with ABI; and increase the capacity of Ontario’s existing resources to manage this co-morbidity.



Dr. Carolyn Lemsky, Project Lead of the Substance Use and Brain Injury Bridging Project (SUBI) and Clinical Director of Community Head Injury Resources of Toronto (CHIRS).

on brain injury and substance use across the province. She hopes to expand the project nationally. “We’re developing the community of practice, asking people to register

“We felt like we didn’t have enough information to deal with these things. We set up a partnership with CAMH to learn more so we could provide our services better, and offered consultation and support to CAMH to better serve people with ABI,” explains Dr. Lemsky, who leads workshops on

on the SUBI website (subi.ca), and hoping to offer ongoing support to providers doing this kind of work,” she says.

People who join the community of practice can access a SUBI provider manual, and the website also offers a client workbook. A family manual, distance-learning course and other materials are also planned. “We hope manuals are a way for people to develop partnerships for shared care. That’s the message we want to spread: If you’re working primarily with people with brain injury, you’re going to see [substance use] in a third of your patients, and you need to be aware of addictions and look for partnerships for shared care,” says Dr. Lemsky. “Just referring people to addiction programs hasn’t been cutting it. Research shows that people who leave addiction programs and aren’t doing well tend to be those with ABI, or are unemployed. Sending them into the system as it has existed over the past while isn’t sufficient to meet their needs.”

A variety of service providers, including people from addiction services, social services and correctional services, has attended SUBI workshops. Dr. Lemsky has also received requests from concurrent disorders programs and homeless shelters. “We’ve probably trained about

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600 front-line workers with a full-day workshop, and somewhere in the neighbourhood of 1,000 have taken our one- or two-hour workshop,” she says.

John Kumpf, Executive Director of the Ontario Brain Injury Association (OBIA), attended a full-day SUBI workshop this spring. Kumpf is the creator of Brain Basics, OBIA’s brain-injury program for personal support workers, including employees of Bayshore Home Health. Since 2004, he has personally guided more than 1,600 people, including nurses, physicians and other health care professionals, through the course. OBIA and Bayshore also developed a “train the trainer” model that has enabled staff from the home health care agency to reach more than 500 from across the country.

“We know people with brain injury are very vulnerable to substance abuses for a number of reasons,” says Kumpf. “One reason is that the part of the brain that’s connected to pain and pleasure is active in addiction, and if it’s damaged, it can lead to substance abuse. Your frontal lobes are also in control of impulsivity and reasoning.”

Kumpf plans to expand Brain Basics’ substance-use content, which will include topics such as how the brain is affected by drugs and alcohol; screening for substance use; and interacting effectively and safely with a client who may be under the influence. “We’ll relate that to brain function, the lack of judgment, the impulsivity, the social isolation, and point out that if people have concurrent disorders, all of those things are going to be exacerbated, as they are for anyone else,” he explains.

“We feel strongly that our caregivers have a safe environment to provide care for our clients,” says Suzanne Amodeo, a Bayshore Business Development Manager. “With

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## Bayshore Home Health – a leader in serious injury home care

Bayshore Home Health is a Canadian-owned company and has been a trusted provider of home and community care services since 1966. It operates more than 50 home care offices and 20 community care clinics nationally, and works with many organizations that deliver specialized home care services to clients with serious injuries, including workers’ compensation boards, auto insurers, rehabilitation service providers and government care agencies. To learn more about any of the services listed below, please call 1-866-265-1920.

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the addition of this content to the Brain Basics program, we are providing them with more tools to recognize the signs of substance abuse in the brain injured so they can provide appropriate care.”

Anna Cook is a Psychosocial Group Leader at Peel Halton Acquired Brain Injury Services, a non-profit agency in Southern Ontario. One of her support groups is for people with brain injury and substance use issues, and she uses the SUBI manuals.

Topics of discussion include the addiction cycle, how brain injury changes a person’s response to drugs and alcohol, and tools and techniques that can help. “Brain injury and substance use is fairly new on the frontiers of discussion and research,” says Cook. “[Before SUBI], we would work with individuals, but had no concrete curriculum to follow. Now, we’re able to offer more assistance.”

Cook adds that another benefit of offering the SUBI program is that clients tend to be more forthcoming about substance use. “People often don’t [disclose it] because they worry it prevents them from qualifying for services, and the issues surface later. With SUBI, clients are more likely to talk about it sooner.”

Social isolation is one of the challenges facing people with brain injury, who may be drawn to alcohol and drugs because they represent opportunities for social interaction. “People with brain injury expe-

rience a lot of losses related to the injury, such as lost jobs and relationships with family and friends. They have a desire to have normal experiences, and substance use can be one of those experiences. To be able to sit in a bar, have a drink and fit in, or smoke a joint with their buddies, gives them some common ground and makes them feel normal,” explains Cook. “It’s hard for them to weigh the consequences of that – they just want their life back.”



Anna Cook, Psychosocial Group Leader, Peel Halton Acquired Brain Injury Services

The SUBI program includes information about what to do if a client has a setback. “It’s a harm reduction model, so they may not necessarily be abstinent, but if they do quit and fall back, the workbook addresses that – it’s going to happen, and how to

handle it,” says Cook.

When a client tells her something has happened, they discuss what the triggers were and how to prevent future incidents so that the individual does not give up on the recovery process, says Cook. “It’s very slow – one step at a time. At first, maybe they’re just learning, then thinking about changing. Then they might start considering stopping altogether, and you support them.”