

Traumatic Brain Injury

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A solution to the problem of identification

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Each, year over 600,000 individuals suffer traumatic brain injury. The effects of such injury range from barely perceptible changes in mental functions to severe changes which may leave a person unable to work or function independently. It is estimated that up to 50 percent of these individuals suffer from an addictive disorder. Ironically, head trauma not only increases the likelihood of addictive substances, but also reduces the likelihood the abuser will benefit from traditional substance abuse program models. The relationship between such injury and substance abuse is, for many reasons, receiving increased attention. Not only does head injury predispose an individual to abuse substances; substance abusers also display a significantly increased propensity to sustain a traumatic brain injury. Fighting, being victimized during an assault, driving under the influence and falling while inebriated are situations which may result in head injury. In fact, recent literature has indicated that approximately 23 percent of polysubstance abusers and 40 percent of alcoholics, when questioned appropriately, present a positive history of head trauma MECHANISMS. The mechanisms by which head injury increases the likelihood of substance abuse tend to be more varied and complex. Some of the most common are:

- o head injury often impairs judgment and diminishes intellectual capacity. Head injured individuals have a decreased capacity to evaluate the probable consequences of their actions;
- o head injury victims often fall prey to the negative influences of others. They are easily misled and have trouble saying “no”;
- o many head injury victims experience physical and/or emotional pain. Headaches, depression, anxiety and diminished self-esteem are frequent correlates of head injury. It is not uncommon that individuals seek to escape these problems through drugs and/or alcohol. Some will self-medicate while others will become iatrogenically addicted through use of prescription drugs;
- o many head trauma victims will have prolonged periods of time in which there is “nothing to do “ Addictive behavior is particularly likely to increase when individuals have previously associated spare time. Substance abusers who present a history of traumatic brain injury are typically unsuccessful in traditional substance abuse programs. with drug/alcohol use;
- o in some situations, the availability of money resulting from a disability related law suit provides the financial means to develop and support a costly addiction;
- o head injured individuals may encounter problems later in life which have an impact on their sense of well-being. Substance abuse problems and emotional problems may emerge several years after the actual injury occurs. Substance abusers who present a history of traumatic

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brain injury are typically unsuccessful in traditional substance abuse programs. Memory disturbance, lack of concentration, poor social skills, receptive language deficits and an inability to generalize what is learned in the therapeutic setting to a real life setting are a few of many problems which interfere with the rehabilitation process. A popular myth is that individuals who have experienced traumatic brain injury are easily identified through casual observation and interaction. While this may be true individuals are not identified and appropriately treated, they will suffer individually and the success rate of the facility which is attempting to treat them will diminish.

Substance abuse centers cannot adequately treat traumatically head injured substance abusers in exist-ing programs.

It is incumbent upon the substance abuse treatment facility to take the first step and identify head injured applicants.

The Closed Head Injury Screening abuse, for Substance Abuse Facilities was developed by the authors specifically to assist in this process. The initial query (Level I) requires that three questions be asked. If the response to any of these is “yes,” then it is necessary to proceed to Level II.

If there is evidence of significant symptoms which are associated with a head injury event, then referral to an appropriate specialist (physician specializing in neurological disorder/neuropsychologist) for a thorough diagnostic workup should be made.

Unfortunately, there are at present only a handful of specialized facilities providing treatment to individuals suffering from dual diagnoses of traumatic brain injury and addictive disorder.

However, the awareness of the need for appropriate treatment is growing and it is anticipated that in the next few years there will be a corresponding growth in the number of treatment programs for this population.

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