

## Brain Injury & Disability Resources

ABIN-PA InfoLine	800.516.8052
Abuse Reports—Age 0-18	800-932-0313
Abuse Reports—Age 18+	800.490.8505
Aging/Disability Referrals	866.286.3636
Area Agency on Aging	(blue pages)
BIAPA Resource Line	800.444.6443
BrainSTEPS (Local Intermediate Unit)	
CareerLink	(blue pages)
ChildrensHealthInsurance	800.986.5437
Consumer Protection	800.441.2555
Crime Victim's Benefits	800.233.2339
Defense & Veterans BIC	866.966.1020
Disability Rights Network	800.692.7443
DomesticViolence Hotline	800.799.7233
Elks Nurses (care plans)	814.781.7860
Epilepsy Foundation	800.887.7165
Head Injury Program	717.772.2762 (1 year of rehab, \$100,000 max)
Health Insurance	www.healthcare.gov or 800.318.2596
Health Law Project	800.274.3258
Independent Living Ctrs	717.364.1732
Legal Aid (PA)	800.322.7572
Legal Clinic for Disabled	215.587.3350
Meals on Wheels	www.mealcall.org
Medical Assistance	800.537.8862
Medicare Coverage	800.633.4227 (Part A & B have in-home services)
Medicare Complaints	800.783.7067
Office of Vocational Rehab (blue pages)	
OVR Complaints	888.745.2357
Social Security	800.772.1213
Special Ed Consult Line	800.879.2301
Special Kids Network	800.986.4550
Waiver Enrollment	877.550.4227
Waiver HelpLine	800.757.5042
Women's Law Project	215.928.9801

## ABIN-PA Services

"Empowering Survivors & Families to Rebuild Their Lives."

### InfoLine

Resources. Problem-solving. Support.

### Advocacy

Individual. Government Affairs.  
Nonprofit Coalitions & Collaboratives.

### Education

Conferences. Presentations.  
Staff Training.

### Literature

Free Monthly Newsletter.  
Brochures.  
Booklets.  
PowerPoints.

### Website

Newsletter Archives & Sign-Up.  
Print Literature.  
"Our Stories."  
Print Resource List by Birthdate.  
Rehab Facility Search by Type.  
Videos.

## Brochure Categories

General  
Children <21  
Adults 18+  
Families & Caregivers  
Rehabilitation  
Dual Diagnosis  
Justice System

Brain Injury Advisory:  
Dual Diagnosis

## SUBSTANCE ABUSE



ABIN-PA is dedicated to increasing public awareness about acquired brain injury and to providing support, education, information, advocacy and other services for individuals with acquired brain injury and their families.

## ACQUIRED BRAIN INJURY NETWORK OF PENNSYLVANIA

InfoLine: 215.699.2139  
Toll-Free: 1.800.516.8052  
info@abin-pa.org  
www.abin-pa.org

## Source

Information taken from Substance Abuse Treatment Advisory: News for the Treatment Field: Treating Clients with Traumatic Brain Injury, October 2010, Volume 9, Issue 2. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, [www.samhsa.gov](http://www.samhsa.gov). (Order free 8 page leaflet in quantity.)

## Purpose

"Traumatic brain injury (TBI) is a frequent but under-recognized condition co-occurring with substance use disorder (SUD). TBI can cause a wide range of cognitive and behavioral consequences that interfere with a client's ability to adhere to substance abuse treatment."....."Through observation and questioning, counselors can try to identify clients whose functioning is affected by TBI and who may require special strategies in their treatment for SUD. Counselors also can incorporate these important facts into relapse prevention messages for all clients: that substance abuse increases the likelihood of a first or recurrent TBI and that TBI compounds the brain function problems caused by substance abuse."

## TBI Statistics

1. 1.7 million hospital diagnosed civilian TBIs per year.
2. 1.6 - 3.8 million sports concussions per year.
3. Hundreds of thousands of unreported concussions per year for lack of treatment or treatment in a clinic, physician office, urgent care clinic, or Federal, military or Veterans Affairs hospital.
4. 320,000 of 1.64 million service members deployed to Iraq and Afghanistan were estimated concussed through 2007.
5. Highest incidence in males.
6. Highest age groups for TBI are ages 15-19 and 75+.

## TBI/SUD Statistics

1. 1/3 to 4/5 of hospitalized TBIs have SUD, mostly alcohol.
2. At time of TBI, 1/3 to 1/2 are intoxicated and 3/4 have measurable blood alcohol.
3. In SUD treatment programs, 38 - 63% have a prior TBI.
4. In state funded SUD treatment, 1/3 reported a prior TBI with loss of consciousness or at least a one night hospitalization.
5. TBI history is association with worse SUD treatment outcomes.

## Suspect a TBI

"Consistent failure in completing tasks, disinterest, inappropriate social behavior, lack of self-awareness, and tangential speech (irrelevant and unrelated statements)."

## SUD Strategies for TBI

1. Low stimulus environment
2. Few distractions
3. Frequent rest breaks
4. Structured instruction in a variety of formats to promote adaptive and coping skills
5. Slow pace
6. Frequent repetition
7. Short concise segments
8. Specific, immediate, direct, positive feedback
9. Gentle redirection
10. Avoid confrontation
11. Rehearse desired actions
12. Promote use of reminder systems (see [www.abledata.com](http://www.abledata.com))
13. Coordinate with care providers
14. Promote expectation of recovery
15. Abstinence to avoid next TBI
16. Encourage a TBI support group
17. Provide small step incentives
18. Motivational support
19. Support client's coping skills such as discussing struggles, humor, having enjoyable activities