Jessie O'Brien, NAADAC: All right. Everybody welcome to today's webinar. Improving treatment outcomes for people with cognitive impairment presented by Julia Brower. My name is Jessie O'Brien, and I will be the facilitator of today's training experience. I'm the director of Training Professional development here at Nadak, and I am joined today by our training and customer care specialists, Allison White.

Jessie O'Brien, NAADAC: who will be addressing any issues you may have or questions you have for the 2 of us, that maybe aren't related to the content of the webinar. Just a reminder that we are using Zoom Webinar for our webinar today. Most of you are pretty familiar with this at this point.

Jessie O'Brien, NAADAC: just a few things. I want to bring your attention to the chat box you've already found. You can chat with each other, make comments to the, to each other on the content or to the presenter. if you have questions for us or for the presenter, you just want to make sure that you put those in the Q a. Box, and that's also on the screen on your menu, and we will be using the Q. A. Box to pick questions for the Q. A. That will happen towards the end of today's webinar. So just make sure you put your questions in there. If we do see questions in the chat box, we'll just kindly ask you to put them in the Q. A. Box, so we don't lose track of them, and then, lastly, for live transcripts. You can go ahead and use zoom for that, and just click on the live transcript. Menu the little up arrow and click show subtitles. If that's something that you would like to have and use today

Jessie O'Brien, NAADAC: just a reminder that every Nanak Webinar has its own. sorry. I'm hoping you can see my slides here has its own web page for everything you need to know about that particular webinar today's has its own as well. You can find a link to our learning management system which has the whole course in it. You can find links to the spy handouts and any relevant handouts that you may need for the webinar And then, after today's webinar. Once this ends to access, the C quiz for the people who are watching it live. You can. You will get an email emailed to you 1 min after the webinar ends, and that will contain the link to the sequence or the same place where you enter today. you will see a click here to access. See? Qu qu quiz message, pop up and you can click there and access the Ce quiz as well that way. If you have any S issues accessing the sequence, you can always email us at Ce. At Needacc.

Jessie O'Brien, NAADAC: All right. So I'm gonna go ahead and bring Julia up with me. Now. Julia Brower has had 2 careers, one in special education, and the other in substance, use disorder treatment as clinical director of a unique Sd. Clinic for people with cognitive impairment. Julia was able to combine both of her areas of expertise, and through her work she became keenly aware of the need for specialized services for people with cognitive and parent impairment.

Julia founded dragonfly consulting and training whose mission is to assist governmental units, provider agencies and clinicians to improve treatment outcomes for those with cognitive impairment. Julia is an approved trainer for the New York State office of addiction services and support oasis, and has provided trainings to several country counties and organizations in New York.
Jessie O’Brien, NAADAC: Julie continues to provide treatment as a ksack with itap the intensive treatment alternative program run by Duchess County. So, Julia, I'm going to go ahead and stop sharing my slide and turn my camera off, and I will hand this over to you.

Julia Brower: Okay, Hi. Hi, everyone. Wow! I'm impressed with the distances that people are joining us today from I saw England and Australia and Hawaii and all over the country. So I think that's really exciting.

Julia Brower: So I'm just going to go ahead and start sharing my slides.

Julia Brower: and we will get started.

Julia Brower: Okay. so thanks again, Jessie, for that introduction. and as you'll see, I'll probably tell stories from my previous experiences, so you'll get to know the kinds of work that I've done as we go along.

Julia Brower: as we go along.

Julia Brower: Now, before I jump into the material.

Julia Brower: I want to give you a little background, a little context for where this came from.

Julia Brower: So

Julia Brower: sorry I'm having. There we go.

Julia Brower: The

Julia Brower: there are 4 issues that I want to address. The first is the concept of complexity.

Julia Brower: and then there's cultural competence, which is a very big right now. the issue of person-centered treatment and trauma-informed care.

Julia Brower: Now, the first 2 issues I'm going to talk about briefly, right now

Julia Brower: and then. The last 2 will come up later on in the presentation in more detail.

Julia Brower: But let's start with this idea of complexity.

Julia Brower: Sued counselors are familiar with working with people, with a variety of challenging
Gone are the days when someone was just an alcoholic or addict, you know, in the old. In the old parlance. Generally has a lot of other needs that are going on. And so complexity is an expectation, not an exception. And, as you can see in this paragraph, there are all kinds of issues, right educational, vocational trauma, housing, financial.

And this is a quote from Doctors Klein and Minkoff from Zia, partners who were working with New York State on a co-occurring systems of care project where they were trying to unite a lot of different systems of care, so that people didn't fall through the cracks. And as you'll notice in their presentation, they include cognitive and learning issues as one of those complex issues with cultural competence and cultural identity.

We find there are so many different identities that overlap with people right? We have intersectionality between education, geography, health beliefs, military service gender identity.

And once again, ability is coming up as one of those cultural identities that we need to have some level of comfort with, because the people who come to us for treatment come with all different levels of ability.

Now, if any of you read the description of this presentation, you might know what 31% represents. It is the percentage of people seeking S. U. D. Treatment who had some level of cognitive
impairment

Julia Brower: in one specific study.

Julia Brower: 31%. The range which is even more shocking to me is that prevalence? Rates can run anywhere from 30 to 80%, and they vary depending on factors, such as length of use severity of use, the different substances used agent onset, all of those different factors, and the specific screen being used to assess for cognitive impairment.

Julia Brower: So how does that compare to the general population in the United States?

Julia Brower: The percentage of people with intellectual disability is 1%.

Julia Brower: That's out of all the people in the country people living with long-term disability from traumatic brain injury. Or Tbi is 1.7%

Julia Brower: older adults. 1.8%

Julia Brower: 2. I'm sorry I can't see it. It's 7, something

Julia Brower: People without dementia who have mild cognitive impairment. And that again, depends on which specific cognitive skills were being assessed.

Julia Brower: So we're looking at a range from one to 8% of the general population who have some level of cognitive impairment compared to 30 to 80% of the people seeking treatment for S. U. D.

Julia Brower: So you'll notice that I use the terms cognitive impairment and cognitive challenges throughout this presentation. Cognitive impairment is more of a clinical term. It's used in the scientific literature when they're talking about medical conditions. Psychological substance use disorders. It's to me more of an official term and cognitive challenges is more of a descriptive term.
Julia Brower: To me it's more inclusive, less diagnostic, and more functional.

Julia Brower: You may not know the diagnosis of someone, but you may be able to observe

Julia Brower: that they're having challenges. They have some cognitive differences. some cognitive challenges. So I use the words interchangeably.

Julia Brower: but you'll notice when I abbreviate. I always use C. I.

Julia Brower: For cognitive impairment, just because CC. Is a little bit confusing. I'm not. I'm not C. Seeing people on a memo. I'm I'm talking about cognitive impairment. So

Julia Brower: just to

Julia Brower: shorten the amount of words on the page, you'll see. C. I used a lot.

Julia Brower: So here are the first of the polls that we have. and Jesse is going to post. There's 3 questions altogether. I'm interested to know

Julia Brower: if the people in the audience are

Julia Brower: counselors or therapists. Recovery coaches who work directly with

Julia Brower: people with Su. D. Also, if you've ever worked with someone with a known cognitive impairment, such as an intellectual disability or traumatic brain injury.

Julia Brower: or if you've ever worked with someone who did not have a formal diagnosis, but who appeared to have challenges some, some form of cognitive challenges.

Julia Brower: So we'll give you a few seconds to answer those questions. And then, Jesse, whenever

Julia Brower: you have the results. You can go ahead and

Julia Brower: post them.

Jessie O'Brien, NAADAC: All right. I'm going to give a few more seconds, and then I will share now.

Julia Brower: So we have a high percentage of people who work directly with

Julia Brower: individuals

Julia Brower: and quite a high percentage

Julia Brower: of people who've worked with someone with a known Ci. And then how do we scroll to that last one
Julia Brower: to see what the percentages of?

Jessie O'Brien, NAADAC: So it says, 96% said, yes. the third one no, and 2% said, I don't know.

Julia Brower: Perfect. Thank you.

Julia Brower: Okay. So most of you

Julia Brower: have encountered almost all of you have encountered someone

Julia Brower: with.

Julia Brower: Sorry. My, my mouse stopped working. Okay?

Julia Brower: So most of you have encountered someone with apparent cognitive challenges who has come to you for treatment.

Julia Brower: And that's what I'm finding almost everywhere. I do this training

Julia Brower: or conduct this type of poll.

Julia Brower: It's very common that we've encountered people with cognitive challenges, but we don't always know exactly how to help them.

Julia Brower: you know. And so this is where

Julia Brower: this training comes in. So what is cognitive impairment? And how does it impact treatment?

Julia Brower: Cognitive impairment includes intellectual or developmental disabilities, id

Julia Brower: traumatic brain injury, including toxic or anoxic brain injury such as brain damage resulting from opioid overdose. And now that we have narcan, we're saving thousands of lives.

Julia Brower: But people who are suffering multiple overdoses are also suffering brain damage. As a result, not everyone. But it can happen

Julia Brower: also, serious mental illness resulting in loss of cognitive functioning.

Julia Brower: serious learning, disability.

Julia Brower: years of substance use resulting in loss of cognitive functioning.

Julia Brower: And then those undiagnosed issues.
Julia Brower: These are what we would especially refer to as cognitive challenges or cognitive differences. We may never know the cause of someone's

Julia Brower: cognitive challenges, but

Julia Brower: they present to us for treatment

Julia Brower: and need extra assistance with reading assignments. Even just understanding expectations of treatment.

Julia Brower: So just a a very quick background on intellectual and developmental disabilities.

Julia Brower: Most intellectual and developmental disabilities are disorders that are present at birth. and they negatively affect the trajectory of the person's development.

Julia Brower: The signs of intellectual disability from the Cdc. Include

Julia Brower: delayed development as an infant sitting up, crawling, walking, which obviously we would not see.

Julia Brower: they might learn to talk later or have trouble speaking. And then here's the important things they find it hard to remember. Things have trouble, understanding, social rules.

Julia Brower: trouble, seeing the results of their actions and trouble solving problems.

Julia Brower: So all of the things, all of the skills that are important for someone to succeed in treatment can be impacted. If someone has an intellectual disability.

Julia Brower: Tbis, on the other hand, can result in damage to almost any part of the brain and can cause problems in several different areas.

Julia Brower: The first would be cognitive problems, such as memory, learning, reasoning, judgment, attention, or concentration.

Julia Brower: and the other are executive functioning problems.

Julia Brower: problem-solving, multitasking organization, planning, decision, making

Julia Brower: beginning or completing tasks, some of

Julia Brower: the most important. Again, skills that people need to be able to succeed in treatment and in recovery.

Julia Brower: and they can be affected by a Tbi.

Julia Brower: Serious mental illness
Julia Brower: has been shown to moderately, to severely impair cognitive functioning in people with specifically schizophrenia in this study.

Julia Brower: and it's very common but not often documented in the person's chart.

Julia Brower: so you will often receive a referral packet for someone, and there's no mention of having some cognitive challenges as a result of their mental illness.

Julia Brower: So in this study it was only documented in about 17, I believe I have to move this. There we go.

Julia Brower: and one of the impacts of cognitive impairment is that it results in higher health care costs.

Julia Brower: when it comes to treatment for substance use, disorder.

Julia Brower: people with cognitive challenges are often going to stay in treatment longer or not engage in treatment and come in and out numerous times just over and over again, going to detox, maybe rehab coming into outpatient not staying. So the costs are much higher.

Julia Brower: So what does this mean?

Julia Brower: People with cognitive challenges often have problems with learning, understanding, remembering and or applying new information and skills.

Julia Brower: And these 4 areas are going to be addressed later on in terms of how do you modify your approach to address these challenges.

Julia Brower: So I want you to imagine it's your first day in group.

Julia Brower: and you are giving the given the following handout to discuss.

Julia Brower: I want you to
Julia Brower: take a look at it

Julia Brower: and notice how you feel when you're trying to read it.

Julia Brower: Just take a moment to try to figure out what the words mean, and use the chat box to to tell us how it feels. How does it feel

Julia Brower: to be given this and be expected to discuss it.

Julia Brower: So, Jesse, if you get any responses, you can just read them out, and then we'll move on.

Sure, you got a lot here. it feels confusing like I'm trying to decode something frustrating, confused, terrifying.

Jessie O'Brien, NAADAC: angry, overwhelming stress, confused, confused loss. like a foreign language like I should know what it is embarrassing.

Jessie O'Brien, NAADAC: annoying, shaming.

Julia Brower: pointless. Yeah.

Julia Brower: Keeps going. Sure.

Julia Brower: Sure.

Julia Brower: So

Julia Brower: okay, we got those. Here's the actual

Julia Brower: hand out. This is

Julia Brower: from the Dbt skills training handouts and worksheets. It's the wise mind handout.

Julia Brower: and many of you, I'm sure, have have used

Julia Brower: the Dvt materials.

Julia Brower: and what you were looking at before

Julia Brower: was

Julia Brower: a version I made, and I substituted Swahili words. Those are actual words, and they actually mean what

Julia Brower: what they're supposed to mean. But

Julia Brower: I chose that language because
Julia Brower: I didn't think too many people in the audience would be able to read it. And I wanted you to have that experience of not understanding and the feelings that go along with it.

Julia Brower: So we'll talk more about Dvt at the end when we get to the evidence-based practices.

Julia Brower: So, keeping that experience in mind. Imagine the impact on treatment for an individual who has cognitive challenges and comes into a traditional outpatient or inpatient setting.

Julia Brower: There are mechanisms of change that have been measured to give a good indication of how effective someone's treatment is going to be, such as adherence and engagement.

Julia Brower: decreased insight.

Julia Brower: readiness to change.

Julia Brower: increased denial.

Julia Brower: lower self-efficacy.

Julia Brower: So all of the things that you need to help encourage someone and give them the best shot at having successful treatment.

Julia Brower: Can a cognitive challenge can have a negative impact on all of them which contribute to poor treatment outcomes, including decreased retention and less abstinence.

Julia Brower: And that's what that's the whole point right? You want people to be more abstinent, if not completely abstinent, and you want them to stay in treatment.

Julia Brower: So we understand a little bit about cognitive impairment.

Julia Brower: and we want to know if you're working with someone, and you're not sure what's going on with them.
Julia Brower: Unfortunately, in the past you may have just assumed that this person has some behavior problems. So we're going to look at. Is it cognitive challenges? Or is it just behavior?

Julia Brower: So I want you to be honest.

Julia Brower: I don't know how long you've all been working in the field, but

Julia Brower: how many of you have worked with someone that you could only describe as difficult because

Julia Brower: they didn't respond to treatment interventions. They exhibited disruptive behaviors

Julia Brower: they continue to use, despite the length of treatment they refused to acknowledge problems, or they just didn't get it.

Julia Brower: What if we could look at that person through the lens of potential cognitive challenges, instead of using labels such as treatment, resistant or difficult.

Julia Brower: Now I know no one today whatever. Say anything to a client directly.

Julia Brower: to say oh, you're difficult, or, you know, label them in any way. But

Julia Brower: if we're really honest with ourselves, you know, when we have case conference and we're talking about somebody that we're really struggling with.

Julia Brower: We tend to fall back on these labels that

Julia Brower: come from a lack of understanding of where the individual is coming from.

Julia Brower: So quick question.

Julia Brower: what are some of the signs, changes or consequences that it can indicate a potential substance. Use disorder.

Julia Brower: Think about things like

Julia Brower: housing employment

Julia Brower: relationships. What what kinds of changes would you find

Julia Brower: you can put stuff in the chat if you want? I don't want to take too much time on it, so

Julia Brower: I'll just move ahead with it. But

Julia Brower: actually Jessie, if you want to read a couple
Julia Brower: that would be fine.

Jessie O'Brien, NAADAC: let's see. Let me scroll up.


Julia Brower: mood swings, visible withdrawal symptoms, confusion, homelessness, okay. That's pretty good list.

Julia Brower: So we know what

Julia Brower: we're looking at. When we see someone with a substance use disorder, we can recognize by those

Julia Brower: consequences and changes the physical symptoms. We kind of know what we're looking at.

Julia Brower: But how do you think those signs can be different in a person with cognitive impairment?


Julia Brower: I'm not going to say

Julia Brower: give you any specific answers, but I want you to think about these factors. How would it look differently if someone

Julia Brower: came into treatment and say they're

Julia Brower: 30 years old, and they live with their parents or a sibling.

Julia Brower: or they live in a residence of some kind

Julia Brower: for a supportive apartment

Julia Brower: and not a substance. Abuse the substance, use disorder.

Julia Brower: supportive apartment, but

Julia Brower: an apartment for someone with cognitive challenges.

Julia Brower: or maybe they're on housed

Julia Brower: so things might look a little different, right?

Julia Brower: This. Because if someone's living with their parents
Julia Brower: at age 30 or 40, or however old they are. It's a sign that

Julia Brower: there might be something going on, because they're not living independently.

Julia Brower: And how would their substance use disorder? Look? How would it look
different from someone who lives independently, you know. That's

Julia Brower: that's the kind of stuff you want to think about.

Julia Brower: Someone who is unemployed or on disability or working in support of employment.

Julia Brower: We look at.

Julia Brower: A standard practice in treatment is to look at how much money you've spent on your addiction over the years.

Julia Brower: and

Julia Brower: someone who is on a limited income

Julia Brower: might not have the same grand total, or might not even be able to estimate how much they've spent.

Julia Brower: So it's going to look a little bit different. Financial again.

Julia Brower: Some people coming into treatment don't have their own money. Other people pay their bills.

Julia Brower: or they just have an allowance. or they sign their checks, but they don't write them themselves, or maybe they handle their finances independently, to whatever degree of success

Julia Brower: that they can.

Julia Brower: and again, social life, they might be isolated. Their only friends might be other residences in their home. or they might have friends at home who use. So we look at

Julia Brower: S. Ud criteria

Julia Brower: through the lens of cognitive impairment.

Julia Brower: And this great list that we all know really well.

Julia Brower: suddenly becomes a little murky because a person with cognitive challenges may not be able to accurately describe how much they're using, or how often
Julia Brower: they may not have the freedom or the money to use as much or as long as they want.

Julia Brower: they may have to get creative in order to obtain the substance. To begin with.

Julia Brower: you may not be able to articulate cravings. They may not have a job, so is substance use adding to their inability to work if they're on disability.

Julia Brower: and they may have limited relationships to start, how do you gauge the impact of substance use?

Julia Brower: And they may not drive?

Julia Brower: So what other dangerous situations might they find themselves in

Julia Brower: so recognizing cognitive impairment.

Julia Brower: It's fairly easy if you know the person has a diagnosis, right? If it comes in the referral packet. Great!

Julia Brower: You have a head start.

Julia Brower: and it's more difficult if there's nothing in the referral packet to give you that head start.

Julia Brower: But if you know what to look for. There are signs that can be recognized, so a person with cognitive impairment may display limited comprehension.

Julia Brower: communication, difficulties.

Julia Brower: either receptive or expressive

Julia Brower: for both. So someone may have a good baseline of expressive language. They may be able to socialize and talk, and they sound like they're understanding what you're saying to them.

Julia Brower: but maybe their receptive language isn't so good. So when you ask them a question.

Julia Brower: they may get confused, and they may give you an answer
Julia Brower: that doesn't really

Julia Brower: connect.

Julia Brower: or they may have, you know. So

Julia Brower: some of these things may not be as easily recognizable as others.

Julia Brower: Shorter attention, span. repetitive or stereotypic patterns of behavior.

Julia Brower: movements or actions are fairly noticeable.

Julia Brower: Patterns of speech might be easily recognized, or it might be a little more subtle

Julia Brower: topics. Sometimes people will go back to a specific topic that becomes their comfort zone, and they talk about it all the time.

Julia Brower: or an inability to interpret social cues

Julia Brower: or other social skills deficits.

Julia Brower: So most of those are fairly

Julia Brower: evident. You can catch on pretty quickly.

Julia Brower: because those are things you can observe.

Julia Brower: But some things might be a little more subtle.

Julia Brower: especially

Julia Brower: in these areas. If you think about, how would literacy issues appear in a clinic setting? If the person doesn't tell you they can't read

Julia Brower: or difficulty processing information

Julia Brower: for behavior issues.

Julia Brower: How do you think they might

Julia Brower: present?

Julia Brower: So

Julia Brower: for literacy issues? Think about that. So hely hand out?
Julia Brower: They can show up as a reluctance or refusal to participate

Julia Brower: joking

Julia Brower: or self deprecation. Oh, no, I I'm a dummy, I'm not, you know. Here you give it to somebody else like they don't want to read, they don't, you know.

Julia Brower: embarrassment.

Julia Brower: Or, again, those answers that are

Julia Brower: slightly off or very brief. that may show that they are not quite understanding the question or the topic

Julia Brower: and manipulative behavior to try to get out of assignments. I worked with someone with a severe learning, disability, and his previous counselor

Julia Brower: told me, when he was put on my cas load, that to watch out because he would try to get out of doing assignments. Well, it turned out he wasn't trying to get out of doing them. He just didn't understand them. So we had to develop a

Julia Brower: modified treatment plan to help him do the assignments.

Julia Brower: When I say difficulty processing. I'm talking about new information. emotions. experiences of others.

Julia Brower: So there can be a lot of different issues with processing.

Julia Brower: and that can show up as making jokes.

Julia Brower: taking things the wrong way.

Julia Brower: Emotional displays that don't match the tone or mood of the other person. So somebody is very sad and in group, say, and the person might

Julia Brower: be smiling or laughing.

Julia Brower: repeating statements or questions responding to material covered after the group has moved on and then behavior issues.

Julia Brower: So what I'm talking about is unusual or unexpected behavior. And

Julia Brower: they can come from a lot of different issues. So these are just some examples. Somebody has problems with impulse control.

Julia Brower: They might
Julia Brower: interrupt, change the subjects, stand up, touch things, blurred out their answers

Julia Brower: again. The autism spectrum.

Julia Brower: There. They may not exhibit any classic, severe autism symptoms. but if they're on the spectrum. they may be fidgety.

Julia Brower: They may make poor eye contact. They may have difficulty transitioning. That's a big one, not just for people on the spectrum, but

Julia Brower: Lots of people with cognitive challenges have difficulty transitioning from one topic to the next, or from one part of the program to the next.

Julia Brower: Boundary issues. difficulty interpreting or sending social cues.

Julia Brower: Sometimes

Julia Brower: people with cognitive challenges have very literal or concrete understanding of other people’s spoken language.

Julia Brower: So

Julia Brower: I heard a story recently of of someone who said 2 people had been arguing, and

Julia Brower: the a third person said, Oh, I'm glad to see you kiss and make up. And so one gentleman went to kiss the other gentlemen

Julia Brower: on the lips, you know it was like, Oh, kiss and make up. you know, like just a very literal interpretation.

Julia Brower: So

Julia Brower: the last 3 sections are going to be about developing a modified program

Julia Brower: and assessment and treatment planning

Julia Brower: is

Julia Brower: well, it's the starting point, right for anyone who comes into treatment. If you if you are able to do a really thorough assessment with someone.

Julia Brower: it makes developing

Julia Brower: their treatment plan. and they're

Julia Brower: care their treatment
Julia Brower: a lot easier.

Julia Brower: So one of the easiest things you could do

Julia Brower: when you're screening so are doing an intake for someone

Julia Brower: is to use

Julia Brower: a screen, a screening instrument for cognitive impairment.

Julia Brower: There are several screening instruments for cognitive functioning that have been tested and found effective in Su. D. Settings.

Julia Brower: The Moca. The Montreal cognitive assessment is probably the most popular. I've seen it in the literature everywhere, and it's been highly tested.

Julia Brower: There's also the Cdrs and the Ace.

Julia Brower: So if you could incorporate that into your intake process

Julia Brower: you'd have a great idea of

Julia Brower: someone's level

Julia Brower: Of impairment, and that would

Julia Brower: that would give you a starting point for their treatment, but not everyone. Not every agency or facility can afford

Julia Brower: to

Julia Brower: use an instrument like this.

Julia Brower: So whether or not you use a screening instrument. people with cognitive challenges will benefit from a modified approach.

Julia Brower: So admission assessments commonly include a presenting a problem. The substance use history, the medical history.

Julia Brower: mental health, history, and some form of substantiation for initial diagnosis, right? That usually involves the Dsm criteria.

Julia Brower: So let's look at some tips for these areas. And I may skim through this a bit, but you will see, as we go along, that there are common threads.

Julia Brower: There are common techniques that you can use
Julia Brower: in assessment, in

Julia Brower: treatment, in all aspects

Julia Brower: that will

Julia Brower: help you. So I'm just going to reinforce some of the things that aren't repeated multiple times.

Julia Brower: I don't know how many of you do intakes. But very often you start your intake with a question like, what brings you here today? And that may be too open, ended for someone with cognitive challenges because

Julia Brower: they don't know how to narrow that down. So one of those first key things is to be more directive. Use the information in your referral packet as a starting point.

Julia Brower: You want to

Julia Brower: sort of guide the person to fill in the details of what you don't already know.

Julia Brower: and if you know very little. Then you're gonna have to start from there and and build on it.

Julia Brower: A lot of therapists had been trained

Julia Brower: to not be directive because it's it's leading the person.

Julia Brower: But if someone has cognitive challenges, you may need to be more directive than you're used to, so it may feel a little uncomfortable. At first

Julia Brower: the person may not be able to connect their substance, use to the consequences that brought them to your clinic, so they may come in and say, Well.

Julia Brower: you know, my boss said this, and my mom said that, and my girlfriend broke up with me, or whatever, and

Julia Brower: they may not be able to make that connection, that it's their substance use that is contributing to all of these problems they're having.

Julia Brower: So if that's the case, you may want to wait until the end of the whole assessment

Julia Brower: and develop the presenting problem. More of a summary of what you've discovered through the course of the assessment.

Julia Brower: substance. Use history

Julia Brower: ages. length of time.
Julia Brower: amounts, frequency.

Julia Brower: progression. Those are all concepts that are pretty either abstract or rely heavily on an intact memory, so may have to use prompts to help someone kind of narrow down whether it's age of first use for amount in frequency. you can use pictures, visual aids.

Julia Brower: if the person drinks alcohol, you can show pictures of a can of beer and have multiple of them and sort of add them up. You know, when you first started using how many beers did you have? And you could just use pictures, you know. And then, as your use progressed, how many beers. Did you have that sort of thing?

Julia Brower: again, the consequences. You may have to give examples of problems to figure out what the person has experienced.

Julia Brower: and for the medical and and mental health history. you basically want to rely on the referral and the documentation submitted.

Julia Brower: you can ask the questions. But if the person can't answer.

Julia Brower: you know my feeling is, it's it only stresses them out. If you try to push them to get information that they just don't know. So you say fine. We can cover that later, or I'll talk to so and so about it, and just kind of move on.

Julia Brower: I don't know how many of you use a mental health screening. But in New York the modified mini-screen is very popular. And again, there are areas that you can't just ask the questions, the way they're written for your likely not going to get accurate answers. So vocabulary.

Julia Brower: These are just some examples of vocabulary that are listed in the that are used in the Mms.

Julia Brower: References to time amounts in frequency.
Julia Brower: Sorry. so

Julia Brower: they use things like excessively most of the time repeatedly, what are those words actually mean?

Julia Brower: So you might have to kind of break those down

Julia Brower: now. Not everybody uses a mental status exam. In their admission process. They often use it

Julia Brower: in a psychosocial, at least a very brief Msc. But an Mse. Can provide really useful information if you include a proverb.

Julia Brower: and you just say.

Julia Brower: tell me, tell me what you think. This means. All that glitters is not gold.

Julia Brower: and just that will give you a real indication of how concrete the person's thought process is.

Julia Brower: You can test for memory.

Julia Brower: You can use what you know in a mental status. Exam. They often say.

Julia Brower: I'll give you 3 words, and then at the end, I want you to recall those 3 words.

Julia Brower: but you can use pictures instead of just words to help them

Julia Brower: mood. You may have to

Julia Brower: simplify the list of different moods

Julia Brower: to and use feelings, photographs to help the person understand the different moods

Julia Brower: so that they can identify which ones they relate to.

Julia Brower: Now here we come to the Dsm criteria.

Julia Brower: In today's day and age we need to establish the existence and severity of substance use disorder for insurance purposes. so some of the criteria will be evident.

Julia Brower: but others will need to be sorted out through questions.

Julia Brower: so you can't just ask, well.

Julia Brower: I love this question, how has your substance use created or exacerbated physical or psychological problems?
Julia Brower: So you need to be creative. And that's another one of those themes.

Julia Brower: Creativity is the key to all of this. Really, you have to use your imagination.

Julia Brower: So I have some strategies. but

Julia Brower: in your handouts

Julia Brower: I included slides that give specific tips for each of the 11 criteria. So

Julia Brower: here I'm just going to talk about some overarching strategies like using visual aids.

Julia Brower: I mentioned using pictures of alcohol, or whatever substance the person use

Julia Brower: uses

Julia Brower: pictures of a clock

Julia Brower: with different times, you know, so that you can help the person

Julia Brower: establish what time maybe they started using and what time they ended that sort of thing

Julia Brower: on a more broad scale. Morning, afternoon, evening, night calendars.

Julia Brower: pictures of feeling faces, pictures of

Julia Brower: specific symptoms like withdrawal symptoms. You know, headache shakes, body aches

Julia Brower: so visual aids are great.

Julia Brower: and then

Julia Brower: asking questions to help people remember or describe

Julia Brower: a certain situation.

Julia Brower: Did you ever try to stop? What happened? Did you ever try to think of a way to make sure you didn't use too much.

Julia Brower: How do you get your substance? Do you just go buy it, or do you? You know, because sometimes people who are living in one of those living arrangements where they don't have access to their own money.

Julia Brower: They have to be very creative to figure out
Julia Brower: how to get some money, and who they can give it to

Julia Brower: to have them buy it. And that sort of thing, you know it's it, can. It can be very difficult

Julia Brower: and craving.

Julia Brower: The third strategy is break things down into their smallest components. So first of all, you want to ask one question at a time.

Julia Brower: Do you have any friends that just don't talk to you anymore.

Julia Brower: or you know, and let them answer that. And then

Julia Brower: what about arguments? Have you gotten into arguments with your family or your friends, you know. Did your girlfriend break up with you whatever

Julia Brower: specific questions that will help you understand? If they have social or interpersonal problems

Julia Brower: and build. Use your questions to kind of build

Julia Brower: to your answer. So what's something the person likes doing? Or maybe they used to like to do and talk about that for a second and then find out. Are you still doing that? And

Julia Brower: if they're not like, why, what happened? What made them stop?

Julia Brower: And again. That's similar for symptoms of withdrawal.

Julia Brower: Do you ever wake up the next day feeling sick. you know, and then try to help them identify what specific symptoms they might have.

Julia Brower: So

Julia Brower: the benefit of doing a thorough assessment like I mentioned before, is that your initial treatment plan is going to be based in large part on your intake.

Julia Brower: So you have an opportunity to get a head start on the planning while you're doing the assessment. and

Julia Brower: as you determine which criteria the person meets. You can ask them if this is something they'd like to work on or get better at. because

Julia Brower: for an average person

Julia Brower: you can go through the whole intake process and circle back to goals at the end.
Julia Brower: But for someone with short-term memory issues that may not be a good strategy. So while you're talking about a specific topic, just ask them, do you?

Julia Brower: How do you feel about that? Do you want to work on that?


Julia Brower: I'm wondering how many people complete a written psychosocial assessment.

All right.

Jessie O'Brien, NAADAC: A few more seconds for people to get their both in.

Julia Brower: Jessie. I can barely hear you. I'm not sure if you're

Jessie O'Brien, NAADAC: oh, sorry. Is that better? Yes, okay, I'm going to give a few more seconds for people to get their votes in. And I will share. Now.

Julia Brower: okay.

Julia Brower: okay, so over half are still doing written psychosocials.

Julia Brower: The reason I ask this question is because in New York State there used to be.

Julia Brower: but psychosocial was required, and

Julia Brower: years ago they even mandated the specific form that you used. So

Julia Brower: you know, people just did them because they had to.

Julia Brower: And then New York kind of changed their philosophy about their regulations. And they're trying not to be so prescriptive. So they it's not mandated anymore.

Julia Brower: but it's highly recommended. So

Julia Brower: some people have changed the form they use. They've simplified it, you know, they And

Julia Brower: so it's helpful to me to know if people are still using them.

Julia Brower: I think they're really important for anyone who works with the individual because it could
take months to get to know all the details that are in

Julia Brower: a psychosocial

Julia Brower: okay. so

Julia Brower: just briefly, some strategies for psychosocials

Julia Brower: use what you've got, use the history, the referral packet. Family members

Julia Brower: get as much history as you can from other people, and then use what you have to fill in the blanks

Julia Brower: and avoid using questions with yes or no answers. If a person doesn't understand the question. they're likely to just say yes or no, depending on whatever they think you want them to say

Julia Brower: so. Try open-ended questions, very.

Julia Brower: you know.

Julia Brower: concrete questions.

Julia Brower: and if the person can't answer. try giving them 2 or 3 choices.

Julia Brower: you know, say, what was your favorite subject in school?

Julia Brower: And if they really can't come up with something you can say, well, did you like gym class, or did you like English or math or music, you know. Just try to get their minds thinking

Julia Brower: about what they liked about school.

Julia Brower: and

Julia Brower: look for factors that could help motivate the person to stay in treatment, to get sober.

Julia Brower: look for things that are important to them

Julia Brower: in the psychosocial

Julia Brower: literacy, life skills and social leisure questions are very important

Julia Brower: for people with Ci, even if you usually skip them.

Julia Brower: So here's the literacy assessment that's used in the standard New York State Psychosocial.

Julia Brower: based on Lisa Chow's 3 question assessment for health literacy
Julia Brower: on a scale of one to 5. Okay? So now there's a scale. one being never a 5, being always, how often do you have someone help? You read important material or documents?

Julia Brower: That can be a very confusing question. So I just ask if you get papers in the mail. Do you read them by yourself, or do you get help? And then you can kind of gauge if it's a one or a 5 or a 3 just based on their answer. You can kind of get more specifics.

Julia Brower: Question 2 on a scale of one to 5, with one being not at all in 5, being extremely. How confident are you filling out important forms yourself?

Julia Brower: I got lost on that one because it's the opposite scale from question one. So again, do you fill out your own forms. you know. forms that they might have to fill out food stamps, medicaid Social security insurance paperwork, you know, whatever job application, whatever you think might relate to that person, do you fill them out yourself and the last one? How often do you have problems learning about important information because of difficulty understanding written material.

Julia Brower: That's a very complex question. So have you ever had problems with food stamps, medicaid social security because you didn't understand something they sent to you like. Did you ever miss an appointment, or did you ever have your food stamps cut off because you didn't re-certify, you know.

Julia Brower: make it practical. concrete. easier to answer again, in the New York Psychosocial there's an assessment of adult daily living skills. These are great questions, cooking, balancing a checkbook. keeping your living space clean, getting transportation, taking medications. using a washing machine and personal hygiene.

Julia Brower: So you know, the average person. You wouldn't really have to ask these questions. because the assumption is that most people can do these things. But if you're not sure.

Julia Brower: just ask. And if they tell you everything's very easy, great.
Julia Brower: But

Julia Brower: if you have connected with the person and they feel comfortable with you.

Julia Brower: they might be honest about problems they have in these areas. Oh, no, I

Julia Brower: I don't do Math. I can't balance my checkbook. I don't even have a checking account, you
know that kind of thing.

Julia Brower: So

Julia Brower: couple of things about doing psychosocials. The first is that

Julia Brower: you may need to have short sessions and

Julia Brower: complete the psychosocial over time.

Julia Brower: I don't know about

Julia Brower: the ones you use, but the the standard New York one I'm used to

Julia Brower: is 15 pages long, and it takes forever, so

Julia Brower: you know. Break it up. Don't force the person to sit through hours of torture.

Julia Brower: The other thing.

Julia Brower: in terms of practical considerations is trauma.

Julia Brower: You want to know. if at all possible. If the person has any history of trauma before you start
the psychosocial, because

Julia Brower: certain topics may be triggers for the person.

Julia Brower: So if you don't know.

Julia Brower: And even if you do know, but you ask questions about a a tricky area like school or

Julia Brower: family, something where the person may have experienced trauma.

Julia Brower: You really want to pay attention to what the person is telling you in their body language, in
their speech

Julia Brower: and honor, request to skip a topic if they don't want to discuss it.

Julia Brower: Now.
Julia Brower: person-centered treatment, planning person-centered care

Julia Brower: is one of those big buzzwords now, right?

Julia Brower: And we all want to be person-centered, we really do.

It's better

Julia Brower: for the people that we're treating.

Julia Brower: But the reality is that sometimes

Julia Brower: we can't be that person centered or our

Julia Brower: our

Julia Brower: electronic record.

Julia Brower: you know, just doesn't allow us to be that person centered. So you may use

Julia Brower: standard goals and objectives or have variations of goals and objectives you can choose from, or you may might. You know, you may actually write goals based on the client's own statements. So if you could just answer that one real quick.

Julia Brower: Sorry, Jesse. That's a poll

Julia Brower: that there we go. Okay.

Julia Brower: I'm going to give a few more seconds for everyone to get their thoughts in, and then I'll go ahead and share the poll results.

Julia Brower: Yay. lots of people.

Julia Brower: right person-centered goals. that's great to hear.

Julia Brower: or at least someone you can.

Julia Brower: You can choose from a variety of goals and objectives that fit. That's great.

Julia Brower: Okay. Now, every time you do a poll.

Julia Brower: I have to re-establish my connection, there we go.

Julia Brower: So here's just a little range of how you might write your goals.

Julia Brower: The first 3 or 4 come right out of the admission assessment. That's very common
Julia Brower: your electronic record may have an outline and you use dropdowns. So you.

Julia Brower: you know, you can only choose what’s in there. You might use other treatment plans to cut and paste goals and objectives.

Julia Brower: Or you may use a treatment planning book. So you write professional sounding goals and objectives.

Julia Brower: or

Julia Brower: you use the patients

Julia Brower: words or express wants and needs, but write the actual goals and objectives.

Julia Brower: using some method I've already mentioned, or actually use their own words to write the goals and objectives.

Julia Brower: So Oasis has issued this person-centered care guidance. And there's a lot of words on these slides. I'm not going to read them all

Julia Brower: in the interest of time. you know I included them so that you can read the information

Julia Brower: whenever you want. You'll have it with you. But there are principles of person-centered treatment.

Julia Brower: and

Julia Brower: one of the most important one. Well.

Julia Brower: couple things out of here using the individual's own language.

Julia Brower: Goals treatment goals other than abstinence.

Julia Brower: That's a new one, because a lot of treatment facilities are abstinence-based.

Julia Brower: the individuals should make an informed choice regarding medication and behavioral approaches to treatment

Julia Brower: and

Julia Brower: person-centered treatment is evidence-based, strength-based, and non-punitive.

Julia Brower: So, using the individual's own language.

Julia Brower: you want to, as you make that connection with the person you want to find out what motivates them and
Julia Brower: the identify the elements of their use, that they find problematic right?

Julia Brower: But that can be very difficult

Julia Brower: for people with cognitive impairment

Julia Brower: based on things that I've already mentioned, like the person doesn't connect their substance, use to all these problems that they're having, for they just may not

Julia Brower: have enough insight into their problems to be able to verbalize it.

Julia Brower: or they might not be able to

Julia Brower: identify their wants, needs, values, or beliefs.

Julia Brower: values and beliefs are very abstract. So it's hard to figure out what's important to a person when it's something that they can't see or touch.

Julia Brower: So what do you do? You become a treatment planning detective?

Julia Brower: There's the creativity

Julia Brower: I like to, you know. I started out as a special education teacher. So I get to use my love of arts and crafts. And you know all kinds of create creative things

Julia Brower: to make materials and come up with activities. And

Julia Brower: just change the way I think about a situation so that I can ask a question in a way that the person is going to understand

Julia Brower: work towards making that connection

Julia Brower: between

Julia Brower: what people are saying to them, the problems they're having to their own behavior.

Julia Brower: Again, they need to be more directive. And those motivating factors that you identified during the assessment. This is where you use them. do you? Would you like to be able to spend more time with

Julia Brower: your friends. Or would you like to go back to

Julia Brower: being on the swim team? You know, whatever I don't know, whatever hobbies the person might have.

Julia Brower: you know. Maybe we can work towards that.
Julia Brower: So in the person-centered

Julia Brower: guidance.

Julia Brower: the counselor is active in guiding, reframing, raising discrepancies, offering compassion and hope

Julia Brower: by taking what the person says and translate it, translating it into a plan of action.

Julia Brower: We do this with everybody. We just need to take it to a different level for people with cognitive challenges.

Julia Brower: So again, goals

Julia Brower: keep it simple. You can have.

Julia Brower: you know, when you first start treatment, you can have one goal and one or 2 steps that you're going to take to help

Julia Brower: the person meet that goal. It doesn't have to be

Julia Brower: all 8 domains of functioning, or whatever

Julia Brower: you know. If those things just don't relate at this point in time

Julia Brower: again, more words, I'll let you read them later.

Julia Brower: Recovery supports. So

Julia Brower: peers are

Julia Brower: a growing part of the treatment environment. Now. recovery coaches. peers.

Julia Brower: serpas, certified recovery. Peer advocates. they've really become

Julia Brower: more and more a part of the treatment process, and they can be extremely helpful in engaging with the person in recreation or social activities

Julia Brower: to help the person really feel connected to sober people.

Julia Brower: And these skills are so important for someone with cognitive challenges

Julia Brower: that

Julia Brower: the peer connection
Julia Brower: is a fantastic way of helping them learn and practice the skills that they need.

Julia Brower: So evidence-based strength, based and non-punitive. Right that I said that before. It's empowering to identify strengths, and even more empowering to reframe what looked like a weakness or failure as a strength.

Julia Brower: All right, generalized approaches.

Julia Brower: When you welcome a new person who has cognitive challenges, you're going to be more prescriptive than you would be. You need to clearly state the rules and expectations and reinforce them regularly.

Julia Brower: if possible, create group rules with words and images, and post them in the group room.

Julia Brower: refer to them, remind them, start each group with just a quick look at the poster.

Julia Brower: and if someone breaks a rule, don't assume that it's intentional until you're sure that they really understand what the rule means, and that they're capable of following it.

Julia Brower: So often. When you come into a new treatment, program, you get a handbook that has your rights and responsibilities right? And the responsibilities are generally rules.

Julia Brower: I want you to just take a minute because we're we don't have a lot of time. I want to keep us on schedule. But think about the expectations of participants in a traditional treatment, setting things like attendance, punctuality, participation behavior, just real quick.

Julia Brower: Throw something in the chat box and we'll talk about it.

Julia Brower: And, Jesse, if you

Jessie O'Brien, NAADAC: yeah, just giving people a set here engagement respects homework, offering feedback of progress, respect for others.
Jessie O'Brien, NAADAC: confidentiality for real participation

Jessie O'Brien, NAADAC: on time to group, no lateness tolerated unless special circumstance, 12 step meeting, a certain number per week

Jessie O'Brien, NAADAC: participation, participation, respect attendance.

Julia Brower: Okay.

Julia Brower: yeah, we get the idea. Right?

Julia Brower: That's that's what we think of when we think of expectations.

Julia Brower: But let's think about some things that we might take for granted. These are expectations on a different level.

Julia Brower: We expect the person to sit in a group for an individual session for 45 min an hour up to 4 h. If they're in an intensive outpatient program.

Julia Brower: we expect them to read in complete worksheets or homework. sit through, pay attention to and discuss movies. stay on topic.

Julia Brower: identify and express feelings, appropriately

Julia Brower: display appropriate emotions, and respond empathetically to others.

Julia Brower: Grass material at the same speed as the rest of the group.

Julia Brower: Ask appropriate questions, for example, on the current topic.

Julia Brower: So these are

Julia Brower: expectations that may be more like assumptions. For most of us we may expect or assume that a person coming into treatment can do all of these things without

Julia Brower: without needing any help or extra consideration.

Julia Brower: and again, in terms of individual progress. It may take longer

Julia Brower: for a person with cognitive challenges to develop a connection with their therapist or their counselor. So

Julia Brower: you really want to be careful when you match up the person to their primary counselor.

Julia Brower: and, if at all possible, try not to switch them around too much, because that can put them back in their treatment. Progress.
Julia Brower: then, once the trust is established.

Julia Brower: that person may show a strong preference for one staff member. It could be their primary counselor. It could be somebody else. But transference issues need to be addressed

Julia Brower: delicately. They

Julia Brower: you, you have to use all these tools that I'm talking about to simplify or or make sure the person understands what you're even trying to describe to them.

Julia Brower: And a person may not appear to be making progress, but we know now that lack of progress is not a reason to discharge a patient.

Julia Brower: There is such a thing as maximum clinical benefit, and we use that in at least in New York as a discharge a status. So they've reached maximum clinical benefit.

Julia Brower: But for someone with cognitive challenges. You just need to expect that it's going to take a lot longer for the person to grasp the basic concepts and to just stay focused on strengths and small steps.

Julia Brower: So

Julia Brower: like I mentioned in the beginning, people with Ci face challenges with learning, understanding, remembering, and applying new information or skills. So how do we address these issues?

Julia Brower: Learning?

Julia Brower: This is again, this is where my like special Ed background comes in. I really see treatment as education. And yes, there's all the emotional processing and stuff that goes on. But for someone just coming into treatment with cognitive impairment, they need to learn a lot of information. So break things down. use a hands-on approach role, plays
Julia Brower: behavior, rehearsal things that are concrete and observable.

Julia Brower: those visual aids that you used in your intake. You're going to use them in your treatment as well.

Julia Brower: Not just pictures, but icons or charts or symbols that you can connect to a concept that really helps and facial expressions, body, language, and gestures

Julia Brower: I've had. I've had groups kind of laugh at me, because when I talk about feelings

Julia Brower: I model them, you know, and and

Julia Brower: I'll say, you know oh, somebody was really angry, you know, and I'll cross my arms, and I make these exaggerated faces, and they kind of laugh, but

Julia Brower: it really helps them understand what I'm saying.

Julia Brower: and provide direct and immediate feedback. Don't wait

Julia Brower: until after group to say, you know, when this happened, it really would have been nice if you had done this, because

Julia Brower: that's just too late.

Julia Brower: and

Julia Brower: you need to cover all your bases. Use a combination of teaching methods in one activity.

Julia Brower: So that way you're helping people.

Julia Brower: get the information in a variety of ways. Use things like game formats.

Julia Brower: you know, jeopardy or bingo, or that sort of thing. I've made a ton of

Julia Brower: substance use disorder related games.

Julia Brower: The second one is understanding. So one of the main things is to be aware of your vocabulary.

Julia Brower: So tell me what withdrawal is, or what do you think serenity means in the serenity prayer. So when you're first starting on a topic. I I like to

Julia Brower: get a sense of the group's understanding almost like a pre-test, you know, like

Julia Brower: today, we're going to talk about the serenity prayer. Who can tell me what it means? Who who can tell me how to use it and
Julia Brower: get a sense of where people are at with it before you start teaching it.

Julia Brower: and this is something I incorporated so much that I sometimes use it

Julia Brower: with other therapists, you know. I'll say,

Julia Brower: you know.

Julia Brower: that's a trigger, something that makes you want to use, or

Julia Brower: something about withdrawal. And you know, when you feel really bad the day after you

Julia Brower: been really high or drunk.

Julia Brower: and I just

Julia Brower: paraphrase

Julia Brower: consistently. And it it just has become part of my speech pattern at this point.

Julia Brower: So use examples, pictures, or stories.

Julia Brower: and

Julia Brower: be aware of the pace.

Julia Brower: New and complex concepts may require a slower pace with more frequent checks for understanding.

Julia Brower: If you're using a curriculum for a handout.

Julia Brower: break it down into chunks.

Julia Brower: You can make one group out of the first half of

Julia Brower: by handout. and then in the next group covered the second half, you know.

Julia Brower: just sort of expand whatever is included in that first and those smaller chunks.

Julia Brower: and if someone doesn't understand. You may see some behaviors that don't necessarily indicate that they're not understanding. It may be a little confusing, so

Julia Brower: you may see agitation or anger or frustration, and if you ask them about it, they may blame it on something else.

Julia Brower: They may become sleepy. I can't tell you how many groups I've put to sleep
Julia Brower: because I didn't do the work of breaking down the topic enough.

Julia Brower: changing the subject, becoming fidgety, making jokes so it may not directly seem like the person isn't understanding what you're talking about.

Julia Brower: But if you understand what you're looking for, you can kind of regroup and take a step back, or or just kind of repeat a section and or ask questions to try to figure out what part of it is that there they're not getting.

Julia Brower: So here's a great example. the stages of change. the trans. Theoretical model. pre-contemplation, contemplation, preparation, action, maintenance, relapse.

Julia Brower: Those are those words, right that are part of the stages of change. And in my groups I rewrote this to be no.

Julia Brower: maybe.

Julia Brower: Yes, get ready. Do keep.

Julia Brower: and relapse.

Julia Brower: No. What problem? What? I don't have a problem, you know. And then, as they start to think about it, maybe I do have a problem.

Julia Brower: Okay, I do have a problem. What can I do about it

Julia Brower: doing is when you're in treatment and keep is when you want to keep everything you've learned and you keep. You need to keep going to after care or your meetings.

Julia Brower: so keep, you know. Just break it down into

Julia Brower: smaller words that

Julia Brower: you can. You know you can build from

Julia Brower: all right remembering.

Julia Brower: Know your client

Julia Brower: in terms of remembering

Julia Brower: everybody's different. So
Julia Brower: as you're getting to know them, you might want to refer back to the mental status exam or the intake packet to

Julia Brower: remember what to expect for each person.

Julia Brower: and

Julia Brower: you know they always talk about repetition and how important it is. But it's so boring you can't just cover the same material over and over. So

Julia Brower: you need to mix it up.

Julia Brower: Use different teaching methods for the same information. One day you might read something together, you know, read it as a group and talk about it.

Julia Brower: One day you might do a worksheet another day you might play a game using the same information or do role plays, etc. So

Julia Brower: just mix it up as much as you can.

Julia Brower: And the last one applying and generalizing. You've probably heard of state dependent learning in substance use. People often learn certain behaviors

Julia Brower: when they're intoxicated, so they have trouble

Julia Brower: repeating those behaviors or using a healthy alternative when they're sober. and just

Julia Brower: off the top of my head. An example that they use frequently is for women who maybe have been sexual, assaulted, or something. They may need to drink or use drugs before they have sex, because

Julia Brower: they can't be intimate

Julia Brower: when they're sober.

Julia Brower: So in in treatment, it's the same issue. A person may be able to use the skills they're learning in the clinic.

Julia Brower: but not be able to use them outside of the clinic.

Julia Brower: And

Julia Brower: those, again, those expectations, those things we take for granted

Julia Brower: a person may not have any sober socialization or leisure skills.

Julia Brower: which is why those activities are so important
Julia Brower: use. Teachable moments.

Julia Brower: make role place as realistic as possible.

Julia Brower: and teach one to use specific coping skills

Julia Brower: like really connect a situation with a skill

Julia Brower: and just remind people that this is why we practice over and over and over.

Julia Brower: So

Julia Brower: again, I don't want to take a lot of time for this one, but when you're going back through, I want you to think about

Julia Brower: a topic from early recovery and brainstorm, a list of ways to teach.

Julia Brower: review and generalize that topic.

Julia Brower: So this will be something you can do after the presentation. and

Julia Brower: you can just use your imagination. Try to be as creative as you can.

Julia Brower: So we're going to skip the show and tell

Julia Brower: because I want to get to the evidence based practices

Julia Brower: all right. So

Julia Brower: we can actually skip this poll, too, because

Julia Brower: we're going to talk about all of these. Well, these and more

Julia Brower: so.

Julia Brower: The important thing about adapting evidence-based practices is that you have to find a balance between the fidelity of the program and making the program accessible

Julia Brower: to the individual.

Julia Brower: So we're going to look at motivational interviewing. Cbt.

Julia Brower: Dbt. 12 step facilitation. mindfulness, based interventions and trauma-informed care. And again, I have a lot of material in here. We're just going to kind of

Julia Brower: breeze through them, but you'll have all the material in your handouts. So we I'm assuming
a lot of you, I shouldn't assume. But I'm guessing a lot of you

Julia Brower: are familiar with the principles of motivational interviewing.

Julia Brower: develop discrepancy, express empathy, ambivalence, role with resistance and support. Self-efficacy. and some of the techniques are to use open-ended questions.

Julia Brower: use affirmations, reflections, and summarizing.

Julia Brower: So this is some

Julia Brower: information that I got from an article, and I think I have the reference at the bottom of the page

Julia Brower: for adapting motivational interviewing. The first is the language level.

Julia Brower: very clear, open-ended questions. you short sentences, and start your question with the query word.

Julia Brower: so what blah blah blah! How you know. obviously adjust to cognitive abilities.

Julia Brower: One question at a time. help the person, verbalize their feelings.

Julia Brower: use a wide range of affirmations, summarize frequently, take small steps

Julia Brower: and important characteristics of the staff.

Julia Brower: So this came from the National into Institutes of Health. It was a research study that was done.

Julia Brower: Cognitive behavioral therapy.

Julia Brower: We know this addiction triangle, or whatever you want to call it.

Julia Brower: The connection between thoughts, feelings, and behavior.

Julia Brower: and the important parts of Cbt are that it's meant to be time limited.

Julia Brower: You really rely on doing functional analysis of situations.

Julia Brower: a lot of skills, training.

Julia Brower: and especially looking at cognitive distortions, or.

Julia Brower: as they say in the room, stinking, thinking. you know, thought patterns that are not logical or rational.
Julia Brower: So when you modify Cbt. one of the first things is you want to use a longer timeframe.

Julia Brower: You're incorporating these skills and techniques into long-term treatment.

Julia Brower: You use a lot of psycho-educational groups

Julia Brower: on a variety of topics.

Julia Brower: You work on anticipating problems, likely problems and identifying again, that's that matching

Julia Brower: the problem to the coping skill.

Julia Brower: Because if you're

Julia Brower: Ford waiting on a line at the bank.

Julia Brower: you can listen to music. but if you're in a situation where someone is offering you a substance. music is not going to be an effective coping skill.

Julia Brower: So you really want to lay those out clearly. I can use these skills in these situations. And I can use these skills in these situations.

Julia Brower: exploring positive and negative consequences.

Julia Brower: teaching the idea of catching yourself becoming more observant.

Julia Brower: It's it's really part of mindfulness based interventions. But

Julia Brower: you want to teach people to recognize when they're doing those old behaviors when they're slipping back into old attitudes.

Julia Brower: identifying high-risk situations and developing plans to cope with them.

Julia Brower: and then the stink, stinking, thinking. So in groups

Julia Brower: do your worksheets together.

Julia Brower: and you can help individuals with reading or spelling or writing as needed.

Julia Brower: Do a lot of role plays. Those game formats.

Julia Brower: use icons, symbols and visual aids.

Julia Brower: And I'll talk about a system. The emotion, regulation skill system that uses icons and symbols.
Julia Brower: behavior, rehearsals. refusal skills. It's so important to practice them

Julia Brower: and using art drawing, coloring

Julia Brower: collages. illustrating key points.

Julia Brower: Those are really helpful

Julia Brower: and very therapeutic.

Julia Brower: Now, dB, T. Is a specific form of Cbt, and we know it was originally developed to address borderline personality, disorder.

Julia Brower: it focuses on building emotion regulation skills and interpersonal effectiveness and frustration, tolerance and that kind of thing. But the drawback is that

Julia Brower: Marshall, in Ahan's original work is very complex and uses difficult vocabulary. So there's a woman named Julie Brown

Julia Brower: who developed. She worked with Marshall Linenhan for many years. and she developed the emotion regulation skills system for cognitively challenged clients.

Julia Brower: And it is a fantastic system

Julia Brower: of teaching skills for emotion, regulation

Julia Brower: for people with cognitive challenges. So they use the mindfulness piece of getting a clear picture and then creating a plan of activities that you're going to do

Julia Brower: to

Julia Brower: address your emotional needs so that you can relax, calm down and

Julia Brower: maybe distract yourself until you're in a better place to address the situation.


Julia Brower: That's my plug for Julie Brown. Now 12 step facilitation is not often used

Julia Brower: or not used as often, I guess I should say. in treatment settings these days. We used to require people to go to meetings. but at least in New York State. We can't mandate people to go to meetings.

Julia Brower: but we can sort of teach people about why meetings are helpful. So
Julia Brower: the again, one of the problems with 12 steps is that

Julia Brower: things are pretty abstract.

Julia Brower: So the steps, the slogans, the literature. There's a lot of difficult vocabulary.

Julia Brower: So

Julia Brower: there's a great pamphlet that Aa put out called the Illustrated 12 Steps.

Julia Brower: You can use that and have people create their own

Julia Brower: books, you know. Talk about each step, have them draw something that represents the step to them, and write, or or you can write, they can dictate what the step means to them.

Julia Brower: I break the serenity prayer down into a flowchart.

Julia Brower: and I actually put the pieces on the floor and we walk through it. You know I have a problem. Is it something I can change or something I can't change, and you just go down the flow chart.

Julia Brower: Talk about how you use a slogan

Julia Brower: play slogan hangman. It gives you an excuse to talk about each slogan as you play the game. Hazelden makes a keep it simple series of step workbooks that are great.

Julia Brower: This is an example of using an illustration in Step 3.

Julia Brower: You're making a decision right? You're not actually doing the work of turning your will and your life over to your higher power. You're just making a decision to do it

Julia Brower: so you can do an illustration of

Julia Brower: where your life was heading while you were using.

Julia Brower: and where you want your life to go

Julia Brower: in recovery.

Julia Brower: And you're in the middle. You're making that decision. You're at a fork in the road.

Julia Brower: That's that's just an example.

Julia Brower: translating a a written materials is very important, although I did just learn that

Julia Brower: supposedly a a World headquarters is creating
Julia Brower: a big book that's written at the fifth Grade level.

Julia Brower: and I'm so excited about it. I can't wait for it to come out.

Julia Brower: and practice how to share in meetings.

Julia Brower: What's appropriate? How do you tell your story without going on for hours.

Julia Brower: and if you can process meetings, if you if you can have. if you have clients who go out to outside meetings.

Julia Brower: if you have the chance to process with them. Maybe in the individual session or in a group, if it's appropriate. really help them understand what happened in the meeting.

Julia Brower: that that can really help the person engage

Julia Brower: all right mindfulness based, and for interventions.

Julia Brower: Mindfulness, you know, originally was a component of Dbt.

Julia Brower: but

Julia Brower: several different mindfulness-based interventions have been developed to address

Julia Brower: other mental health issues, substance use disorders and other

Julia Brower: forms of problems that

Julia Brower: weren't necessarily orderline personality, disorder or self-harming behavior. But they're very effective for a whole variety of issues. So these are some of the

Julia Brower: materials that are out there.

Julia Brower: mindfulness-based stress, reduction, mindfulness, mindfulness based cognitive therapy.

Julia Brower: mindfulness-based relapse, prevention. mindfulness, oriented recovery, enhancement. Now these are all on the

Julia Brower: I forget who puts it out. Samsa, I think, website of

Julia Brower: mind of evidence-based practices. So you can. You can look them up there

Julia Brower: when you're adapting mindfulness, based practices.

Julia Brower: keeping it simple is essential.
Julia Brower: You can spend a group 2 groups, 5 groups just on the definition of mindfulness. What does it mean?

Julia Brower: He means paying attention in a certain way. on purpose in the present moment, and non-judgmentally.

Julia Brower: that one. That third one non-judgmental is a difficult concept. And so you can spend a lot of time talking about, how do you pay attention to something without judging what's happening.

Julia Brower: just seeing it and acknowledging that it's there and not judging it.

Julia Brower: If you're going to do meditation practice.

Julia Brower: start small start with just a few minutes.

Julia Brower: or just do a brief body scan and build up from there.

Julia Brower: because some people with cognitive challenges have very short attention spans, and if you go too long, you're just going to lose people, and it becomes disruptive for other people in the group.

Julia Brower: concrete examples. When you're talking about mindfulness and using your senses. There's a great exercise in mindfulness based relapse prevention called the raisin exercise.

Julia Brower: you. You put, You have people close their eyes, and you put a few raisins in their hand.

Julia Brower: and you have them feel them, smell them, and then they open their eyes and they look at them, and they try to describe as much as they can about it before they actually taste it. And it's it's concrete. It's something that's right there.

Julia Brower: Even games like I spy.

Julia Brower: you know, are doing the 5 senses 5 things you can see, 4 things. You can hear, 3 things. You can touch, 2 things. You can smell one thing, you can taste that sort of thing.

Julia Brower: and

Julia Brower: if you run the kind of group where there's a break or
Julia Brower: maybe as a homework assignment, you can challenge group members to a mindful break. challenge them to notice as much as they can while they're on their break

Julia Brower: and incorporate mindfulness into other groups whenever possible.

Julia Brower: So trauma informed care.

Julia Brower: This is another one of those areas that has become has really come to the forefront

Julia Brower: in sued treatment because it it used to be

Julia Brower: back when I got my original training. When the dinosaurs roamed the earth. We talked about trauma as if it was

Julia Brower: something you just didn't touch until the person was sober. You know it was too triggering. It was too difficult. You had to

Julia Brower: teach the person, you know. Help the person get sober and build up their skills. And then you could talk about trauma.

Julia Brower: But we know now that that doesn't always work, because there are some people who can't get sober until they address their trauma.

Julia Brower: So here are just some statistics of how many people in su d treatment who have histories of trauma. or people with

Julia Brower: mental illness.

Julia Brower: So

Julia Brower: there's a you know, there's just a huge amount

Julia Brower: of trauma in this field.

Julia Brower: And

Julia Brower: when you look at people with cognitive challenges.

Julia Brower: There's a very high prevalence rate

Julia Brower: of trauma as well.

Julia Brower: Ptsd among people with Su. D.

Julia Brower: Was 36%. And the percentage with trauma exposure was 97. So because not everybody
develops PTSD, right? But

Julia Brower: almost everybody has some exposure to trauma.

Julia Brower: And if you add adverse childhood experiences, you're literally the number of people with

Julia Brower: cognitive challenges, and S. U. D. Who have experienced trauma is virtually a hundred percent.

Julia Brower: So

Julia Brower: people with

Julia Brower: cognitive impairment and trauma may not understand the connection between the trauma and the substance use.

Julia Brower: and they may not be able to identify, verbalize, or process their feelings related to the trauma. So

Julia Brower: it's important for those individuals to feel safe in treatment. They have to be in an environment that is physically and emotionally safe.

Julia Brower: They need help to understand what triggers are, and to identify trauma triggers. not just

Julia Brower: triggers to use, but trauma triggers and

Julia Brower: people with cognitive impairment may not have much choice or control in other areas of their lives.

Julia Brower: So it's important to provide opportunities to exercise both. When you're talking about

Julia Brower: trauma informed. Care like

Julia Brower: whether or not a person wants to share

Julia Brower: how much they share that sort of thing. You really need to empower the person to take care of themselves.

Julia Brower: And there's another phrase that's

Julia Brower: I just want to clarify briefly, the difference between trauma-informed care and trauma-specific approaches.

So trauma informed
Julia Brower: care

Julia Brower: encompasses knowledge about trauma and uses that to inform the treatment approach.

Julia Brower: Trauma-specific services are more focused. And it's usually a curriculum

Julia Brower: that specifically addresses the impact of trauma on people's lives and to facilitate trauma recovery.

Julia Brower: Ideally.

Julia Brower: treatment programs will have trauma-informed environments and also

Julia Brower: offer trauma-specific interventions

Julia Brower: and lessons learned about trauma specific care.

Julia Brower: If you're going to use a trauma-specific curriculum you need to be thoroughly trained.

Julia Brower: you may need to present the material in smaller chunks and at a so slower pace.

Julia Brower: and

Julia Brower: individuals may need to develop skills in emotion, regulation and distress tolerance. Prior to starting a trauma-specific program.

Julia Brower: There are 5 trauma-specific curricula out there whose developers are willing to assist with questions adaptations and consultation.

Julia Brower: So if you go to the national trauma consortium website.

Julia Brower: you can find the information about these different materials and programs and how to contact people for help. All right. So

Julia Brower: we I want to make sure we have enough time for questions. So

Julia Brower: again, I'll give you this. Think, break as homework.

Julia Brower: Think about ways to modify the evidence-based practices you use for specific topics.

Julia Brower: and how you might modify the topic except itself to increase engagement and improve outcomes.

Julia Brower: So we're at the point of questions. So that means, Jesse.

Jessie O'Brien, NAADAC: So let's see what we have here. I'm going to scroll to the top. So a people of
questions go ahead and up, vote or write new ones.

Someone asked. Do you know of any free screening tools for C. I.

Julia Brower: Not that I found

Julia Brower: most of them

Julia Brower: charge a fee.

Jessie O'Brien, NAADAC: Okay.

Julia Brower: thank you. And maybe if anyone else knows about some, they can put them in the

Jessie O'Brien, NAADAC: I'm gonna just stop sharing so we can see you a little bit better. All right.

Betty said. Assumptions of Ci can also be damaging. I'm on the spectrum dyslexic and other with other learning disabilities.

Jessie O'Brien, NAADAC: My Q. IQ. Is above normal. Please address bias and working with those with disabilities.

Julia Brower: I could take another 2 h to talk about that topic.

Julia Brower: It's

Julia Brower: you're spot on. It's very important.

Julia Brower: you that's saying, to never assume.

Julia Brower: That

Julia Brower: is what matters most here.

Julia Brower: I think it's why I take

Julia Brower: sort of a functional approach with people. I try not to worry too much about labels, or

Julia Brower: you know, diagnoses.

Julia Brower: I work with the person, and I try to be at their level. So

Julia Brower: if I

Julia Brower: if I get a sense that a person is not understanding what I say, I'm going to modify what I say. If I start out
Julia Brower: with an approach that you know, I'm expecting that the person can understand me, and they can understand me, and their answers indicate to me that they're understanding the topic. Then I can, you know, step it up and

Julia Brower: go to their level. And sometimes it's more about

Julia Brower: acknowledging the whole person, that

Julia Brower: you know.

Julia Brower: you may be able to have a really intense conversation with someone.

Julia Brower: but you may also need to.

Julia Brower: except that that person may need to fidget while we're talking, or that person

Julia Brower: may not be able to do written work. you know. So

Julia Brower: bias is definitely there. and

Julia Brower: it does need to be addressed. But

Julia Brower: I think that's the next session. I think that's a a topic for the next one.

Jessie O'Brien, NAADAC: Thank you for bringing that up.

Jessie O'Brien, NAADAC: Thank you, Julia. Let's see, what do you do if someone is not a good fit for programming because of Ci, how do you decline to admit them without getting in trouble for discrimination, etc.

Okay.

Julia Brower: generally. What I've done is

Julia Brower: started the person with individual only sessions. I might see them 3 times a week

Julia Brower: for only a half an hour. for you know, 45 min if they can tolerate it and work on developing skills, so that

Julia Brower: the person has a better chance of

Julia Brower: engaging in group or specific programs like an intensive outpatient or

Julia Brower: a a specific topic group.

Julia Brower: So
Julia Brower: individual, you know.

Julia Brower: individual sessions. our

Julia Brower: kind of the most basic treatment you can provide.

Julia Brower: I

Julia Brower: I really don't like to not admit someone because they have challenges. I feel like that's my challenge is to figure out how to

Julia Brower: work with them in a way that's effective.

Julia Brower: If you know of another program in your area. That might be a better fit for some reason, yes, absolutely

Julia Brower: make that connection, you know. Call the other place together and get them

Julia Brower: connected to that program. But I

Julia Brower: I just I don't know about just saying no, we can't treat you.

Julia Brower: That's that's tough.

Jessie O'Brien, NAADAC: Thank you for that.

Jessie O'Brien, NAADAC: How would you recommend supporting an individual with blunted affect, and sure goes to identify emotions due to diagnosis or trauma. Someone I'm currently supporting struggles to identify their emotions because they were never allowed to express emotions in their home.

Julia Brower: I've worked with a lot of people who really didn't know how to identify emotions. And

Julia Brower: that's where those feelings faces come in, and you know they have the posters. How are you feeling today? And they have little drawings, but

Julia Brower: the drawings are kind of nebulous. I I find.

Julia Brower: if you can find pictures, and I just googled different emotions and got

Julia Brower: what do you call it? Free? You know not not restricted material for as many different emotions as I could find, and

Julia Brower: I print out the pictures. They're laminated. I can show them to people and

Julia Brower: sometimes mirroring what the person is
Julia Brower: expressing non-verbally can help. You can say like I see that you're

Julia Brower: you know your eyebrows are scrunched, and you're you're kind of hunched up and tense

Julia Brower: when I feel that way and you model it. You know, when I'm like this. Usually it's because I feel angry. And

Julia Brower: sometimes, you know, just reflecting that to the person can help them.

Julia Brower: and then you can kind of narrow it down. You could start with something vague, like upset, you know, and then pinpoint? Is it frustration? Is it anger? That sort of thing

Jessie O'Brien, NAADAC: perfect? Thank you. Let's see how we're doing. Okay, I think we might. They'll do one or 2 more. Where can we get the nate. The gains use and treatment with people living with C. Icc. Please.

Julia Brower: The games I use are

Julia Brower: once that I've made.

I I actually.

Julia Brower: I realized, I have a couple of things here.

Julia Brower: these are.

Julia Brower: I don't know how close I need to get this. Tell me if you can see some of the okay. These are feelings, Bingo.

Julia Brower: These are the feelings faces that I use. and I made them into Bingo cards. And as you play Bingo, you hold up the picture, and you say.

Julia Brower: what do you think this feeling is? Why do you think that? What are the facial expressions? What's the body language, and then you move on to the next one. You're playing a game. But

Julia Brower: really you're just talking about the emotions, and when someone wins you can ask them

Julia Brower: to identify a time when they felt that emotion, that they is part of their Bingo

Julia Brower: This one is relapse triggers. Of course we're not supposed to use the word relapse anymore.

Julia Brower: It's recurrence. But I made these a long time ago.

Julia Brower: So you get some ideas. These

Julia Brower: trigger pictures are fabulous for doing a lot of different
Julia Brower: activities with. And this one is coping skills. I actually bought a coping skills Bingo game

Julia Brower: that was intended for school age kids.

Julia Brower: And

Julia Brower: I did an activity with

Julia Brower: the group where we looked at all the pictures and decided

Julia Brower: what things were for kids or not for them, and what things were for them. And then we added. coping skills that were more adult and

Julia Brower: things like, Go to a meeting, call your sponsor. you know, use use a slogan and incorporated those into

Julia Brower: those games.

Julia Brower: So those are just some of them you can find

Julia Brower: S. U. D. Bingo. I'm sorry jeopardy games online. And

Julia Brower: I just print them out. And I pick and choose between the topic areas. I I try to simplify some of the questions. If they I think they're.

Julia Brower: you know, too complex. Or look at the vocabulary, that sort of thing

Jessie O'Brien, NAADAC: awesome. Thank you for showing us those. It was a good representation and awesome nice to know you don't have to spend money. You can make your own resources that I really use as well. well, we are actually out of time. Kind of start wrapping up. Thank you so much, Julie. I'm gonna just go ahead and

Jessie O'Brien, NAADAC: share my slides. So we have those going along as well, and there were a few If you want to look at some of the questions in the Q. A. Q. A. Box, and you can see those feel free to go ahead and type some answers while I'm finishing up and if you don't have time, that's fine, we'll also send you the questions that are left as well. So

Jessie O'Brien, NAADAC: no worries. If you can't, all right, I'm gonna go ahead and share my screen.

Jessie O'Brien, NAADAC: Okay, so just to remind you guys that once this ends the screen where you came in should change, you'll see. Thank you. Box, and there'll be the click here to access the quiz link where you can just click and access the C quiz. You will also, if you attended the sufficient amount of time in the in the live webinar. Get an email sent to you 1 min after this ends that will contain the link to the Ce quiz as well.

exciting news. So we have launched our registration for our annual conference. We're busy. We finalize
all the speakers. It's in October the sixth, through the twelfth.

really the 3 Day Conferences, the seventh, eighth, and ninth, with the tenth, eleventh, and 12 for Post Conference sessions. It's in Denver, Colorado, and we're super excited. So if you're interested, if you've never been, it's a really great time to come together and sort of get rejuvenated and re-spirited. About our work in the field and all that's happening. So consider registering. If you, if you haven't

a few upcoming webinars to be aware of

Jessie O'Brien, NAADAC: On August ninth, I cannot believe that we are already almost in August, but we have tobacco use and cessation opportunities to drive improvements in behavioral health care with Brent of Van Frank and Rebecca M. On Octo, August 20, third, professional perspectives of cultural awareness and Humility Revisited. We have the seventh part of our Peer Recovery Support series on August 30, first.

Jessie O'Brien, NAADAC: And on September thirteenth, recovery capital assets not abstinence. So consider joining us for any of those just a reminder of all the benefits of membership with Nadak. If you're not a member already, feel like one of the best things for me is all the free cease that are available.

Jessie O'Brien, NAADAC: Through our webinar series. So if you are not a member, I would consider looking and checking out all the benefits of joining

Julia Brower: I just want to say. Thank you all for being with us here today. Thank you, Julia, for this really thorough, thoughtful, such an informative presentation on this topic. I know I saw a lot of positive feedback in the chat box, and people really appreciate it. And now we're looking forward to your bias training. Now this follow up for this. So thank you so much. I hope you all. Yes, exactly a wonderful rest of your week and weekend, and hope to see you again back on the platform in August.

Jessie O'Brien, NAADAC: Take good care, everybody.

It's fantastic.