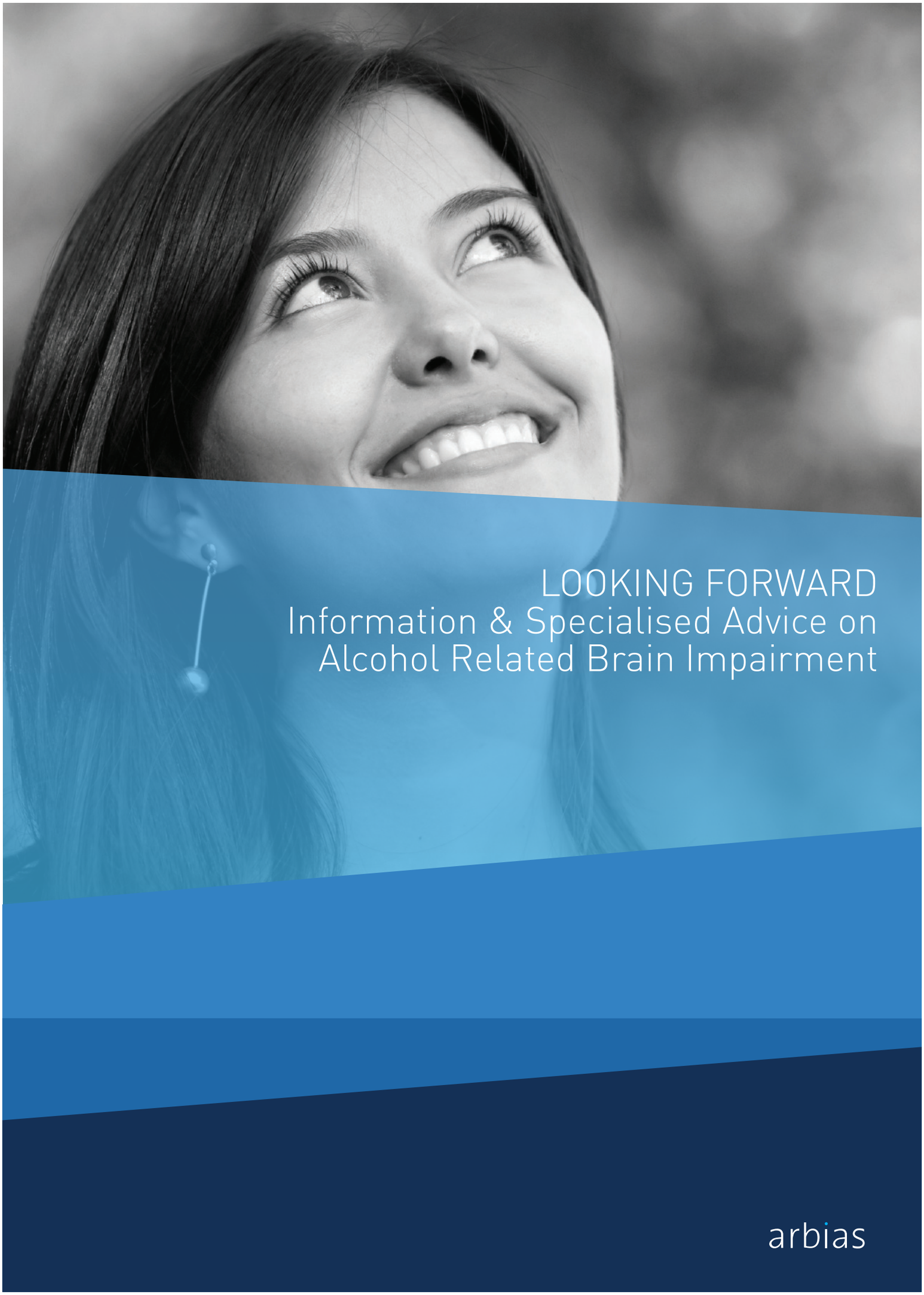

LOOKING FORWARD
Information & Specialised Advice on Alcohol Related Brain Impairment

arbias

INTRODUCTION

Looking forward is a handbook for supporting people with alcohol & drug related brain impairment. It gives a basic introduction to brain injury and the challenges involved for people living with acquired brain injury.

It offers practical advice and strategies to enable practitioners to empower people to achieve their full potential.

PREVENTION

To identify and address factors leading to acquired brain injury including alcohol and other drug related brain impairment.

INTERVENTION

To provide immediate services through secondary consultation and crisis intervention.

TREATMENT

To provide a range of specialist services for people with acquired brain injury including alcohol and other drug related brain impairment and associated complex needs.

AWARENESS RAISING

To actively promote issues of acquired brain injury including alcohol and other drug related brain impairment with policy makers, service providers and the community.

EDUCATION

To develop and enhance the knowledge and skills required to work effectively with people living with an acquired brain injury including alcohol and other drug related brain impairment.

RESEARCH

Undertake research in acquired brain injury including alcohol and other drug related brain impairment which informs current and future service provision and policy development.

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arbias "enabling our people and our partners to achieve their very best."

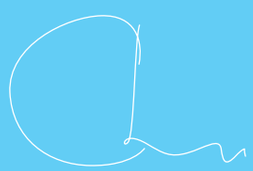
This is an information book on Alcohol Related Brain Impairment (ARBI). The original book, 'Looking Forward' was developed with the assistance of a variety of representatives from the ABI, alcohol and other drug and health sectors.

arbias specialises in ABI in Australia and is the primary national provider specialising in the area of alcohol and other substance related brain impairment.

arbias provides information, training and consultancy services to health care professionals across Australia and internationally. In Australia, arbias provides services to over 3,000 people each year in the area of neuropsychological assessments, case management, accommodation and community support.

Whilst arbias continues to provide information and support to people living with ARBI and the people who support them, prevention through activities such as education, awareness raising and research will also continue to be a strong focus for our services into the future .

All information relating to ARBI cannot be contained within the one book therefore I encourage you to access arbias at www.arbias.org.au. The website provides up to date information in relation to ABI and ARBI, as well as referral processes, contact information and literature.



John Eyre
CEO

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01 / LOOKING FORWARD ARBI

WHAT IS ALCOHOL RELATED BRAIN IMPAIRMENT (ARBI)?

ARBI is a term used to describe the physical injury to the brain sustained as a result of alcohol consumption. Having ARBI is not the same as having an intellectual disability, nor is it the same as having dementia.

How does alcohol use result in brain impairment?

- Alcohol has a toxic effect on the central nervous system
- It causes changes to metabolism, heart functioning and blood flow
- It interferes with the body's use of thiamine (vitamin B1, an important brain food)
- It is often associated with a poor diet
- It can cause dehydration which may lead to cell death
- It can lead to falls that injure the brain

Disorders associated with ARBI

The degree of brain impairment resulting from excessive alcohol consumption depends on many factors, including the amount and pattern of consumption, age, sex, nutrition and individual differences.

ARBI may be mild, moderate, severe or very severe. ARBI is associated with changes in cognition (memory and thinking abilities), difficulties with balance and coordination and a range of medical and neurological disorders.

The following description of common disorders related to ARBI aims to help workers become familiar with some of the medical terms encountered in the field.

Cerebellar Atrophy
Impairment to the part of the brain called the cerebellum causes balance and coordination difficulties which typically affect the lower limbs and results in a wide-based gait (walking with the legs wide apart). Ataxia is the term used to describe the gait disorder.

Peripheral Neuropathy

Peripheral neuropathy is a sensory disturbance affecting the hands, feet and legs. It usually begins in the feet with numbness, pins and needles, burning sensations and pain, and may progress to loss of knee and ankle reflexes and muscle wasting.

Hepatic Encephalopathy

Hepatic encephalopathy is the neuropsychiatric syndrome seen in patients with liver disease. It can present with striking neurological and psychiatric changes and is characterised by acute exacerbations and remissions. The syndrome features changes in sleep, mood and personality. Impairment and fluctuation of consciousness is accompanied by confusion, delirium and hallucinations. In the latter stages will progress to coma.

Executive Dysfunction

Impairment to the frontal lobes of the brain results in changes in thinking patterns, behaviour and personality. Executive dysfunction makes it difficult for people to plan and organise, to monitor and control behaviour, to think flexibly, and to adapt to change or unfamiliar situations. Frontal lobe dysfunction is often an early sign of ARBI, while memory function is intact.

Wernicke's Encephalopathy

Wernicke's encephalopathy is the acute neurological reaction to severe thiamine (Vitamin B1) deficiency and is characterised by disturbances of vision, ataxia, and global confusion. It may be reversed by administration of large doses of thiamine, but left untreated may progress to coma and death.

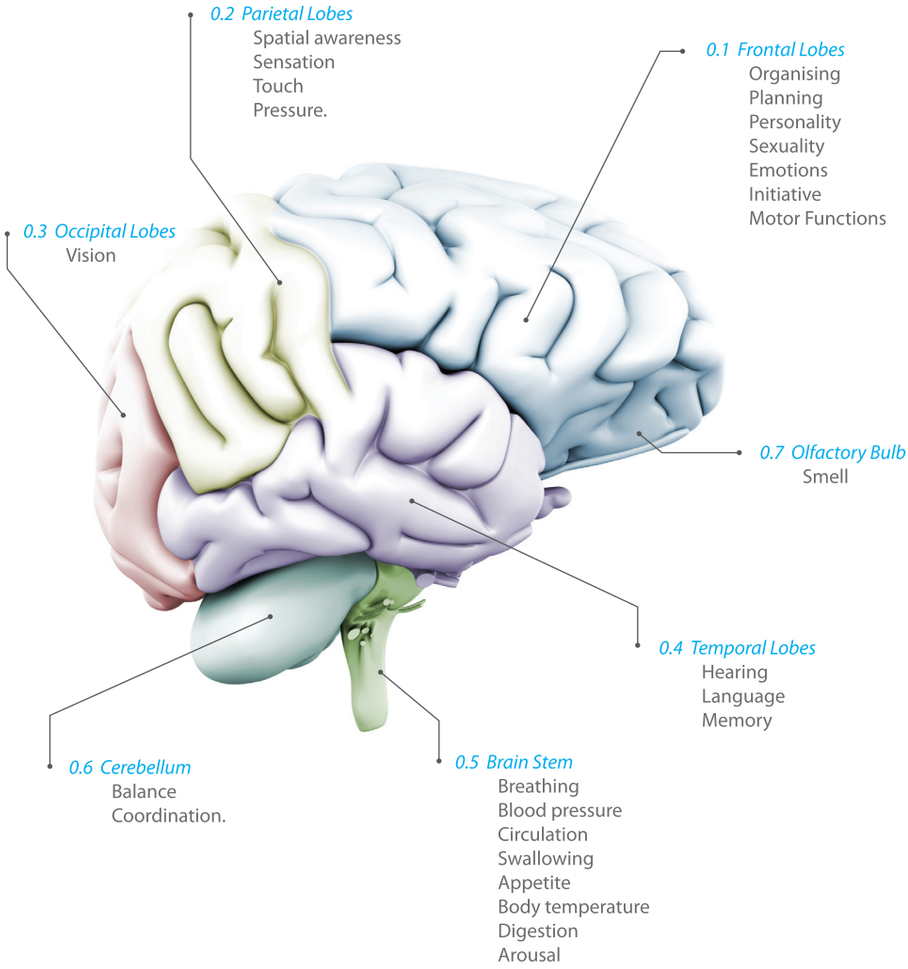
Korsakoff's Amnesic Syndrome

Korsakoff's amnesic syndrome is a profound impairment of short term memory that results in an almost complete inability to acquire any new information. An associated feature is confabulation, or tendency to fabricate missing memories.

Is ARBI permanent?

The severity of thinking and behavioural problems resulting from ARBI varies from person to person, as does the potential for recovery. Restitution of cellular function is dependent on age and degree of impairment. Younger sufferers have a better chance of recovery. Some improvement is often expected when a person stops using alcohol and maintains a balanced diet.

When a person with ARBI shows improved skills and behaviours, it is more likely due to the person's ability to compensate for the impairment, rather than the restoration of brain cells.



HOW DO I KNOW WHEN SOMEONE HAS ARBI?

Signs to look for when identifying possible ARBI

The following information provides some practical hints to help workers answer the question "How do we know if someone has ARBI"? Impairment in the early stages is subtle and can be difficult to recognise. Mild ARBI in particular is best identified by a neuropsychological assessment.

When is ARBI most likely to be apparent?

The frontal lobe functions of the brain and the ability to learn new information are essential to coping with and adapting to change effectively. The person with ARBI may attempt to compensate by avoiding change, or may become distressed by it. Change may be as minor as disruption to the daily routine, or may involve starting a new job.

Indicators of ARBI

Clues about ARBI can be gathered by observing the person's mood, behaviour, daily functioning and coping skills. Here are some examples of common indicators:

- Mood changes – anxiety, agitation or depression
- Behavioural changes – difficult behaviour, acting out, suspicious or paranoid behaviour, withdrawal, inappropriate behaviour
- Confusion and disorientation
- Talking excessively about, and living in, the past
- Problems carrying through with plans and getting around to chores
- Disconnection of gas, electricity or the phone
- Missed appointments
- Repetitious conversation
- Problems staying focused in conversation
- Resistance to change
- Confabulation
- Irrational reasoning
- Inability to change even when the person desires to change

These indicators of ARBI will help you identify people who may require assessment if their history of alcohol consumption meets the general risk factors, outlined on the next pages.

On a visit to his local doctor, Danny appeared agitated and anxious, and described feelings of depression, low self-esteem and being out of control. He was referred for psychiatric evaluation and it became apparent that, following a long history of heavy drinking, Danny's marriage had broken up 12 months previously. Danny had experienced difficulties adjusting emotionally since that time. He was prescribed some anti-depressant medication and counselled over a period of six months, which helped to improve his mood. However, Danny still felt that his life was out of control, and he was unable to cope. Over the last 12 months his business had been falling apart, he was behind in house payments, he'd let friendships slide, he'd lost weight and the phone had been disconnected. On closer questioning, it became known that Danny's wife had been managing the household and business finances, had been setting up work and appointments for Danny, maintaining contact with friends and generally organising Danny's life for him – not to mention ensuring he ate adequately. On referral for a neuropsychological assessment, Danny was found to have mild to moderate ARBI. He may well have had memory and problem solving difficulties for some years, but his wife's help was compensating for his impairment. He experienced difficulties adjusting to change, organising his personal and business life and remembering appointments and important information from day to day without his wife's reminders.

ASSESSMENT AND DIAGNOSIS OF ARBI

This information describes the purpose of, and process involved in, neuropsychological assessment. The most effective way to diagnose ARBI is by neuropsychological assessment. This is particularly so for mild to moderate ARBI, which often goes unrecognised by workers, carers and families.

An assessment may be helpful when:

- A person's behaviour indicates they may be suffering ARBI
- There is a history of excessive alcohol consumption
- A person in counselling is not progressing
- The person would benefit from feedback about cognitive impairment and ARBI
- Family, carers or health professionals need information about the person's level of cognitive functioning
- It is unclear whether the person may be suffering from psychiatric disorder or brain impairment
- Information about the person's accommodation needs is required
- Referrers need information about support services necessary for the person
- The person has legal issues that need addressing
- Information about a person's ability to manage his or her financial affairs is required
- Information is required about a person's capacity for work – and what type of work may be suitable
- Information about a person's capacity to make informed decisions about his or her life is required

What is a neuropsychologist?

A Neuropsychologist is a psychologist who has completed specialised training (university) in acquired brain impairment. They diagnose brain impairment and make recommendations about rehabilitation and management needs.

What a neuropsychological assessment involves

There are two major components to a neuropsychological assessment.

1. *Gathering information about the person's past history, level of functioning, current problems, support services and coping mechanisms.*

2. *Administration of standardised tests designed to test a range of cognitive functions.*

Diagnosis of ARBI is based on the person's performance in tests, behavioural presentation and analysis of functional problems. When referring a person for assessment, workers, carers and family provide valuable information about the individual's daily functioning that contributes to the neuropsychologist's assessment.

Neuropsychological assessment takes up to three hours, and tests the following cognitive functions:

- Attention and concentration
- Memory
- Problem solving skills and ability to deal with novelty
- Vocabulary and language
- Verbal reasoning
- Nonverbal reasoning – perception, spatial reasoning, judgement
- Information processing – speed and accuracy

People are asked to solve problems, remember lists of words, answer questions, copy complex diagrams and complete a range of paper and pencil tasks.

Information provided in a neuropsychological report

The report describes a person's behaviour, interprets test performances and draws conclusions from these. Neuropsychological reports vary according to referral questions and individuals. However, the following information should be available from most neuropsychological reports:

- A description of cognitive deficits - the nature and severity of each
- A description of preserved skills (strengths)
- A diagnosis
- A detailed description of the functional implications of the person's cognitive deficits – (how it will impact on daily functioning, work, relationships, etc.)
- A description of support needs
- Methods of compensating for cognitive impairment
- Recommendations for rehabilitation or case management as necessary
- Referral to other services if necessary

ALCOHOL USE - HOW MUCH IS TOO MUCH?

The national guidelines for alcohol consumption have been developed by the National Health and Medical Research Council to help reduce the risk of harm from alcohol.
The guidelines are based on the most current scientific research and evidence.
The guidelines can help people make informed choices and help keep the risk of alcohol-related accidents, injuries, diseases and death, low - both in the short and long term.
Factors such as gender, age, mental health, drug use, and existing medical conditions can change how alcohol affects an individual.

What do the guidelines recommend?

- For healthy women, drinking no more than two standard drinks on any day reduces your risk of harm from alcohol-related disease or injury over a lifetime.
- **For healthy men,** drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

What is a standard drink?

A standard drink contains 10 grams of pure alcohol.

It is important to note that drink serving sizes are often more than one standard drink. There are no common glass sizes used in Australia.

The label on an alcoholic drink container tells you the number of standard drinks in the container.

ONE STANDARD DRINK (10 GRAMS OF ALCOHOL) IS IN:

Light Beer

2 x 285 ml
glass of
Light Beer
2.7% Alc./Vol

Full Strength Beer

1 x 285 ml
glass of
Full Strength Beer
4.9% Alc./Vol

Wine

1 x 100 ml
small serve
of Wine
12% Alc./Vol

Spirits

1 x 30 ml
nip of
Spirits
40% Alc./Vol

Fortified Wine

1 x 60 ml
Fortified Wine
(Port/Sherry)
40% Alc./Vol

ARBI AND ALCOHOL CONSUMPTION

Alcohol consumption ranges from light (social drinkers) to heavy consumption. Decline in cognitive functioning is gradual, and depends upon the amount of alcohol consumed, and for how long. The degree of ARBI resulting from heavy or excessive alcohol consumption depends on many factors, including the amount and pattern of consumption, age, sex, nutrition and individual differences.

ARBI may be mild, moderate, severe, or very severe. Males who consume more than six standard drinks per day for ten years or longer and females who consume three standard drinks per day for the same time period are considered to be placing themselves at risk of developing ARBI, as are those who consume alcohol heavily without adequate nutrition.

Months or years of heavy or excessive drinking results in the development of tolerance to alcohol. Tolerance refers to the ability to consume increasing amounts of alcohol without showing gross signs of intoxication. Tolerance can be mistaken as a sign of resistance to the adverse consequences of heavy drinking. Tolerance is, however, an indicator of the serious changes produced by alcohol. Tolerance allows individuals to maintain higher blood alcohol concentrations without appearing intoxicated, while many aspects of brain functioning and vital organs are vulnerable to impairment.

Most people do not present with identifiable symptoms of ARBI until aged in their early thirties. Younger people who have similar symptoms may have brain impairment from another cause or combination of causes – for example, dual addiction to other substances or traumatic brain injury. Learning disabilities can be another complicating factor.

OTHER HEALTH EFFECTS

DRINKING AFTER ARBI HAS BEEN IDENTIFIED

People with ARBI who continue to drink have an increased risk of assaults, falls, car accidents and trauma which can exacerbate existing brain impairment. There is increasing evidence to suggest that the continuing effects of alcohol on an already impaired brain can be dramatic and unpredictable. The potentially serious consequences of continued alcohol consumption for individuals with ARBI need recognition when decisions about further consumption are to be made.

HEALTH RISKS ASSOCIATED WITH LONG TERM ALCOHOL USE

The health risks that accumulate over a lifetime from alcohol increase progressively - this means that the more you drink, the greater the risk.

Whilst this booklet contains information related to the brain damage associated with long term alcohol use, there are many risks to health that are increased with long term alcohol use.

- Cancers of the lips, mouth, throat and oesophagus
- Cancers of the stomach, pancreas and liver
- Cirrhosis of the liver
- Cognitive problems and dementia
- Wernicke-Korsakoff's Syndrome (thiamine deficiency) resulting in brain haemorrhages
- Alcohol dependence
- Increased risk of cardiovascular disease (eg: hypertension, stroke, heart failure, and cardiomyopathy)
- Peripheral neuropathy (limb muscle weakness)
- Foetal alcohol syndrome and related conditions
- Male sexual impotence

It may also increase the risk of accidental death or injury through road trauma, violence or falls.

ARBI & Mental Illness

People with ARBI are more likely to experience mental illness than the general population. Mental health problems can pre-date the ARBI, or can be a consequence of the brain impairment.

Mental health issues associated with ARBI include adjustment disorders, depression, anxiety disorders, substance use disorders, and psychosis. In addition, many symptoms of ARBI, including impulsiveness, emotional dysregulation, aggressive and inappropriate behaviour can cause significant functional problems with or without the presence of a major mental health condition.

In addition to the mental health outcomes for people experiencing ARBI, families, partners and carers often experience serious issues with mood disorders, lack of coping resources, social isolation, grief and loss.

ARBI clients may be less able to access traditional mental health treatment, whether as a consequence of the type of mental illness they experience, due to their 'dual diagnosis' status, or due to lack of insight into their condition and difficulties in advocating for service provision.

GUIDELINES FOR CASE MANAGERS

Working with people impaired by ARBI presents case managers with many issues and problems unique to this population, and may require the development of new skills. The guidelines for case managers aim to increase the case manager's awareness
of these issues and describe the principles of arbias' outreach case management services.

UNIQUE PROBLEMS IN ARBI CASE MANAGEMENT

KNOWLEDGE AND UNDERSTANDING OF ARBI
People with ARBI often do not present to hospitals or other health services. Information about the incidence of ARBI is not readily available. As a result, ARBI is a syndrome about which community awareness is limited, and a syndrome that is not well understood by health professionals.

THE STIGMA ASSOCIATED WITH ALCOHOL CONSUMPTION

The stigma associated with excessive alcohol or drug consumption can act to prevent people and carers advocating for services. This may be one significant reason for ARBI remaining an invisible disability.

DIAGNOSIS OF ARBI

In most cases, diagnosis of ARBI requires comprehensive neuropsychological and/or neurological assessment.
Over-reliance on generic screening tools such as the minimental status examination (MMSE) means that ARBI may not be identified in the early stages. The MMSE taps many skills that are preserved in people with ARBI, and does not provide meaningful data about memory or frontal lobe functions. The MMSE will usually only detect severe ARBI.
arbias has an ARBI specific screening instrument that can be easily administered by health care practitioners.

AN INVISIBLE PROBLEM

ARBI is referred to as the invisible disability because it frequently goes unrecognised by the person, their families and health professionals. This is particularly so for mild and moderate levels of impairment.

People affected by ARBI usually function well in a familiar environment or structured setting where no demands are placed on their short-term memory or problem solving skills. Well-established knowledge and skills (acquired before impairment to the brain) are usually intact, as are language and verbal functions. People often present very superficially, masking even significant cognitive impairment. These people pose a particular challenge to health professionals.

A MULTI-DISCIPLINARY APPROACH

People with ARBI may have co-existing psychiatric disorders, intellectual disability or acquired brain impairment of other origin (for example, traumatic brain injury, tumour, stroke, or infection). The ARBI population has a high incidence of traumatic brain injury. People with ARBI may also have significant social problems, family and relationship difficulties, health complications, legal problems, and many other issues. People with ARBI may be in contact with a number of different health professionals – health professionals who may not have an adequate understanding of ARBI. Management of ARBI requires a multi-disciplinary approach, and the case manager is central to coordinating a range of services and providing education and information about the disability to a variety of health care practitioners.

SPECIAL SKILLS NEEDED

As an ARBI case manager:

- → You will often be called upon to provide information about ARBI and about the nature of a person's impairment
- → You need to avoid judging people
- → You need to be prepared for obstacles caused by lack of understanding and stigma
- → Because of cognitive impairment, time spent with people with ARBI needs to involve less discussion and more action
- → You may need to be more directive in your approach than usual
- → You may need to deal with your own feelings of discomfort in this role
- → The focus of change is often on the environment, rather than the person
- → You will need to visit the person to assess and monitor their ability to cope in their own environment

DEVELOPING A CASE PLAN

There are two components to developing a useful case plan.

RELATIONSHIP BUILDING

Relationship building with the person affected by ARBI, carers and service providers, is an important component of case management and may take considerable time and patience. This stage is primarily for the person, carers and others to get to know the case manager. The aim is for the client to perceive the case manager as non-judgmental, supportive and available to them. The process is one of joint collaboration in an effort to assess the services needed and to provide every opportunity for people to function to their full potential.

ASSESSMENT OF INDIVIDUAL NEEDS

The assessment of individual needs may also be time consuming, and involves careful evaluation of the individual and their environment. Carers and family members can be an invaluable source of information about the person's daily functioning and existing strategies.

YOU NEED TO ASSESS THE PERSON'S:

- Level of cognitive functioning
- General health, hygiene and nutritional status
- Degree of mobility (balance and coordination)
- Any co-existing psychiatric or physical disability
- Personality, coping strategies and existing skills

YOU NEED ALSO TO ASSESS:

- → Services already in place
- → Support provided by family and friends
- → Accommodation
- → Strategies that have been useful to date in dealing with problems associated with ARBI

A neuropsychological assessment provides detailed information on cognitive strength and weaknesses, as well as appropriate strategies. If an assessment has been conducted it should form an integral part of the case plan.

COGNITIVE CHANGES: A GUIDE FOR CASE MANAGERS

EXECUTIVE DYSFUNCTION

This section describes the cognitive functions (memory and thinking) commonly impaired as a result of ARBI and describes how thinking problems will show up in daily life.

MEMORY IMPAIRMENT

There are three types of memory:

Immediate memory
Short pieces of information held for a matter of seconds are stored in immediate memory. For example, the ability to repeat back information immediately or hold a conversation relies on immediate memory.

Short term memory
To lay down a permanent memory trace, information is stored in short term memory. Short term memory capacity is a person's ability to form new memories, learn new skills and information, and retrieve information when it is needed. Short term memory allows people to remember things from day to day, or week to week.

Long term memory
Sometimes termed remote memory, long term memory stores information, events, knowledge and skills acquired in the past. For example, life events (including childhood memories), reading and writing ability, words and vocabulary, and skills learned at work (amongst many others) all make up long term memory.

MEMORY IMPAIRMENT AND ARBI

Immediate memory is not usually affected by ARBI. Those with ARBI commonly experience problems with:

- Learning new information
- Retrieving information stored in memory
- Remembering recent events, recently acquired information or details of recent conversations
- Confabulation – the fabrication of memories as a response to inability to remember
- Retrograde Amnesia – after the onset of ARBI there may be a period in the person's life of which they have little or no recall. The gap in the person's life may become larger as time passes. For example, the person may have difficulty in giving information about the last ten years, but have excellent recall of events prior to this time.

THE FRONTAL LOBES AND THE EXECUTIVE SYSTEM

The role of the brain's frontal lobes can be likened to the role of a managing director of a large corporation. The workers have highly specialised expertise and roles they attend to individually, but someone needs to be responsible for overseeing the company's operations. The managing director is responsible for setting goals for the company, coordinating and supervising employees, forward planning, monitoring and evaluating performance, dealing with problems and making complex decisions. Similarly, the frontal lobes are responsible for coordinating other cognitive functions of the brain.

EXECUTIVE DYSFUNCTION AND ARBI

An early sign of ARBI is the lack of ability to plan, organise and solve problems.

Impairment to the Frontal Lobe may result in:

- Difficulties in planning ahead and using foresight
- Difficulties in organising information and behaviour
- Inability to foresee consequences of one's actions
- Difficulties monitoring, regulating and controlling behaviour – leading to impulsive and disinhibited behaviour
- Inability to learn from errors and change behaviour
- Reduced ability to generate ideas and alternatives
- Poor initiation and lack of motivation
- Rigid and inflexible thinking and behaviour
- Difficulty in abstract reasoning
- Inability to deal with novelty, solve new problems or adapt to change
- Lack of self-awareness, realistic self-appraisal and evaluation

DISORDERS OF AWARENESS

Disorders of awareness are perhaps the most frustrating and complicated aspects of ARBI. They are closely related to brain impairment – particularly the frontal lobes – but may also reflect emotional difficulties in adjusting to ARBI.

Common disorders of awareness include:

- Denial of Disability – Reflects a defence mechanism associated with psychological adjustment to ARBI
- Poor Insight – Ranges from being unaware of one's impairment to being aware of the ARBI but not appreciating its implications
- Apathy – People with ARBI may appear unconcerned about their impairment
- Rationalisation – When faced with feedback about cognitive impairment, many people with reduced insight formulate elaborate excuses to explain their problems and behaviour

OTHER PROBLEMS RELATED TO ARBI

Cognitive difficulties can make other problems worse. They can cause:

- Anxiety and depression
- Suspicious or paranoid behaviour
- Problems in dealing with and controlling anger
- Reduced frustration tolerance
- Confusion

PRESERVED SKILLS

Many functions remain unaffected by ARBI, including:

- Immediate memory and basic concentration
- Vocabulary and language – verbal expression, understanding of language, reading and writing, holding conversations
- Long term memory
- Well-learned skills – such as driving, making a cup of tea, brushing teeth, playing tennis, doing calculations and skills required for working
- Knowledge of facts and understanding of the world
- Knowledge of the social world – well-learned social skills, manners and pleasantries
- Everyday procedures of daily living
- Intellectual functions – however the person's capacity to apply their knowledge and skills can be affected

The preserved or unaffected cognitive functions can mask ARBI to health workers, the person and their family.

05/ LOOKING FORWARD ARBI

STRATEGIES FOR SUPPORTING A PERSON WITH ARBI.

IMPROVING MEMORY

This information shows how some people with mild ARBI can compensate for memory impairment, and briefly describes some useful techniques for people with ARBI who are studying. These techniques are useful for people with mild impairment who have insight into their disability. The information also describes a range of external memory aids to assist people with mild to moderate impairment to compensate for ARBI.

In many cases, people with severe ARBI have difficulties learning and applying new strategies. The most effective way to assist people with severe ARBI to compensate for impairment is to help structure the environment.

UNDERSTANDING MEMORY LIMITATIONS

Be aware of memory limits and make allowances. Encourage people with ARBI to understand and make allowances for their memory impairment by:

- Planning ahead and allowing adequate time to read and re-read information
- Reducing distractions while memorising information
- Learning information with a clear mind – memory difficulties may be exacerbated by tiredness, stress, intoxication, anxiety or anger. Attempts to learn information during these times will lead to frustration.

HOW PEOPLE WITH MILD ARBI CAN HELP THEMSELVES

People with mild ARBI who have a good understanding of their memory difficulties may benefit from being taught internal memory strategies such as use of imagery or association techniques. These types of techniques are useful for people with good problem-solving, planning and organisational strategies – that is, people with mild ARBI who have the potential to learn and apply new and complex skills.

One of the simplest approaches to improving memory is to rehearse information to be stored. This ensures the material has been attended to and provides opportunity for repetition. People with mild to moderate ARBI can be encouraged to:

- When introduced to someone, immediately repeat that person's name and use it as often as possible
- Ask for instructions or information to be repeated
- Rephrase instructions in the person's own words and check that they have been understood correctly.

Jeff's boss asked him to "finish the welding job before he rings the delivery company, and then order some parts from the usual supplier and spend some time helping the new apprentice." Jeff replied, "Okay, so you want me to firstly finish my weld, then ring for the delivery truck and then to order the parts for the new job." Jeff's boss then reminded him "and then to help out the new apprentice." This saved misunderstanding and gave Jeff an opportunity to repeat the information and help commit it to memory. He also repeated the instructions to himself silently.

Another technique some people find helpful is to use clues to jog their memory. For example, to go shopping for bread, apples, tea and orange juice David used the word BOAT (Bread, Orange juice, Apples, Tea) to help him remember all the items he was planning on buying. Malcolm, on the other hand, finds it helpful to associate things he wants to remember with visual images. To help trigger his memory, Malcolm imagines his kitchen table with bread, tea, orange juice and apples upon it. When in the supermarket, he has a clear mental picture of the things he plans to buy.

IMPROVING MEMORY *CONT.*

USING MEMORY AIDS

Many people – with or without memory impairment – rely on external memory aids. For example, some people use diaries to remember appointments, others use lists to go shopping or alarms to remind them of a cake in the oven. People with ARBI can benefit from a range of memory aids, and can be encouraged to find an aid or combination of aids that works best for them.

MAKING LISTS

Shopping lists and lists of errands to run for work or home are a very good way of ensuring nothing is forgotten. It can be rewarding to cross out items that have been completed. Many people with ARBI attempt to compensate for memory problems by writing endless lists and notes. While lists are valuable, it is best that they are not relied on as the only aid. Lists are easily misplaced, lost or accidentally thrown away. A useful strategy when using lists is to date them.

KEEPING A DIARY

A diary can be in the form of a book, a mobile phone function, or a computer tool.
A diary is a good solution for people who rely on loose notes that are easily lost. Using a diary to record appointments, dates, birthdays, meetings and other important information is an excellent way of jogging a person's memory. In addition, a diary can act as a planner to note down plans or goals for the day. It can be used as an organiser to help better manage time, especially a diary that allows for hourly entries.
The advantage of a book or phone diary is that they can be carried everywhere. Workers, carers, family and friends can assist people with ARBI by always asking them if they have their diary on them (to remind them) and asking them to write down appointments and information in the diary.

USING A WHITEBOARD

A whiteboard can be useful to display a timetable for people with severe ARBI. The whiteboard can be placed in a prominent position (on the fridge, or next to the bed) and clearly display all aspects of the daily/weekly routine, as well as many appointments or chores out of the ordinary. For people with severe ARBI who may not be oriented in time, a whiteboard can be a good way of reducing confusion, by including on it the day and date, person's address and other personal information. A whiteboard is extremely useful for families in which a member has ARBI (mild, moderate or severe) and can incorporate a roster as well as the usual comings and goings of family members.

OTHER PROMPTS

A useful way to incorporate something new into the routine is to pair it with something that is never forgotten. For example, a common complaint of diary users with ARBI is that they never remember their diary, and if they do they forget to look in it. When training a person with ARBI to use a diary, they can be instructed to tie the diary to a wallet (or something the person is already used to carrying) with a rubber band.

New medication can be another easily forgotten necessity. Medication can be placed with something the person never forgets to do. For example, it can be placed next to the person's toothbrush or shaving equipment or next to the kettle.

Written reminders, like posters, can be placed in prominent places where they cannot be missed. For example, information on the toilet wall, next to the bathroom mirror, on the inside of the front door, or on the bed head can help to capture a person's attention.

ALARMS AND TIMERS

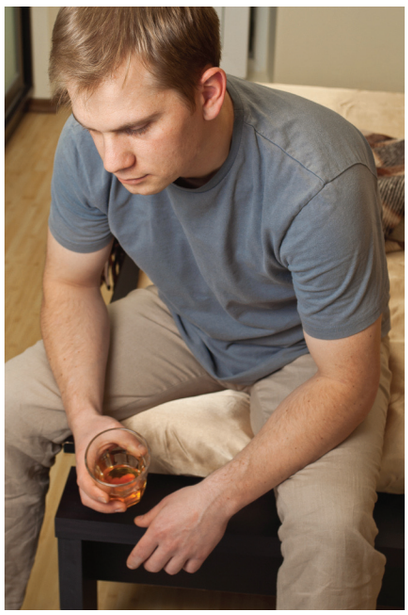
Alarms and timers can be used imaginatively to prompt people to look in their diary or consult the timetable. For example, a timer can be set to go off each hour to remind someone to look in their diary or take medication. Eventually the timer may be gradually withdrawn (for example, have it go off every second hour, then every fourth hour) once consulting the timetable or taking medication becomes routine.

STUDY TECHNIQUES

Memory difficulties can be a great source of frustration for people attempting study. For those people with mild ARBI there are some useful study methods available to maximise learning potential. In many cases, people with ARBI will need to be better organised and spend more time studying than may once have been necessary. Successful learning for people with ARBI depends upon the development of efficient study strategies. Passive study techniques like simply reading over information may no longer be helpful. In many cases, active approaches to study are necessary.

Help is available at universities and colleges to assist people to apply effective study techniques (usually from a Disability Liaison Officer). It may be necessary for workers to liaise with tertiary institutions to find out what extra assistance is available. A person with ARBI attempting to study may need to consider undertaking part time study. Restructuring of the course may be necessary to allow the person with ARBI to work at their own pace.

An effective way to memorise information is to organise material so that it is easier to learn and to retrieve. Information to be memorised is best done under headings and in a logical order so that it is meaningful to the person studying. A useful way to achieve this is to encourage the person to jot down key points that can be used as headings on the first reading of the material. On further readings, information can be noted down under the headings, and put in the person's own words so that it is meaningful to them.



STRATEGIES FOR PEOPLE WITH EXECUTIVE DYSFUNCTION

The following information presents an approach to problem solving, and proposes some practical guidelines for helping people with executive dysfunction.

A central feature of frontal lobe impairment is the loss of problem-solving skills. People with executive dysfunction often live to their highest potential in a familiar environment where they are able to make use of well-rehearsed skills. When faced with novelty, change, or the need for complex thinking and decision making, their impairment becomes apparent.

People with mild ARBI may benefit from learning a structured approach to solving new problems, as presented below.

A PROBLEM SOLVING APPROACH FOR PEOPLE WITH MILD ARBI

1. State the problem.
2. Brainstorm for alternatives and solutions, ask friends, case workers, local doctor, family and others. Make a list.
3. List the advantages and disadvantages of all alternatives.
4. Eliminate alternatives that are not viable.
5. Choose a direction.
6. Evaluate the outcome. If the problem was not solved, learn from the mistake and go back to step 3.

INTERNALISING THE PROBLEM SOLVING PROCEDURE

To learn the above problem-solving approach, opportunity for practising the problem-solving structure in a wide range of situations is necessary. Here are some ideas that may be useful in teaching problem solving skills:

1. Encourage people to "think" on paper. This makes their thought processes explicit and does not overload their memory.
2. Provide a pen and paper on which the approach is laid out for them – they need only fill out the components.
3. Go over several examples with them.
4. Supervise people in applying the approach to real problems. In particular, help them at the brainstorming and evaluation steps.
5. Gradually decrease your input as the procedures become routine.
6. For high-functioning people, withdrawing the paper gradually as the skills become routine or automatic can be tried.
7. Provide encouragement at each step, and praise for each problem solved.

PROBLEM SOLVING FOR PEOPLE WITH MODERATE TO SEVERE ARBI

People with moderate to severe ARBI are less likely to benefit from being taught problem-solving strategies. Instead, every effort needs to be made to structure their environment so as to place minimal demands on their frontal lobes. When a problem emerges, or change is imminent, people with moderate to severe ARBI will need maximum support and guidance to work through the situation. Using a written approach such as the one above may still be appropriate to address problems. However, attempts to teach the skills outlined in the approach may only lead to greater frustration.

ARBI AND DISORDERS OF DRIVE

Disorders of drive that are associated with frontal lobe impairment include amotivation, poor idea generation, lack of initiation and apathy. People with executive dysfunction may have difficulties getting started and may still be misunderstood as being lazy, depressed and uninterested. Once they are prompted into action they may still experience problems following through with plans and keeping up the momentum.

MILD ARBI AND DISORDERS OF DRIVE

People with mild ARBI can be taught to use a diary as a planner to help prompt them into activity. Before retiring each evening, making a list of activities, chores and errands for the following day can be helpful. People with mild ARBI can then be encouraged to prioritise items on the list, allocate time for each and note them down in the diary/planner. People should also be encouraged to reward themselves each day they achieve their goals (with praise, a material gift, or time doing something enjoyable).

MODERATE TO SEVERE ARBI AND DISORDERS OF DRIVE

People with moderate to severe ARBI require maximum external structure, including prompting and stimulation to get them started and keep up the momentum. Activities need to be structured into the daily routine. People with disorders of drive and motivation will function best when life follows a rigid timetable and when the environment is full of prompts that initiate activity for them.

ARBI AND DISORDERS OF CONTROL

People with disorders of control have reduced impulse control and are commonly disinhibited in their behaviour. Behaviour modification strategies are best for controlling inappropriate behaviour for people with all degrees of ARBI.

ARBI AND DISORDERS OF AWARENESS

Poor insight and understanding of cognitive disability is the greatest obstacle to adjusting to ARBI, and is the most frustrating problem encountered by family, case workers and health professionals. The best approach to dealing with impaired insight is an honest and up front one that involves persistently (and repetitiously) giving feedback. Feedback from a range of sources (family, friends, workmates, health professionals) is valuable.

There are three important points to remember when giving feedback:

- Feedback is best given immediately
- Feedback needs to be concrete and focus on real life examples
- Negative feedback is best given in combination with positive feedback

Hostile reactions to feedback can be difficult for workers to deal with. It is sometimes necessary to allow clients to experience their disability in order to appreciate its implications.

SUPPORTING COMMUNICATION

The following information aims to stimulate thought about how workers, carers and family can build on existing skills to aid communication with people with ARBI.

Engaging the person for communication

1. Before beginning a conversation, ensure that the environment is free from distraction, including noise from the television, radio and other conversations.
2. Obtain eye contact and the person's attention before speaking.
3. Begin the conversation with information that orientates the person to the situation. Identify yourself and call the person by name.

Nonverbal aspects of communication how do you present?

It is important to consider how you present. To gain trust you need to be perceived as:

- Non-judgmental – reluctance to accept help may be related to judgmental or moralistic attempts to help them in the past
- Non-threatening – people with ARBI are unlikely to respond if they feel intimidated
- Supportive – people with ARBI need to perceive carers and health professionals as "on their side" and the relationship as collaborative
- Confident – people with ARBI are reassured by carers and health professionals who come across as knowing what they are doing
- Attentive – people with ARBI need to feel listened to and understood

Think about how you are presenting, and try asking yourself the following questions:

- Are you relaxed?
- Are you tense?
- Are you frowning?
- Are you nervous?
- Are you frustrated?
- Are you coming across as bossy?
- Do you look fearful?
- Do you have other issues on your mind distracting you?

Structuring communication for people with ARBI

Tangential Conversation

One frustrating aspect of communicating with people suffering from ARBI can be difficulties in focusing and staying on relevant topics. Tangentiality refers to the tendency to be distracted by less relevant points of discussion and wandering off in other directions. In many instances, people with ARBI may not be able to refocus on, and answer, the original question. Some ideas to deal with tangentiality follow.

- Give feedback, for example, "John, it seems we've wandered off the topic a bit. I asked you how you are going filling out your social security form and now we're talking about your ex-wife's dog."
- Re-direct the conversation by repeating the question
- Try not to get involved in or respond to tangents until the main issues have been addressed
- Try using a paper and pencil to direct and focus discussion

Memory and retrieval problems

Many people with memory deficits caused by ARBI respond best to closed ended (yes/no) questions. For example, instead of "Tell me about your day yesterday", try "Did you go out yesterday?" Communication can also be improved by providing cues or prompts to trigger memory wherever possible.

Rigid and inflexible thinking

People with rigid thought processes may become easily stuck in a particular way of thinking, or on a particular idea, and have difficulty switching to a new topic. Similarly, once stuck on one idea they may have problems seeing alternatives. When this happens it is best to break a person's attention by distracting them with something completely different. For example, introduce a totally different topic, change rooms, go for a walk, have the person engage in activity (making a coffee) - and start afresh. Use of pen and paper can also help reveal alternatives.

For some people, rigidity may be related to persistent answering of No! (negativity). Try asking "Do you want a pie or a sandwich for lunch?" instead of "Do you want some lunch?"

Providing information for people with ARBI

Beware of assuming people with ARBI are understanding and remembering what is being discussed. In particular, to please carers/workers people may be nodding attentively and saying they understand when in reality they do not. Keep the following ideas in mind when giving instructions or information:

What to do

- Use concrete, familiar terms
- Allow plenty of time for information to be processed
- Break down information into points
- Present one point at a time
- Restrict discussion to one issue at a time
- Repeat important points
- Check understanding and retention of information by asking for it to be repeated (ask people to put what you said in their own words). Encourage writing down of information, or give information in written format

What not to do

- Avoid arguing or reacting to any provocation
- Avoid a bossy tone, or ordering the person around
- Avoid condescending or patronising tones – treat the person as an adult
- Ignore negative, critical or aggressive comments if you cannot respond positively

Understanding changed behaviour patterns

Behaviour is the observable activity in a person in response to internal and external stimuli. Behaviour is meaningful, purposeful and goal driven for the person. Everything we do has a goal however sometimes the goal is not obvious to others or even to the person themselves. To understand the behaviour you must first understand the person. All behaviour is communicating something. Often the behaviour of a person will change following an ARBI.

These are some of the common behavioural challenges faced by support workers:

- Reluctance to shower
- Wandering behaviour
- Lack of motivation
- Confusion
- Withdrawal
- Aggressive outbursts
- Unwillingness to eat
- Continence problems
- Emotional liability – poor control over emotions, for example excessive tearfulness
- Negativity – constantly answering No!

ARBI and Behaviours of Concern

What makes behaviour concerning?

- A safety risk to self or others
- Limits access to community facilities
- Socially unacceptable
- Makes other uncomfortable
- Is distressing to self or others

Behaviours of concern should fall under one or more of these areas. If a behaviour doesn't fall under one of these areas, you should question whether the behaviour really is of concern.

Some people with ARBI may display behaviour of concern. The type, severity, and endurance of the behaviour can vary widely. Behaviour of concern includes:

- aggressive behaviours – physical or verbal
- socially inappropriate behaviours - may range from mere social awkwardness and lack of adherence to social conventions to committing crimes
- adynamia - can be called a range of different terms: abulia, anergia, amotivation, apathy and implies decreased activity.
- sexually inappropriate behaviours – may be verbal or physical and may range from inappropriate comments to rape.
- maladaptive service seeking behaviours - the inappropriate use of a service such as constantly calling for an ambulance or the police department for minor issues.

Causes of Ongoing Behaviours of Concern.

All behaviour is controlled by the brain therefore damage to specific areas may cause a person to behave differently. Sometimes physical damage caused by ARBI may only be indirectly responsible for ongoing behaviour of concern. Medical, psychological, environmental and cognitive problems may also be contributing.

Medical causes

- Fatigue – is the person sleeping adequately?
- Physical discomfort – is the person in pain? Constipated?
- Adverse effects of medication – sedatives, tranquillisers or psychotropics
- Impaired vision or hearing – causing misinterpretation of sights or sounds
- Infection – urinary tract and chest infections may underlie confused and disorganised behaviour
- Thiamine deficiency – may also underlie confused or disorganised behaviour

A full medical evaluation is necessary to rule out the many physiological causes of behavioural problems.

Psychological causes

People with ARBI may be reacting to real stressors in their life, but not be able to identify what is upsetting them. It is always helpful to speak to family or carers to find out about issues causing adjustment difficulties.

Environmental causes

- Change or disruption to the daily routine
- Unfamiliar people, places or sounds
- Change to rooms, furniture, people
- Sensory overload – too much distraction, noise or activity in the environment
- Unrealistic expectations – people are distressed when faced with failure, eg: when given tasks beyond their capability

Co-Morbidity

- Mental Health Issues
- Substance Abuse Issues
- Intellectual Impairment
- Personality Issues

Supporting positive behaviour patterns.

Severe and extreme behaviour of concern will require referral to a clinical psychologist or neuropsychologist trained in behaviour modification. The safety of all concerned should be a primary consideration.

For minor behavioural issues which are distressing to the person here are some strategies to try. Not all will apply in every situation.

There are three important points to keep in mind when working with people who are struggling with behaviour of concern:

- Do not take the behaviour personally or hold grudges
- Modify the behaviour, not the person
- Every behaviour has a reason

Keeping these three points in mind, here are some strategies to promote more positive behaviour.

- Encourage and praise appropriate behaviour or interactions.
- Avoid reacting to behaviour of concern.
- Ignore negative behaviour (but not the person) wherever possible. Alternatively, provide clear immediate feedback about the behaviour.
- Speak in a calm, soothing tone
- Avoid defensive posturing
- Model calm, controlled behaviour
- Give praise when a person regains composure after an outburst – ask them how they managed it and reinforce whatever they did as a good strategy
- Reassure people that you are there to help
- Involve people in their own care as much as possible
- Avoid arguing or attempting to reason with people who are agitated

- Allow people to express themselves – even negatively
- Be prepared to listen – all people need to feel listened to and understood.
- Acknowledge feelings.
- Avoid negativity by rewording questions. For example, instead of "Are you ready to take a shower?" ask "Would you prefer to shower now, or after dinner?"
- Phrase instructions as suggestions and not commands. For example, instead of "Go and take a shower now" try "You could have a shower now instead of after dinner."
- Use distraction techniques – some people with ARBI can be suggestible and easily distracted
- Avoid leaving agitated people alone – unless there are safety issues.
- Avoid surprises – always give explanations before initiating activity.
- During confusion or agitation, surround the person with familiarity – people and objects
- Structure the person's time as much as possible to keep them motivated.
- An orientation board detailing the date, the routine, personal details, and important events in the person's (and family's) life can reduce confusion.

Some Basic Principles to Modifying Behaviour.

This section provides some general principles of behavioural change to assist carers and workers to develop and implement simple behaviour modification programs.

1. *Observe and record data about the behaviour*

- WHEN BEHAVIOUR OCCURRED
  What time of day did the behaviour happen?
- WHAT TRIGGERED IT
  What was happening immediately prior to the behaviour? Who was around? What was the person doing? What else was going on in the environment?
- CONSEQUENCES OF BEHAVIOUR
  What was the response to the behaviour? Did the person obtain something as a result of the behaviour? Did they avoid something?

2. *Analyse the behaviour*

Once data has been collected that spans all times and context in which the behaviour occurs, the information needs to be studied for emerging patterns. The two important questions to answer are:

- What triggers the behaviour?
- What maintains the behaviour?

In many cases, once the behavioural trigger has been identified, environmental change may be all that is required. In other cases, changing the environment is not the answer. At these times a behaviour modification program can be considered.

3. *Modify the behaviour*

Behaviour modification is a highly effective method of changing behaviour. Here are the two keys: ignore problem behaviour and reward appropriate behaviour. Below are some general principles for modifying behaviour.

- Treat one behaviour at a time
- Allow time for behaviour change – it can be a slow process
- Be hard on the behaviour, not the person
- Always treat the person like an adult and with respect.
- Reward appropriate behaviour immediately.
- Reward appropriate behaviour with praise and frequent encouragement.
- Where practical, ignore the target behaviour.. Alternatively, give immediate feedback about the behaviour
- Model calm and controlled behaviour.
- Set clear, firm limits that are repeated as often as possible.
- Response to the target behaviour needs to be uniform and consistent – this means recruiting the assistance of all staff, other workers and significant others.

MANAGING ANGER

This section is designed to provide support staff and health professionals with the foundations for assisting people to develop more constructive ways of dealing with anger. Anger is a feeling that expresses tension and communicates frustration. It is a feeling to which we are all entitled. Aggression is an act that causes harm (to self, others or objects). Anger need not lead to aggression.

Anger becomes a problem when:

- It is too frequent
- It is too intense
- It lasts too long
- It leads to aggression
- It disturbs work or relationships

Anger and ARBI

People with ARBI may have difficulty controlling or modifying their behaviour. They may be prone to poor impulse control, frustration, intolerance and inability to foresee the consequences of their behaviour. As a result, people can become stimulus-bound, meaning that they become more reactive to environmental factors. At these times, well-learned automatic behaviours and responses are triggered. The brain injury may mean that the person lacks the ability to inhibit these automatic responses once they have been triggered. They sometimes occur without the person's awareness.

People with mild ARBI may regain control over anger and prevent it from escalating to aggression by undergoing anger management training. People with moderate or severe ARBI usually benefit most from environmental changes.

Anger Management

Effective anger management involves understanding what triggers the emotion and developing strategies that allow the person to own their anger, rather than allowing anger to own and control them. Generally people with ARBI benefit most from being taught concrete, specific strategies to deal with negative emotions. They do not benefit from abstract discussion about emotions.

An anger management plan may be broken down into stages:

1. Monitoring of anger. Have staff or the person monitor their anger. Use a sheet to note the situation and trigger, thoughts and feelings, strategies and outcomes. An important aim of the monitoring stage is to encourage the person to become aware of physical sensations (for example, heart racing, fists clenching or muscles tensing), and identify anger before it escalates to aggression. The earlier they are able to use strategies, the easier it will be to control their anger.
2. Assist with the identification of early warning signs of anger before it progresses to aggression – thoughts, sensations or mental images.
3. Identify any existing strategies the person uses.
4. Teach new coping strategies.
5. Rehearse strategies in counselling sessions (role playing).
6. Evaluate effectiveness of strategies in real situations.

Some strategies.

An individual approach to teaching anger management strategies means helping people find what works for them. Some people with mild ARBI may benefit from focusing on the "thoughts" aspect of anger – replacing unhelpful thoughts with more helpful ones. For example, an angry thought "How dare he say that to me!" will probably fuel anger, whereas a thought like "He is angry and upset" may be helpful in diffusing angry situations.

People with more significant ARBI are more likely to find behavioural and distraction techniques effective, and can be encouraged and assisted to:

- Identify and avoid provocative situations
- Take time out or leave provocative situations
- Distract themselves with thought or activity – for example: go for a run, or picture a soothing image

Collaboratively, people with ARBI and their workers can develop many imaginative behavioural strategies and distraction techniques. In addition, time can be spent educating staff and significant others about recognising triggers and the early signs of anger before it escalates into an outburst. All significant others in the person's environment (family, friends, carers and health professionals) can be trained to respond in a uniform, consistent manner.

Anton told his parents, friends, people at the gym where he works out, his alcohol and drug counsellor and his local doctor to calmly say "Anton, it seems you are becoming angry when talking about this issue. Perhaps you could try going outside for some fresh air. When you come back we can talk some more," whenever he became angry. When Anton returns, people recruited to help him are to respond with encouragement. "You've done really well to gather your thoughts. Each time it seems you take less time to compose yourself. Why don't we write down some of the feelings and thoughts you just had and go through them?"

COUNSELLING & THERAPY

Cognitive impairment can make it difficult for people to keep up with, cope with and benefit from counselling and therapy. The following provides strategies for counselling people with ARBI.

What are the problems people with ARBI may be experiencing in counselling or therapy?

People with ABI may have difficulties:

- Keeping up with the pace of sessions
- Remembering what was discussed
- Carrying information through from session to session
- Coming up with ideas and alternatives
- Thinking abstractly, complex thinking, linking ideas, seeing patterns.
- Structuring information and ideas – they may be less organised and goal focused
- Setting realistic goals
- Applying what they have learned – They may be good at verbalising their difficulties, but lacking in the ability to move beyond intellectualising to acting.
- Monitoring behaviour and conversation – for example, excessive talking or difficulty staying on a topic.
- Switching between ideas – people may become easily stuck on one idea and be unable to move on unaided.
- Lack of self-awareness and insight (particularly with regard to their cognitive impairment) may mean that people rationalise their problems. Often it is easier for people to accept psychological or emotional causes for their problems, rather than their ABI. There may be a tendency in counselling for unhelpful discussion of life stressors as the cause of maladjustment. This can be particularly challenging for counsellors and therapists.

What type of counselling suits people with ARBI?

Counselling people with cognitive impairment requires a highly directive and structured approach. Psycho dynamic, psychoanalytic and other insight-oriented therapies are generally too abstract and unstructured for people with ARBI. People with ARBI often lack the cognitive resources to benefit from less directive therapies. They are most suited to a behavioural approach that aims to teach specific and concrete strategies to maximise their ability to cope or adjust. For example, a person with aggressive tendencies associated with ARBI is unlikely to benefit from abstract discussion of negative emotions, nor from exploring the causes of the destructive emotions. A more helpful approach would be to teach strategies he or she can apply in situations likely to provoke an aggressive response. Counselling people with ARBI means being more active in planning sessions, focusing interactions and prompting action. People with mild ARBI may benefit from a combination of cognitive and behavioural approaches that aim to teach more constructive ways of thinking. A problem solving approach whereby goals are set, and there is an overt structure and plan to guide sessions, is an ideal way to compensate for cognitive impairment in counselling and therapy.

Counselling strategies for people with ARBI

Below are some ideas designed to help people with ARBI benefit from counselling:

- Sessions need to be individually paced to suit the person's needs
- Break information down into manageable components and help organise it for the person
- Frequent repetition of material is important, as is asking the person to repeat information covered to check their understanding and retention
- The use of a logbook or diary to record what was discussed in sessions is invaluable
- Frequent summing up of material covered helps to organise information for memory
- Set concrete, realistic goals for therapy. Break them down into well-defined steps and tackle one at a time. Provide a written outline of the goals and steps and refer to it constantly
- Difficulties with self-monitoring and tangentiality often mean a counsellor or therapist has to be more assertive and directive in their interactions than they would normally deem appropriate. People with cognitive impairment may need constant prompting and re-focusing
- Tackle only one issue at a time, and be careful that the persons tangentiality does not prevent you from doing so
- Using a whiteboard to outline the session plan is a useful way of providing additional structure
- People with cognitive impairment may experience difficulty in generating ideas. They will need assistance when brainstorming alternatives. This is best done on paper
- People who are rigid in their thinking may become stuck on an idea and need prompting to move on. It may be necessary to take a break and encourage the person to engage in activity before they are able to move on
- Generally people with ARBI learn better by doing than by saying. Encourage action, rehearsal and implementation of strategies, and avoid the temptation to spend too much time talking about issues and strategies approach that aims to teach specific and concrete strategies to maximise their ability to cope or adjust. For example, a person with aggressive tendencies associated with their ABI is unlikely to benefit from abstract discussion of negative emotions, nor from exploring the causes of the destructive emotions. A more helpful approach would be to teach strategies he or she can apply in situations likely to provoke an aggressive response.

MAINTAINING A BALANCED DIET

Prolonged heavy use of alcohol can result in deficiencies of many nutrients. This section provides information designed to help people with ARBI maintain a balanced diet.

Why vitamins are important
Vitamins are organic food substances that are necessary for sustaining life. They promote growth, metabolism and digestion. With few exceptions, vitamins cannot be synthesised by the human body and must be obtained from the diet. Each vitamin has its own special function. No vitamin can be substituted for another. Vitamins work in combination with substances called enzymes to trigger and facilitate biochemical reactions.

How minerals assist the body
Minerals are nutrients that are found in food in organic and inorganic forms. Like vitamins, they are essential for sustaining life and cannot be synthesised by the human body. They also facilitate biochemical reactions and are thought to play an important role in hormone production and fluid regulation. Some minerals are essential for the body's structure (for example calcium for bones), while others aid absorption of vitamins from food.

Thiamine deficiency and ARBI
Research has found a relationship between alcohol ingestion, thiamine deficiency and ARBI. This relationship is a complex one mediated by many factors. Thiamine (vitamin B1) deficency is considered to play a role in producing ARBI via three mechanisms:

1. Alcohol interferes with the absorption of thiamine.
2. Alcohol prevents the body from metabolising thiamine adequately.
3. Alcohol is often associated with poor dietary intake of thiamine, amongst other nutrients.

Thiamine plays a significant role in the maintenance of several enzymes essential to cell metabolism and functioning. In addition, thiamine plays an important role in maintaining cell membrane structure. In particular, thiamine is thought to be a central nutrient for maintaining brain cells necessary for memory.

Other deficiencies related to ARBI
Heavy or excessive alcohol consumption may result in nutrient deficiencies other than thiamine, including:

- Vitamin B6 – pyridoxine
- Vitamin B12
- Folic Acid
- Vitamin C
- Magnesium
- Zinc
- Iron
- Calcium

Ensuring dietary needs are met

The most straightforward way of ensuring dietary requirements are met is to eat a balanced diet – which means eating a wide variety of foods. Many useful guides to healthy eating can be found online. A nutritionist may also be helpful.

People with ARBI should be encouraged to eat a balanced diet including an adequate amount of food from each of the food groups. In reality, however, many people with ARBI have difficulties maintaining a balanced diet and may need to take nutritional supplements. A multivitamin supplement that includes the following nutrients is recommended in these cases:

- 100 mg (at least) vitamin BI
- 10-20 mg vitamin B6
- 10-20 mg Folic Acid
- Vitamin B12, vitamin C, magnesium, zinc, iron and calcium.

DEALING WITH SLEEP PROBLEMS

Difficulty in sleeping can be frustrating for those affected by ARBI. The following information may be helpful.

What causes insomnia?

Insomnia, or sleeping problems, has many causes – ARBI, medication, withdrawal from alcohol, lack of a sleep routine, anxiety, depression, and many more. Lack of, or poor quality, sleep in itself can be anxiety-provoking. People sometimes curse to themselves, "How am I ever going to cope tomorrow with no sleep?" and become anxious, agitated or angry. These feelings and thoughts further arouse people and hinder a restful night's sleep.

How can the quality of sleep be improved?

1. SLEEP ROUTINE

Sleep is regulated by a biological clock in the human body that is sensitive to light and darkness. Many cases of insomnia are related to a disruption of these sleeping cycles. Maintaining good sleep hygiene helps to synchronise the body clock and improve sleep.

The following ideas are useful for retraining the body to sleep at the right times.

- Help the person with ARBI to establish a ritual before retiring. This gives the body the message that sleep will occur soon. The ritual should take about 20 minutes and may include such routines as having a warm drink, brushing teeth, locking the doors, setting the alarm, filling the hot water bottle, getting undressed and retiring to bed. It is important that the same ritual is performed every night at the same time. This will help train the body to respond to the ritual by relaxing, unwinding and inducing drowsiness. In effect, the aim is to send a message to the brain that it is bed time, and time to slow down
- Encourage the person with ARBI to establish a routine sleep pattern. Good hygiene involves retiring at the same time each night, and, even more importantly, getting up at the same time each morning. While the tendency after a poor night's sleep is to catch up during the day, this only makes it more difficult to sleep the following night and puts the body clock further out of sync. Prompt the person to set an alarm for the same time each morning
- Discourage napping during the day. This may make it more difficult to sleep at night. If a nap is essential, it can be limited to half an hour
- For many people, poor sleep may be related to inactivity. Regular exercise or activity can help to maintain a good sleeping pattern
- The sleeping environment needs to be comfortable – not too hot or cold
- Lying in bed at night is not the time or place to worry or solve problems. Remember, an important step towards good quality sleep is giving the body the message that bed time means sleep time. The aim is to train the body to think only of sleep when in bed. People who lay in bed thinking give their body the opposite message – that bed is for worrying! Encourage people who find themselves thinking or worrying in bed to get up and engage in some relaxing activity and try again later. It is better to get up several times through the night than have the body be trained to think the bed is for thinking and worrying
- People with sleeping problems should be encouraged to avoid studying, working, arguing or engaging in any activity that may be arousing before retiring. Being selective about what is viewed on television before going to bed can also be helpful
- Caffeine drinks or large meals should be avoided shortly before retiring
- Avoid or minimise the use of sedatives. A sedative may relieve sleeplessness in the short term but not without side effects. Sedatives may have a hangover effect which, in itself, can affect memory and thinking during the day. They are also highly addictive and sometimes can make sleep worse. They may be dangerous when used in conjunction with other medications or alcohol

2. SLEEPING MEDICATION

- Natural methods of inducing sleep should be attempted in all cases before medication is considered
- In some cases, medication is necessary to help to stabilise sleep patterns
- Sleeping medication should only be taken under the strict supervision of a medical practitioner to avoid addiction and adverse side effects

ARBI IN THE WORKPLACE AND RETIREMENT

This section describes the difficulties people with ARBI may experience at work, and presents alternatives available when people are no longer able to cope.

When will arbi become apparent at work?

The primary effects of ARBI are on the skills required to learn new information, solve problems and cope with new and changing situations. In contrast, well established knowledge and skills are intact. Most of the time people with a mild or even moderate level of impairment cope adequately in a familiar environment that uses well-learned skills and talents. Cognitive impairment often goes unrecognised until an individual is faced with change. Examples of changes at work that people with ARBI may experience difficulty with are listed below.

- Moving to a new factory or office
- Adoption of new technologies or systems
- Change in the structure of the company
- Change in roles at work
- Promotion or added responsibilities
- Increased pressure brought about by deadlines
- Interpersonal difficulties arising at work

Problems that people with arbi experience at work

People with ARBI may experience difficulties with the following:

- Remembering instructions, appointments and meetings
- Completing work quickly and efficiently
- Planning their work
- Prioritising jobs – particularly when given multiple jobs
- Getting things in the right order
- Managing time
- Getting started on new tasks
- Learning new routines, systems or technologies
- Communicating with other employees
- Concentrating
- Focusing on work – people may chop and change between jobs, never finishing one or following through with their plans
- Thinking of ideas and showing initiative. People with ARBI may be misunderstood as being unmotivated or uninterested.
- Changing behaviour – they may resort back to old, familiar ways of doing things when this is not appropriate

What are the options?

Intervention at work

1. Modifying duties to suit individual needs.
2. Educating the employer and supervisor about the person's disability and how they can assist the employee to work to their best potential.
3. Changing the structure of the employee's job – perhaps by recruiting someone to prioritise the person's work, ensuring work is only coming from one source, or allocating one piece of work at a time.

Changing jobs

1. Consider changing to a less complicated job – keeping in mind that people with ARBI will work best in situations employing their existing skills.
2. Part time work – people who fatigue easily may be suited to part time work.

Retirement

People with ARBI may need assistance planning for retirement, because this too is a change that requires adjustment. People with ARBI may need assistance with:

1. Finances – advice about the financial aspects of retirement can be obtained from Centrelink.
2. Staying active – a counsellor can help to identify interests, brainstorm ideas and choose directions in a collaborative effort to plan for a rewarding retirement.
3. Self-esteem – leaving the workforce can be for many a difficult transition that involves feelings of no longer being needed or worthy. Planning for retirement can assist by exploring ways, other than working, that fulfil these needs.

In comparison to work, retirement can be an unstructured and unsettling phase of life. People with ARBI will need additional support, guidance and encouragement to help them make the transition.

Krista had been working as a secretary in a law firm for 20 years, during which time she had established a reputation for efficient and accurate work. Her excellent employment record meant that when called in to see her supervisor she was overwhelmed to hear that complaints had been made about her work. Over the last 12 months there had apparently been several incidents where she had failed to meet deadlines. Krista was told her work was becoming less accurate, that she was slow getting work finished and that she seemed to spend too much time talking to other staff – meaning that important work was being left until the last minute. The law firm were concerned that Krista was experiencing personal difficulties that were interfering with her work. They valued her as an employee, and so referred her to the company psychologist for counselling. During counselling it became apparent that Krista had been drinking about half a bottle of wine each night for the past 10 years or so. Sometimes she would have more on weekends but was rarely drunk. Krista confided to the counsellor that she had recently been drinking more because she'd been feeling less able to cope with life and work. She'd been finding her work more difficult and was unsure what was going on.

After being referred for alcohol and drug counselling, and being pleased with her efforts at abstaining, Krista was still concerned that the work situation was not improving. The psychologist referred her for a neuropsychological assessment, which found she had mild to moderate ARBI. The report stated that she was slow in her thinking and that her planning and organisational skills had been affected. There was also some mild reduction in her short term memory capacity. The psychologist, neuropsychologist, Krista and her supervisor met to discuss the situation. Assessment of Krista's work environment and duties highlighted ways in which her workload could be altered so as to maximise her work efficiency. In discussions with Krista's supervisor it became apparent that Krista was typing for several of the partners, that she was required to prioritise jobs and that it was not always clear which work was more urgent. After several meetings, it was agreed that the partners would give their work to the supervisor with clear information about when the job was to be completed. The supervisor would then prioritise the work and pass on jobs to Krista one at a time. Larger pieces of work were to be broken down and given to Krista in manageable sections. Changes were also made to Krista's work station. Divider walls were assembled to minimise distraction from colleagues walking by and reduce general noise in the environment. A recent meeting with Krista and her supervisor proved the restructuring of her job to be extremely successful. Krista's work performance had improved, she was feeling good about her job and had managed to abstain from drinking.

Caring in the Home

ARBI AND CARING AT HOME

This section provides a framework for caring for people with ARBI at home. The decision to care for a person with ARBI at home is a complex one that involves ongoing assessment of the needs of all concerned – the person, family and carers – and evaluation of how well these needs are being met. Below is a framework that emphasises caring as an ongoing process of assessment, monitoring and evaluation. The stages identified are not to be considered as steps that occur in order – rather they are processes which carers will constantly move through.

Assessment

1. Assess the person's needs.

   Assessment of individual needs involves a realistic appraisal of cognitive and physical disabilities. In assessing individual needs, advice can be sought from a range of sources. A comprehensive neuropsychological assessment is a good start in obtaining information about the disability and implications of impairment.

2. Assess your own needs and the needs of the family.

   Equally important is the assessment of your own needs, your family's needs and any other responsibilities. Some questions to ask yourself are:

   - What are my present commitments? – social, work, family and community.
   - What are my children's needs?
   - What stressors exist in the family at present?
   - What are my children dependent on me for?
   - What are my partner's needs?
   - What are the needs of my relationship? – privacy, time and holidays.
   - What needs do I have? – social, time off, peace and quiet.

3. Assess available resources – yours and the family's.

   - What personal resources do I have to bring to the caring situation?
   - What are my strengths?
   - What am I good at?
   - What do I have to offer the person with ARBI?
   - What knowledge do I have about ARBI?
   - What information do I have on caring for an individual with ARBI?
   - What support can the family offer?
   - How willing are the children to help?
   - Will my family take on some responsibility to give me time off?

4. Assess available resources – external.

   - What community resources are available to help?
     For example, day centres, respite care, or home help.
   - What support is available to me? For example, friends, family, professional help.
   - What financial assistance is available?
   - Are there other carers I can talk to?

Gathering information and advice

Advice is available before, or in the early stages after, a decision is made to care at home for a person with ARBI. It is often not until you have been caring for some time that this information becomes meaningful, and that you have many questions to ask. It is useful to make a list of problems and questions as they occur and be active in seeking advice from a range of sources. Caring for a person with ARBI is an ongoing learning process for all involved.

- Read this entire information book
- Speak to your local doctor
- Speak to a professional with expertise in ARBI
- Encourage the person with ARBI to read the arbias booklet "Information for people with an ARBI"

Monitoring and evaluating the caring situation

Monitoring and evaluating the impact of caring on all involved is an important process that will continue as long as the caring situation does.

Some questions to ask are:

- What impact has caring had on my health, both physical and psychological?
- What impact has it had on my family's health?
- What impact has it had on family relationships?
- How have roles of family members changed?
- What impact has it had on the person with ARBI?
- What impact has it had on my relationship with the person?
- How does the person perceive the caring situation?
- How has my life, and my family's life, changed?
- What is different about life now?
- What things have slipped since the caring situation commenced?
- What haven't we had time or energy for?

Looking after yourself

Undoubtedly caring takes its toll on all involved – the carer, the family and the person with ARBI. Often while caring for others one's own needs takes second (or third) place, and may even be totally neglected. It is impossible to care adequately for someone with ARBI unless time and energy is invested in caring for yourself first. There are two important aspects to looking after yourself:

1. Seek support

   It is important to talk about the problems of caring, stressful incidents, amusing aspects and relationship difficulties with someone who is a good listener. Talking with a friend can be valuable, as can be talking with a case manager, counsellor, local doctor, psychologist or social worker.

2. Time out

   Time to yourself needs to be high on the priority list. Recruit friends, other family members and community services to allow time for yourself. It is important that you have time to relax, pursue interests, socialise and take a holiday regularly.

When caring at home is no longer possible

Caring for a person with ARBI at home is one of a number of accommodation options to be considered. When caring for a person with ARBI at home is no longer viable, a supported residential service (SRS) – hostel or nursing home may be suitable. Time spent looking at a variety of accommodations is time well spent. Information and advice about alternative care options can be obtained from your local council, or your regional Department of Human Services.

Planning a move

Change is particularly stressful for a person with ARBI. This information provides practical methods for assisting and supporting people with ARBI move to new accommodation.

Before moving

The two most important factors in moving are planning ahead and allowing ample time for adjustment. Below are some ideas designed to aid in a smooth transition between accommodation settings:

- Plan the move and inform the person well in advance. Write the date on the calendar and encourage the person to cross off the days as the time nears
- Provide photos of the new residence if these are available
- If it is to be a shared room, a prior meeting with the room-mate is useful
- Keep introductions to a minimum and explanations simple. Avoid overloading the person with new information. Allow the person to become familiar with one or two rooms at a time. Avoid the temptation to show as much as possible to demonstrate how great the new surroundings will be. This can lead to confusion or panic
- Where possible, reproduce the layout of the previous residence. Arrange furniture and belongings in a similar position
- If the person has been evicted from their present accommodation, the notice can be handed directly to them, and reinforced several times. They may forget having received the notice, or what the notice said
- For some people, a break in the previous routine is the best way to pre-empt a move. For example, a holiday or spending time with family can be a helpful way to break the old routine before moving to the new residence

During the move

- During the move, the emphasis needs to be on continuity, stability and familiarity
- Have some of the person's belongings in their room prior to the move
- Keep the number of people involved in the move to a minimum. Unfamiliar staff in the new residence can wear a name tag to help orient people
- Use an orientation board detailing personal information, the address and the new routine
- Initially it may be necessary to have signs and labels on rooms and cupboards to prevent confusion
- If there is a tendency to wander, it may be necessary to use a badge or wristband on which the name and address is printed
- If people return to their old address, take them back to the new residence as soon as possible, without fuss
- Encourage regular visits from familiar people
- If possible, arrange with staff for some aspects of the old routine to be kept up until the person settles into the new routine.

Following the move

- Teach the person about any new equipment with which they may be unfamiliar (microwave, taps, kettles)
- Be prepared to offer ongoing support, reassurance and assistance until the person is settled. You may be one of the only familiar people to the person during and after a move
- Change the address on all personal identification and ensure it is carried with them at all times.

People with severe ARBI

When the person's impairment is so severe that they are unable to appreciate or understand what is happening, a different approach may be necessary. Instead of introducing people to the move gradually, it may be better to move them quickly, quietly and with minimal fuss. It is necessary to balance needs for participation in decision making with the ability to understand the consequences of decisions.

Substance Releated Brain Impairment

SUBSTANCES THAT CAN CAUSE BRAIN IMPAIRMENT (SRBI)

Substance related brain impairment (SRBI) is physical damage sustained by part or parts of the brain as a result of drug or substance use. The cognitive and physiological effects of volatile substances, cannabis, stimulants, opiates and benzodiazepines are detailed in this section.

Volatile substances
Volatile substances (sometimes called solvents or inhalants) are compounds which give off a vapour or fumes at room temperature and include petrol, glue, paint, varnish and varnish removers, and aerosols. The recreational sniffing of solvents has become relatively common, particularly amongst adolescents in Australia, with the mean age of solvent use initiation being 17. Solvent use frequently occurs while the central nervous system is still in the process of developing.

Acute effects
Euphoria, slurred speech, nausea & vomiting, ataxia, drowsiness, dizziness, increased salivation, hallucinations, delusions, convulsions, aggression, confusion, slowed thinking, drowsiness, disinhibited behaviour.

Long term effects
Memory impairment, paranoia & psychosis, reduced insight and judgement, decreased attention, reduced ability to reason, reduced capacity for abstract and complex thinking. Overdose with respiratory arrest can result in hypoxic brain impairment

Cannabis
The active ingredient in cannabis, tetrahydrocannabinol (THC), is fat soluble and may stay in body stores for as long as 6-8 weeks following ingestion. There is evidence to

suggest THC accumulates in body stores and is related to acute and chronic psychiatric reactions. Studies addressing the long term effects of heavy cannabis use on the brain have shown it to be related to deficits of focused attention; that is the ability to screen out irrelevant information.

Acute effects (up to 24 hours after)
Increased self confidence; relaxation; euphoria; difficulty sustaining and dividing attention; memory problems; altered time and space perception and motor coordination; dissociation of ideas; delusions & hallucinations.

Long term effects
More longitudinal research is required to map the long term cognitive effects of chronic cannabis use.

Stimulants
Stimulants, including amphetamines, ecstasy and cocaine have surprisingly received little research attention. The most commonly used amphetamines in Australia, in decreasing order of potency, are dexedrine, methedrine and benzedrine. Ecstasy is a derivative of amphetamine.

Acute effects
Restlessness, euphoria, anxiety, repetitive behaviours, slowed thinking, decreased attention, disinhibition, aggressiveness, agitation, psychotic symptoms.

Long term effects
Distractability, difficulty in sustaining and dividing attention, working memory, reasoning and impulse control associated with changes in neurotransmitter systems, insomnia, psychiatric disturbances, depression. Overdose with respiratory arrest can result in hypoxic brain impairment.

Opiates
Opiates include heroin and heroin derivatives. The research on the long term effects of opiates is limited. Some researchers have found long term opiate users to have impaired visuospatial and visuomotor functions. Other research has related long term use of opiates to high level cognitive impairment affecting the brain's ability to integrate and coordinate a range of cognitive skills.

Acute effects
Euphoria, analgesia, nausea & vomiting, calmness, pinpoint pupils, sleepiness, shallow breathing.

Long term effects
Constipation, blood poisoning, risk of blood borne viruses, risk of death via overdose, risk of hypoxic brain impairment following overdose.

Benzodiazepines
Benzodiazepines or minor tranquillisers, are the most commonly used psychotropic drugs in the Australian community.

Benzodiazepines may be associated with disorders of concentration and memory.

Acute effects
Drowsiness, muscle weakness, slowed thinking, attention, memory, coordination, blurred vision, slurred speech, ataxia, nystagmus, dilated pupils, lowered impulse control.

Long term effects
Impaired attention & concentration, impaired short term memory and learning ability & visuospatial skills. Overdose can cause respiratory arrest resulting in hypoxic brain impairment, particularly in combination with alcohol or other substances.

Many questions unanswered

Idiosyncratic Reactions
Some drugs may cause idiosyncratic responses. This means that some individuals have an increased susceptibility to adverse drug reactions for reasons yet unknown. For example, clinical and research observations have found that some individuals are particularly prone to psychosis induced by cannabis. Similar observations have been made in users of amphetamines.

Cocktail Effects
An inherent danger for all drug users is the potential effect caused by interaction with other drugs, medication and alcohol. A medical practitioner is the best person to seek advice from regarding any interactive effects of drugs.

Research
Further research is necessary to clearly establish the long term effects of many drugs on cerebral functioning. There are many variables that make it difficult for researchers to study the casual relationships between drug use and brain impairment. Poly drug use in particular can make it difficult to study the effects of individual drugs. In reading this information it is important to keep in mind that significantly more research is required to complete our understanding of the impact of substance use on the brain.

Goal Setting

GOAL SETTING AND INDIVIDUAL PLANNING

Developing support plans with people can be very rewarding and satisfying for all involved. Sometimes however, the person's needs are so complex with multiple co-morbidities that it can seem confusing and overwhelming.

Crisis management is a classic service response to an individual with complex needs. More so when ABI is part of the complex needs mix. Crisis management will not promote independence or facilitate long-term change. On the contrary, it can render the person increasingly reliant on "the system" and also results in worker fatigue and burn out, and a loss of enthusiasm and energy that is needed when working with this particular group of people.

An individually tailored support plan will set small achievable steps along the path to a life which is as fulfilling, healthy and independent as possible.

The importance of your working relationship with the person.

- Before developing a support plan, we need to develop a satisfactory, but professional relationship with the people we support.
- Be Genuine - people know when you are genuinely interested in them.
- Work within your capacity – know your own strengths and limitations.
- Be realistic in your goal setting and plans of progress.
- Ensure the approach encompasses all aspects of the person's life, with their needs, wants and aspirations at its centre.
- Workers need to be non-judgemental of the person they are working with and the situation they are in.
- Team work – foster collaborative partnerships – liaise with others; this includes knowing when to request assistance and having clearly defined roles within the plan.
- Avoid the temptation to handball the "problem" to another service.
- Ensure continuity of support between services.
- Demonstrate respect for the person regardless of their behaviour or issues.

Assessing individual needs

An assessment of individual needs may be time consuming and involves careful evaluation of the individual and their environment. Family members and other services involved can be a great source of information about the person's daily functioning and existing strategies.

- obtain a comprehensive assessment of person's needs:

  Strengths.
  Cognitive function.
  General health.
  Mobility.
  Co-morbidities.
  coping strategies and existing skills.
  Services already in place and strategies useful to date.
  Support from family and friends.
  Accommodation.
  Other resources already established.

- know the person's expectations and what they hope to achieve.
- take in cultural considerations
- ascertain the person's readiness for change
- ascertain motivating factors and interests.
- A Neuropsychological Assessment will be helpful, if possible.

Although time consuming, a comprehensive assessment is absolutely essential to ensure the success of the Support Planning meeting.

Support planning.

Developing an individual support plan requires cognitive tasks such as concentrating, evaluating options, integrating concepts etc. Therefore it will be important to understand the person's cognitive strengths & weaknesses so the meeting and the goals can be tailored accordingly. Being flexible is obviously critical here and the most important aspect of the planning is ensuring the person is at the centre of the plan.

Developing a support plan involves:

- Organising the meeting at a time convenient to the person, the family and support people the person has invited.
- Establishing what is important to and for the person.
- Prioritise the goals. Do you need to deal with mental health issues first – e.g. correct medication?
- Goal setting: incorporating cognition, mental health, medical, social etc.
- Representing the plan to the person in a way that makes sense to them- a contract, pictures, audio tape, a letter etc. Be creative!

Setting Goals

- For many people who you support with an ABI setting goals in itself is a goal and an achievement – emphasise the importance of this.

- Individually tailor goals.
- Larger seemingly unrealistic goals can be broken down into smaller steps /parts which may be achievable or able to be addressed.
- Determine risk and need.
- Determine what is to be achieved by the goals so that the outcomes can be measured easily.
- Decide who and how goals / tasks will be addressed so that everyone can understand the importance and take responsibility to enable the goal to be achieved.

The person at the centre of the plan needs to take as much responsibility for their plan as they can. However, the worker and people who also support the person may need to assist or prompt with undertaking some tasks. They can also offer encouragement to maintain motivation around the goals.

Prioritising Tasks

First, decide if the goal is urgent. Then, is it important? What is important to the person or important for the person? The more information you were able to gather during the assessment period, the more valid the goals will be.

Some goals can be acted upon simultaneously, but keep it simple to maximise the chance of success.

In people with an ABI who have complex needs and co-morbid presentations:

- mental health issues may have flow-on improvement in everyday cognitive functioning.
- medical and mental health issues may reveal the "underlying" severity & nature of the ABI.

Using cognitive strategies when developing support plans

- When you work with (including history-taking and goal setting) the people you support, you will need to use cognitive strategies to compensate for limitations of memory, attention and executive function skills.
- Think about compensation, or compensatory strategies that are effective with the person.
- Provide structure within the session.
- Outline expectations / goals for the session.
- Write down what you have done/ said in each session so the person can keep it.
- Present ideas in concrete ways.
- Write and / or use diagrams.
- Break down goals into small achievable steps.

FURTHER RESOURCES

arbias PROVIDES THE FOLLOWING SERVICES

Specialists in Acquired Brain Injury.

arbias is a specialist service which works together with families, support networks, employers and service providers to assist people with ABI including alcohol and other substance related brain impairment to live and function to their full potential in the community.

arbias Ltd was established in 1990 to provide services for people with alcohol and other substance related brain impairment. It is a not for profit company managed by a Board of Directors.

Secondary Consultation
Provides specialist consultation to people with ABI, their families, carers and service providers. Services include: information, support and advice related to accommodation, dual diagnoses, drug and alcohol issues.

Information Services
Producing a range of literature and electronic information for people with ABI, families/carers, members of the Indigenous community and people from a non-English speaking background.

Workforce Training, Development & Capacity Building
Training modules on ABI including alcohol and other substance related brain impairment for health practitioners. Particular emphasis is given to understanding the implications of the impairment and working effectively with associated health and behavioural issues, information, support and advice related to accommodation, dual diagnoses, drug and alcohol issues.

Neuropsychological & Neurobehavioral Assessments
Provides a full neuropsychological assessment and diagnoses for people with suspected brain impairment.

Case Management
Provides and crisis response, complex case support, outreach case management, monitoring and support for people with ABI including alcohol or other substance related brain impairment. Compensable and non-compensable recipients recieve.

Accommodation
Provides transitional and long-term accommodation for people with ABI including alcohol or other substance related brain impairment.

Community Access
Provides assistance with community participation to people with ABI and their families.

Community Inclusive Services
Provides social, health and well being programs to people with a disability residing in Supported Residential Services, and to people with ABI including alcohol or other substance related brain impairment residing in the community.

GOVERNMENT & FURTHER RESOURCES

Government Resources

NSW Department of Family and Community Services
Ageing, Disability and Home Care (ADHC) www.adhc.nsw.gov.au

VIC Department of Human Services
Disability Services
www.dhs.vic.gov.au/disability

Further Resources

Beyond Blue
1300 22 4636
www.beyondblue.org.au

Careline
(24 hour urgent respite assistance)
1800 052 222

CBDATS
ABI behaviour consultancy
(03) 9490 7366

Centrelink
13 27 17
TTY 1800 810 586
www.centrelink.gov.au

Child Protection
13 12 78

Commonwealth Respite and Carelink Centre
1800 052 222
www.health.gov.au/ccsd CRS

Commonwealth Rehabilitation Services
1800 277 277
www.crsaustralia.gov.au

Cultural Diversity Resource
www.multicultural.vic.gov.au

Directline (Alcohol and drugs)
1800 888 236

Disability Online
www.disability.vic.gov.au

Gambler's Help
1800 858 858

Infoxchange
9418 7400
www.infoxchange.net.au

Interpreter
Translating and Interpreting Services (TIS) 131 450
www.immi.gov.au

Kids Helpline
1800 55 1800

Legal Aid
www.nla.aust.net.au

Lifeline
13 11 14

Mensline Australia
1300 789 978

NSW Public Guardian
www.lawlink.nsw.gov.au/opg

Nurse-On-Call (Health Advice)
1300 606 024

Office of the Public Advocate (VIC)
1300 309 337
www.publicadvocate.vic.gov.au

Parentline
13 22 89

Poison's Information Centre
13 11 26

Relationships Australia
1300 364 277
www.relationships.com.au

SEWBMH
Social and emotional wellbeing and mental health services in Aboriginal Australia
www.sewbmh.org.au

NOTES

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