

Co-designing a tailored program for managing substance use in acquired brain injury

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Introduction: Substance use disorder (SUD) is one of the most common mental disorders. Individuals with an acquired brain injury (ABI) are at increased risk of SUD, which reduces rehabilitation engagement and increases risk of subsequent brain injuries (e.g., from a fall). Effective interventions for ABI and SUD exist in isolation, but are inaccessible to individuals with both.

Methods: Co-design methods and user-centred design principles were used. Six people with lived experience of substance use in ABI participated in two co-design rounds. In round one, a needs analysis was used to develop a shared understanding of the experiences and challenges faced by people with ABI seeking substance use treatment and consider ways to optimise delivery. The Project Advisory Group reviewed these findings and provided further feedback for intervention refinement. An optimised intervention was drafted and shared with the consumers in a second round of co-design to gauge the intervention's appropriateness and feasibility.

Results: The co-design team comprised six consumers with lived experience of ABI (ABI=5; family member=1) and substance use (methamphetamine=3, alcohol=2, cannabis=1). Needs analysis priorities identified were: 1) better-equipped care to support individuals with ABI+SUD (e.g., in-home); 2) treatment tailored to individual needs; 3) holistic treatment inclusive of environment, community, broader goals; 4) meaningful, personalised support person involvement. Priorities highlighted during draft intervention 'walk-through': 1) tailoring information presentation to individual needs (e.g., visual, paper-based/digital); 2) inclusion of consumer-generated materials (e.g., testimonials); 3) flexible content pacing.

Discussions and Conclusions: A new SUD intervention optimised for individuals with ABI was co-designed. Future research will evaluate its acceptability, feasibility, and efficacy.

Implications on communities, practice, policy and/or First Nations communities:

Engaging consumers with lived experience in co-design is recommended to ensure meaningful and clinically feasible psychosocial intervention development.

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