


## Brain Injury & Mental Health: Recognizing and Understanding the Mental Health Needs of Those with Acquired Brain Injury

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## Prevalence of ABI

- 1.5 million TBI's occur each year
- 400,000 hospitalizations for pediatric patients with TBI symptoms
- Most often occur in young men, average age of 18-45
- An estimated amount of 5 million individuals living with disabilities as a result of their TBI diagnosis



(Maucieri, 2012)(Osborne Dowdy, 2019)




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## Prevalence of Mental Health Symptoms Following an ABI

- When providing clinical services to individuals living with a TBI diagnosis, "outcome measures included a 37.1% prevalence of psychiatric disorders and a 62.9% prevalence of impacted social and psychological capabilities" (Gomez-de-Regil et al., 2019)
- Major Depressive episodes are "estimated to occur in 14-29% of individuals following a TBI" (Maucieri, 2012)
- Annemieke Scholten et al., discovered a "high long term prevalence" of anxiety disorders (36%) and depressive disorders (43%)

(Gomez-de-Regil et al., 2019) (Maucieri, 2012) (Scholten et al., 2016)




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### Case Example

- Jane is a divorced, Caucasian, female in her late 40's
- Jane was diagnosed with Obstructive Hydrocephalus in her mid teens and had a shunt placed in her brain to drain excess fluid
- In her mid 20's, Jane was in a relationship with domestic violence present, resulting in her first TBI
- Two years later, Jane sustained a severe concussion as result of a car accident. She acknowledges trauma related to what was



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### Mental Health Background

- Jane has no known history of mental health diagnoses prior to her brain injury
- She was referred to mental health services by her neurologist for Bipolar Disorder, which they were medically treating at the time
- Presenting symptoms included:
  - Scattered/flight of thought
  - Memory impairment
  - Disorganization
  - Depression/anxiety
  - Pressured speech
  - Challenge with care of her home, benefits, etc.
  - Easily overwhelmed, presenting as emotionally dysregulated at times
  - Isolation with exacerbated symptoms



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### Diagnostic Assessment

- Jane's symptoms of ABI have been misdiagnosed and misunderstood historically, including being labeled as Bipolar Disorder
- Following assessment by a mental health professional of her presentation of symptoms throughout the lifespan, Jane was given a primary diagnosis of Posttraumatic Stress Disorder (PTSD), with secondary diagnoses of traumatic brain injury (TBI) and Obstructive Hydrocephalus, as indicated in medical records



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## Symptoms/Presentation of ABI

- Fatigue/sleep disturbance
- Memory
- Information Processing/Concentration
- Issues with speech (aphasia)
- Coordination/Balance
- Hyper-sexuality
- Impulsivity
- Emotion/Mood regulation
- Pain
- Confusion
- Personality changes
- Interpersonal relationships
- Headaches
- Senses heightened/sensitivity
- Incontinence


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## Mental Health

- Mood Disorders (Major Depressive Disorder, Bipolar, Seasonal Affective Disorder...)
- Anxiety Disorders (Generalized Anxiety Disorder, Obsessive-Compulsive, Agoraphobia...)
- Personality Disorders (Borderline, Dependent, Narcissistic...)
- Psychotic Disorders (Schizophrenia, Schizoaffective, Delusional...)
- Trauma-Related Disorders (Posttraumatic Stress Disorder, Hoarding, Acute Stress Disorder...)
- Substance Use Disorders
- Eating Disorders

Those with severe and persistent mental illness is indicated in those who experience impairments in functioning in the following areas:  
 Activities of Daily Living (ADLs), Adaptation to Change, Interpersonal Relationships,  
 Concentration/Task Performance/ Pace




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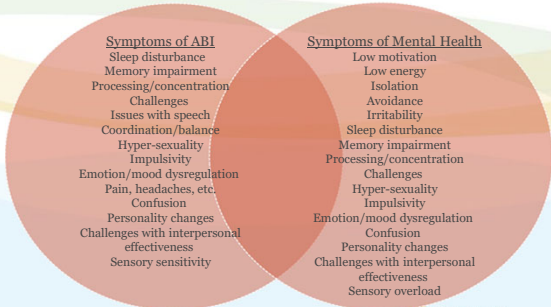
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**Symptoms of ABI**

- Sleep disturbance
- Memory impairment
- Processing/concentration
- Challenges
- Issues with speech
- Coordination/balance
- Hyper-sexuality
- Impulsivity
- Emotion/mood dysregulation
- Pain, headaches, etc.
- Confusion
- Personality changes
- Challenges with interpersonal effectiveness
- Sensory sensitivity

**Symptoms of Mental Health**

- Low motivation
- Low energy
- Isolation
- Avoidance
- Irritability
- Sleep disturbance
- Memory impairment
- Processing/concentration
- Challenges
- Hyper-sexuality
- Impulsivity
- Emotion/mood dysregulation
- Confusion
- Personality changes
- Challenges with interpersonal effectiveness
- Sensory overload




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### Misdiagnosis

Based on what we've discussed, why do you think individuals with ABI are often misdiagnosed?

According to the *DSM-V-TM Handbook of Differential Diagnosis* the factors to rule out when diagnosing are:

- Malingering and Factitious Disorder
- Pretending to be sick, self-inflicted illness
- Substance Etiology (Including Drugs of Abuse, Medications)
- Disorder Due to a General Medical Condition

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### Mental Health

- Survivor Perspective:
  - [BrainLine.org](http://BrainLine.org)

Mental Health Matters

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### Exacerbating Factors of Mental Health Needs

- . Environmental factors
- . Natural supports/caregiver burnout
- . Stress: good and bad
- . Employment (or lack of..)
- . Stigma and/or discrimination
- . Financial status
- . Grief & loss



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### Diagnostic Assessment

Assessing for baseline prior to injury

What is needed for effective diagnostic clarity?

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### Continuum of Collaborative Care

To create, support, and coordinate team-based health care, integrating continuity of care efforts for mental, physical, and behavioral health needs



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## Continuum of Collaborative Care

- Merge annual meetings and goals to promote continuity of care
- Integrate team members into the clinical setting to reinforce and encourage skill use
- Implement measurement tools with goals for decreased behaviors, hospitalizations, and Emergency Services contacts, as well as increased independence through ADLs, employment, residential stability, etc
- Integrate physical health needs and medical care through improved communication and monitoring, as evidenced through use of measurement tools to track improved physical health and mental health symptoms, as well as improvements in functioning
- Create and maintain a model that can be replicated by other mental health centers and developmental services agencies to improve continuity of care for those with co-occurring IDD and mental health needs, creating an expectation of partnership, rather than an exception

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## Bookends Therapy

A model of therapy that promotes a collaborative person-centered approach to clinical interventions. Bookends Therapy models strength based supports to foster relationships and rapport, team-based supports, and continuity of care in fostering an individual's wellness goals.

**Check In with Individual and Support/s**

- What is going well?
- Skills review since last session
- Areas to address during session

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**Individual Therapy**

- 1) Check in/what is going well
- 2) Processing
- 3) Skill use/mindfulness
- 4) Identification of what the individual wants their team to know and what support is wanted/needed
- 5) Collaborative documentation

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**Skills Review with Individual Support/s**

- Individual teaches skills learned to support/s
- Clinician assesses for individual's insight and skill retention
- Client shares support needed, identifying mutual plans/goals between sessions

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## Identifying Caregiver Supports

- Identifying and addressing burnout
- Roles and responsibilities of team members
- Clinical education (diagnosis, symptom management, treatment plans, Individual Service Agreements)
- Self-care skills
- Community connection
- Avenues for advocacy
- Peer support
- Supporting independence and understanding self-determination
- Understanding legal and financial resources
- Understanding state and local systems
- Supporting medical needs and medication adherence

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## Problem Solving

What can we do for Jane?



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- Meet your client where they are at
  - Person-in-environment
  - Engagement & Rapport
    - Communication
  - ASK QUESTIONS!

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