

# Beyond the Label: Dangers in Misdiagnosis for Survivors of Brain Injury with Co-occurring Mental Health needs

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**Samantha Morse**  
Mother – Wife – Daughter

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Father – Son – Brother




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## agenda

- WHY THIS TOPIC MATTERS
- GENERAL OVERVIEW
- FIRST PERSON EXPERIENCES
- CLINICAL REVIEW
- Q & A

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## Prevalence

**Substance Abuse:**


- 43% report alcohol abuse, 29% illicit drugs, 48% either
- Compared with: 7% of general population

**Suicide Attempts:**

- 28% present with SI; 17% with history of attempts
- Compared with: 4% of general population

**Mental Health:**

- 30% of survivors experience mental health symptoms following injury
- 85% of families report behavioral changes
- Compared with: 19% general population




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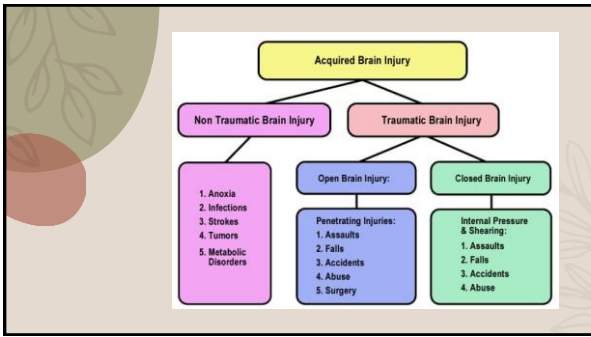
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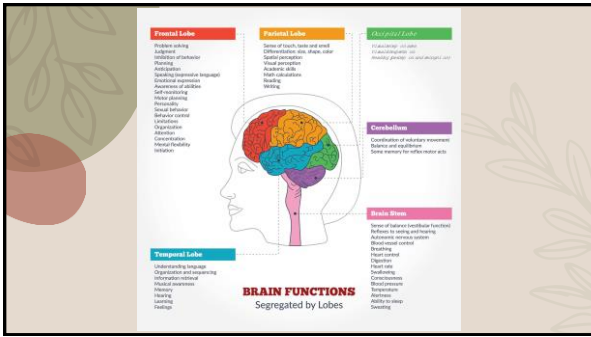
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### Mental Health Disorders

- Mood Disorders (Major Depressive Disorder, Bipolar & Related Disorders, Seasonal Affective Disorder...)
- Anxiety Disorders (Generalized Anxiety, Obsessive-Compulsive, Hoarding...)
- Personality Disorders (Borderline, Dependent, Narcissistic...)
- Psychotic Disorders (Schizophrenia, Schizoaffective Disorder, Delusional...)
- Trauma-Related Disorders (Posttraumatic Stress Disorder, 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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## PSYCHIATRIC ASSESSMENT

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### KEY COMPONENTS

- Identification Data
- Chief Complaint
- History of Presenting Illness
- Legal & Substance Abuse History
- Past medical history – including surgeries & Review of Systems
- Past Psychiatric History
- Family & Social History
- Developmental History
- Mental Status Exam
- Formulation & Diagnosis
- Recommendations & Treatment Planning

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### Mental Status Exam

- Appearance
- Speech
- Emotion
- Thought Process
- Perception
- Sensorium
- Intellect (Cognitive Testing)
- Interview

"A – SET – PSJ2"



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"Avid social butterfly who lost her wings"

July 16, 2019




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The Man, The Myth, The Legend

April 20, 2018




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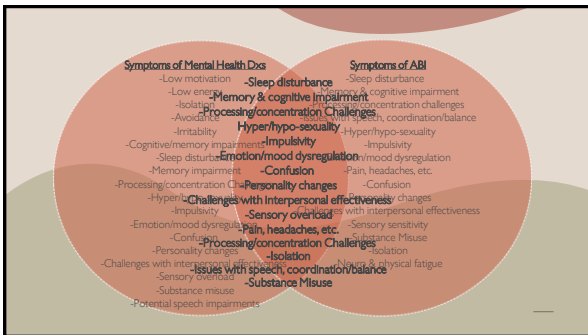
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## Misdiagnosis

### The Diagnostic & Statistical Manual - V

According to the *DSM-V-TR 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

- Importance of assessing for timeline & onset of symptoms
- Avoid becoming a "lumper"
- Emphasis on the Differential Diagnosis (DDX) ; least dangerous assumption
- Mechanism & location of injury matters



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## Trauma-Informed & Neurologic-Informed Care

### Trauma – IC:

- Become knowledgeable regarding the impact and consequences of trauma with individuals, families, communities, etc.
- Implementing strength-based approaches
- Utilize practices that avoid re-traumatization
- Anticipate the need for appropriate treatment planning
- "The great impersonator"



### Neurologic – IC:

- John D. Corrigan, PhD ; Ohio Brain Injury Program – Ohio State University
- Refers to the on-going process of using neurologic-based knowledge to improve the treatment experience and outcomes of individuals with cognitive impairment.
- Cognitive impairments present with unique issues and treatment needs
- Emphasis on behavioral health professionals having knowledge to identify and accommodate cognitive impairments

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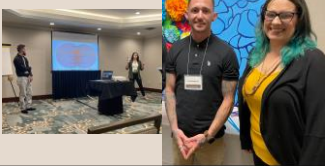
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## Rapport as A Protective Factor

APA Task Force on "What Works" (2018)  
-Only 0%-10% of efficacy of EBPs account for intervention itself



- The best way to learn, is to listen
- Begin building rapport from day ONE
- Meet your client where they're at
- Person-in-environment
- Cultural competency & stigma
- ASK QUESTIONS

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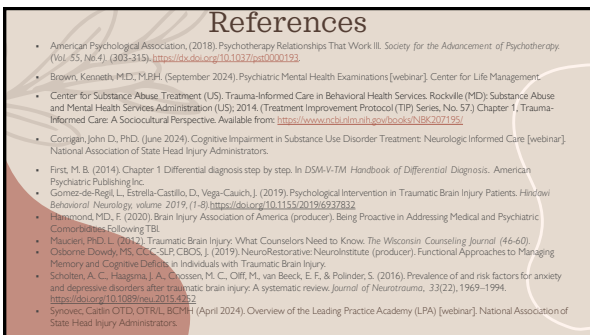
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