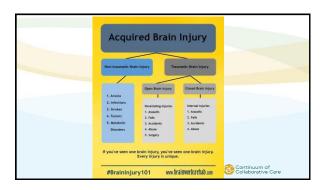
Brain Injury & Mental Health: A Survivor's Perspective Chelsea Zarcone, LICSW, CBIS Clinical Brain Injury Specialist Center for Life Management Gentleman of Continuum of Collaborative Care



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)

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 1429% 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)



The Man, The Myth, The Legend...



- I was the responsible, problemsolving, rock of my family Part of an MC for 3 years
- Before the accident, never had mental health issues or took medications
- Used to think people were just making excuses for being depressed
- "All American Kid"



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
- 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















Misdiagnosis

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, Modinations)
- Medications)

 Disorder Due to a General Medical Condition

Importance of assessing for timeline & onset of symptoms



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



Continuum of

Jake's TBI & Mental Health Journey



- First year after recovery, there was no aftercare plan
- I had no idea anything was even wrong
- Began escaping through alcohol
- Three suicide attempts in 8 months; hospitalized after the 3rd attempt
- Began services at CLM in January 2019
- OT, PT, Speech, & psychotherapy & medication management



Caregiver Support

- Went from being the caregiver, to being cared for
- Caregivers go through their own trauma
- Not enough resources for caregivers
- TBI changes the lives of everyone around the survivor





Let's talk about stigma, baby...

- Recognized and worked through own personal stigmas
- Motorcycle rider with big rings and tattoos
- Importance of first responders and behavioral health professionals understanding presentation of TBI





Rapport as a Protective Factor

- Importance of strong understanding between psychotherapist and medication provider
- Contracting for safety Authenticity & valuing the relationship
- HONESTY









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