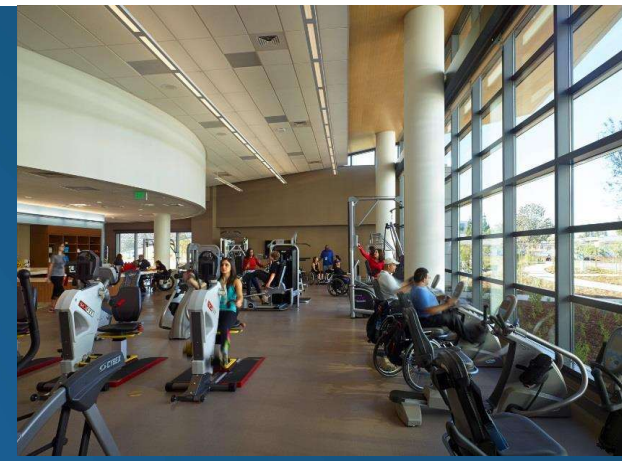
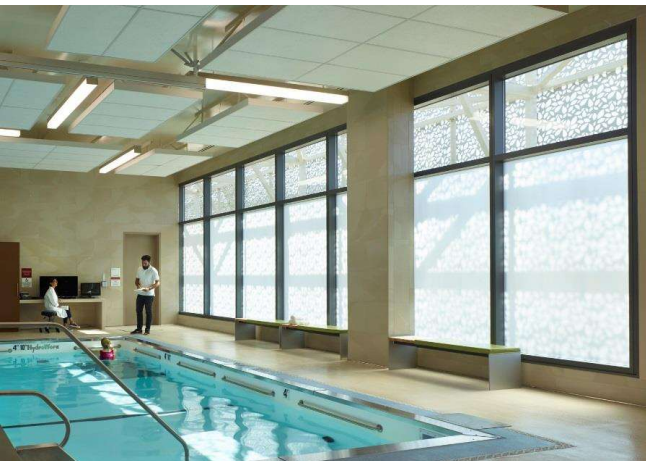




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Mental Health after SCI

3/23/2024

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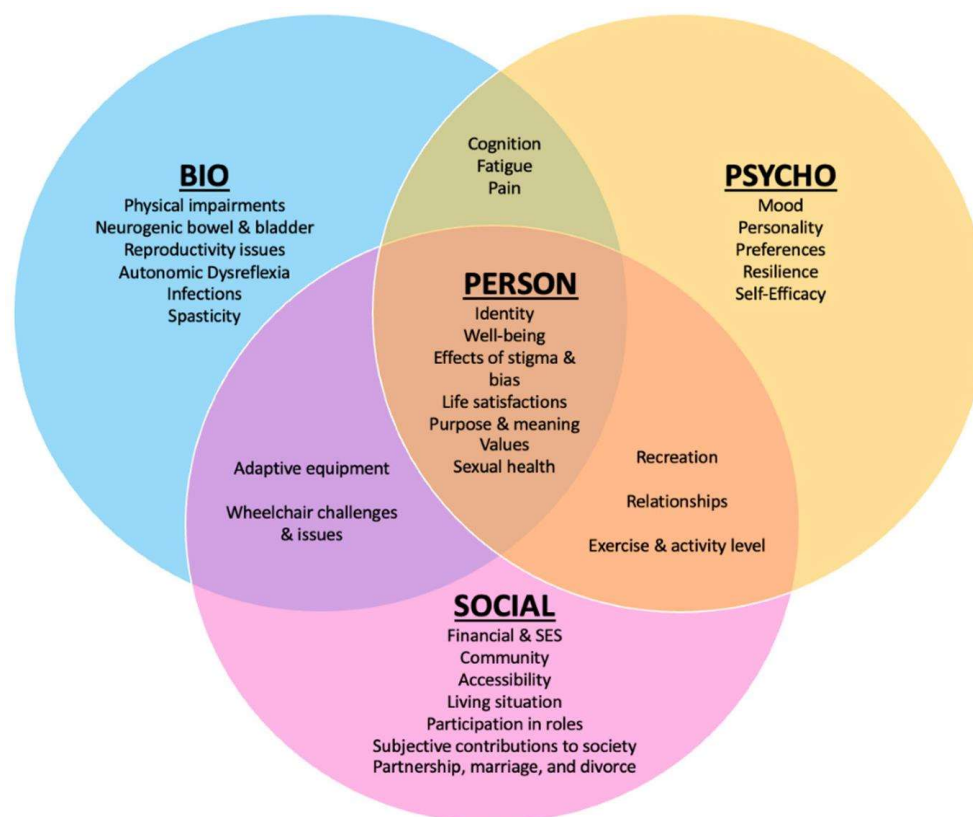


Topics to be covered

- Common mental health issues post SCI
- Normalizing emotional response to injury
- Reconceptualization of self post injury
- Treatment options
- Coping strategies that can be taught by all providers

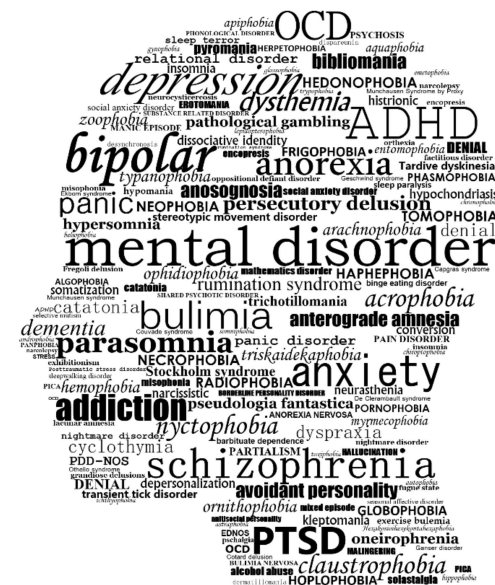


Biopsychosocial Model of Interacting Factors for Persons Living with SCI (Budd et al., 2022)





- Mood:
 - Anxiety
 - Depression
- Adjustment and Trauma
 - Adjustment Disorder
 - Post-Traumatic Stress Disorder (PTSD)
 - Coping with pain
- Substance Use
- Normative Reactions
 - Phase of Life Problem
 - No Diagnosis





Prevalence of Mood Disorders

- Mood is important to assess in the SCI population, as post-injury rates of depression and anxiety are higher than the general population (Galvin & Godfrey, 2001; Bombardier et al, 2021). Prevalence in individuals living with SCI ranges between 25-35% for depression, and 20-25% for anxiety.
- **In our experience working with patients with SCI**, difficulty with adjustment and mood are common, intermittent throughout recovery and lifespan, and vary significantly by individual pre- and post-injury experience (Post & Van Leeuwen, 2012).
- Research suggests that adjustment to incomplete SCI may be more difficult than adjustment to complete injuries, due in part to increased hopefulness about recovery as well as higher rates of pain (Ames et al., 2017).



Depression, SCI & Suicide

- Suicide is at least three times more prevalent among persons with SCI than in the general population (Bombardier et al 2021).
- Individuals with SCI who later committed suicide, when compared with a matched sample of SCI persons who had not killed themselves, scored significantly higher on measures that included shame, hopelessness, despondency, apathy, alcohol abuse and destructive behavior (Charlifue & Gerhart, 1991).



Injury ≠ Depression

Be careful not to assume individual's emotional reaction to injury.

Staff/Family: "This must be really hard." or "I can see that you are depressed."

Patient: "What makes you say that?"

Staff/Family: "This would be hard for anyone." or "I don't know if I could cope with injury."

Instead, ask: "How are you feeling? What are you thinking?"



Prevalence of PTSD, Adjustment Disorders, and Coping with Pain

- Posttraumatic Stress disorder is more prevalent in the SCI population than the general population, with prevalence of 25% (Cao et al., 2017).
- Estimates of adjustment disorder vary significantly, due to varying symptoms (with anxiety and or depression, or unspecified), the fluid nature of symptoms, and the difficulty of assessing symptoms in timely manner.
- Up to 80% of those living with spinal cord injury will end up coping with chronic pain.
 - Coping with pain is known to affect mood, self-care, and physical health.
 - Today, the focus is on the mind-body connection, and how to enhance mental health, but pain management is an important tool to help improve mental health.



Prevalence of Substance Use Disorders

The SCI population has higher rates of substance use than the general population (Bombardier et al., 2021).

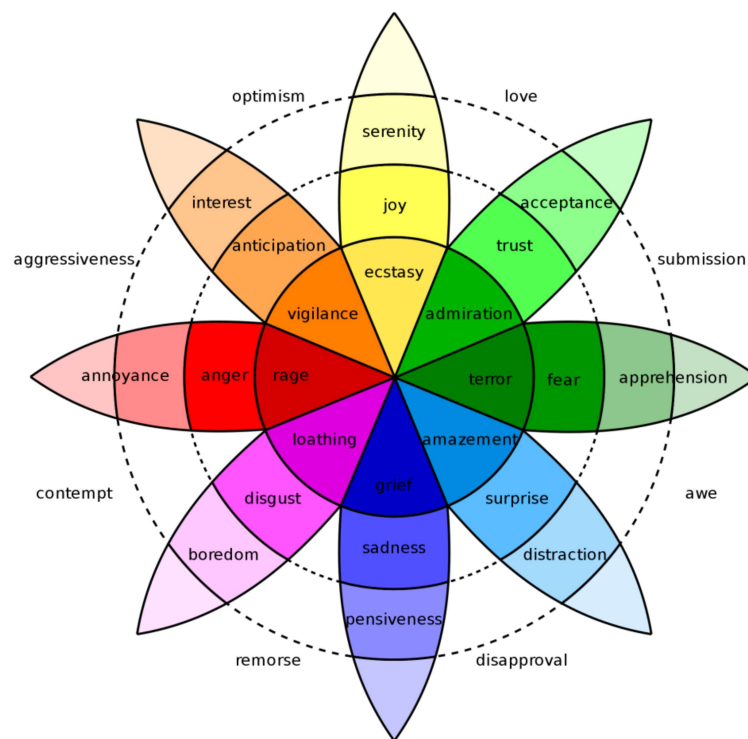
- Tobacco use: An estimated 35% of individuals with SCI smoke tobacco.
- Alcohol Use
 - Fourteen percent of individuals with SCI report significant alcohol-related problems and 19.3% report heavy drinking.
 - Among U.S. veterans, approximately 9% were diagnosed with alcohol-related SUD and 8% had an SUD due to use of illegal drugs.
- Other Substance Use: Among civilians, the prevalence estimated for other drug use varied widely, from 0% to 14%.
- Opioid Use
 - Evidence shows that risk of opioid misuse is higher in individuals with SCI than in those without.
 - It is estimated that 35.2% of individuals with SCI use opioids daily and that 17.6% to 25.8% self-report significant misuse of pain medications.

(Craig et al, 2014)



Emotional reaction to change and trauma is normal

- Emotions are normal and contagious.
- Not only is the individual having an emotional reaction and adjusting to injury, family has their own reaction.
- Emotional reaction becomes an issue if it limits or prevents you from taking part in therapy, connecting with others, or moving on with life.





Grief v. Adjustment v. Sadness v. Depression

- Grief
 - Deep sorrow, especially that caused by someone's death or by major loss.
- Adjustment
 - The process of adapting or becoming used to a new situation.
- Sadness
 - Feeling down or unhappy in response to grief, discouragement, or disappointment; if ongoing, may indicate depression.
- Depression
 - Mood disorder that causes a persistent feeling of sadness and loss of interest.

Research suggests that happiness is independent of injury. Rather, it seems that one's ability to cope by engaging in a number of social-cognitive activities, including reality negotiation, is what actually affects one's life satisfaction (Dunn, 2014).



Adjustment to Injury

- DEF – Adapting to an altered condition or situation.
- Fluid, varies along the life span
- Some suggest “response to disability” as there is ongoing adjustment.
- “Acceptance” of injury
 - Variable, with some never accepting injury
 - For most, at least year or two for basic acceptance; patients are told most recovery happens in first two years.
 - For many, up to five years for fuller acceptance/adjustment (Budd et al., 2022).
 - Involves reintegration into community, for most.

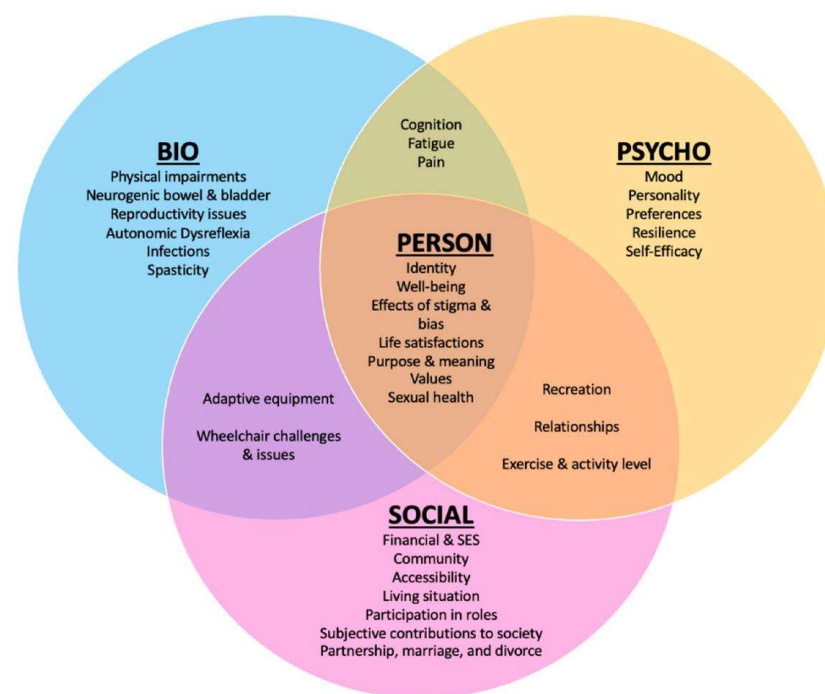




What Affects Adjustment to Injury?

- Bio-
 - Cognitive impairment
 - Secondary complications
- Psycho-
 - Premorbid psychological factors
 - Post injury psychological factors, such as anxiety
 - Personality
 - Resilience
 - Interpretation of injury
- Social-
 - Social support
 - Life situation
 - Culture
 - Stability

(Craig et al, 2015)



Budd et al., 2022



Biology - Impact Of Physical State On Emotions

- Feeling sick/unwell can be confused with feeling depressed, by the individual, the family, and the providers.
- Patients with fever, nausea/vomiting, or immediate physical distress are like to present with little expression of emotion.
- Those with high level SCI have limited physical reserve.
 - Often have “flat affect” with fever, UTI.
 - May present with “anxiety of unknown origin” if they do not understand autonomic dysreflexia.



Models of Adjustment to Injury

- Formulating a Disability Identity
- Stress Appraisal and Coping/Personality
- Integrative Model (AKA Spinal Cord Injury Adjustment Model; Craig et al., 2022)
 - Multiple factors affect adjustment to injury including type of injury, hospital course, family support, etc.
- Kubler-Ross stages of grieving
 - Research does not support this model as predictor of adjustment, but discussing stages of grief (denial, anger, bargaining, depression, acceptance) can be helpful.



Disability Identity (Dunn, 2014)

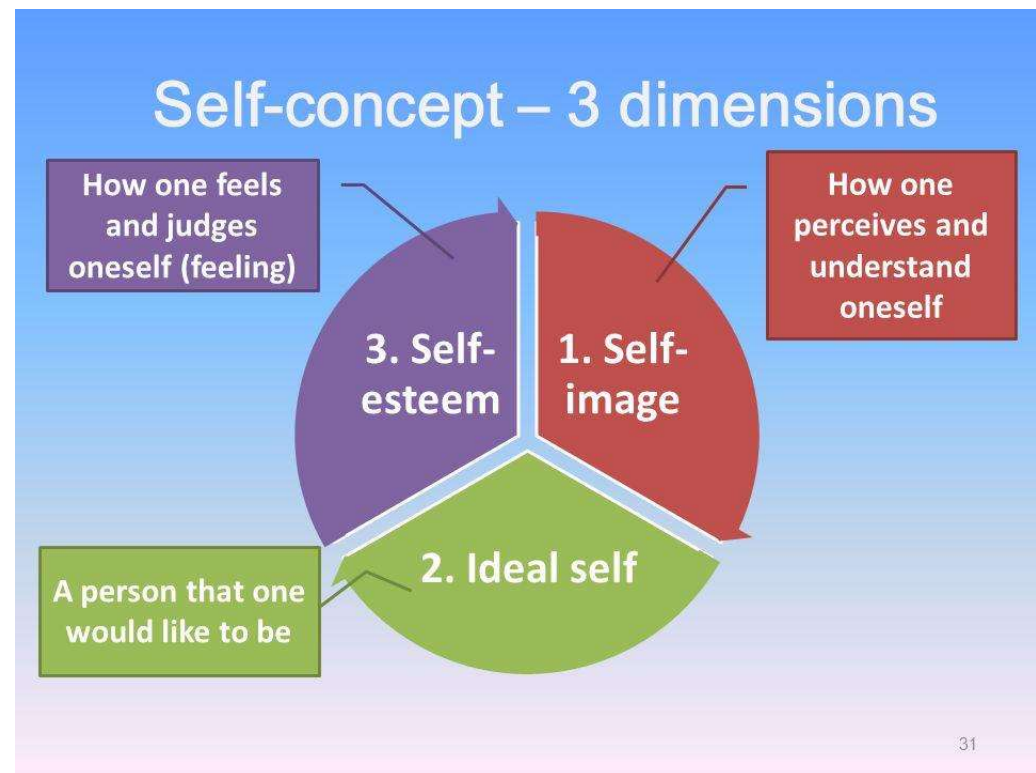
- Those living with a disability benefit from creating and maintaining a narrative regarding their experiences.
- Individuals living with disability identify *psychosocial assets* that they developed and honed in the process of developing a positive disability identity in an ableist world.
- By acknowledging the foundational impact that living with a disability may have on their lives, individuals are able to gain a sense of communal attachment with others living in similar circumstances, while simultaneously promoting a sense of self-worth, pride, and personal meaning.



How do you reconceptualize self post injury?

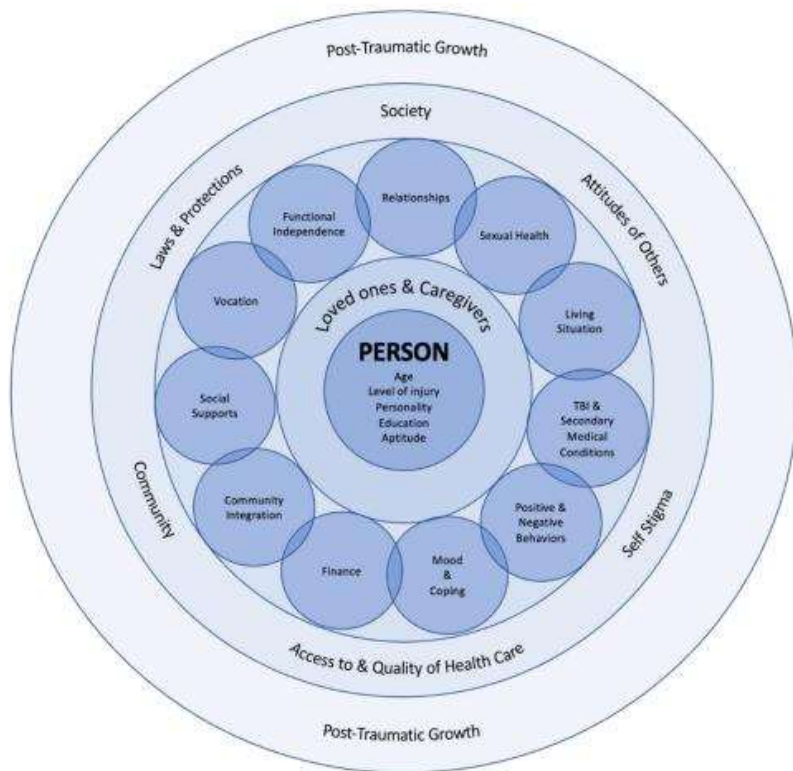
AREAS RELATED TO SELF CONCEPT

- Family
- Gender
- Interpersonal
- Occupational
- Sexuality
- Personality





What impacts your reconceptualization?



Budd et al., 2022

- How you view yourself in relation to:
 - Family
 - Social Supports/Relationships
 - Community
 - Your role in society
- A person's view of his or her circumstances may impact his or her experienced level of happiness and perception of self.



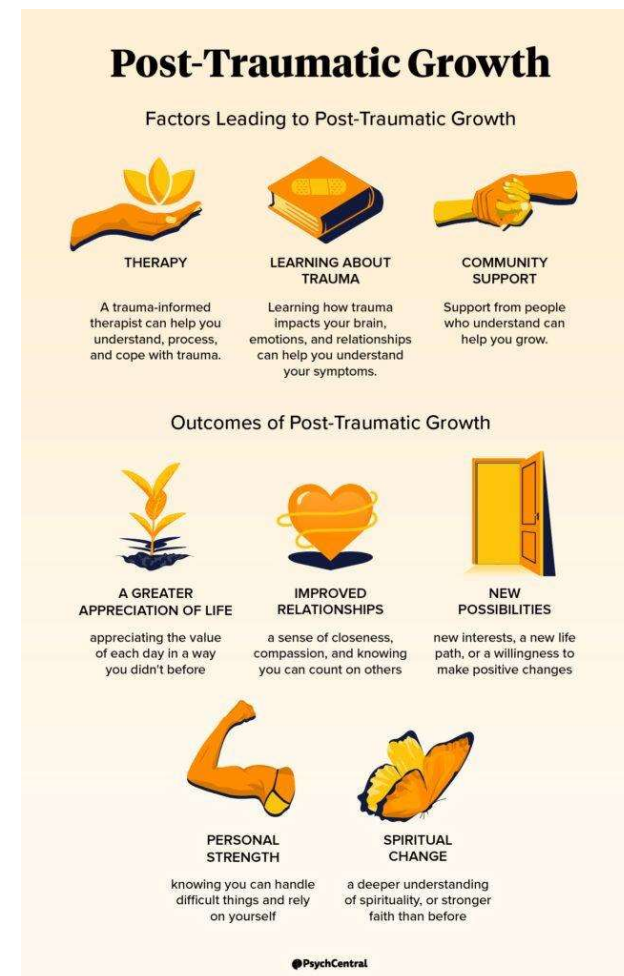
What impacts an individual's ability to adjust?

- Resiliency: the capacity to withstand or to recover quickly from difficulties. It is estimated that 60% of individuals coping with SCI display resiliency and cope well with SCI (Guest et al., 2015).
- General self-efficacy – belief in ability to complete a task.
- Purpose in life
- Post traumatic growth (Tedeschi et al., 2015).
 - Positive psychological change experienced as a result of struggling with highly challenging, highly stressful life circumstances.



Posttraumatic Growth (PTG)

- Role of posttraumatic growth in reconceptualization of self:
 - Why did I experience this trauma?
 - What did I learn from this experience?
 - When an individual focuses on growth, there is greater appreciation, focus on solutions, and increased belief in self.
- Some research on PTG (Chun & Lee, 2008) in people living with SCI found the following areas of growth were:
 - Experience of meaningful family relationships
 - Experience of meaningful engagement
 - Appreciation of life



(PsychCentral.com)



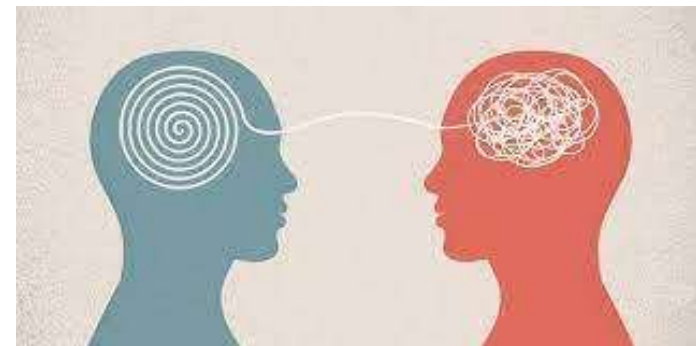
What is the goal of interventions?

- To help individual get to the best place they can be.
- Factors that help improve mood:
 - Increased and meaningful activity
 - Increased and meaningful socialization
 - Reconceptualization of current life
 - Acknowledging the past, living in the present, planning for the future
- Interventions are designed to address barriers to increasing the above factors.



Traditional Mental Health Treatment Options

- Individual Psychotherapy
 - CBT
 - Trauma-Focused
 - Existential
- Group Psychotherapy or Support
- Medications for emotion
 - Depression
 - Anxiety
 - PTSD
- Substance Use Treatment





Referral for mental health treatment

- WHEN TO REFER?
 - The patients asks to talk with mental health professional.
 - Clinical symptoms are noticed by the provider or family.
- But the patient has the clinical and ethical right to be informed of referral and right to refuse referral.
- How can I help encourage someone to consider mental health referral?
 - Use motivational techniques to encourage patient to consider referral.
 - Normalize emotional reaction to injury and trauma.
- Submitting referral when an individual has declined DECREASES likelihood that patient will disclose emotions in the future.



Outcomes after referral for treatment (at Rancho)

- 30-40% of those referred will respond to referral
- Approximately 60-80% of those responding will come to appointment.
- In some cases, you may be the only provider that talks with patient. It is important to provide support.



Other Options for emotional support

- Support groups
- Individual peer support
- Spiritual Support
- Interest groups
- Sports teams



Triumph Support Group



Coping strategies that can be taught/encouraged by most people

- Encourage Activity
 - Get out of the house
 - Avoid isolation
 - Have a schedule
 - Pursue interests
- Encourage Socialization
 - Talk to people (virtually or IRL)
 - One person does not need to serve all of your socialization needs.
- Mindfulness/Grounding – focus on 5 senses. (Hearn & Cross, 2020)
- Relaxation – Deep breathing, Progressive muscle relaxation



Common Questions asked by Staff

How do I help patients who are:

- Crying?
- Avoiding?
- Fearful?
- Not participating in rehabilitation?



BEHAVIOR	STRATEGY
Crying	Calming
Avoiding	Identify reason for avoidance
Fearful	Identify fear, and address fears step by step
Not participating	Identify reasons
Not socializing – Fear of Logistics	Problem-solving
Not socializing – Fear of being seen as different	Normalize that people look at things that are different. Suggest doing an experiment: How often do people look at you?



Summary

- Mental Health Issues are more common in the SCI than general population.
- Emotional reaction to trauma and change is normal.
- There are multiple factors that will affect adjustment and change, including resiliency and post traumatic growth.
- Reconceptualization and socialization are key elements of adjustment.
- Mental Health resources are available, both formal and informal (individual and group treatment, substance use treatment, support groups, peer mentors).



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Dankie Gracias
Спасибо
Merci Takk
Köszönjük Terima kasih
Grazie Dziękujemy Dėkojame
Ďakujeme Vielen Dank Paldies
Kiitos Täname teid 谢谢
Thank You Tak
感謝您 Obrigado Teşekkür Ederiz
Σας ευχαριστούμε 감사합니다
Bedankt Děkujeme vám
ありがとうございます
Tack