

Dr. Maria Mouratidis Talks About Treating The Patient and Avoiding Stove Piping

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Dr. Maria Mouratidis: One of the advances in science and practice that has become more evident, it's not necessarily new, but more in the forefront. Is how are we understanding overlapping disorders and problems. Our patients are coming back with complicated injuries that are both physical, psychological, and brain injury oriented. Trying to understand what are the relationships between, brain injury for example, and post traumatic stress disorder for example.

Post traumatic stress disorder is only one of several psychological consequences to trauma or stress. For example the incidence of depression is as high, or higher than post traumatic stress disorder. Substance abuse is fairly prevalent, especially for untreated PTSD or depression, as the person resorts to using substances to deal with emotional pain. By trying to understand and create programs that are integrated, that integrate with both the psychological health aspect of injuries and illnesses and well being. We are also focused on the patient's strength and well being. That's why we use the term psychological health.

In addition to their brain injuries, trying to understand that relationship and to create and assessment and treatment program that mirrors the patient, that mirrors the integration. For example stove piping, this is a term to explain when everything is cutoff and is separate. You would have the PTSD and the psychological health over here, the TBI, traumatic brain injury over here and they wouldn't integrate.

A common example that most people can probably relate to is the problem of the depressed alcoholic. Depression and alcoholism often co-exist and there could be a variety of biological, psychological and social explanations of why that might be, and genetic as well. However, treatment problems that don't deal with both problems simultaneously can often result in patients not getting care, or optimal care.

For example if the depressed alcoholic patient goes to the mental health department, the mental health department says, "Of course you are depressed, look how much you are drinking. Go to the substance abuse program, if the drinking is under control, and if you are still depressed, please come and see us."

So the patient goes to the substance abuse clinic, and the substance abuse clinic says "Well of course you are drinking this much, look how much you are depressed. Go back to the mental health clinic and once your depression is under control, if you are still drinking this much, please do come back and see us."

So that patient, as you can imagine, doesn't get care, or doesn't get very much care. Similarly, trying to understand that psychological injuries and brain injuries are interwoven. It is important to provide education, treatment, and assessment in a coordinated fashion that takes into account their brain injury.

For example being able to modify existing treatments for post traumatic stress disorder for patients that have a brain injury might mean that a patient might do better in individual therapy than group therapy, it may mean that he or she may need 3 - 20 minute sessions over the course of a week instead of one, one hour session. They may need the same assignment gone over several times, and the same assignment for several weeks.

The same thing would be true for substance abuse programs, modifying existing programs with patients with cognitive deficits so that they can succeed in them. In the absence of that, when the patient attempts those treatments and fails, it contributes to more symptoms. They feel more demoralized and

hopeless, and that is one of the challenges our field has incumbent upon us to move that forward so that patients can benefit from treatments as we continue to do research.

It helps us, one , understanding the mechanisms of those disorders better, but it is important to keep in mind we are treating a patient; we are not treating a disorder. By not having an integrated plan that identifies the patients' strengths as well as the areas of difficulty and the plan for remediation, or ameliorating those difficulties, is more important than so much what we happen to call it.