

## Traumatic Brain Injury and Auto Accidents

**James F Zender\***

*Clinical and Forensic Psychologist and Certified Brain Injury Specialist, Former Director of the Center for the Prevention and Treatment of Psychological Trauma at Detroit Receiving Hospital and Instructor in Psychiatry and Director of Clinical Training, University Health Center, USA*

**\*Corresponding Author:** James F Zender, Clinical and Forensic Psychologist and Certified Brain Injury Specialist, Former Director of the Center for the Prevention and Treatment of Psychological Trauma at Detroit Receiving Hospital and Instructor in Psychiatry and Director of Clinical Training, University Health Center, USA.

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### Abstract

This article addresses many of the issues patients with TBI and PTSD confront when recovering from severe motor vehicle accidents. Issues of diagnosis and treatment are discussed. The benefits of trauma-informed individual and group psychotherapy are covered including the value of telehealth.

**Keywords:** *Traumatic Brain Injuries (TBI); Posttraumatic Stress Disorder (PTSD); Telehealth*

I write this from the perspective of a clinician specialized for many years in providing psychotherapy to auto accident survivors. Many of the patients I treat are diagnosed with both traumatic brain injuries (TBI) as well as posttraumatic stress disorder (PTSD). In this article I would like to share some observations and treatment approaches I have found effective.

It is commonly said in my profession that no two brains are alike, and that no two brain injuries are alike. That said, there are many commonalities observed in this clinical population. Both TBI or PTSD conditions vary in severity, and either condition singularly can be debilitating psychologically, occupationally, and socially. In combination, the patient is often confronted with a host of symptoms that can easily overwhelm their coping capacities and set them up for further injuries in a cascading fashion.

For example, my experience as relayed to me by many patients is that initial hospital emergency care is often minimal. Patients are often given only minimal evaluations and if obvious serious injuries are not found, they are sent on their way to follow-up with their own medical providers. Often injuries are not discovered for weeks, months, or sometimes even years following a motor vehicle accident. Often, traumatic brain injuries remain undiagnosed for many months following accidents.

Several years ago, I published a book on auto accident trauma which was meant to provide a kind of road map for survivors, their families, and the accident recovery community to use. The scope to the problem of auto accidents is enormous, and as a society we have been conditioned to accept staggering losses as part of normal life. It is not until an individual has experienced the trauma of a serious car accident that awareness of the series impact of these events is brought into consciousness.

The initial trauma of the accident is often on the start of years long stressors following in the aftermath. What was just a routine drive to the store or work, becomes a life-altering event catapulting them into a life of pain, uncertainties, and stress.

What I have increasingly come to appreciate is the importance of a trauma-informed interdisciplinary team of providers to help them navigate the rocky waters of the accident aftermath. The importance of proper diagnostic work-ups is essential. Patients often do not know where to turn. I have come to recognize the importance of experienced medical case managers who are specialized in the post-accident care in helping patients access professionals from various disciplines to receive needed services. These are many of the needed routine services: clinical psychology, neuropsychology, neurology, psychiatry, cognitive speech and language pathology, chiropractic, neurosurgery, orthopedic surgery, occupational therapy, and driver's rehabilitation.

Seriously injured patients often require attendant care from loved ones or professional providers to assist with activities of daily living which may include providing emotional support. Many specialized services are often needed for prolonged periods of time including psychotherapy, physical therapy, and personal training for regaining core strength to name just a few.

Often, a traumatic brain injury is difficult to diagnose on the basis on neuroimaging alone. Many brain injuries cannot be determined by the types of studies routinely conducted. More advanced imaging studies are often useful, but very expensive which are prohibitive of many patients. Neuropsychological evaluation is critical do determining functional difficulties and extremely helpful in treatment planning. The typical evaluation can often take 6 to 10 hours to complete and can be difficult for the patient to complete due to such factors of pain and attentional difficulties.

Telehealth services have greatly reduced the burden placed on patients and providers alike. Being able to receive services remotely is particularly helpful for auto accident patients because of PTSD and anxiety related to being in a vehicle. Telehealth also strengthens the consistency of treatment due to fewer cancellations that can result from ground transportation challenges. Psychotherapy, cognitive speech and occupational therapy, and psychiatry can all be provided remotely with extreme effectiveness.

An important issue for patients with TBI and PTSD is driving safety post-accident. Patients with these conditions are at risk for additional accidents if they drive themselves prior to being evaluated for driver's safety. I routinely refer patients with these conditions to specialized driver's rehabilitation services which include evaluation and driver's training. These services are provided by an occupational therapist specialized in driver's rehabilitation. Without clearing patients for driving safety, they are at risk for accidents due to high levels of anxiety and cognitive deficits due to brain injuries.

In my experience, many medical providers are ill informed about the plethora of TBI issues that can challenge patients. The impact of the patient's TBI symptoms can have profound effects on family relationships and dynamics. Often patients comment that they no longer feel recognizable to themselves. Often the impact of these changes seems more devastating to highly intelligent and functioning individuals who are acutely aware of a 20-point reduction in IQ functioning. To others, they may appear normal, but to the individual, the losses can feel severe and overwhelming. We are reminded that TBI and PTSD are "invisible" conditions, and the individual often hears from others how normal they appear, i.e. "you look fine".

One major area of neglect is neuroendocrine functioning evaluation. Many patients have symptoms of endocrine involvement from traumatic brain injury and have difficulty finding providers in this area. There are very few neuroendocrinologists who work with TBI conditions. Those neuroendocrinologists who do practice in this area often confront major difficulties with insurance carriers who do not want to pay for needed medications to address endocrine problems which can often be very costly. Dr. Mark Gordon has written and lectured extensively regarding the neuroendocrine impact of trauma and has offered effective medical and nutraceutical interventions.

In terms of trauma-informed psychotherapy, supportive psychoeducation is central to effective treatment. Providing clinical information regarding TBI, PTSD, and roadmap for healing can have powerful healing effects. Along with this, trauma processing of the accident and stressors related to the aftermath is central. Cognitive-emotional processing is encouraged and guided throughout the process. Along with individual sessions, trauma-informed group psychotherapy is a powerful modality that can go along way to break through the isolation and social estrangement many patients experience. I have been leading these groups for over twenty years and am always amazed to see the strong therapeutic effects achieved through group dynamics and interactions.

A modality often employed in individual sessions, is guided imagery. Common themes addressed are healing from trauma, easing pain, relaxation and wellness, and self-confidence. I particularly like the guided imagery material provided by psychotherapist Belleruth Naparstek which is widely used by psychotherapists. Guided imagery is a relaxation technique which shares some characteristics of hypnotic induction which can promote stress reduction, pain management, and a neuropermissive mental and emotional internal milieu.

It is clear that auto accident traumatic incidents impact not only the individuals directly involved, but ripples out to impact family members, and social and occupational relationships. Skilled trauma-informed psychotherapy can greatly mitigate the often-overwhelming stressors involved in the healing journey through these difficult life events.

### Conclusion

Patients recovering from severe auto accidents often present with symptoms related to traumatic brain injury and post-traumatic stress disorder. Trauma-informed care is needed to address the unique challenges presenting auto accident survivors [1].

### Bibliography

1. Zender James. "Recovering from your car accident the complete guide to reclaiming your life". New York: Rowman & Littlefield (2020).

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