

Brain Injury and PTSD- The Perfect Storm

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Invisible Wounds of War

- 19% of personnel returning from Iraq and Afghanistan report possible BI
- 20% report PTSD
- Number of serious BIs identified is 5 times greater than the number of amputations

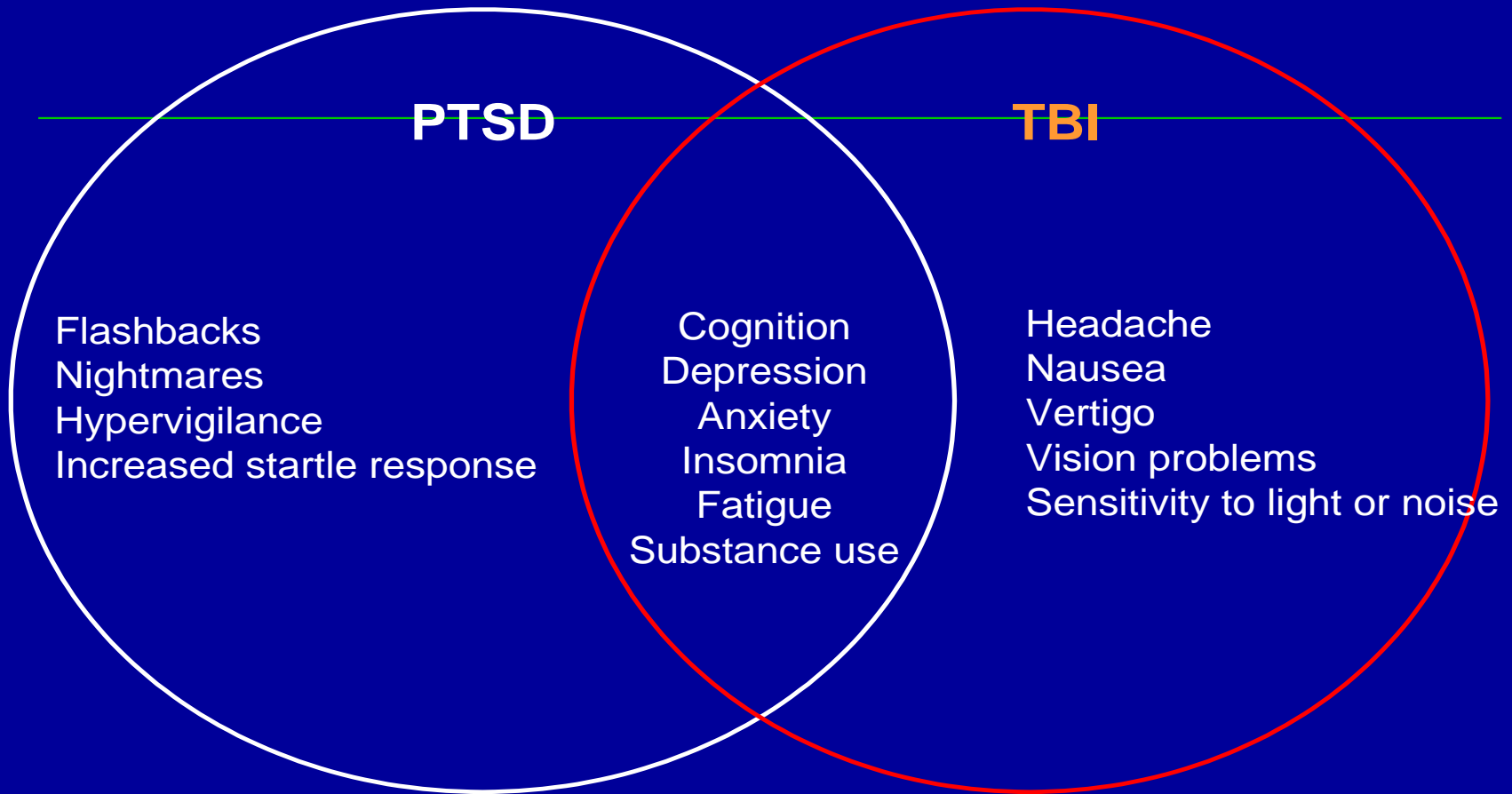
Rand Report 2008



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Overlap of PTSD & TBI Symptoms



Source: David E. Ross, M.D., Director, Virginia Institute of Neuropsychiatry, Clinical Assistant Professor, Virginia Commonwealth University



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What is a brain injury?

- **Traumatic Brain Injury (TBI)**
Is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a BI.
- **Acquired Brain Injury**
An injury to the brain, which is not hereditary, congenital, degenerative, or induced by birth trauma- an injury to the brain that has occurred after birth



Nebraska Statistics

- An estimated 36,000 Nebraskans are living with disability due to TBI.
- One (1) person dies per day from a TBI.
(higher than national average)
- Three (3) people are hospitalized per day.
(lower than national average)
- Last year close to 8000 Nebraskan's were placed on a BI Registry

Brain Injury Alliance of Nebraska - 2013



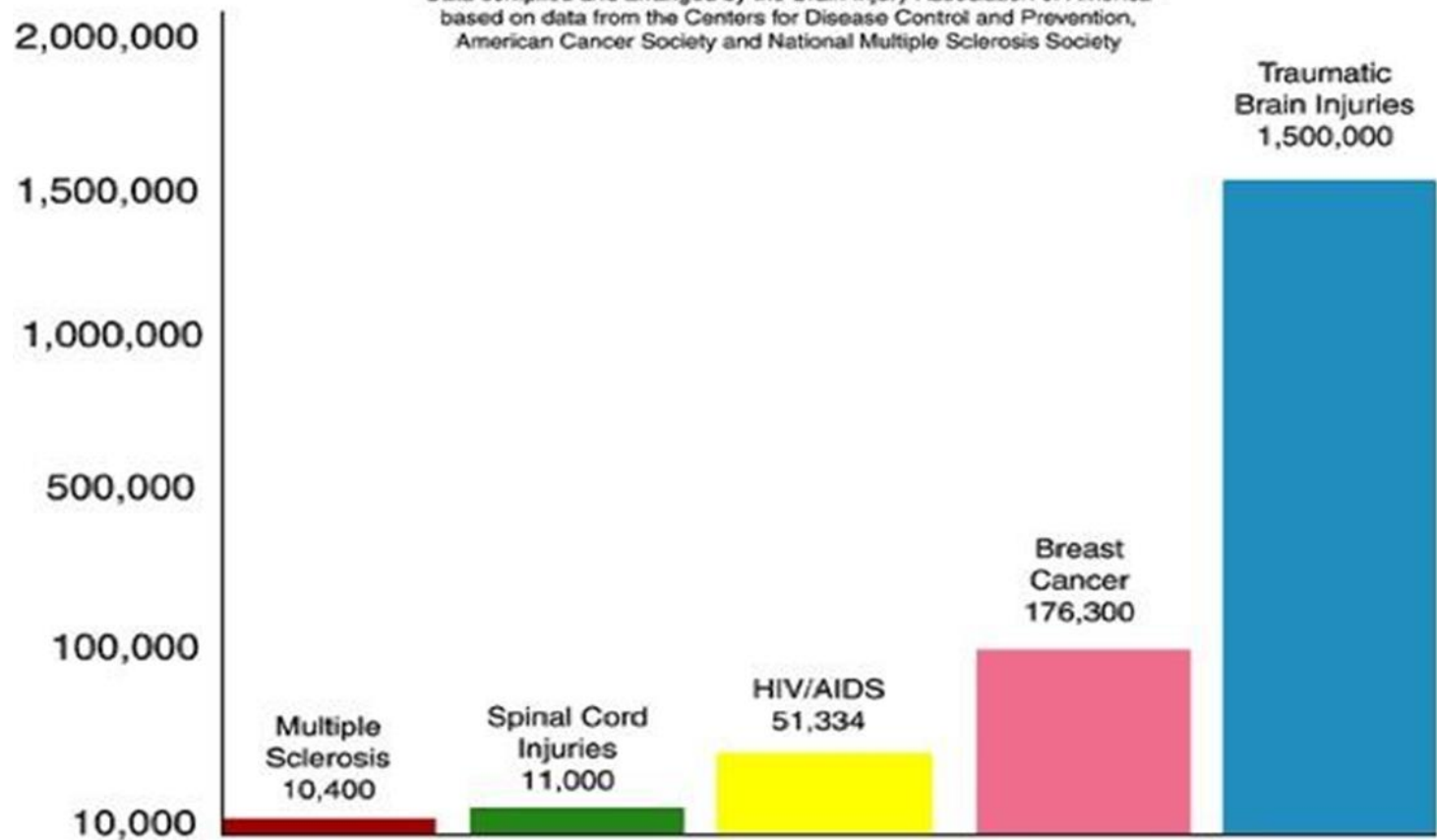
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Interesting Comparisons

Comparison of Annual Incidence

Data compiled and arranged by the Brain Injury Association of America based on data from the Centers for Disease Control and Prevention, American Cancer Society and National Multiple Sclerosis Society



Higher rate of Brain Injury in the Military

- Demographics- generally young men
- Operation and training activities dangerous
- Combat related activities- Blast injury
- High risk leisure activities

The majority of TBI's in the military are motorcycle or car accidents. Most are preventable.

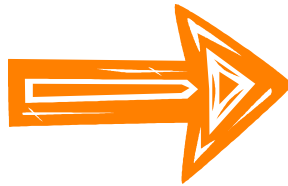


Brain Injury Classification

The severity of a BI may range from

Mild

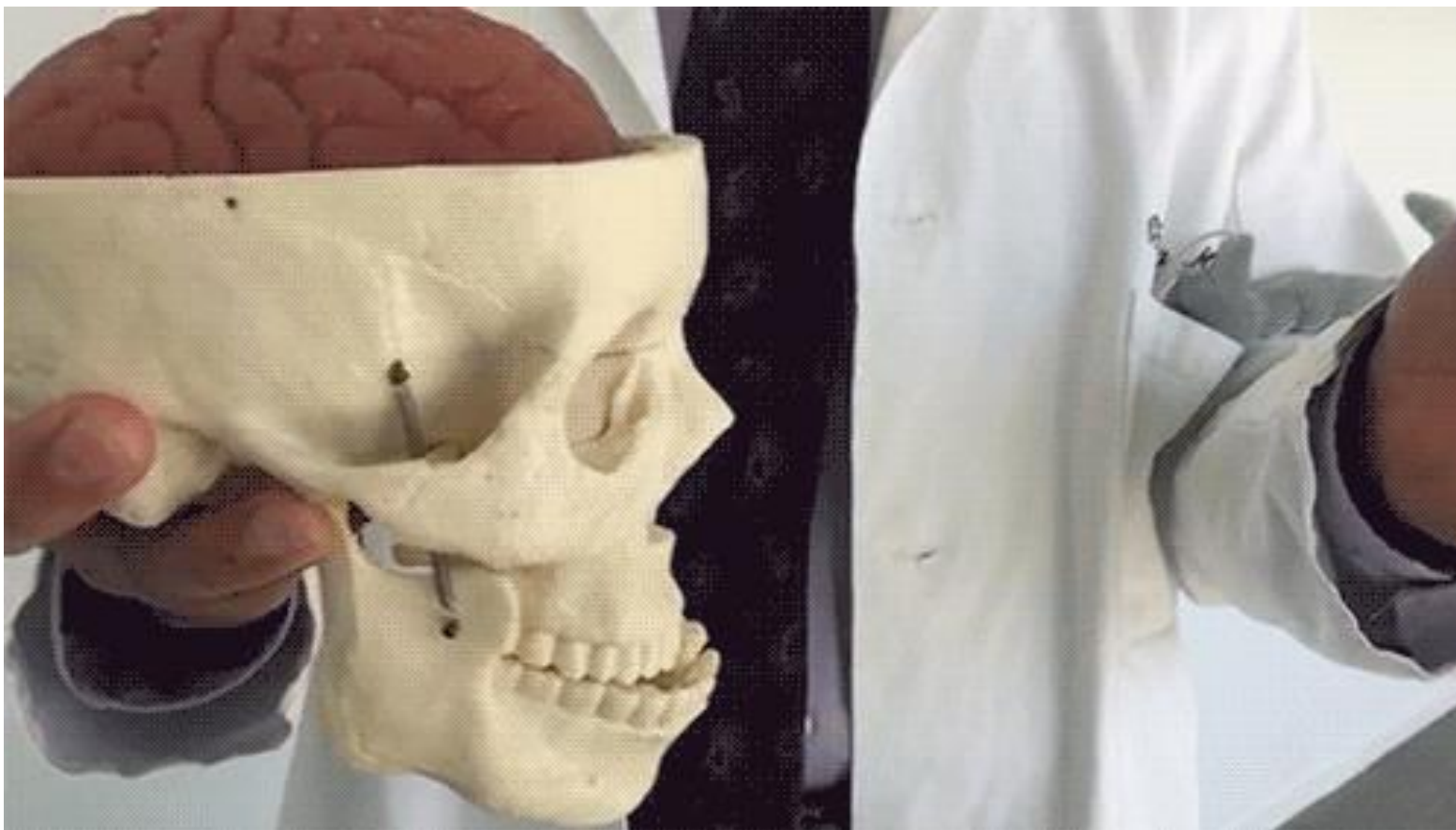
a brief change in mental status or consciousness



Severe

an extended period of unconsciousness or amnesia after the injury.

What this Might Look Like



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Physical Effects of BI

- Balance and walking problems because of dizziness.
- Headaches
- Fatigue
- Sleep disturbance
- Nausea/vomiting
- Visual Disturbances
- Sensitivity to light
- Ringing in the ears
- Disorders of taste and smell



Cognitive Effects of BI

- Attention and concentration problems
- Memory
- Slowed thinking (feeling foggy)
- Learning and memory problems
- Executive Function problems
 - Processing problems
 - Planning
 - Insight and Awareness
 - Sequencing



Social-emotional Effects of BI

- Irritability
- Anxiety
- Depression
- Mood Swings
- Impulsivity
- Denial/lack of awareness
- Lack of motivation
- Lack of inhibition
- Aggression
- Self centeredness
- Social isolation



Mild Brain Injury (AKA Concussion)

- 80% of brain injuries are Mild.
- 80-90% recover in 1-4 weeks.
- People may also be completely unaware.
- Effects of TBI can have a significant effect on responsiveness/utilization of resources.
- Small environmental supports can make a big difference.
- Recognition and management is key.



Post- Concussion Syndrome

- Concussion symptoms fail to resolve and linger for up to ten years after the injury.
- Growing body of evidence indicates a high number of mild brain injuries can cause:
 - Long term memory impairment
 - Emotional instability
 - Erratic behavior
 - Depression
 - Impulse control
 - Early onset of neurodegenerative diseases



Risk factors for protracted recovery

HISTORY OF HEADACHE

RISKS AHEAD

LD/ADHD

ENVIROMENTAL STRESSORS

AGE

LOC/AMNESIA AT INJURY

PRE-EXISTING DPRESSION OR ANXIETY

MORE SEVERE SYMPTOMS IN ACUTE PHASE

BEHAVIORAL MISMANAGEMNT/ OVEREXERTION

FEMALE



Video

<http://dvbic.dcoe.mil/aheadforthefuture/stories>



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Recognition and Diagnosis

Diagnosis begins with talking to a health care provider about:

- How the injury happened
 - The area of the injury with the degree of force
 - Loss of consciousness or dazed; if so, how long
 - Any changes in behavior, awareness, speech, or coordination
-
- Mild brain injury isn't seen on a CT scan or MRI



Treatment and Support

- **Medically based treatment** (see next slide)
 - Assessment
 - Interdisciplinary Therapy
 - Follow-up
- **TBI Recovery Support Program**
 - Recovery Support Specialists assists service members, National Guard, reservists and veterans who have sustained a TBI, as well as their family members and caregivers negotiate complex systems of care.
 - <http://dvbic.dcoe.mil/tbi-recovery-support-program>
- **Brain Injury Resource Facilitation**
 - Brain Injury Alliance of Nebraska helps individuals and their families identify and access brain injury information, services, and supports.
 - biane-org.presencehost.net/blazing-trails-run-walk/resource-facilitation/



Brain Injury Treatment Team

Profession	Expertise
PCP	health history; basic medicine
Neuropsychologist	cognitive function; brain/behavior relationship, behavioral treatment
Physical Therapist	"below the waist"; motor systems; balance
Occupational Therapist	"above the waist" adaptive behavior; functional assessment
Speech- Language Pathologist	speech and language assessment; language rehab including cognition related to language
Audiologist	vestibular system; auditory inputs
Psychologist	Therapy, sleep hygiene, anxiety management
Neurologist	brain structure and function; diagnose disease



Tips for Coping

- Write things down
- Develop a routine
- Keep a steady pace, take breaks as needed
- Focus on one thing at a time
- Perform tasks in quiet, non-distracting areas
- If irritable or angry, try relaxation techniques
- Get plenty of sleep
- Don't self medicate

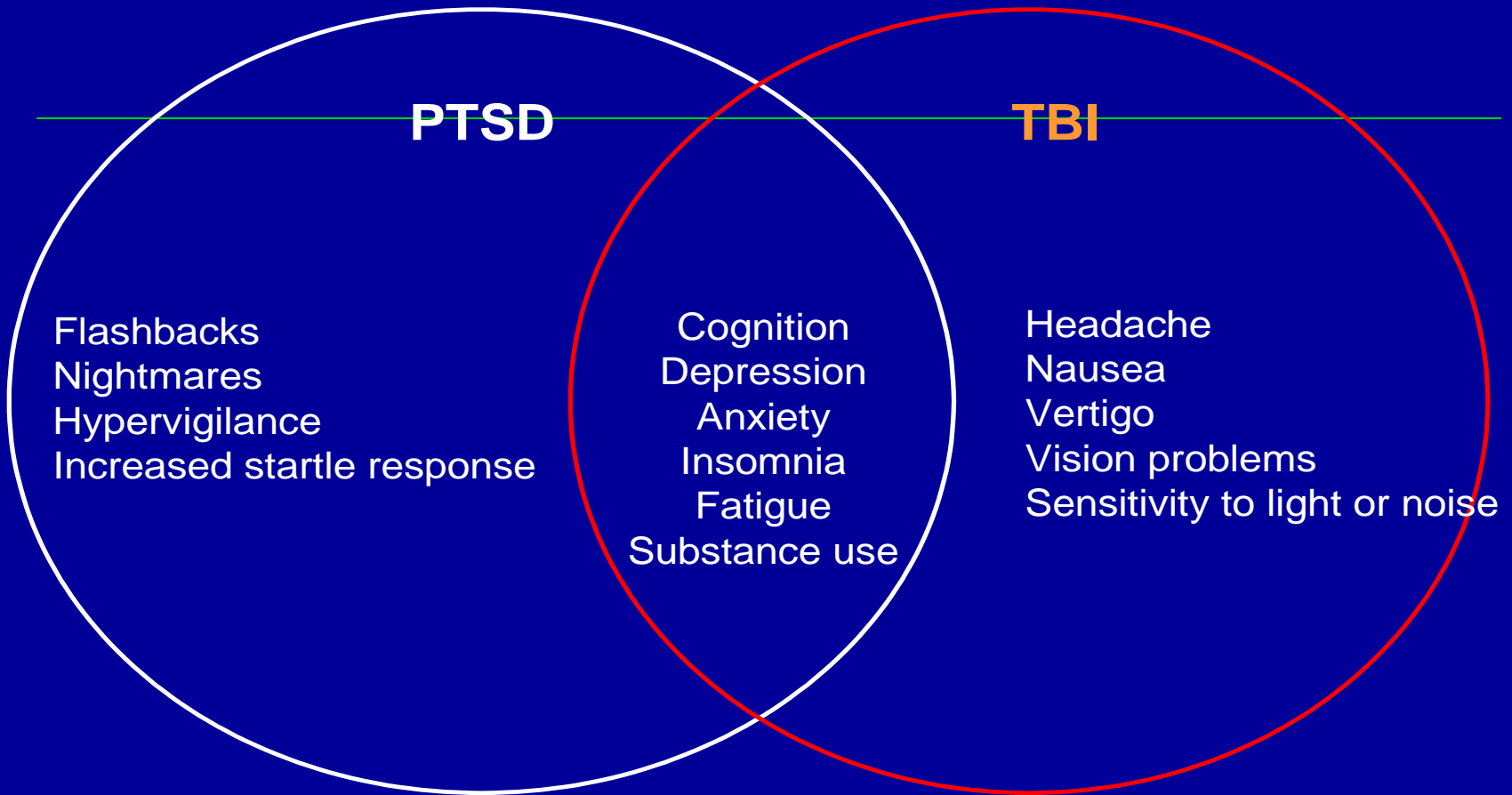


Guide for Brain Injury

- See Guide to Brain Injury in your packet.



Overlap of PTSD & TBI Symptoms



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What is (PTSD) Post Traumatic Stress Disorder

Post-traumatic Stress Disorder is a type of Trauma Disorder. It can occur after you've seen or experienced a traumatic event that involved the threat of injury or death.

Causes, incidence, and risk factors

- PTSD can occur at any age. It can follow a natural disaster such as a flood or fire, or events such as:
 - Assault
 - Domestic abuse
 - Rape
 - Terrorism
 - War
 - Military Sexual Trauma

Normal reactions to abnormally stressful events



RE-EXPERIENCING

- Intrusive Thoughts/Memories
- Nightmares/Dreams
- Flashbacks



I started realizing I'm not where I thought I was

<https://www.youtube.com/watch?v=Mv6qMnE8Yrl>



HYPER-AROUSAL

- Sleep Problems
- Irritability/Anger Outbursts
- Difficulty Concentrating
- Hyper Vigilant



One Veteran's story of PTSD and Recovery

<https://www.youtube.com/watch?v=7KVAfsbkaUQ>



AVOIDANCE

- Avoiding thoughts or feelings
- Avoiding Activities, Places or People That Remind Veteran of the Stressful Experience(s)



PTSD Symptoms emerged decades after military service

<https://www.youtube.com/watch?v=U2UuQNLyY8o>



NEGATIVE THOUGHTS

- Exaggerated negative beliefs or expectations
“no one can be trusted”
- Blaming self
- Loss of Interest in Activities
- Emotionally “Numb”, Feeling Distant or “Cut Off”
from Others



Coming home when his buddies didn't led to guilt

<https://www.youtube.com/watch?v=qoXEJbu5HHc>



Treatment

Evidence Based therapies have been shown to decrease symptoms, Examples are:

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure (PE)
- Eye Movement Desensitization and Reprocessing (EMDR)



Prolong Exposure-

A combat trauma nurse focuses on her own recovery

<https://www.youtube.com/watch?v=OfF7Pqs4Rhc>



Cognitive Behavioral Therapy- Veterans describe an effective therapy method

<https://www.youtube.com/watch?v=tOhTeiRApb4>



Military Sexual Trauma

- “Psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training." Sexual harassment is further defined as "repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character." U.S. Code (1720D of Title 38)
- About 1 in 5 women and 1 in 100 men seen in VHA respond "yes" when screened for MST. Though rates of MST are higher among women, there are almost as many men seen in VA that have experienced MST as there are women. This is because there are many more men in the military than there are women.



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References and Resources

- <http://www.biane.org>
- <http://www.dvbic.org>
- <http://www.polytrauma.va.gov/>
- <http://www.dcoe.mil/>
- www.TraumaticBrainInjuryAtoZ.org
- <http://www.ptsd.va.gov/>
- <http://www.cdc.gov/TraumaticBrainInjury/statistics.html>



Reference and Resources

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed). Washington, DC; Pages 271-280

National Center for PTSD <http://www.ptsd.va.gov/index.asp>

- **Professional section <https://www.ptsd.va.gov/professional/index.asp>**
- **Clergy Toolkit
<https://www.ptsd.va.gov/professional/toolkits/clergy/index.asp>**
- **Dementia and PTSD (CEU course)
https://www.ptsd.va.gov/professional/continuing_ed/dementia_ptsd.asp**
- **Physical Health and PTSD(CEU course)
https://www.ptsd.va.gov/professional/continuing_ed/physical-health-effects.asp**

National Institute of Mental Health <http://www.nimh.nih.gov/index.shtml>

