

Caring for Warriors and Veterans with PTSD and/or TBI within a Culturally Competent Framework

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Objectives

- Participants will possess an understanding of how to best support and care for veterans with PTSD and/or TBI and their family within a culturally competent framework.
- Participants will be able to identify symptoms of Posttraumatic Stress Disorder (PTSD)
- Participants will be able to identify symptoms of Traumatic Brain Injury (TBI)

VA Mission Statement

- **Mission Statement.** To fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's veterans.

Branches of the Military

Military service includes Army, Navy, Air Force, Marines, and Coast Guard, plus the Reserves and the Air and Army National Guard.

- Army – Responsible for land-based military operations. Largest branch of military. Motto: “This We Will Defend.”
- Navy – A seagoing force to defend our seas and protect our shores. Unofficial Motto: "Not for self but for country" (Latin: "Non sibi sed patriae") or “always strong” or “always courageous” (Latin: “Semper Fortis”).
- Air Force – Conducts military operations in air, space, and cyber-space. Motto: “Fly, fight, and win!”

Branches of the Military (cont'd)

- Marines – No such thing as a former Marine. “Once a Marine, always a Marine.” Motto: “First to Fight” Semper Fidelis (Latin: “Always Faithful”) guides Marines to remain faithful to mission, corps, and country.
- Coast Guard – Falls under the Department of Homeland Security (DHS) but operates with the Navy during times of war. Created to safeguard our maritime interests. Motto: Always ready. (“Semper Paratus”).
- Reserves – Each branch of the military has reserve units which can be called into active duty in times of war.

Branches of the Military (cont'd)

- National Guard – There is the Air National Guard and the Army National Guard. These are state-based branches of the military serving both state and federal governments. They can be deployed to other states or nations in times of emergency or war fighting efforts.

Servicemembers and Veterans

- Servicemembers join for many reasons
 - A sense of duty
 - A desire to see and experience the world
 - A possible career choice
 - For the military benefits they will receive
 - To get away from home

Servicemembers and Veterans

(cont'd)

- Each branch of the military has their own version of initial training. Depending on the branch of the military, initial (“basic”) training can last 7-12 weeks. This is followed by advanced training in their MOS (military occupational specialty).
- Commitment, responsibility, and long hours are required by servicemembers, whether deployed or not. Some find the experience challenging and feel energized, committed, and strengthened by it. Others find the accumulation of stressors at different times can take a toll on their physical and mental health.

Servicemembers and Veterans

(cont'd)

- Combat experience is intense and can affect servicemembers differently. The most challenging stressors seem to be loss, exposure to trauma, situations that create inner conflict, and overall wear and tear.
- One of the greatest challenges for servicemembers is reintegrating after deployment.

Servicemembers and Veterans

(cont'd)

- Long deployments from home are difficult for all servicemembers, especially if they spent time in a combat zone or witnessed traumatic events.
- Some servicemembers will have physical and emotional disabilities, such as orthopedic injuries, amputations, blindness, polytraumas, traumatic brain injury (TBI), and/or post-traumatic stress disorder (PTSD).

Servicemembers and Veterans

(cont'd)

- Deployments are stressful for everyone in the family, including children.
 - Spouses may have to make the most changes during deployment.
 - The parent who stayed behind may face increased anxiety, loneliness, sadness, and a feeling of being overwhelmed.
 - Children must cope with living without the deployed parent and a returning parent who has changed profoundly during the war.

Servicemembers and Veterans

(cont'd)

- A high rate of separation and divorce exists in the veteran population
- VA offers many benefits and services to servicemembers and veterans when returning to civilian life.

Servicemembers and Veterans

(cont'd)

Departments of VA providing services:

- VHA – Veterans Health Administration
 - Provides health care services, services to homeless, to caregivers.
- VBA – Veterans Benefits Administration
 - Services such as compensation, pension, education & training, home loans, insurance, dependents' and survivors' benefits.
- NCA – National Cemetery Administration
 - National and State – burial and memorial benefits
- **Vet Centers** – Readjustment counseling, outreach, referral services, mental health services, and bereavement services to veterans and servicemembers who served in combat theaters, other areas of hostilities, and disaster relief. They also provide services to those who experienced military sexual trauma (MST).

Military Conflicts and Disaster Support

- Mexican Border Period
- World War I
- World War II
- Korean War
- Vietnam War
- Persian Gulf War (PGW)
- Global War on Terrorism (GWOT)
- Operation Enduring Freedom (OEF)
- Operation Iraqi Freedom (OIF)

Military Conflicts and Disaster Support

(cont'd)

- Operation New Dawn (OND)
- Operation Inherent Resolve (OIR)
- Operation Restore Hope (in Africa)
- Grenada Conflict
- Lebanon Conflict – Beirut Bombing
- Panama Conflict
- Bosnia Conflict
- Somalia Conflict

The military also supports national and international disasters

- Joint Task Force Katrina
- Joint Task Force Haiti

Ranks, Titles, and Military Customs

Remember the following when interacting with servicemember:

- Address them based on how they introduce themselves.
- Ask them how they would prefer to be addressed.
- By military branch,
 - Army is a soldier
 - Navy is a sailor
 - Air Force is an Airman
 - Marine Corps is a Marine
 - Coast Guard is a Coast Guardsman

Ranks, Titles, and Military Customs

(cont'd)

- There are three general categories of rank:
 - Officers
 - Warrant Officers
 - Enlisted
- Know that every servicemember is deserving of respect
- Always address them as Mr. or Ms.
- In the military there is a culture of earning rank and earning respect.
- Rank is indicated on their shoulders, lapels, sleeves. The more stars and bars, the higher the rank.

Ranks, Titles, and Military Customs

(cont'd)

- Military customs and courtesies are important to understand because they are such a way of life to servicemembers and veterans, and it makes it much easier to interact with them.
- You want to treat them with the dignity and respect they have earned. Maintain eye contact. Attempt to obtain an accurate understanding of their questions. If you don't know a ready answer, let them know and make a warm handoff to someone who does know the answer.

Ranks, Titles, and Military Customs

(cont'd)

- It is an important custom in the military to stand to your feet to show respect. As citizens, know when to stand and when to not stand. It is a courtesy to stand to your feet during:
 - Posting of the colors and retiring of the colors
 - Singing of the National Anthem -- ours and the host nations
 - During the invocation
 - When there are flags passing in review
 - During the division and military song
 - When a senior office walks into the room at an official gathering and is announced

Ranks, Titles, and Military Customs

(cont'd)

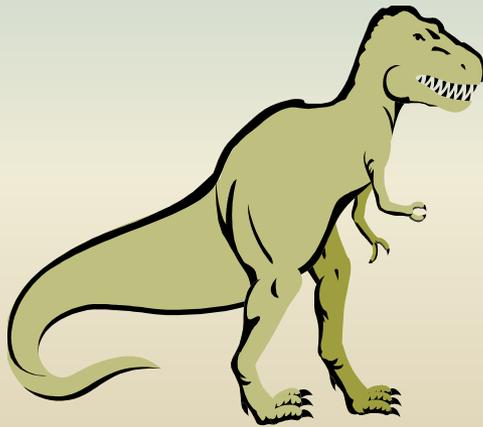
- Civilians do not salute the flag; however they show respect for the flag by placing their hand over their heart when outdoors. This can also be done when indoors:
 - During the playing of the Star Spangled Banner
 - Whenever the American flag passes (like during a parade or a funeral).
 - When reciting the Pledge of Allegiance.

Posttraumatic Stress Disorder

Diagnostic criteria for PTSD include a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. The sixth criterion concerns duration of symptoms; the seventh assesses functioning; and, the eighth criterion clarifies symptoms as not attributable to a substance or co-occurring medical condition.

History of PTSD

- The risk of exposure to trauma has been a part of the human condition since we evolved as a species. Although there was no "name" for it, PTSD seems to have been in existence since recorded history...and probably before that!



OR



History of PTSD - cont'd

- Roman legionnaires encouraged to settle in rural areas after war
 - Why: "to 'decompress' in the serenity of isolation away from city life."
- Statue: 480 BC King of Sparta "Troops with no heart for the fight"



History of PTSD - cont'd

- Japanese lore tells of Samurai warriors who retired to tend to the "perfect garden" away from people and the stress of warfare (Billie, 1993)

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History of PTSD - cont'd

- Prussia (1800's)
 - nervous disorders attributed to spinal shock



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History of PTSD - cont'd

- Civil War
 - “soldier's heart”
 - autonomic cardiac symptoms (Kaplan, Sadock, Grebb, 1994)



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History of PTSD - cont'd

- “Traumatic neurosis”
 - German Neurologist Herman Oppenheim 1888 (Weisaeth & Eitinger, 1991)
 - Neurosis - anxiety, nervousness
 - Traumatic - due to trauma
- Eduard Stierling - Swiss Researcher
 - violent emotions of fright
 - here the person's experience “inside” was the most important factor

History of PTSD - cont'd

- Shakespeare's Henry IV appears to meet many, if not all, of the diagnostic criteria for Posttraumatic Stress Disorder, as have other heroes and heroines throughout the world's literature.
- Charles Dickens wrote of his slow emotional recovery from a railway accident (Turner, 1995).

History of PTSD - cont'd

- WWI
 - “shell shock” - air pressure from exploding shells caused brain trauma (Kaplan, 1994)
 - began to consider what causes one person to get it and another not
 - start to think that trauma effects the brain



History of PTSD - cont'd

- WWII
 - “exhaustion” or “shell shock” for enlisted men
 - officers : “battle fatigue”
 - symptoms also seen in survivors of:
 - Nazi concentration camps
 - atomic explosions in Japan
 - “operational fatigue” or “combat neurosis”



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History of PTSD - cont'd

- Korean War
 - 1951 "Gross Stress Reaction" DSM-I category
 - first time we see it identified



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History of PTSD - cont'd

- 1960s- Vietnam War
 - Stress Response or Adjustment Reaction to Adult Life
- DSM II - 1968



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History of PTSD - cont'd

- Vietnam
- DAV Magazine Jan. 1980 - Forgotten Warrior study - Delayed Stress Reaction
- PTSD is Born (1980's)
- Diagnostic & Statistical Manual for Mental Disorders 1980 DSM-III first time we see PTSD diagnosis & VA began treatment
- 1994- DSM-IV



History of PTSD - cont'd

- Persian Gulf War, Operation Enduring and Iraqi Freedom
 - still in early stages of gathering statistics
 - many veterans attending to medical problems resulting from their time in service



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History of PTSD - cont'd

- The significant change ushered in by the PTSD concept was the stipulation that the etiological agent was outside the individual (i.e., a traumatic event) rather than an inherent individual weakness (i.e., a traumatic neurosis).

History of PTSD - cont'd

- PTSD is unique among psychiatric diagnoses because of the great importance placed upon the etiological agent, the traumatic stressor. In fact, one cannot make a PTSD diagnosis unless the patient has actually met the "stressor criterion," which means that he or she has been exposed to, witnessed or learned about an historical event that is considered traumatic.

Types of Trauma

- Traumas can result from:
 - An act of nature
 - Accidental act
 - Intentional act
- The cause(s) of trauma can determine the likelihood or severity of PTSD symptoms

Types of Trauma - cont'd

- Military Combat



- Violent personal assault : rape, mugging, physical assault



- Kidnapping

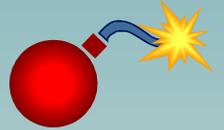
- POW and Concentration Camp survivors



- Railway Disasters

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- Terrorist Attacks



- Airplane Crashes



- Severe Auto Accidents



- Torture

- Natural Disaster



- Fires



- Hostage situations etc.



Traumatic Events Most Likely to Result in PTSD (by Gender)

MEN

- Rape/Incest
- Combat exposure
- Neglect- Child
- Abuse-Child

WOMEN

- Rape/Incest
- Sexual Molestation
- Physical Attack
- Threatened with a weapon
- Abuse-Child

Common Psychological Reactions

- Posttraumatic Stress symptoms (PTSD)
- Traumatic Grief symptoms
- Depression
- Alcohol or substance abuse
- Impaired functioning

Common Psychological Reactions -

cont'd

- Emotional

- horrified
- helpless
- powerless
- “freezing”
- intense fear
- anger/rage
- crying
- silence
- losing control of the bladder and or bowel
- reaching out for another
- fight/flight

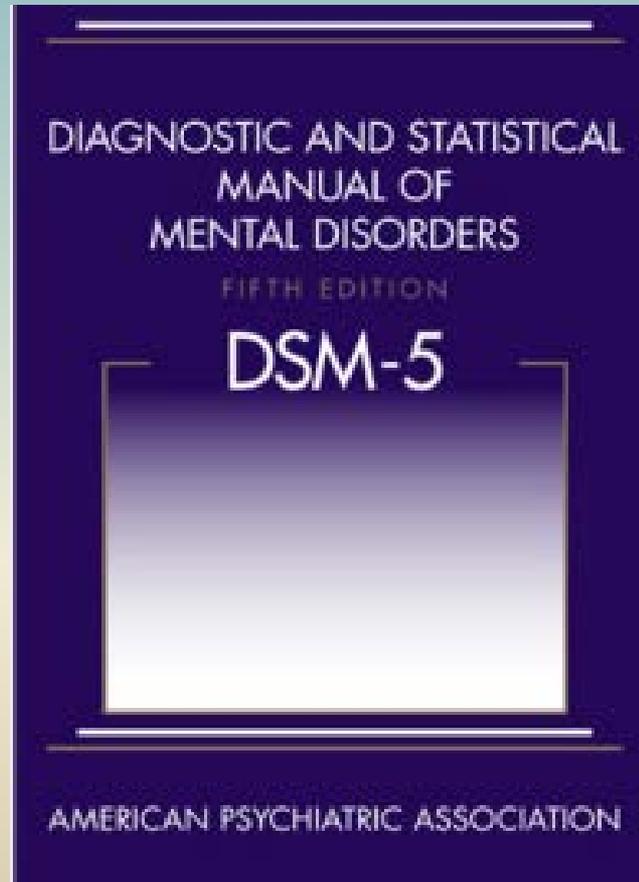
PTSD statistics

- 3-6% of adults in the United States
- Twice as common in women as in men
- Rates as high as 58% in heavy combat
- 1-14% non combat
- Torture/POW 50-75%
- Natural Disaster victims 4-16%

PTSD: The Shadow of Combat



The DSM 5 – Diagnosis of Post Traumatic Stress Disorder



Ethnocultural Considerations

- Major gaps remain in an understanding of the effects of ethnicity and culture on the clinical phenomenology of posttraumatic syndromes.
- Important to consider the diagnosis does not accurately reflect the clinical picture of traumatized individuals from non-Western traditional societies and cultures.

PTSD - Criterion A

Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways.

- Directly experiencing the traumatic event(s)
- Witnessing, in person, the event(s) as it occurred to others
- Learning that the traumatic event(s) occurred to a close family member or close friend.



PTSD - Criterion A (cont'd)

In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.

- Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).
- **Note:** Criterion A does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.



PTSD - Criterion B

Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

- Recurrent involuntary, and intrusive distressing memories of the traumatic event(s). **Note:** In children older than 6 years old, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.

PTSD - Criterion B (cont'd)

- Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). **Note:** In children, there may be frightening dreams without recognizable content.
- Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic events(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings. **Note:** In children, trauma-specific reenactment may occur in play.

PTSD - Criterion B (cont'd)

- Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).



PTSD - Criterion C

Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

- Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

PTSD - Criterion D

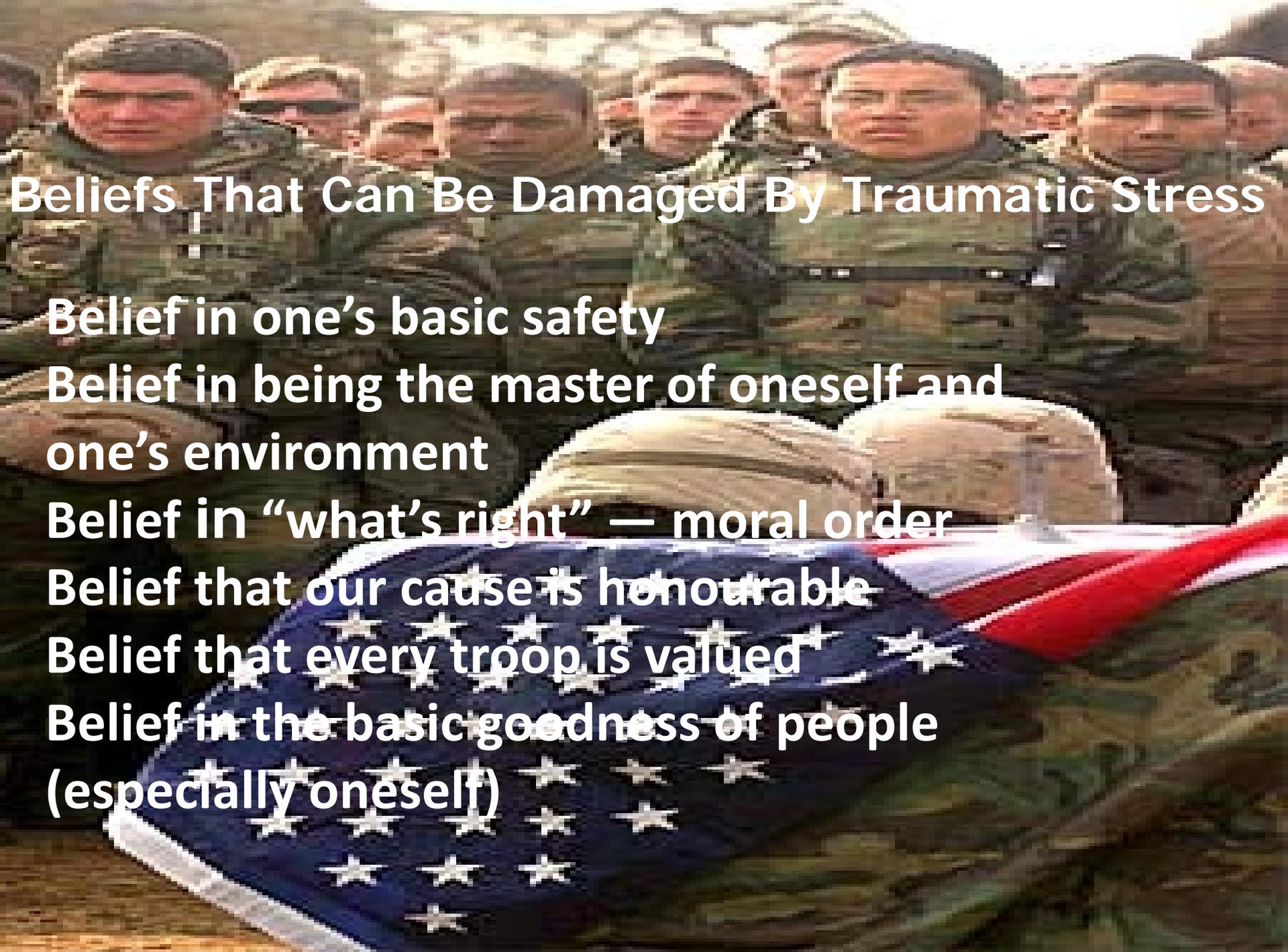
Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

- Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).



PTSD - Criterion D (cont'd)

- Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad.” “No one can be trusted.” “The world is completely dangerous.” “My whole nervous system is permanently ruined.”)
- Persistent distorted cognitions about the cause or consequences of the traumatic event(s) that lead to the individual to blame himself/herself or others.



Beliefs That Can Be Damaged By Traumatic Stress

Belief in one's basic safety

Belief in being the master of oneself and one's environment

Belief in "what's right" — moral order

Belief that our cause is honourable

Belief that every troop is valued

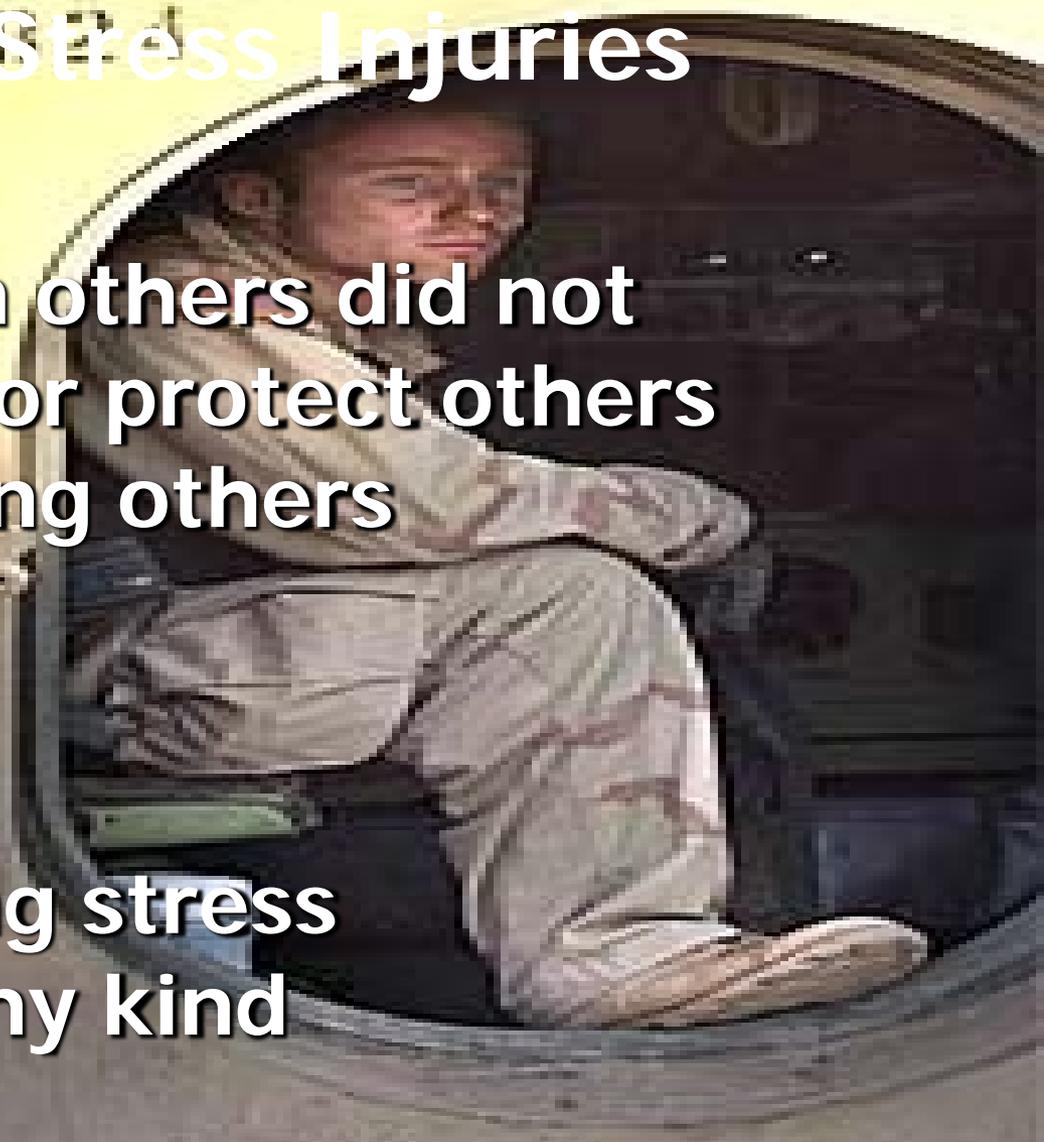
Belief in the basic goodness of people
(especially oneself)

PTSD - Criterion D (cont'd)

- Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
- Markedly diminished interest or participation in significant activities.
- Feelings of detachment or estrangement from others.
- Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

Causes of Shame or Guilt In Traumatic Stress Injuries

- Surviving when others did not
- Failing to save or protect others
- Killing or injuring others
- Helplessness
- Failing to act
- Loss of control
- Even just having stress symptoms of any kind



PTSD - Criterion E

Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

- Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects).

PTSD - Criterion E (cont'd)

- Reckless or self-destructive behavior
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

PTSD - Criterion F

Duration of the disturbance (Criterion B, C, D, and E) is more than one month.

PTSD - Criterion G

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

PTSD - Criterion H

The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Effects of Traumatic Stress

- Survivor's Guilt
- Shattered Beliefs
- Increased Risk of Suicide
- Increased Risk of Domestic Violence
- Increased Risk of Marital Problems /Divorce
- Increased Risk of Family Problems/Conflicts
- Increased Risk of Physical Health Problems and Chronic Pain

Treatment of PTSD

Goal of Treatment

- Reducing level of distress associated with memories of event
- Quelling resultant physiological reactions
- Focus is on behavioral outcomes rather than biomedical indices

Treatment – cont'd)

- Effective Therapies
 - Cognitive Behavioral Therapy (CBT) -- appears to be the most effective type of counseling for PTSD
 - Cognitive Therapy
 - Exposure Therapy
 - Seeking Safety Therapy
 - Eye Movement Desensitization and Reprocessing (EMDR)

Treatment – cont'd)

- Effective Therapies, cont'd
 - Interpersonal Therapies
 - Group Therapy
 - Anxiety Management Treatment
 - Pharmacotherapy

Treatment – cont'd

Other Symptom Reduction Treatments

- Time & Recovery
- Mind/Body Relaxation
- Yoga / Meditation
- Tai Chi
- Massage
- Music / Sound
- Aromatherapy
- Neurofeedback
- Alternative Therapies
- Bioenergy Therapies

Treatment – cont'd

- Evidenced Based Therapies offered at JAHVA for treatment of PTSD
 - Cognitive Processing Therapy
 - Prolonged Exposure Therapy
 - Eye Movement Desensitization and Reprocessing
 - Seeking Safety Therapy
 - Cognitive/Behavioral Therapies

Treatment – cont'd

- **Interpersonal Therapies**
 - Understanding ways in which traumatic event continues to affect relationships and other aspects of their lives
 - Couples Therapy
 - Family Therapy

Treatment – cont'd

- Group Therapy

- With others who experienced the disaster. may help reduce isolation and stigma
- Telling one's story and directly facing the grief, anxiety, and guilt related to trauma enables many survivors to cope with their symptoms, memories, and other aspects of their lives.

Treatment – cont'd

- Anxiety Management Treatment
 - Relaxation Training
 - Controlled Breathing
 - Positive Self-talk and Imagery
 - Social Skills Training
 - Distraction Techniques
(e.g., thought stopping)

Treatment – cont'd

- Pharmacotherapy
 - Medications (SSRI's) may help ease symptoms of depression and anxiety and help with sleep. Often given in combination with psychotherapy.
 - SSRIs
 - 1st-line treatment – safer and better tolerated

Treatment – cont'd

- Beneficial effects of drug therapy
 - May not be evident for 8 weeks or more
- Once a drug seems effective
 - Continued for at least 12 months

Recovery from Traumatic Experiences

- Many people will gradually recover from psychological effects of traumatic event(s)
- However, PTSD will develop in a substantial portion of subjects exposed to trauma
- PTSD can become a chronic psychiatric disorder and can persist for decades and sometimes for a lifetime.
- Clients with chronic PTSD may often experience remissions and relapses throughout their lifetime.

PTSD and Traumatic Brain Injury (TBI)

- A veteran must have a loss of consciousness for the period surrounding the traumatic event in order for a brain injury of any severity to be diagnosed.
- PTSD may be related to events that just preceded their loss of consciousness, events immediately after, or even from information about the trauma that they learn later in their recovery.

PTSD and TBI – cont'd

- Patients may also have PTSD related to one traumatic incident, and TBI related to another; this pattern may compromise recovery from both disorders.
- The neurobiology of disorders such as PTSD implicates the hippocampus and amygdala in the development of symptoms; these structures are often the site of focal injuries associated with TBI.

Traumatic Brain Injury (TBI)

What is TBI?

- A traumatic brain injury (TBI) can be classified as mild, moderate, severe or penetrating – the severity is determined at the time of injury.
- A TBI is a blow or jolt to the head that disrupts the normal function of the brain. It may knock you out briefly or for an extended period of time, or make you feel confused or “see stars” (alteration of consciousness).
- Not all blows or jolts to the head result in a TBI.

Traumatic Brain Injury (TBI)

What is TBI? (cont'd)

- The most common form of TBI in the military is mild. Concussion is another word for a mild TBI.

Traumatic Brain Injury (TBI)

What are the Causes?

- In the military, the leading causes of TBI both deployed and non-deployed are (in no particular order):
 - Blasts, bullets, fragments, falls, motor vehicle crashes and rollovers, sports, and assaults.
- In the deployed setting, blasts are the leading cause of TBI.

Traumatic Brain Injury (TBI)

Who is at greatest risk for TBI?

- Those who are at a higher risk for sustaining TBIs are young men who are performing military duties, or have a history of prior concussion and/or substance abuse.

Traumatic Brain Injury (TBI)

Common signs and symptoms of TBI

Physical

- Headaches
- Sleep Disturbance
- Dizziness
- Balance Problems
- Nausea/vomiting
- Fatigue
- Visual Disturbance
- Sensitivity to Light
- Ringing in the ears

Cognitive

- Concentration Problems
- Temporary Gaps in Memory
- Attention Problems
- Slowed Thinking
- Difficulty Finding Words

Traumatic Brain Injury (TBI)

Warning Signs

- Worsening headaches
- Worsening balance
- Double vision or other vision changes
- Decreased level of alertness
- Increased disorientation
- Repeated vomiting
- Seizures
- Unusual behavior
- Amnesia/memory problems

Traumatic Brain Injury (TBI)

Warning Signs (cont'd)

Emotional

- Irritability
- Anxiety
- Depression
- Mood Swings

Traumatic Brain Injury (TBI)

How Long Does Recovery Take?

- Recovery is different for every person
- Most people recover from a concussion
- Symptoms usually begin to improve within hours and typically resolve completely within days to weeks
- Even after more than one concussion, full recovery is expected; however, every time an additional concussion is sustained, healing time might take longer.

Traumatic Brain Injury (TBI)

What Helps Recovery From a Concussion?

- Be honest about symptoms with the medical provider.
- Drink plenty of water.
- Eat a healthy diet.
- Rest during the next day. Don't over exert—mentally or physically.
- Get plenty of sleep at night.
- Avoid smoking or drinking alcohol.

Traumatic Brain Injury (TBI)

What Helps Recovery from a Concussion? (cont'd)

- Avoid over-the-counter medications unless prescribed by a provider.
- Take prescribed medications as prescribed by a provider.
- Avoid caffeine and “energy-enhancing products.”
- Take precautions to avoid another concussion. Avoid contact sports, combatives, etc.
- Stay engaged with family and medical provider.

Traumatic Brain Injury (TBI)

What Helps Recovery From a Concussion? (cont'd)

- Stay engaged with family and medical provider.
- If symptoms persist or worsen, see a medical provider.
- Be patient. Give the brain time to heal.

Traumatic Brain Injury (TBI)

What are Some Coping Tips?

- Write things down. Carry a small pen and pad.
- Store important items, such as keys and wallet, in the same designated place to keep from losing them.
- Keep a steady pace. Take breaks as needed.
- Focus on one thing at a time.
- Perform tasks in a quiet, non-disturbing environment
- If feeling irritable or angry, try relaxation techniques and/or walking away from the situation.

Traumatic Brain Injury

- Think about the obvious
 - Are you irritable or having difficulty concentrating?
 - Are you getting enough sleep?
 - Are you having trouble sleeping?
 - Are you drinking energy drinks or alcohol?





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