# Meet Me Where I Am..

Building Therapeutic Relationships With Combat Veterans..

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- •TBI Case Manager-Brookhaven Hospital-Tulsa, OK
- Service Connected Disabled Veteran
- •Served in the United States Army (Infantry), Army Reserve (Support), and Wisconsin National Guard (Artillery)
- •VA Clinical Training program at the VA National Center for Post Traumatic Stress Disorder (PTSD) (Palo Alto, CA).
- •Provider training in Traumatic Brain Injury (TBI), through the Defense and Veterans Brain Injury Center (DVBIC).
- •MS Counseling-Mental Health-Missouri State University
- •Disable Veterans Case Management-State of Missouri
- •Certified Brain Injury Specialist (CBIS)
- •Offender Workforce Development Specialist (NIC)

## **Objectives**

TH-11: Meet Me Where I AM: Working with TBI Veterans

- ▶ Identify the stressors, mindset, and norms of Combat Trauma and TBI veterans.
- Learn trait and behavior differences between TBI and PTSD.
- Gain knowledge on the impact of Moral Injury.
- Learn non-traditional therapeutic approaches being embraced by combat veterans.
- ➤ Identify resources available to all caregivers of combat trauma veterans.





# All wars have the same post-combat health problems

- Physical injuries with residual pain
- > Diagnosable mental health conditions
- Unexplained symptoms with general health decline
- Psychosocial distress: marriage/work/social disruption
- Post-war death/injury from "incidental trauma"

# Physical Stressors of War

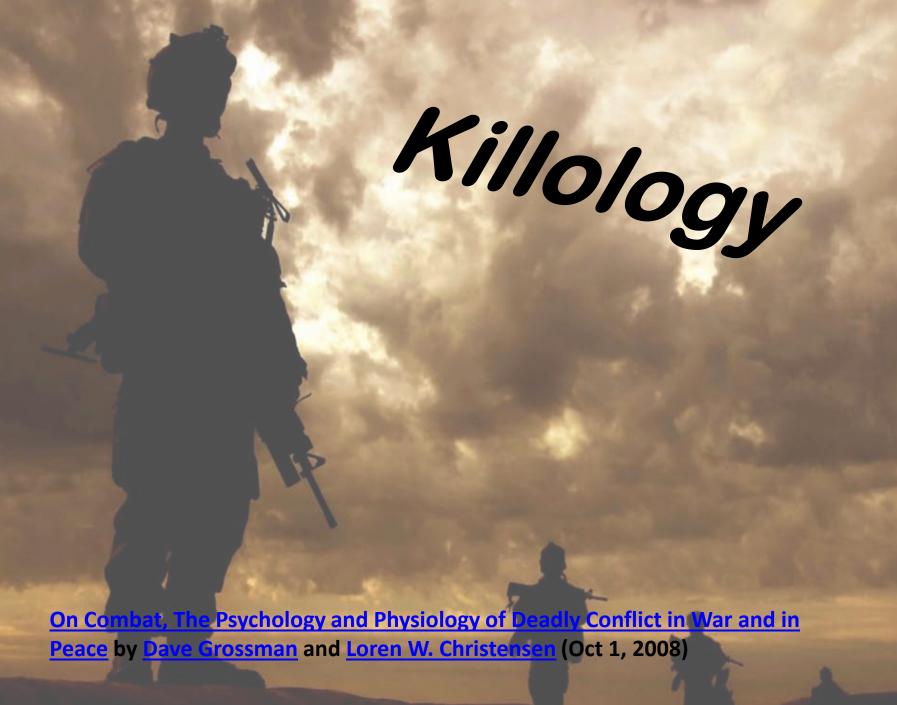
- Injury
- Noise
- > Temperature
- > Sleep deprivation
- > Diet
- Austere conditions
- > Toxic agents
- > Infectious agents
- Multiple immunizations
- Blast wave/head injury

## Psychological Stressor of War

- > Anticipation of combat
- Combat trauma
- Non-combat trauma
- Separation from family/home
- Deprivation

## Psychosocial Stressors of War

- Marital/parenting issues
- Social functioning
- Occupational/financial concerns
- > Risk of re-deployment
- Spiritual / existential



# The Impact of Killing

"One important event that is not addressed as directly as it should be is Killing. Killing the enemy is what a warrior is train to do, and success in this, like any other occupational success can be gratifying"

<sup>\*</sup> Col. Charles W. Hoge, Once a Warrior, Always a Warrior (2010)

## To Kill or not to Kill

This is a very hard decision for a soldier to make and a great many factors can influence the soldiers ability to kill his fellow man.

Most sane humans, if given the choice, will not kill their fellow man and are extremely reluctant to do so, despite what Hollywood would like you to believe. When they are forced to do so, many can experience a great deal of psychological trauma.

\*It is interesting to note that most kills in war are from artillery or other mass destruction type weapons.

# The Impact of a Soldiers Perceptions of *Distance to Killing.*.

- •Emotional distance allows a person to kill at closer ranges and allows him to justify it more easily.
- •Cultural distance is defined as viewing the enemy as an inferior life form. The enemy is dehumanized and considered inferior.
- •Moral distance is classifying the enemy as morally wrong.
- Social Distance is a form of classifying others as lesser beings.
- Mechanical distance is viewing the enemy through some device like a scope or on a screen. It allows the killer to dehumanize the target.

# Psychiatric Casualties Character

- ➤ Character Disorders: a soldier becomes fixated on certain actions or things.
- > Paranoia may include irascibility, depression and anxiety about his personal safety.
- >Schizoids become hypersensitive and prefer to be alone.
- Epileptoids become more prone to violent and sometimes unpredictable rages.
- >Some become obsessed with religion and some become psychotic.
- > The essence a person's character changes.



## **Warrior Values & Norms**

- It's not about the self it's about the team and the mission.
- Status comes, not from being rich or well-educated or good-looking (things most 20 year olds have no control over) but from behaving with courage and watching out for others (acquired behavior).
- It's not about feelings; it's about actions.
- Humility and understatement are expected.
   Self dramatizing, boasting, faking, overstating gets you nowhere (or worse).
- Same with getting caught up with your own authority or hiding behind your official status or professional role.
- Informality, slang and swearing are OK with line soldiers, lance corporals; not so much with commanding officers.

#### **Warrior Values & Norms**

(Continued)

- Flexibility, change, speed, reassignments are expected. Mulling, pondering, indecision not so much.
- Speak to the point. Say what you mean. Then stop talking.
- Take your lumps without whining or making excuses.
- Be gracious, give credit to others for successes and take responsibility for your failures.
- Warrior brotherhood (or sisterhood) is uniquely powerful and intense, and hard for civilians to understand.

# Warrior Language

- 1. Hyper vigilance = Situational Awareness
- 2. Guided imagery = Mental Rehearsal or Simulation
- 3. Relaxation = Breath Control
- 4. PTSD = Combat & Occupational Stress
- 5. Symptoms = Impacts, Reactions
- 6. Therapy = Training or Skills Set Acquisition or Self- Mastery Strategies
- 7. Behavioral Health = Wellness, Resilience
- 8. Trauma Treatment = Combat Stress Mitigation or Resiliency Training or Performance Optimization



#### Memory

- TBI: A period of amnesia for what went on just before (retrograde amnesia) or after (anterograde amnesia) the injury occurred is common. The length of time (minutes, hours, days, or weeks) of amnesia is an indicator of the severity of the brain injury. For example, the person may have no memory of what happened just before or after the car crash or IED explosion.
- PTSD: In contrast, the person with PTSD is plagued and often haunted by unwanted and continuing intrusive thoughts and memories of what happened. The memories keep coming at any time of day or night in such excruciating detail that the person relives the trauma over and over again.

Marilyn Lash, MSW, Brain Injury Journey magazine; http://www.brainlinemilitary.org/content/2013/03/tbi-and-ptsd-navigating-the-perfect-storm\_pageall.html

#### Sleep

- TBI: Sleep disorders are very common after brain injury. Whether it is trouble falling asleep, staying asleep, or waking early, normal sleep patterns are disrupted, making it hard to get the restorative rest of sleep so badly needed.
- PTSD: The mental state of hypervigilance interferes with slowing the body and mind down for sleep. Nightmares are so common with PTSD that many individuals dread going to bed and spend long nights watching TV or lying on the couch to avoid the night's terrors. Waking up with night sweats so drenching that sheets and clothing are soaked. Flashbacks so powerful that bed partners have been struck or strangled while sleep battles waged.

#### Isolation

- TBI: Many survivors of TBI recall the early support and visits of friends, relatives, and coworkers who gradually visited or called less often over time. Loss of friends and coworkers leads to social isolation, one of the most common long-term consequences of TBI.
- PTSD: The *isolation* with PTSD is different as it *is self-imposed*. For many it is simply too hard to interact with people. The feeling of exposure outside the safe confines of the house is simply too great. The person may avoid leaving the house as a way of containing stimuli and limiting exposure to possible triggers of memories. As a result, the individual's world becomes smaller and smaller.

#### **Emotions**

- TBI: When the areas of the brain that control emotions are damaged, the survivor of a TBI may have what is called "emotional lability." This means that emotions are unpredictable and swing from one extreme to the other. The person may unexpectedly burst into tears or laughter for no apparent reason. This can give the mistaken impression that the person is mentally ill or unstable.
- PTSD: Emotional numbness and deadened feelings are a major symptom of PTSD. It's hard for the person to feel emotions or to find any joy in life. This emotional shutdown creates distance and conflicts with spouses, partners and children. It is a major cause of loss of intimacy with spouses.

#### Fatigue

- TBI: Cognitive fatigue is a hallmark of brain injury.
   Thinking and learning are simply harder. This cognitive fatigue feels "like hitting the wall," and everything becomes more challenging. Building rest periods or naps into a daily routine helps prevent cognitive fatigue and restore alertness.
- PTSD: The cascading effects of PTSD symptoms make it so difficult to get a decent night's sleep that fatigue often becomes a constant companion spilling over into many areas. The fatigue is physical, cognitive, and emotional. Feeling wrung out, tempers shorten, frustration mounts, concentration lessens, and behaviors escalate.

#### Depression

- TBI: Depression is the most common psychiatric diagnosis after brain injury; the rate is close to 50%. Depression can affect every aspect of life. While people with more severe brain injuries have higher rates of depression, those with mild brain injuries have higher rates of depression than persons without brain injuries.
- PTSD: Depression is the second most common diagnosis after PTSD in OEF and OIF veterans. It is very treatable with mental health therapy and/or medication, but veterans in particular often avoid or delay treatment due to the stigma of mental health care.

#### Anxiety

- TBI: Rather than appearing anxious, the person acts as if nothing matters. Passive behavior can look like laziness or "doing nothing all day," but in fact it is an initiation problem, not an attitude. Brain injury can affect the ability to initiate or start an activity; the person needs cues, prompts, and structure to get started.
- PTSD: Anxiety can rise to such levels that the person cannot contain it and becomes overwhelmed by feelings of panic and stress. It may be prompted by a specific event, such as being left alone, or it can occur for no apparent reason, but the enveloping wave of anxiety makes it difficult to think, reason or act clearly.

#### Talking about the Trauma

- TBI: The person may retell an experience repetitively in excruciating detail to anyone who will listen. Such repetition may be symptomatic of a cognitive communication disorder, but it may also be due to a memory impairment. Events and stories are repeated endlessly to the frustration and exasperation of caregivers, friends, and families who have heard it all before.
- PTSD: Avoidance and reluctance to talk about the trauma of what was seen and done is a classic symptom of PTSD, especially among combat veterans.

#### Anger

- TBI: Damage to the frontal lobes of the brain can cause more volatile behavior. The person may be more irritable and anger more easily, especially when overloaded or frustrated. Arguments can escalate quickly, and attempts to reason or calm the person are often not effective.
- PTSD: Domestic violence is a pattern of controlling abusive behavior. PTSD does not cause domestic violence, but it can increase physical aggression against partners. Weapons or guns in the home increase the risks for family members. Any spouse or partner who feels fearful or threatened should have an emergency safety plan for protection.

#### Substance Abuse

- TBI: The effects of alcohol are magnified after a brain injury. Drinking alcohol increases the risks of seizures, slows reactions, affects cognition, alters judgment, interacts with medications, and increases the risk for another brain injury. The only safe amount of alcohol after a brain injury is none.
- PTSD: Using alcohol and drugs to self-medicate is dangerous. Military veterans drink more heavily and binge drink more often than civilian peers. Alcohol and drugs are being used often by veterans to cope with and dull symptoms of PTSD and depression, but in fact create further problems with memory, thinking, and behavior.

#### Suicide

- TBI: Suicide is unusual in civilians with TBI.
- PTSD: Rates of suicide have risen among veterans of OEF and OIF. Contributing factors include difficult and dangerous nature of operations; long deployments and multiple redeployments; combat exposure; and diagnoses of traumatic brain injury, chronic pain, post-traumatic stress disorder, and depression; poor continuity of mental health care; and strain on marital and family relationships. Veterans use guns to commit suicide more frequently than civilians.

# "The Chaplains Assistant"



## Summary

 There is no easy "either/or" when it comes to describing the impact of TBI and PTSD. While each diagnosis has distinguishing characteristics, there is an enormous overlap and interplay among the symptoms. Navigating this "perfect storm" is challenging for the survivors, the family, the caregivers, and the treatment team. By pursuing the quest for effective treatment by experienced clinicians, gathering accurate information, and enlisting the support of peers and family, it is possible to chart a course through the troubled waters to a safe haven.

# Symptoms of Combat PTSD

- Flashbacks
- Avoidance
- ♦ Hyper vigilance
- ❖Nightmares

Phenomenon

- Irritability
- Insomnia
- Depression
- ❖Fatigue
- ❖Re-Experiencing ❖Cognitive Deficits
  - Anxiety
  - **♦**Self-Medication

# Symptoms of Combat TBI

- ❖ Headaches
- Nausea
- Vomiting
- ❖Vision Problems
- Dizziness
- ❖Sensitivity to Light or Noise

- Irritability
- Insomnia
- Depression
- **❖**Fatigue
- Cognitive Deficits
- Anxiety

## The Edges of TBI & PTSD

#### **PTSD**

- ♦ Hypervigilance
- Flashbacks
- Avoidance
- ❖Nightmares
- ❖Re-experiencing Phenomenon

- ❖Depression
- Anxiety
- ❖Insomnia
- Irritability
- Anxiety
- Cognitive Deficits

#### TBI

- ❖ Headache
- ❖Nausea
- Sensitivity to Light or Noise
- ❖Vision Problems
- Vomiting
- Dizziness



#### Moral Injury has been defined as:

"Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" (Litz et al., 2009)

#### Moral Injury

"The conceptual model posits that individuals who struggle with transgressions of moral, spiritual, or religious beliefs are haunted by dissonance and internal conflicts. In this framework, harmful beliefs and attributions cause guilt, shame, and self-condemnation."

#### Symptoms of Moral Injuries

- Sorrow
- Grief
- ❖ Regret
- **♦**Shame
- Alienation
- ❖Self-Medication

- Anger
- ❖ Insomnia
- Depression
- Anxiety
- Nightmares

#### Symptoms PTSD & Moral Injury

#### **PTSD**

#### Moral Injury

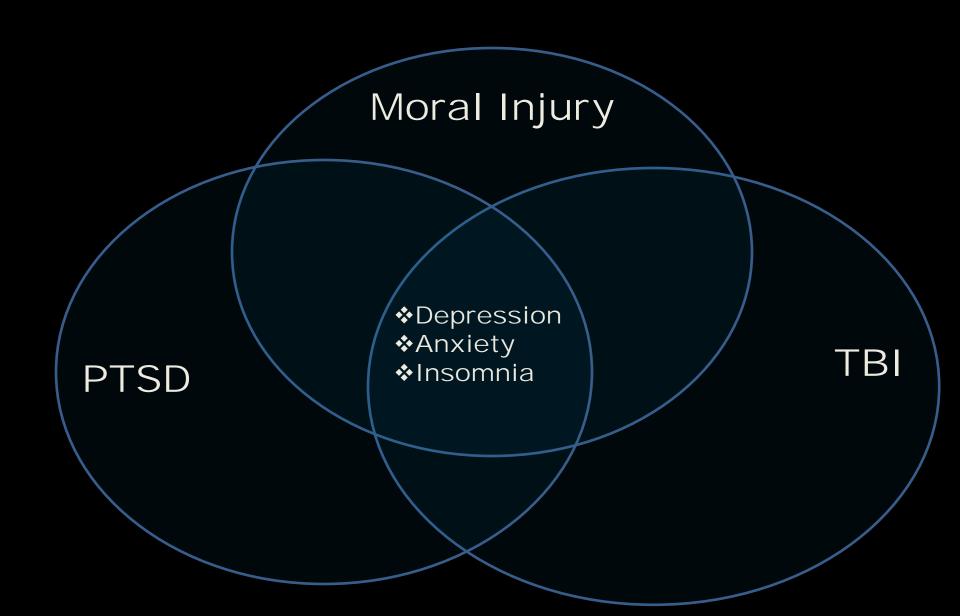
- Avoidance
- ♦ Hyper vigilance
- ❖Cognitive Deficits
- ❖Fatigue
- ❖Irritability
- Re-Experiencing Phenomenon

- Anger
- Depression
- Anxiety
- ❖Insomnia
- ❖Nightmares
- **\$**Self-

Medication

- Sorrow
- Grief
- **❖**Regret
- Alienation
- **♦**Shame

#### The Crossroads of TBI, PTSD & Moral Injury



#### Moral Injury In the Community

Mother Of Tulsa Veteran Doesn't Fault Police For Shooting Him



Cody Young's family is not upset with the police. They say the police were just trying to protect the neighborhood



#### **Effective Methods For Combat Trauma**

Part 1

- 1. Self-Regulation through Breath work
- 2. Yoga
- 3. Tai Chi
- 4. Peer Support Groups
- 5. Biofeedback and Neurofeedback
- 6. EMDR Eye Movement Desensitization & Reprocessing
- 7. EFT Emotional Freedom Technique
- 8. SE Somatic Experiencing
- 9. HCR-Holistic Cognitive Rehabilitation
- 10. TIR Trauma Incident Reduction

#### **Effective Methods For Combat Trauma**

Part 2

- 11.TAT Tapas Acupressure Technique
- 12.TRE or Trauma Releasing Exercises
- 13.Mindfulness Meditation or MBSR
- 14.Prolonged Exposure (It works, but for many, this is doing it the hard way)
- 15. IRT Imagery Rehearsal Therapy
- 16.Therapeutic Massage
- 17.Reiki, Therapeutic Touch, Healing Touch
- 18.Community Volunteering, helping others
- 19.Physical exercise
- 20.Guided Imagery







#### **Defense and Veterans Brain Injury Center**

DVBIC serves military and family members with traumatic brain injuries through state-of-the-art clinical care, research, and education. http://dvbic.dcoe.mil/



#### **National Center for Telehealth and Technology**

T2 develops telehealth and technology solutions for psychological health and traumatic brain injury to improve the lives of our nation's warriors and their families

# DEFENSE CENTERS OF EXCELLENCE for Psychological Health and Traumatic Brain Injury Nebinar 2014 SERIES 2014

		TBI	p.C	20	TBI
JANUARY	16	Cumulative Concussion	>	10	Safety and TBI
S		Psychological Health	JULY		Psychological Health
٩	23	Imagery Rehearsal Therapy and Treating Sleep Disorders		24	Safety and PTSD
_		TBI TBI	AUGUST		TBI
EBRUARY	13	Joint Theater Trauma Systems Practice Guidelines/ Recommendations		14	TBI and ICD-10 Coding
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	24	Military Children; Mild TBI and PTSD		23	Mental Health and Women in the Military
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>	8	Post-traumatic Headache	NOVEMBER	13	Technology Interventions for TBI
MA		Psychological Health			Psychological Health
	22	The Role of the Chaplain on the Departments of Defense and Veterans Affairs Mental Health Team		20	Technology Interventions for Psychological Health
JUNE	EWIST.	TBI			TBI
	12	Unique Male Risk Factors for Mild TBI	DECEMBER	11	TBI Prevention and Safety Awareness
		Psychological Health	등	100	Psychological Health
	26	Depression and Men in the Military	DE	18	Military Culture 101: What Does the Health Care Provider Need to Know?

# Opportunities To Meet Emerging Needs Working With Veterans

- > "The Coffee Bunker" Model
- >Transitional Housing
- >LTC Programs for Severe and Moderate TBI
- >Outside the Box "Cars for Heroes"

# Volunteer & Outreach Opportunities To Experience Working With Veterans

- > Veterans Stand Downs
- >VA Supported Homeless Shelters
- >Local Homeless and Veterans Council
- >Soup Kitchens / Homeless Day Centers
- > Veteran's Courts
- >NAMI "Give an Hour"

## ONCE A WARRIOR ALWAYS A WARRIOR

Navigating the Transition from Combat to Home Including Combat Street, PTSD, and mTBI

<sup>&</sup>quot;There's combat. Then, there's the rest of your life, . . . This is the guide to surviving the war back here. We all need it. A bell of a book,"

Has Cleland, Former U.S. Senator and Et Administrator, wounded decorated combat meterate

# A R THE SOLL

Healing

**Our Nation's** 

Veterans from

Post-traumatic

Stress Disorder

EDWARD TICK, PH.D.



#### Plenty of Time When We Get Home

Love and Recovery in the Aftermath of War

KAYLA WILLIAMS

#### **IOURNEY** PRIVATE GALIONE

HOW AMERICA BECAME A SUPERPOWER



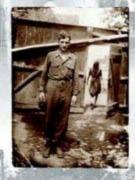
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HOW AMERICA BECAME A SUPERPOWER



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# TEARS OF A WARROR

A Family's Story of Combat and Living with PTSD



JANET J. SEAHORN, PH.D. E. ANTHONY SEAHORN, MBA







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