



Supporting our Veterans on the Home Front
Veterans Post Traumatic Stress Disorder & Traumatic Brain Injury

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Statistics of the War

- Since the 9/11 attacks, 2.3 million Americans have deployed to Iraq, Afghanistan or both.
- Half of them have deployed more than once.
- 19% of personnel returning from Iraq and Afghanistan report possible BI
- 20% report PTSD

Rand 2008



Updated Roster of OEF/OIF/OND Veterans Who Have Left Active Duty through August 31, 2012

- **1,557,026** OEF/OIF/OND Veterans have left active duty and become eligible for VA health care since FY 2002
- **866,182 (~56%)** have obtained VA health care since FY 2002 (cumulative total).
 - **93%** have been seen only as outpatients by VA.
 - **7%** have been hospitalized at least once in a VA health care facility.



Demographic Characteristics of OEF/OIF/OND Veterans Utilizing VA Health Care cumulative between 2002- aug 2012

| | |
|----------------------------------|----------------------------------|
| % OEF/OIF/OND (n=866,182) | % OEF/OIF/OND (n=866,182) |
| Sex | Unit Type |
| Male 88.0 | Active Duty 57.1 |
| Female 12.0 | Reserve/Guard 42.9 |
| Birth Year Cohort | Branch |
| 1990 or later 0.8 | Air Force 12.5 |
| 1980-1989 47.6 | Army 59.9 |
| 1970-1979 25.1 | Coast Guard 0.1 |
| 1960-1969 19.9 | Marines 14.0 |
| 1950-1959 5.7 | Navy 13.4 |
| 1926-1949 0.9 | Rank |
| | Enlisted 91.1 |
| | Officer 8.9 |

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Nebraska Western Iowa



- Dept. of Defense estimate 12,603 eligible veterans in this area
- NWI currently has 8,150 using the VA (65%-70%)
- 11% are female
- 6,628 Screened for TBI
- 19% screen positive and are offered a comprehensive Evaluation

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Reintegration

Understanding the Experience of OEF/OIF/OND



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**War may be hell...
but home may not be exactly heaven, either.**



**When a Warrior comes home from war,
He/she may find it hard...**

**...to be tolerant of people who complain about
the hassle of getting ready for work**





**...to be understanding when some one
complains about a bad night's sleep**

To control their panic when asked to drive slower



...to be civil to people who complain about their jobs.



**A gentle reminder.
When you meet a
returning service member,
please remember what they've been through
and show them
compassion and tolerance.**



Reintegration

<http://www.youtube.com/watch?v=kUoVZA-v09s>

<http://www.youtube.com/watch?v=Yu4Fgdaq1Z4>

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Three Types Of Stress Injuries Observed In Theater

DR. (CPT) BILL NASH, USN

COMBAT / OPERATIONAL STRESS

- TRAUMA**
 - An impact injury
 - Due to events involving terror or horror
- FATIGUE**
 - A wear-and-tear injury
 - Due to the accumulation of stress over time
- GRIEF**
 - A loss injury
 - Due to the loss of people important to you

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Operational Stress Injuries May Persist as DSM-IV Diagnoses

COMBAT / OPERATIONAL STRESS

- TRAUMA**
 - ASD
 - PTSD
- FATIGUE**
 - Adj D/O
 - MDD
 - Panic
 - GAD
- GRIEF**
 - V62.82
 - MDD

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What is (PTSD) Post Traumatic Stress Disorder

Definition: Post-traumatic stress disorder is a type of anxiety 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

Normal reactions to abnormally stressful events



Flash back video 2min

<http://www.halfopus.com/video/?videoID=74&chapterID=1>

PTSD Symptoms

RE-EXPERIENCING

- Intrusive Thoughts/Memories
- Nightmares/Dreams
- Flashbacks

HYPER-AROUSAL

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

AVOIDANCE

- Avoiding Activities, Places or People That Remind Veteran of the Stressful Experience(s)
- Loss of Interest in Activities
- Emotionally "Numb", Feeling Distant or "Cut Off" from Others



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.

Depression and Suicide



Veterans Crisis Line
1-800-273-8255 PRESS 1

Confidential help for Veterans and their families
Confidential chat at VeteransCrisisLine.net or text to 838255



- More than twice as likely to commit suicide than non-vets (epidemiological data of 45 states in 2005)
– 18.7 to 20.8 per 100,000 compared to 8.9 for non-vets.

What is a Brain Injury

- Brain Injury 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.
- 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.

Severity

Severity Definitions

| | | |
|--|--|--|
| <p>Mild Brain Injury</p> <ul style="list-style-type: none"> Loss of consciousness for less than 30 minutes (possibly no loss of consciousness). Glasgow Coma Scale of 13-15. Post-traumatic amnesia less than 24 hours. Temporary or permanently altered mental or neurological state. Post-concussion symptoms. | <p>Moderate Brain Injury</p> <ul style="list-style-type: none"> Coma more than 20-30 minutes, but less than 24 hours. Glasgow Coma Scale of 9-12. Possible skull fractures with bruising & bleeding. Signs on EEG, CAT or MRI scans. Some long term problems in one or more areas of life (i.e., home, work, community). | <p>Severe Brain Injury</p> <ul style="list-style-type: none"> Coma longer than 24 hours, often lasting days or weeks. Glasgow Coma Scale of 3 to 8. Bruising, bleeding in brain. Signs on EEG, CAT or MRI scans. Long term impairments in one or more areas of life (i.e., home, work, community). |
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Traumatic Brain Injury

Combat Related TBI

- Blast or Explosion (IED, RPG, landmine, grenade, etc.)
- Vehicle accident/crash (including aircraft)
- Fragment wound or bullet wound above the shoulders
- Fall
- Blow to the head (head hit by falling/flying object, head hit by another person, head hit against something)

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Video

- <http://www.youtube.com/user/VeteransMTC?v=bbsmhrOIW5w>

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BI vs. PTSD: Overlapping Signs and Symptoms

Brain Injury

- Insomnia/sleep problems
- Impaired memory
- Poor concentration/attention
- Depression
- Anxiety
- Irritability/mood changes
- Dizziness/Imbalance
- Excessive Fatigue: physical and mental
- Noise/light intolerance
- Ringing in the ears (tinnitus)
- Vision change: blurred or double

Post Traumatic Stress Disorder

- Insomnia/sleep problems
- Impaired Memory
- Poor concentration/attention
- Depression
- Anxiety
- Irritability/mood changes
- Stress symptoms
- Emotional numbing/100 mile stare
- Avoidance



Brain Injury Sometimes looks like....

- Learning disability
- Attention Deficit Disorder (ADHD)
- Bipolar Disorder
- Depression
- Resistance
- Disinterest
- Laziness
- Substance abuse



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Everyday Functional Effects

- Home
 - Difficulty completing tasks at home
 - Reduced play/ activity
 - Irritability with challenges
- School and Work
 - Concentration
 - Remembering directions
 - Disorganized
 - Difficulty with completing assignments
 - Fatigue
 - Fall behind, fail tests, reduced grades



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Accommodations

- Instructional
- Material
- Environmental
- Behavioral
- Memory
- Attention
- Organization
- Language
- Social/emotional



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Material Accommodations

- Clarity
- Visual layout
- Work load
- Time allowed for task
- Organizational system



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Environmental Accommodations

- Headphones
- Seating within the office
- Lighting and distractions
- Rest periods
- Routines
- Memory supports
- Visual reminders



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Veterans Brain Injury Task Force

- **Mission:** To serve the BI, PTSD, and reintegration needs of Nebraska's military, veterans, and their families through advocacy, education and by leveraging resources.

Representatives from:

- Civilian
- Military
- Government



Resources

- VA Nebraska/Western Iowa Health Care System
 - Main Number - 800-451-5796- ask for OEF/OIF
- Omaha Vet Center – 402-346-6735
- Lincoln Vet Center - 402-476-9736
- Transition Assistance Advisor - 402-309-1543
- Military OneSource - 800-342-9647
- Brain Injury Assoc. of Nebraska - 800- 444-6443



Information

- www.ncptsd.va.gov or "Google" PTSD
- www.DVBIC.org
- www.militaryonesource.com
- <http://www.biane.org>
- www.TraumaticBrainInjuryAtoZ.org
- <http://www.cdc.gov/TraumaticBrainInjury/statistics.html>


