

# CIT and Veteran Soldiers Returning from War



# Overview

- Discuss Iraq/Afghanistan veteran profile
- Review Historical Perspectives of PTSD
- Discuss pathologies of combat:
  - Incidence of Disorders
  - Post Traumatic Stress Disorder (PTSD)
  - Mild Traumatic Brain Injury (mTBI)
- Provide insight into dealing with academic challenges facing the combat veteran population.
- Apply practical learning techniques and solutions to common learning difficulties with

# Iraq/Afghanistan Veteran Profile

- Gender: 85% male; 15%female.
- Military service: 40% of those deployed are National Guard/Reserve.
- Age: “older population”.
- Since October 2001 >1.74 million men and women deployed to Iraq and Afghanistan; 280,000 re-deployed.
- 89% reported being ambushed or attacked.
- 93% reported being shot at.
- 86% reported knowing someone who was seriously injured or killed.

(NCPTSD 2008)

# Mental Health Problems Plague Returning Veterans

- One in three Iraq veterans have suffered from Post Traumatic Stress Disorder, (PTSD) major depression or generalized anxiety.
- One in six Afghanistan veterans have suffered from PTSD, major depression or generalized anxiety.
- Many unreported cases due to stigma perceived

# Incidence of PTSD in the Veteran population

- About 30% of men and women who have been in a war zone experience Post Traumatic Stress Disorder.
- More than half of all male Vietnam veterans, and just under half of Vietnam female veterans have experienced clinically serious stress reaction symptoms.
- Gulf War estimates are as high as 8%.
- General population: prevalence of PTSD is 4-6%; 10% will have clinically diagnosable PTSD sometime in their lives.

# Contributing Factors

- Combat troops live 24/7 with terror for undetermined length of deployment
- Warfare specialty vs. “support” personnel, *all* troops are at risk
- Rules of engagement different in urban warfare/unable to identify enemy from “innocent” bystanders

# Contributing Factors

- Deployment extensions
- Poor nourishment/water shortage
- Austere living conditions
- Issues from the home front
- Pre-existing mental health issues not addressed
- Being shot at/shooting another human being

# What is Post Traumatic Stress Disorder?

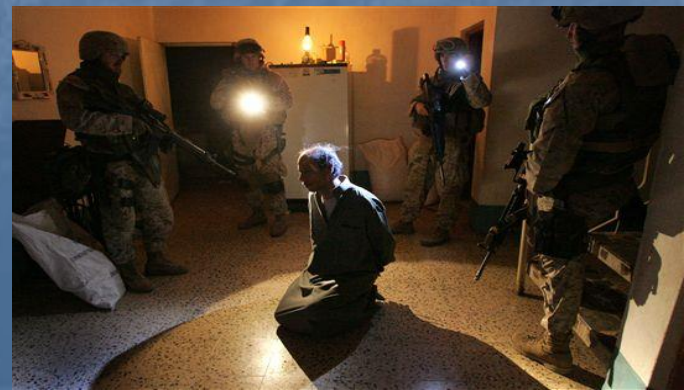
Post Traumatic Stress Disorder (PTSD) is a debilitating condition that can occur after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened.



“PTSD is the inability to flip the switch from combat soldier to every day citizen to stop reliving the war at so high a frequency that it interferes with the ability to function.”

Betsy Streisand

U.S. News & World Report, Oct. 2006



# PTSD:

## Three Defining Symptoms

- Spontaneous re-experiencing or reliving of event (flashbacks or hallucinations), intrusive memories, nightmares

# PTSD:

## Three Defining Symptoms

- Acts as though danger is still present: Increased irritability, anger, difficulty sleeping, startles easy, hyper-arousal, misinterprets other's intentions or actions as aggressive or dangerous, on the lookout for danger, hyper-vigilance

# PTSD:

## Three Defining Symptoms

- Avoidance behavior (activities/situations/people/conversations avoided which are associated with the trauma), difficulty remembering important details of event, thinks he/she has no future or that his/her lifespan may be shortened

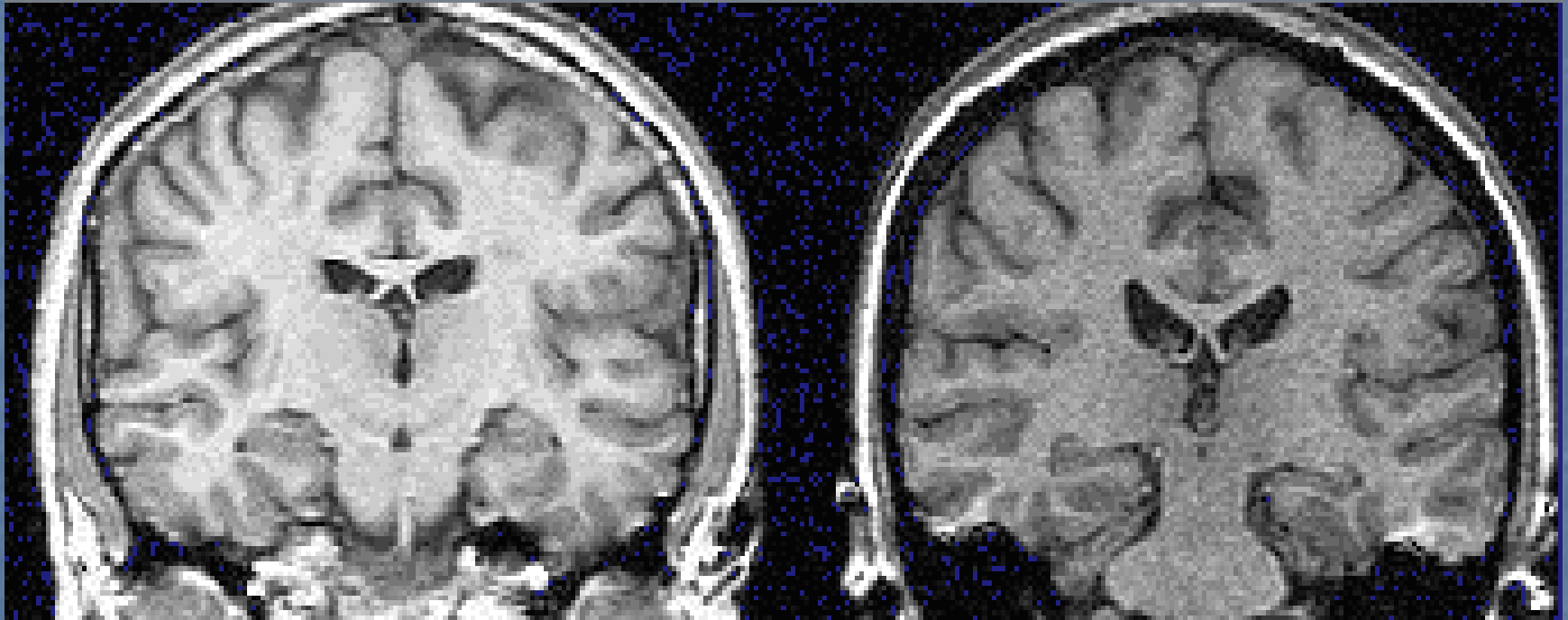
# Signs and Symptoms of PTSD

- Social impairment, detachment, loss of interest
- Memory deficits
- Concentration difficulty
- Numbing, referred to as “a freezing of the heart”
- “Hundred mile stare”
- Anger outbursts
- Feelings of intense guilt
- Recurrent dreams/nightmares/frightening thoughts
- Sleep disorders

# Physical Changes Found In PTSD

- Elevated levels of stress hormones such as noradrenalin and adrenaline
- Hyperactive sympathetic nervous systems; exaggerated increases in heart rate and blood pressure.
- Reduction in the volume of the hippocampus and amygdale region of the brain (emotions, learning and memory).
- Alteration in brain processes.

# MRI View of Post Traumatic Stress Disorder



NORMAL

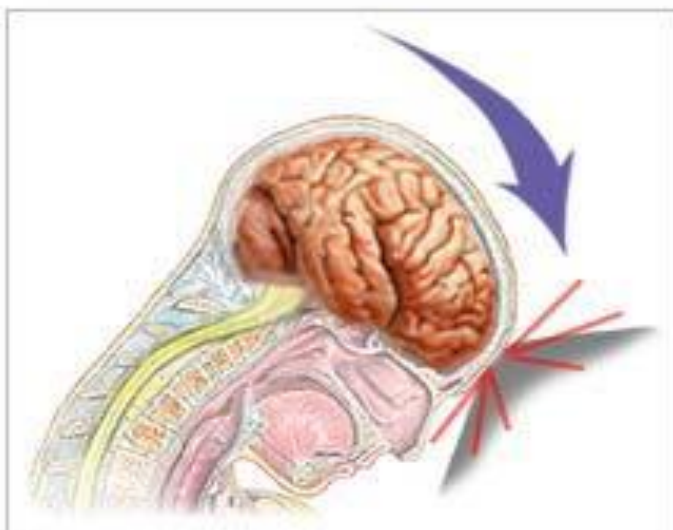
PTSD

# What is Traumatic Brain Injury (TBI)?

- Traumatic Brain Injury (TBI) is caused by a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain.
- Caused by external physical force to the head
- The severity of injury to the brain ranges from mild and undetected, to severe and life threatening.

(DVBIC/CBHCO 2006)

A concussion is a violent jarring or shaking that results in a disturbance of brain function





The head strikes a hard object creating a concussion-type injury

# Mild Traumatic Brain Injury (mTBI)

- A “concussion” which results from a blow to the head and causes the brain to strike the skull
- No structural damage to the brain
- Occurs with or without loss of consciousness
- Acceleration-deceleration injury
- “Shaken Soldier” Syndrome
- Closed head injury may be missed when more visible injuries require immediate attention.
- mTBI may go undetected for several years.

# Mild Traumatic Brain Injury mTBI

- The “signature” injury/disability from current war.
- In the war zone, the injury is caused by the sudden explosion from Improvised Explosive Devices (IED), Rocket-Propelled Grenades (RPG), land mines, roadside bombs.
- Many have been exposed to six and as many as 20 bomb blasts.
- 15% of all wounded veterans have struggled with TBI

# Combat Mechanism of Injury mTBI

- Iraq characterized by different kind of weaponry: explosive munitions.
- Blasts from IEDs and RPGs cause “over pressurization waves” upon detonation.
- Understanding the complexity of this injury is critical to helping our troops achieve optimal transition.

# Signs and Symptoms of mTBI

## Mild Traumatic Brain Injury

Insomnia/sleep problems

Impaired memory

Poor concentration/attention

Depression

Anxiety

Irritability/mood changes

Headache

Dizziness/Imbalance

Excessive Fatigue: physical and mental

Noise/light intolerance

Ringing in the ears (tinnitus)

Vision change: blurred or vision

# mTBI vs. PTSD: Overlapping Signs and Symptoms

## Mild Traumatic Brain Injury

Insomnia/sleep problems  
Impaired memory  
Poor concentration/attention  
Depression  
Anxiety  
Irritability/mood changes  
Headache  
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

\* Diagnosis made through troop  
history/witnesses' account

# Incidence of mTBI?

- Estimated that 1 in 5 returning troops may have brain injury; (1 in 10 sustained a concussion or more in 2006)
- 20% of U.S. troops are coming home with S&S of mTBI, and are unaware

## *Why the increase in incidence?*

- Technological advances in battlefield gear, reduces deaths, increases severity of injuries to head and limbs.
- Modern military medicine allows for life-saving trauma care in the war zone with immediate transport to definitive care and rehabilitation.

# Obstacles to Treatment of PTSD and mTBI

Over forty percent of those experiencing mental health

problems associated with combat refuse treatment due

to fear that treatment will:

- hurt their image
- ruin their military careers/promotions
- cause negative perception from peers, family and leadership
- limit civilian career opportunities

# What type of Mental Health issues are our Veterans Returning With



Better Trained - Knowledge of Weapons - Hand to Hand

Combat – Actual Combat Experience

The New York Times found 121 cases in which veterans of Iraq and Afghanistan committed a killing in this country, or were charged with one, after their return from war. In many of those cases, combat trauma and the stress of deployment  $\Delta$  along with alcohol abuse,

# Suicide in the veteran population

- Male veterans are twice as likely as civilians of either gender to commit suicide
- 1000 suicides occur per year among veterans receiving VA care
- 5000 suicides occur per year among all living veterans

# What do the statistics mean?

- Veterans may be at higher risk for suicide.
- We need to do more to reduce risk.
- Suicides are preventable in most cases.

# Tips for encouraging treatment:

1. Explain that there are trained professionals available to help them.
2. Explain that treatment works.
3. Explain that getting help for this kind of problem is no different than seeing a specialist for other medical problems.
4. Tell them that getting treatment is his or her right.
5. If they tell you that they have had treatment before and it has not worked, try asking: “What if this is the time it does work?”


# PTSD healing process must have balance

"PTSD is what we call the gift that keeps on giving. It impacts not just you, but your spouse and kids in the years to come. If you die, it's not contagious. If you lose a leg, your kids can't catch it. You come home with a load of mental baggage; it can pass on across the generations."

Lt. Colonel Dave Grossman



- Left unchecked, PTSD can worsen over time, but the vast majority of veterans begin losing PTSD after the first three months or so of returning home. Most veterans eventually return to normal and through a concept called Post Traumatic Growth.



**IT  
TAKES  
THE  
COURAGE AND STRENGTH  
OF A WARRIOR  
TO ASK FOR HELP.....**

**If you're in an emotional crisis  
call 1-800-273-TALK "Press 1 for Veterans"**

**[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)**



Department of  
Veterans Affairs