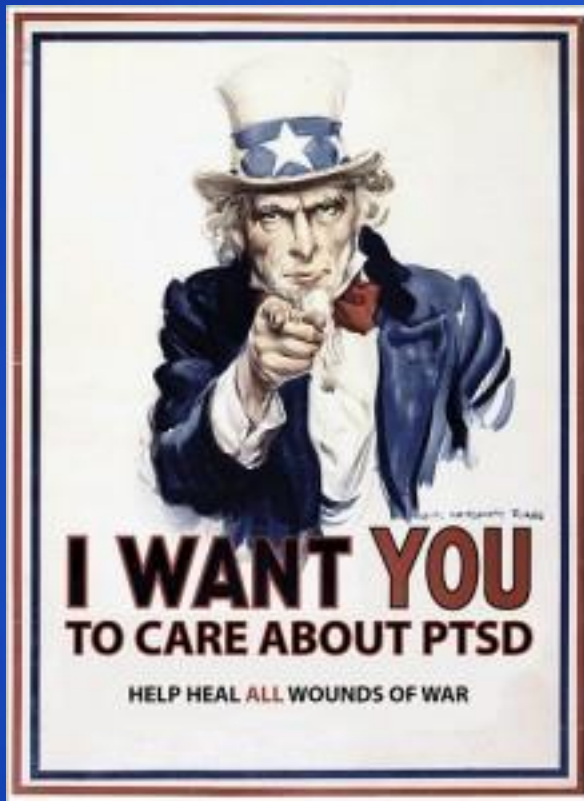


# Understanding & Responding to PTSD and TBI

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# Disclaimer

The views expressed in this presentation are strictly those of the presenter. They do not represent those of the Veteran's Health Administration or The United States Government.

# Objectives

- What is PTSD?
- What is TBI?
- Recognizing Signs of PTSD and TBI
- Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI): Importance for Law Enforcement
- PTSD and TBI: Effective Law Enforcement Response
- PTSD and TBI: Resources for Help
- An Iraq Veteran's Personal Account

# What is Post Traumatic Stress Disorder (PTSD)?



- An *anxiety disorder* that can occur after a person experiences, witnesses or learns of an event or events that involve actual or threatened death, serious injury or violation of body of self or others and responds to this event with intense fear, helplessness or horror.
  - The anxiety is diagnosed as PTSD when it lasts for at least one month and makes it difficult for the person to function normally in everyday life.

(U.S. Department of Veterans Affairs, "Understanding PTSD," [www.ptsd.va.gov](http://www.ptsd.va.gov); American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders IV-TR, pages 463-468, 2000)

# 3 Types of Stressors

- Intentional Human
- Unintentional Human
- Acts of Nature/ Natural Disaster



# Intentional Human (Man-made, Deliberate, Malicious)

- Combat, civil war, resistance fighting
- Abuse
  - Sexual
  - Physical
  - Emotional
- Torture
- Criminal assault, violent crime
- Being held hostage; POW
- Hijacking
- Racism/ hate-crimes
- Terrorism
- Bombing (Hiroshima, Oklahoma City)
- Witnessing homicide, assault, etc.
- Sniper attack
- Witnessing parent's fear reactions
- Alcoholism (effects on family)
- Participating in violence
- Suicide or other forms of sudden death

# Unintended Human (Accidents, Technological Disaster)

- Industrial (i.e. crane crashes down)
- Fire, burns (i.e. oil rig catches fire)
- Explosion
- MVA, plane crash, train wreck, shipwreck
- Nuclear disaster
- Collapse of sports stadium, building, etc

# Acts of Nature/ Natural Disaster

- Hurricane
- Tornado
- Flood
- Earthquake
- Avalanche
- Fire
- Drought/famine
- Animal attack
- Sudden/life-threatening illness
- Sudden death (heart attack, loss of unborn child, etc)

# Symptoms of PTSD



# 3 Main Symptom Clusters

1. Reexperiencing
2. Avoidance or numbing
3. Arousal



# Reexperiencing

The trauma is reexperienced in at least one of the following ways:

1. Intrusive, unwanted thoughts, images or perceptions about the trauma
2. Nightmares
3. Acting or feeling like the trauma is recurring (flashbacks)
4. Intense distress upon exposure to internal or external cues (triggers) that symbolize or resemble an aspect of the trauma
5. Reacting physiologically upon exposure to such cues

# Avoidance or Numbing

1. Avoid thoughts, feelings or conversations that remind one of the trauma
2. Avoid activities, places or people that remind one of the trauma
3. Restricted range of feelings
4. Inability to recall part of the trauma
5. Decreased interest in activities
6. Estranged from others
7. A sense of doom or shortened future

# Arousal or being “keyed up”

Symptoms of increased arousal:

1. Difficulty falling or staying asleep
2. Irritability or anger outbursts
3. Difficulty concentrating
4. Hypervigilance
5. Exaggerated startle response

# Trauma Exposure is Common!

- 61% of men and 51% of women experience at least one traumatic event in their lifetime
- About 7-8% of people will have PTSD at some point in their lives.
- Most common Exposures: witnessing severe injury or death, being involved in fire, flood or disaster, or being involved in life threatening accident
  - Men are more likely to experience: Physical attacks, combat or being threatened by weapon
  - Women are more likely to experience: rape, sexual molestation, childhood neglect and abuse

(U.S. Department of Veterans Affairs, "How Common is PTSD?" [www.ptsd.va.gov/public/pages/howcommon-is-ptsd.asp](http://www.ptsd.va.gov/public/pages/howcommon-is-ptsd.asp), reviewed/updated 6/15/2010)

# Prevalence of PTSD in Combat Veterans

- 11-20% of Operation Enduring Freedom and Operation Iraqi Freedom Veterans
- 10% of Gulf War Veterans
- 30% of Vietnam War Veterans



# Consequences of PTSD

- People with PTSD may also have other problems:
  - Mood or anxiety problems
    - 88% of men and 79% of women with PTSD had at least one other psychiatric disorder
  - Shattered assumptions
  - Hostility
  - Physical symptoms

# Consequences of PTSD

- Reenacting the trauma/“We hope this time to make things right”
  - Going into high-risk or rescue oriented-professions
  - Marrying an abuser
  - Engaging in high-risk behaviors (rock climbing, speed racing, skydiving)
  - Engaging in illegal behavior

# Consequences of PTSD

- Substance Abuse:
  - Among women in treatment for substance abuse, 30%-59% have current PTSD
  - Among men in substance abuse treatment, 11-38% have current PTSD



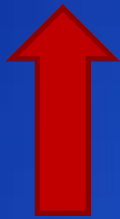
# Consequences of PTSD

- 40 times more likely to have academic failure
- 30 times more likely to be a teenage parent
- 60 times more likely to experience marital problems
- 150 times more likely to be currently unemployed.



# Consequences specific to Veterans

- National Comorbidity study:



Unemployment  
Being fired  
Divorce or separation  
Spousal abuse



# Consequences of PTSD

- Legal Problems
  - Higher rates of aggressive behavior
    - National Vietnam Veteran's Readjustment Survey found that on average, veterans with [untreated] PTSD committed 13.3 violent acts in the prior year, compared with 3.54 acts for veterans without PTSD



# Triggers

- Sight (seeing black garbage bags reminds a veteran of body bags)
- Sound (backfiring car sounds like gunshot)
- Smell (smell of aftershave reminds of sexual assault)
- Taste
- Body sensations (touch, pain)
- Significant dates or seasons
- Stressful events (argument with spouse triggers memories of parents arguing violently)
- Out of the blue
- Combinations

# Triggers

- Warm, damp day or strong rain
  - Vietnam
- Throat swab during medical exam
  - Oral rape
- Lasagna & milk cartons
  - Firemen recovering bodies of children buried in a cafeteria by an earthquake
- Firecrackers
  - Gunshots, combat
- Dark clouds, strong winds
  - Tornado
- Peace sign
  - War Protestors

# What is Traumatic Brain Injury (TBI)?



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# Traumatic Brain Injury

- A blow or jolt to the head or a penetrating injury that disrupts the functioning of the brain. Not all blows or jolts to the head result in TBI.
- The severity of such an injury may range from mild to severe (mild-moderate-severe TBI)
- A TBI can result in short or long term problems with independent function.

# Traumatic Brain Injury

- Blast injuries are primary causes of injury or death in OEF/OIF
  - 69.4% of Wounded in Action caused by blast or explosion
  - 62% of blast injuries result in Traumatic Brain Injury (TBI)
  - 85% of TBIs are closed head injuries which means that only 15% have visible wounds

# Prevalence of TBI

- 45,000 to 360,000 Operation Enduring Freedom and Operation Iraqi Freedom service members suffer from TBI
- Most TBI in OEF/OIF service members is classified as mild, with 163,181 cases of mild TBI recorded through May 15, 2011

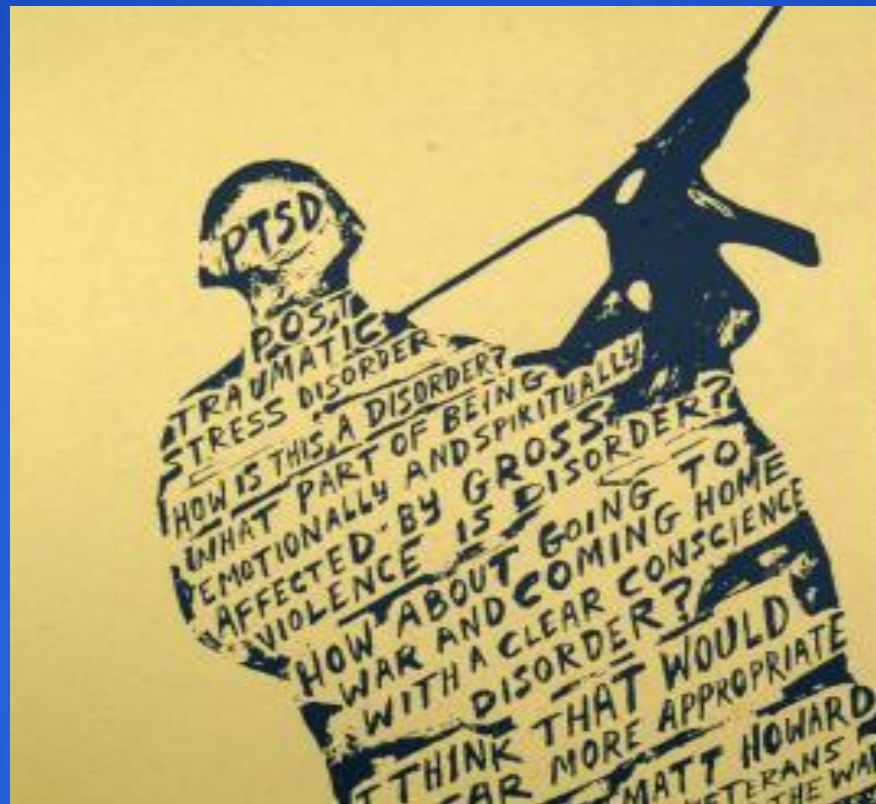
(Defense and Veterans Brain Injury Center, "TBI Numbers," <http://dvbic.org/TBINumbers.aspx>)

# Symptoms of TBI

- ***Physical symptoms***
  - Visual problems such as blurry vision or eyes tiring easily, headaches, lightheadedness or dizziness, increased sensitivity to sounds or lights, balance problems, ringing in ears, and/or excessive fatigue
- ***Cognitive symptoms***
  - Memory problems, decreased concentration, being more easily distracted, difficulty being organized, slowed thinking, trouble putting thoughts into words, and/or impairment in judgment, decision-making, or problem-solving
- ***Emotional/behavioral symptoms***
  - Sadness or anxiety, irritability and angering more easily, listlessness, feeling more overwhelmed, a change in usual interests or behavior, being more impulsive or having difficulty appropriately restraining certain behaviors, and/or sleep problems.

(U.S. Department of Veterans Affairs, "Traumatic Brain Injury and PTSD," [www.ptsd.va.gov/public/pages/traumatic\\_brain\\_injury\\_and\\_ptsd.asp](http://www.ptsd.va.gov/public/pages/traumatic_brain_injury_and_ptsd.asp), reviewed/updated 6/15/2010; U.S. Department of Defense and Force Health Protection and Readiness, "TBI and PTSD Quick Facts," [http://www.nashia.org/docs/quick\\_white.pdf](http://www.nashia.org/docs/quick_white.pdf))

# Recognizing PTSD & TBI



# PTSD and mild TBI symptoms

## TBI

Insomnia  
Memory Problems  
Poor concentration  
Depression  
Anxiety  
Irritability  
Headache  
Dizziness  
Fatigue  
Noise/Light intolerance

## PTSD

Insomnia  
Memory Problems  
Poor concentration  
Depression  
Anxiety  
Irritability  
Emotional numbing  
Avoidance  
Intrusive symptoms

# Police Contacts with Returning Veterans



# The most frequent acts that may bring some veterans in contact with police may include the following:

- Domestic disputes or complaints of family abuse – due to stress within the household/failure to adjust to being home.
- Disputes with others
- Traffic stops as a result of aggressive/reckless driving: Some veterans who drove in convoys may find themselves inadvertently speeding, down the middle of the road, and failing to stop at stop signs and traffic signals.
- Suicidal or other types of mental health crisis: i.e: barricaded subject

# Legal Problems: Specific Causal Factors



# Changes in Cognition

- Flashbacks: survivors might commit an aggressive or criminal act believing they are in danger
- Perceived threat: Worldview and belief marked by themes of danger and mistrust may increase likelihood of aggression
- Beliefs about justice:
  - Belief in need for vigilantism in order to remedy perceived wrongdoing
  - Disregard for authority or indifference to the law because of prior perceived and/or actual abuse by authority figures

# Heightened Arousal

- Triggering of the “fight” instinct may lead to violence
- Hyper vigilance may be severe enough to represent paranoia, prompting a person to take defensive actions
- Exaggerated startled response may prompt instinctive or impulsive actions when a person feels threatened

# Emotional Reactivity

- Heightened distress may interfere with ability to make well-reasoned responses
- Guilt may lead survivors to commit acts likely to result in punishment or death
- Numbing may prompt criminal behavior because the individual has:
  - Diminished empathy for the victim
  - Difficulty feeling remorse
  - Difficulty appreciating the severity of consequences of behavior
  - Numbing can also prompt sensation-seeking behavior

# Law Enforcement: Effective Responses to PTSD and TBI



# Gather Information

- Notice possible signs of PTSD and TBI
- IF SAFE, ask if person is a veteran or in the military
  - Follow-up questions: branch of military, where they did basic training, if/where they deployed
- Minimize distractions
  - Go to quiet protected area if possible to minimize hyper vigilance
- Undivided attention
  - To counter problems with concentration

# Communicate Effectively

- Speak in a calm, matter of fact voice (word, voice, and body)
  - Loud voices can be a trigger
- May need to repeat questions or requests
  - Veteran may be having trouble processing due to flashback, trigger, etc.
- Allow for silence (if appropriate)
- Use active listening skills
- Reassure the person that everything is okay and that they are safe
- Explain any police procedures you may have to make, prior to making them and make sure the person understands what you are about to do.
- Remind the person of his or her current location and situation.

# Remember...

- PTSD and TBI is not a “get out of jail free card”
- The key lies in opening the lines of communication with soldiers in crisis and expressing a willingness to listen to their stories.
- War changes people in ways still not fully comprehended
- Warriors want to be treated with respect, and they have little tolerance for half-truths or disingenuous talk
- Thank the Veteran for his or her service



# Treatment for PTSD and TBI

- Good treatments are available: Please recommend help when veterans need it!
- PTSD: Vet Centers (DC & Alexandria) & DC VA Medical Center are experienced in treating combat-related PTSD
- TBI: Polytrauma Services at DC VA Hospital provides neuropsychology, physical therapy, occupational therapy, speech therapy and various other therapies to help veterans recover

# Vet Center Information

- FREE: No co-pay for services
- Walk-ins are welcome
- Confidential
- Two male counselors (Veterans), two female counselors (1 Veteran and 1 Civilian) & one Outreach Worker
- Location: 6940 S. Kings HWY, Suite 204  
Alexandria, VA 22310  
Phone: 703-360-8633  
<http://www.vetcenter.va.gov/>



# Veterans Justice Outreach

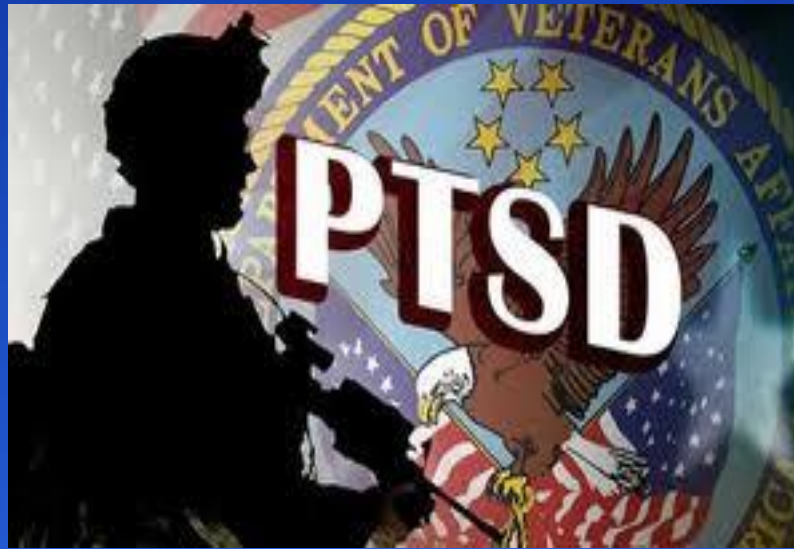
- Purpose of program
  - Avoid unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible Veterans in contact with the criminal justice system have access to Veterans Health Administration mental health and substance abuse services.

POC:

Washington DC VA Medical Center

Karen Carrington

<http://www.justiceforvets.org/>



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A rectangular graphic with a background of the American flag, showing the stars and stripes. The text is overlaid on this graphic.

# Thank You

*for serving our country &  
protecting our freedoms!*

# An Iraq Veteran's Personal Account

## Michael Hemingway