

Treating TBI & PTSD

Another Mountain to Climb

Mike's heart is pounding wildly in his chest like a jackhammer crushing concrete. His throat is parched and feels drier than the arid desert that hasn't seen rain in months. The voices in his head yell with a feverish intensity "pull the trigger," "shoot him now!" Everything moves in slow motion. What actually is a split second seems like eternity. Mike knows he must shoot this kid. "He is a kid, I can't shoot him!" Mike mutters as cold sweat gushes down his forehead. Even as Mike utters the words he knows he must take action. This same 10-year-old kid has just detonated explosives strapped to his bicycle, killing 10 marines. The kid was now riding quickly away most likely contemplating his next attack. Mike deftly takes aim and cradles his finger around the trigger. His feet are shaking uncontrollably as if they were dry leaves in an autumn wind. A split second before he pulls the trigger, he hears the all too familiar voice of his wife shouting, "Mike! Mike! Wake up! You are having those night terrors again." With a violent jerk, Mike tosses the sweat drenched sheets off his clammy sleeping clothes as he simultaneously gasps for air. "OK! OK! I'll go for counseling this time. I can't take these night terrors anymore."

Mike's plight is not dissimilar from thousands of other war veterans who have sustained physical and psychological trauma from battle. Many of the unsung heroes and heroines suffer in silence and more often than not, in obscurity. According to the Walter Reed Army Medical Center in Washington, between January 2003 and February 2005, physicians (at Walter Reed) treated more than 450 wounded service members for TBI. Among patients exposed to explosive blasts, 60% were diagnosed with TBI and roughly half of these cases were categorized as moderate to severe. It is further documented in the book [Nam Vet](#) by Chuck Dean that 38% of battle survivors who were married before the Vietnam War became divorced within six months of returning home.

I had the pleasure of talking with two very brave people. The first is a man who willingly and unselfishly placed his life on the line on behalf of his country. The second is a special education teacher who was caught in the line of fire.

Charlie joined the navy as a young naïve teenager in 1969. Little did he realize that the next few months would be the most



traumatic time of his life. After only eight months in the navy, and while returning from a mission, his helicopter came under intense hostile fire. The helicopter did not come down, but Charlie took a hit directly to the head. The bullet entered behind his ear and exited through the top of his head. The only thing that kept Charlie from falling out of the chopper was a mangled seat belt, which held him. The next few months were filled with medical complications and surgery after surgery. The most devastating part was the resulting sequelae from the TBI. Charlie experienced extreme paranoia, night terrors, sleep deprivation and a host of other psychological disorders directly related to the injury and the effects of Post Traumatic Stress Disorder (PTSD). Charlie spent many nights sleeping with a big knife above his bed and a loaded gun underneath his bed. Things became so bad that Charlie turned to alcohol for relief. However, the alcohol only made his short-term memory worse. Thanks to a supportive family, Charlie was able to get help. He managed to quit drinking, complete college and is currently working as a peer mentor. Charlie is the author of the book, [Just A Regular Guy](#) (For more on Charlie's story see page 7 for a survivor interview.)

Jackie, on the other hand, was not a Vietnam veteran. She was a special education teacher who was flying to Cairo, Egypt from Athens Greece when the aircraft she was traveling on was hijacked by three terrorists. Jackie was shot at point blank range in the head, tossed onto the tarmac 25 feet below and left for dead. As she drifted in and out of consciousness, Jackie used every ounce of energy in her body to stay alive. The days, weeks,



Treating TBI & PTSD *continued*

months and years that followed were filled with apparently insurmountable challenges.

Jackie's faith and indomitable will has helped in her recovery. She has been a guest speaker on syndicated talk shows such as Oprah and Larry King Live. She has also been featured in numerous articles around the world such as Eden Prairie News, The Malta Times and a host of other newspapers. One common thread that weaves through the fabric of both Charlie's and Jackie's stories is their battle to overcome the ravages of the combination of PTSD and TBI.

What is Post Traumatic Stress Disorder (PTSD)?

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-TR), PTSD is defined as an anxiety disorder that develops after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Psychologists agree that the diagnosis of PTSD requires the symptoms to be present for at least one month and interferes with one's normal level of functioning. Survivors who experience PTSD typically experience the following:

- A re-experiencing of the event or events through flashbacks or nightmares.
- Having an intense physical and emotional reaction to the event.
- Feeling that one can never relax for fear of something happening.

People who have been involved in car accidents are sometimes afraid to drive, tend to avoid freeway traffic or, if they are being driven, become easily upset if they sense something is going to happen. Being upset or afraid are not necessarily abnormal reactions to such stressors. However, reliving the trauma to the point where one becomes emotionally paralyzed is suggestive of an acute response.

How often does PTSD occur?

According to the National Institute of Health roughly 3% of people in the general population experience PTSD in the age group 18-52. In contrast, about 30% of Vietnam combat victims

Traumatic events are marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death.

Common Responses to a Traumatic Event

Physical	Emotional
Nausea	Shock
Light-headedness	Numbness
Dizziness	Feeling overwhelmed
Gastrointestinal problems	Depression
Rapid heart rate	Feeling lost
Tremors	Fear of harm to self and/or loved ones
Headaches	Feeling nothing
Grinding of teeth	Feeling abandoned
Fatigue & poor sleep	Uncertainty of feelings
Pain	Volatile emotions
Cognitive	Behavioral
Poor concentration	Suspicion & irritability
Confusion	Arguments with friends/loved ones
Disorientation	Withdrawal
Indecisiveness	Excessive silence
Shortened attention span	Inappropriate humor
Memory loss	Increased/decreased eating
Unwanted memories	Change in sexual desire/functioning
Difficulty making decisions	Increased smoking
	Increased substance use or abuse

Source: Department of Health—Centers for Disease Control and Prevention
Coping With a Traumatic Event: www.bt.cdc.gov/masscasualties/copingpub.asp

suffer from PTSD. The rate of PTSD for The Persian Gulf War veterans is about 8%.

How does one deal with the dual diagnosis of TBI & PTSD?

The symptoms of mild TBI and PTSD can be identical in certain areas, making treatment potentially complicated and difficult. PTSD and TBI symptoms that may overlap include attention, concentration, memory, anxiety and irritability problems. Issues unique to TBI would be distinguished by such symptoms as increased processing time, problems with abstract thinking, muscle fatigue, loss of coordination and problems with speech, hearing, vision etc.



Treating TBI & PTSD *continued*

A number of treatment options for this dual diagnosis currently exist and include pharmacological and or psychological interventions. Physicians can prescribe Selective Serotonin Reuptake Inhibitors and other antidepressants that have shown promising results.

After working with combat victims and TBI patients, I have found both individual and group therapies to be effective. Individual therapy helps to forge a therapeutic working relationship where the person learns to trust again. Often, rebuilding trust is a huge issue. For instance, someone who was involved in a car accident as a passenger may have a difficult time being driven by someone else. This same lack of trust is seen with some combat/PTSD survivors. Jackie Pflug, the survivor of a terrorist gunshot head wound, was afraid to go outside—she feared a terrorist would once again find her. Psychological interventions include group therapy, cognitive behavioral therapy and exposure therapy. These different modalities have shown efficacious results in helping survivors gradually and repeatedly relive the terrifying event under controlled conditions and have helped them work through the trauma (American Journal of Psychiatry, Archives of General psychiatry).

Group therapy with TBI survivors and combat victims has also shown promising results. Individuals experience what some psychotherapists term “Universality.” This means they experience symptom relief knowing that someone else in the group understands what they are going through.

Given the problems with attention and concentration that surface subsequent to a trauma, it is critical that individuals relearn how to focus, problem solve and execute executive functioning tasks. Some TBI treatment providers, like Rainbow Rehabilitation Centers, employ speech therapists, occupational therapists and mental health specialists to assist in developing compensatory strategies so individuals can properly deal with their deficits.

As a treatment provider, we are charged with the responsibility of providing a safe and therapeutic environment for survivors to recover. Invariably, the road to recovery and integration into society is plagued with psychological and social land mines. However, with the help of trained staff, compassionate family members and support from significant others, individuals can overcome that previously thought insurmountable mountain—TBI.❖

Signs & Symptoms of a Mild TBI

Physical

- Headaches
- Nausea
- Dizziness
- Insomnia
- Fatigue
- Uneven gait
- Blurred vision

Behavioral

- Irritability
- Depression
- Anxiety
- Sleep disturbances
- Problems with emotional control
- Loss of initiative
- Problems related to: *Employment, marriage, relationships and home/school management*

Cognitive

- Concentration problems
- Attention difficulties
- Memory problems
- Orientation problems

Source: Department of Health—Centers for Disease Control and Prevention
Traumatic Brain Injury Facts; www.bt.cdc.gov/masscasualties/explosions.asp



Treating TBI & PTSD *continued*

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