

An Executive Level Overview of Psychological Health and Traumatic Brain Injury in the Defense Department

Understanding the Facts and Recognizing the Misconceptions



Traumatic Brain Injury (TBI)

What is a TBI?



"A TBI 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 TBI."

Mild TBI Symptoms



Epidemiology [1,2]

- 1.7 million sustain TBI each year, resulting in 52,000 deaths
- 12-20 percent of Operation Enduring Freedom (OEF) / Operation Iraqi Freedom (OIF) veterans have TBI
- 80-90 percent of military TBIs are *mild*, otherwise known as concussions

Repeat Cerebral Trauma

- Past injury increases risk threefold [3]
- Symptoms may be more severe and persist longer following repeat injury
- May be linked to Alzheimer'slike, memory-related diseases



Directive Type Memorandum (DTM) 09-033

Provides guidance on the management of concussion/mild TBI in deployed settings (June 2010 – U.S. deputy secretary of defense)

- It spells out specific protocols (e.g., clinical practice guidelines) for management of these service members
 - Requires a medical evaluation and a rest period following potentially concussive events
 - Prohibits all sports and high-risk activities until medically cleared
 - Provides new protocols for service members exposed to two or more concussions in a 12-month period
 - Requires documentation in the form of the military acute concussion evaluation (MACE)
 - Requires diagnosed service members receive a standardized educational sheet



Post-traumatic Stress Disorder (PTSD)

An anxiety disorder that can occur after exposure to traumatic events such as combat, natural disasters, assaults or motor vehicle accidents [4]

- 8 percent of the general population will have PTSD at some point in their lives [4]
- 4-17 percent of Iraq and Afghanistan war veterans have PTSD [5]

PTSD Symptoms

Re-experiencing the event

Avoidance and/or feeling emotionally numb

Feeling keyed-up



Depression and Substance Use Disorder (SUD)

Psychological health (PH) disorders are more likely following deployment and combat exposure

Depression

Changes in eating or sleeping patterns, fatigue, difficulty concentrating, thoughts of death or suicide, or feelings of worthlessness, helplessness or hopelessness

SUD

Maladaptive pattern of substance use leading to clinically significant impairment or distress

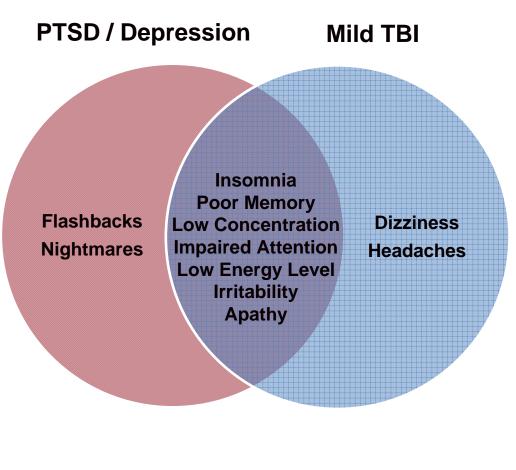
- Major cause of disability worldwide
- Depression has a significant effect on normal function and is a risk factor for suicide
- Self-medication of psychological health disorders can be a trigger for SUD.
- SUD leads to other high-risk behaviors





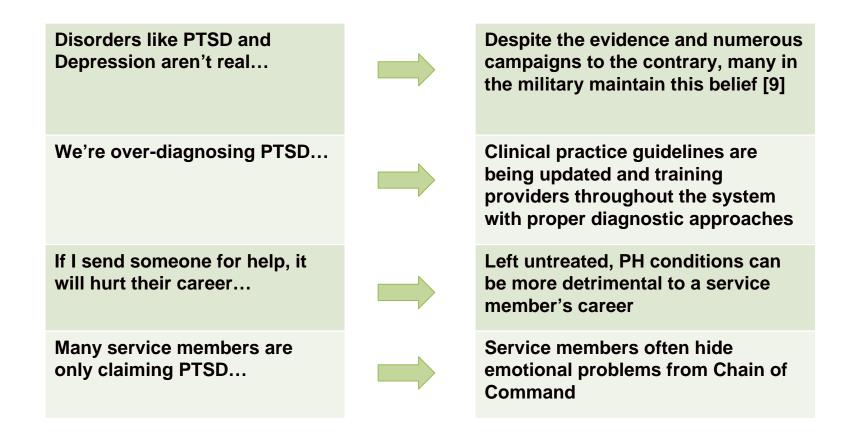
Complex Relationships Between PH and TBI

- They can share the same etiological event. An improvised explosive device (IED) that causes a TBI can also be a trauma leading to PTSD [6]
- Common symptoms make it more difficult to diagnose the condition
- One disorder may contribute to developing another condition. TBI is a risk factor for developing depression [6]
- Having one disorder can make treatment of the other more difficult. [7,8]
 - TBI impairs attention and memory, interfering with psychotherapies for depression and PTSD





Misconceptions about Psychological Health Disorders



Untreated PTSD and depression can create a cascading set of consequences [2] and actually do more damage to a career

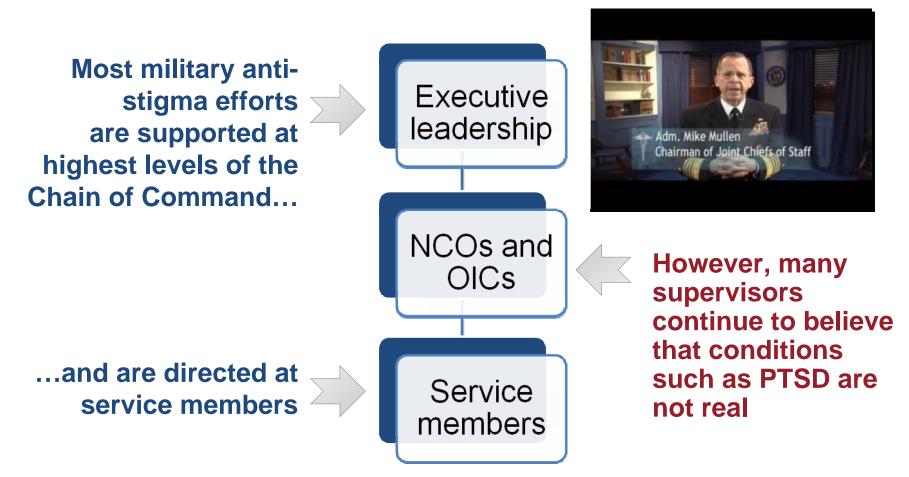


Psychological Health Stigma

- Stigma typically results from the perception among leaders and service members that help-seeking behavior will either be:
 - Detrimental to their career (e.g., prejudicial to promotion or selection to leadership positions) or
 - Reduce their social status among their peers [10,11].
- Psychological health care carries a negative stigma in general This is especially true in the military [10,11]
- Negative consequences of stigma include:
 - Preventing service members from coming forward to get help early
 - Leaving PH conditions untreated so they progressively worsen
 - Adverse outcomes (separation, high-risk behavior, suicide) due to worsening disorders



Importance of Addressing Stigma at Multiple Levels

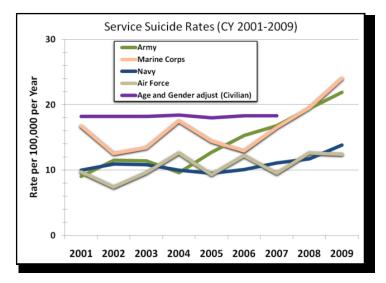




Costs of Not Addressing Psychological Health

What can happen to service members without care?

- Continued rise in rates of suicide [11]
 - Prior to 2004, the military suicide rate was *lower* than the age- and gender-adjusted civilian rate.
 - Military rate of suicide has begun to rise, and in 2008, it surpassed the civilian rate.



Increased administrative separations due to misconduct
High rates of spousal abuse [11,12] or increased stress at home [13]
Service members referred for Veterans Affairs (VA) disability due to disorders worsening

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DEFENSE CENTERS OF EXCELLENCE

Defense Department Initiatives

≻Reducing Stigma

- Suicide Prevention
- Resiliency Programs
- Evidence-Based Treatments

RESPECT-Mil Initiative

 Provides training to primary care managers

Real Warriors campaign

 Aimed at service members to encourage them to seek help

Afterdeployment.org

 Provides anonymous assessment





DEFENSE CENTERS OF EXCELLENCE

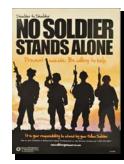
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- ► Reducing Stigma
- **>**Suicide Prevention
- ► Resiliency **Programs**
- **Evidence-Based Treatments**



- **Public service announcements** and materials
- Surveillance forms for suicides and non-fatal self injuries
- Leader's guides and training
- **Annual Suicide Prevention** Conference co-sponsored by **Defense Centers of Excellence** and Veteran Affairs













- Reducing Stigma
- Suicide Prevention
- Resiliency Programs
- Evidence-Based Treatments

Army Comprehensive Soldier Fitness Program

• Wide range of training for soldiers and families

Marine Corps Combat Operational Stress Control

 Mission: protect and restore health of Marines and family members

Navy Operational Stress Control

Provides a comprehensive approach to stress injuries





READY	REACTING	INJURED	ILL
(Green)	(Yellow)	(Orange)	(Red)
Good to go Well trained Prepared Fit and tough Cohesive units, ready families	 Distress or impairment Hild, transient Anxious or irritable Behavior change 	 More severe or persistent distress or impairment Leaves lesting evidence (personality change) 	Stress injuries that don't heat without intervention Diagnosable - FTSU Diagnosable - FTSU Diagnosable - Addictive Observation



DEFENSE CENTERS OF EXCELLENCE

- Reducing Stigma
- Suicide Prevention
- > Resiliency Programs

Evidence-Based Treatments

Air Force Landing Gear

 Standardizes preparation training for airmen and the mental health component of reintegration education



Yellow Ribbon Reintegration Program

 Gives access to support for returning National Guard and reserve members, and family members





- ► Reducing Stigma
- Suicide Prevention
- **Resiliency Programs**
- Evidence-Based Treatments

- Several treatments have well-documented success in conditions such as:
 - Depression [14]
 - Post traumatic stress disorder [15]
 - Substance abuse disorders [16]
 - Mild traumatic brain injury [17]
 - Co-Occurring Toolkit for mTBI and PH
- DoD-wide clinical practice guidelines for PH/TBI conditions
- Access to evidence-based treatments leads to better prognosis
- We have shortages of providers trained in some of these specific types of treatment modalities



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Defense Department Initiatives

- Reducing Stigma
- Suicide Prevention
- **Resiliency Programs**
- >Evidence-Based **Treatments**

- **The Center for Deployment Psychology (CDP)**
- **Defense and Veterans Brain Injury Center (DVBIC)**
- **Deployment Health Clinical Center (DHCC)** DEPLOYMENT HEALTH CLINICAL CENTER
- **National Intrepid Center of Excellence (NICoE)**



DHCC





Conclusions

- Psychological health conditions and traumatic brain injury are real and have serious consequences for DoD
- Left untreated, these disorders sometimes worsen, lead to adverse events and poor overall outcomes
- DoD has several programs in place to:
 - Reduce the stigma of treatment
 - Reduce suicides
 - Build resilient service members
 - Increase access to evidence-based care
 - Ensure early detection and early treatment (DTM)
- Role of executive level leadership is to encourage service members to seek help early and support them and their families



Resources/Contact

Afterdeployment.org <u>www.afterdeployment.org</u>

Air Force Suicide Prevention Program afspp.afms.mil

Army Suicide Prevention Program www.armyg1.army.mil/hr/suicide

Center for Deployment Psychology www.deploymentpsych.org

Comprehensive Soldier Fitness www.army.mil/csf/

Defense Centers of Excellence for PH-TBI www.dcoe.health.mil

Defense and Veterans Brain Injury Center www.dvbic.org

Deployment Health Clinical Center <u>www.pdhealth.mil</u> Marine Corps Combat Operational Stress Control <u>www.usmc-mccs.org/cosc</u>

Marine Suicide Prevention Program www.usmc-mccs.org/suicideprevent

Navy Operational Stress Control www.nmcphc.med.navy.mil/Healthy_Living/Psychological_Health/Stress_Management/operandcombatstress.aspx

Real Warriors Campaign <u>www.realwarriors.net</u>

Respect.mil <u>www.pdhealth.mil/respect-mil/index1.asp</u>

Yellow Ribbon Reintegration Program www.arfp.org/yellowribbon



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