

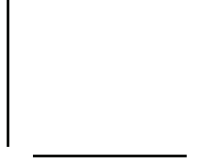
GTA 21-09-001

**POST-TRAUMATIC  
STRESS DISORDER (PTSD)  
AND  
TRAUMATIC BRAIN INJURY (TBI)**

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited. This determination was made on 1 May 2008.

DISTRIBUTION: U.S. Army Training and Audiovisual Support Centers (TASCs).

**HEADQUARTERS, DEPARTMENT OF THE ARMY  
SEPTEMBER 2008**



## **A SOLDIER'S NEEDS**

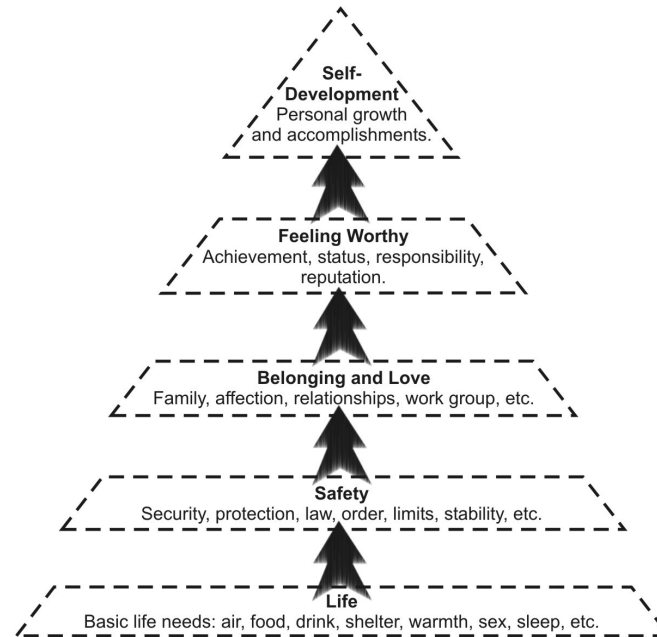
We are all driven by needs. Abraham Maslow's Hierarchy of Needs theory is useful in helping to explain how our needs motivate us. His theory is often depicted as a five-level pyramid starting with the bottom level of basic life needs and ends with the higher level needs of personal development.

The illustrations on the following pages have been developed to illustrate a Soldier's needs. These needs are shown in three phases: Pre-deployment, During Deployment, and Post Deployment.

Prior to deployment most Soldiers will be operating at all levels. However, all but the lowest level needs will be absent while serving in combat. After returning home from deployment, Soldiers who suffer from PTSD or TBI can be affected at the lowest level of needs. This can prevent them from adapting to normal life in the home, family and their career.

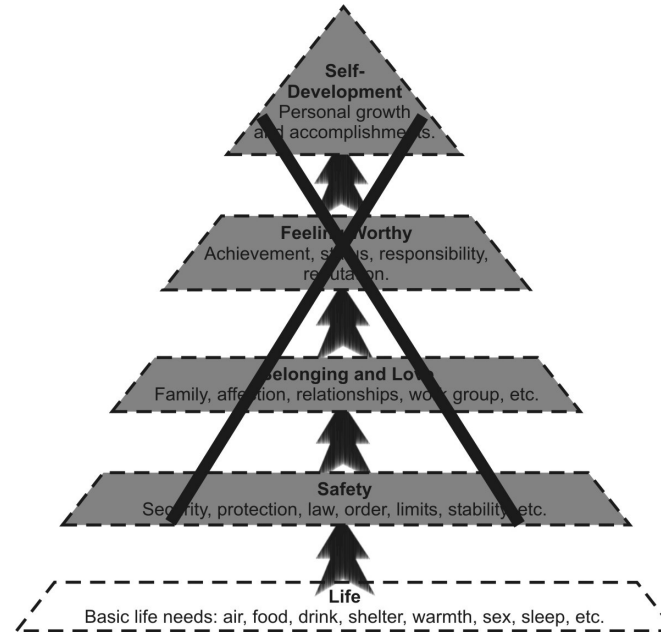
## PRE-DEPLOYMENT

Prior to deployment, a Soldier is usually operating at all levels.



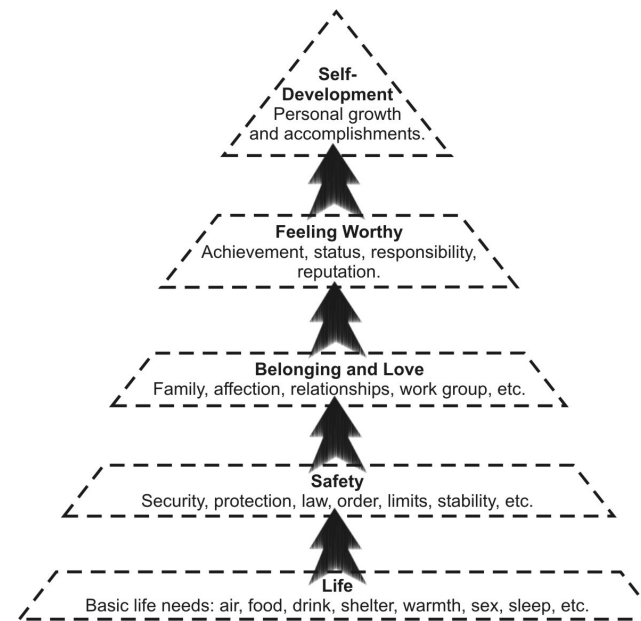
## DURING DEPLOYMENT

During deployment a Soldier is operating only on the basic level.



## POST DEPLOYMENT

Soldiers suffering from PTSD or TBI can be affected at the most basic level. This inhibits them from adapting to “normal” life after returning from deployment.



## **POST-TRAUMATIC STRESS DISORDER (PTSD)**

Post-traumatic stress disorder (PTSD) is a debilitating condition that follows a terrifying event. Individuals with PTSD may have persistent frightening thoughts and memories of their ordeal and feel emotionally numb, especially with people they were once close to. PTSD, once referred to as shell shock or battle fatigue, was first brought to public attention by war veterans.

### **PTSD IS AN ANXIETY DISORDER**

Whatever the source of the problem, some people with PTSD repeatedly relive the trauma in the form of nightmares and disturbing recollections during the day.

Sigmund Freud recognized anxiety as a "signal of danger" and a cause of "defensive behavior". He believed we acquire anxious feelings through classical conditioning and traumatic experiences.



## **SYMPTOMS OF PTSD**

- Sleep problems, depression, feeling detached or numb, and easily startled.
- Lose interest in things they used to enjoy and have trouble feeling affectionate.
- Feel irritable, more aggressive than before or even violent, act out in socially unacceptable ways to include sexually deviant acts, excessive drinking, and conduct not like the Soldier's normal social pattern.
- See things that recall a memory of a distressful incident, which could cause the Soldier to avoid certain places or situations that may bring back those memories. Anniversaries of the event are often very difficult.



- The traumatic event is persistently re-experienced in one (or more) of the following ways:
  - Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociate flashback episodes, including those that occur on awakening or when intoxicated).
  - Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
  - Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

- Symptoms of numbness in the following areas:
  - Inability to recall an important aspect of the trauma.
  - Markedly diminished interest or participation in significant activities.
  - Feeling of detachment or estrangement from others.
  - Restricted range of affect (e.g., unable to have loving feelings).
  - Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).
- Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
  - Difficulty falling or staying asleep.
  - Irritability or outbursts of anger.

- Difficulty concentrating.
- Hyper vigilance.
- Exaggerated startle response.

### **CURRENT STATISTICS**

- Currently estimates are that up to 30% of Soldiers returning from tours of duty in combat zones are suffering from PTSD.
- Symptoms may not appear for up to three years or may be put to the side because of what seems to be normal behavior.



## STAGES OF GRIEF

**Denial** – The initial stage: *"It can't be happening."*

**Anger/Guilt** – *"Why me? It's not fair."  
"He should be alive instead of me!"*

**Bargaining** – *"Just let me live to see my children graduate."*

**Depression** – *"I'm so sad, why bother with anything?"*

**Acceptance** – *"It's going to be OK."*

## **THE BATTLE WITHIN – HOW TO WIN!**

- ✓ Acknowledge there is a problem.
- ✓ Let the chain of command know right away.
- ✓ Someone always knows what is going on. Not telling is not helping!
- ✓ Get into a screening process ASAP.
- ✓ If afraid to talk to “chain of command”, seek out counseling on the outside. One Source gives eight free sessions to Soldiers and/or their families.
- ✓ Share with someone and don’t withdraw. Find a safe place to do this – commanding officer’s office, chaplain’s office, VFW, or somewhere you feel comfortable.
- ✓ The more you become unattached, the more you will lose feeling of everything around you. Stop the detachment.
- ✓ Get help so you can continue to be an effective Soldier in the force and an effective family member as well.



## **TRAUMATIC BRAIN INJURY (TBI) –**

### **WHAT IS IT?**

A traumatic brain injury (TBI) is a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in a TBI.

The severity of such an injury may range from "mild" (a brief change in mental status or consciousness) to "severe" (an extended period of unconsciousness or amnesia after the injury). A TBI can result in short- or long-term problems.

## **TBI FACTS**

According to the August 2006 Analysis of VA Health Care Utilization among US Southwest Asian War Veterans of Operation Iraqi Freedom (OIF)/ Operation Enduring Freedom (OEF), 184,524 veterans have sought care from a VA medical center since the start of OEF in October 2001 through May 2006.

During this time 1,304 OIF/OEF veterans were identified as having been evaluated or treated for a condition possibly related to TBI.

There is no medical code specific to TBI, and a patient may carry more than one diagnostic code. The most prominent injuries included fracture of facial bones, concussions, and/or brain injury of an unspecified nature.

The August 2006 analysis reports 29,041 of the enrolled OIF/OEF veterans who visited VA medical centers or clinics had a probable diagnosis of either PTSD/TBI.

## COMMON INDICATORS OF A HEAD INJURY CHECK LIST

**Note:** This questionnaire is not meant to be a formal “test” to see if you have a head injury. If you have multiple YES answers, bring this questionnaire to your doctor. Additional tests (medical and neuropsychological) may be ordered.

### HEADACHES:

- | YES                      | NO                       |                                                                                                                                       |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have more headaches since the injury or accident?                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have pain in the temples or forehead?                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have pain in the back of the head (sometimes the pain will start at the back of the head and extend to the front of the head)? |



YES

NO

Do you have episodes of very sharp pain (like being stabbed) in the head which lasts from several seconds to several minutes?

**MEMORY:**

Does your memory seem worse following the accident or injury?

Do you seem to forget what people have told you 15 to 30 minutes ago?

Do family members or friends say that you have asked the same question over and over?

Do you have difficulty remembering what you have just read?

**WORD FINDING:**

YES

NO

Do you have difficulty coming up with the right word (you know the word that you want to say, but can't seem to recall it?)

**FATIGUE:**

Do you get tired more easily (mentally and/or physically)?

Does the fatigue get worse the more you think or in very emotional situations?

**EMOTION CHANGES:**

YES

NO

Are you more easily irritated or angered (anger seems to come on quickly)?

Since the injury, do you cry or become depressed more easily?

**CHANGES IN SLEEP:**

Do you keep waking up throughout the night and early morning?

Do you wake up early in the morning (4 or 5 a.m.) and can't get back to sleep?

**ENVIRONMENTAL  
OVERLOAD:**

YES

NO

Do you find yourself easily overwhelmed in noisy or crowded places (feeling overwhelmed in a busy store or around noisy children)?

**IMPULSIVENESS:**

Do you find yourself making poor or impulsive decisions such as, saying things without thinking that may hurt other's feelings or experiencing an increase in impulse buying?

**CONCENTRATION:**

YES

NO

Do you have difficulty concentrating (can't seem to stay focused on what you are doing)?

**DISTRACTION:**

Are you easily distracted (someone interrupts you while you are doing a task and you lose your place)?

**ORGANIZATION:**

Do you have difficulty getting organized or completing a task (leave out a step in a recipe or started multiple projects, but don't complete them)?

**ADD IT UP!**

Your total number of YES answers:

\_\_\_\_\_

If you have five or more YES answers, discuss the results of this checklist with your health care provider.

**OR**

Contact Military OneSource at

1-800-342-9647

or online at [www.militaryonesource.com](http://www.militaryonesource.com)



## *How We Fight!*

### **DOD TASK FORCE ON MENTAL HEALTH**

- Dispel stigma.
- Make mental health professionals easily accessible.
- Embed psychological health training throughout military life.
- Revise military policies to reflect current knowledge about psychological health.
- Make psychological assessment procedures an effective, efficient, and normal part of military life.
- Go to the PTSD/TBI Soldier websites on AKO and integrate training policies in units.



**ENSURING A FULL CONTINUUM  
OF EXCELLENT CARE  
FOR SERVICE MEMBERS AND THEIR  
FAMILIES**

- Make prevention, early intervention, and treatment universally available.
- Maintain continuity of care across transitions.
- Ensure high-quality care.
- Provide family members with access to excellent care.





## **REMEMBER –**

- ✓ Every Soldier must aggressively address the issue of stigma.
- ✓ Just as service members differ in their professional abilities, so too do they differ in their psychological strengths and vulnerabilities.
- ✓ Differences in abilities – whether physical or psychological – must not be characterized as defects but as individual attributes to be cultivated and strengthened in each service member. This is an issue that must be addressed by each echelon of DOD leadership.

## GET RID OF IT!

- Evidence of **stigma** in the military is overwhelming.
- Four surveys of the Mental Health Advisory Team (MHAT) have been conducted on service members deployed to Iraq and Afghanistan (i.e., MHAT-I, -II, -III & -IV).
- Results from the MHAT-IV report indicate that **59 percent** of the Soldiers and **48 percent** of the Marines surveyed thought they would be treated differently by leadership if they sought counseling (Office of the Surgeon Multinational Force-Iraq (OMNF-I) and Office of the Surgeon General (OTSG), US Army Medical Command, 2006; Hoge et al., 2004).



## TRUST IN LEADERSHIP

Leaders play a pivotal role in creating an organizational climate that emphasizes resilience and encourages help-seeking.

Among deployees who screened positive for a mental disorder (Hoge et al. 2004), found that **63 percent** would avoid seeking help because unit leaders might treat them differently, and **50 percent** would do so because they believed that leaders would blame them for the problem.



## **LEADING FROM THE FRONT!**

Training must be based on the latest scientific evidence, especially regarding cutting-edge or emerging topics such as PTSD, TBI, suicide prevention, and other topics relevant to psychological well-being.

This training will enhance the military mission through higher-functioning service members, more effective commanders, and unity of effort between line leadership and helping agencies.



## **INTEGRATION**

At each step in a Soldier's career, the military provides additional training to equip them to assume new levels of responsibility. As such, psychological health training should be integrated into leadership training curriculum throughout a Soldier's career cycle.

**EVEN IF YOU CAN ONLY REMEMBER  
ONE THING,**

***REMEMBER –***

- ✓ EDUCATE – YOURSELF
- ✓ EDUCATE – YOUR SOLDIERS
- ✓ EDUCATE – FAMILY MEMBERS

***THERE IS NO EXCUSE NOT TO KNOW!!***

## REFERENCES

**The Army's Post Traumatic Stress Disorder and Mild Traumatic Brain Injury (PTSD/MTBI) Chain Teaching Program**

(ARMY.MIL/NEWS – U.S. Medical Department – 18 JUL 2007)

<http://www.army.mil/-news/2007/07/18/4066-the-armys-post-traumatic-stress-disorder-and-mild-traumatic-brain-injury-ptsdmtbi-chain-teaching-program/index.html>

**PTSD/MTBI Chain Teaching Program Questions/Answers**

(Army Behavioral Health)

<http://www.behavioralhealth.army.mil/faqs/faqschainteaching.html>

**Mental Health America – Factsheet: Post-Traumatic Stress Disorder (PTSD)**

(Mental Health America – 5 Dec 2007)

<http://www.mentalhealthamerica.net/go/ptsd>

**Virtually Possible: Treating and Preventing  
Psychiatric Wounds of War**

(Psychiatric Times – Arline Kaplan – 1 April 2005)

<http://www.psychiatrictimes.com/display/article/10168/52256>

**ABC News – More Returning Soldiers Cite  
Mental Health Issues**

(ABC News – Luis Martinez – 14 Nov 2007)

<http://abcnews.go.com/Politics/Story?id=3863079&page=1>

**An Achievable Vision: Report of the Department  
of Defense Task Force on Mental Health**

(Department of Defense Task Force on Mental  
Health – June 2007)

<http://www.ha.osd.mil/dhb/mhtf/MHTF-Report-Final.pdf>



## ADDITIONAL SOURCES

**Walter Reed Army Institute of Research**

<http://wrair-www.army.mil>

**US Army Wounded Warrior Program**

<http://aw2portal.com>

**US Department of Veterans Affairs**

**National Center for Posttraumatic Stress Disorder**

<http://www.ncptsd.va.gov/ncmain/index.jsp>

**Walter Reed Army Institute of Research-  
Psychiatry and Neuroscience**

<http://www.wrair-psych.org/index.htm>

**U.S. Army Wounded Warrior Program**

<http://aw2portal.com/default.aspx>

