Working with Veterans with TBI and PTSD

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OBJECTIVES

• To educate the professional workforce about the challenges experienced by Veterans who live with TBI and PTSD.

• To provide tools and resources for practical use when working in the community with Veterans who have TBI and PTSD.
Screening - TBI

Have you been diagnosed as having a TBI during your OEF/OIF/OND deployment?

If NO, please check the events which occurred during your deployment:

_____ No   _____ Yes (Proceed to last question)
Screening TBI

If NO, please check the events which occurred during your deployment:

- Blast or Explosion (IED, RPG, Grenade, etc.)
- Vehicular accident/crash (any vehicle including aircraft)
- Fragment wound or bullet wound above the shoulders
- Fall
- Blow to the head (head hit by falling object, another person)
- Other injury to the head
Screening TBI

If you checked any events above, please check the symptoms which occurred immediately afterwards:

- Losing consciousness/”knocked out”
- Being dazed, confused, or “seeing stars”
- Concussion
- Head injury
Screening TBI

If you checked any symptoms above, please check which problems began to get worse afterwards:

- Memory problems or lapses
- Balance problems or dizziness
- Sensitivity to bright light
- Irritability
- Headaches
- Sleep problems
Screening TBI

If you checked any symptoms above, please check which symptoms you are currently having or have had within the past week:

- Memory problems or lapses
- Balance problems or dizziness
- Sensitivity to bright light
- Irritability
- Headaches
- Sleep problems

If you screen positive on any of these areas, we would like to refer you for additional evaluation and follow-up. Do we have your permission to do so? ____Yes  ____No
Second Level TBI Evaluation

Neurobehavioral Symptoms - None, Mild (1), Moderate (2), Severe (3), Very Severe (4)

Â 15a Feeling Dizzy:
Â 15b Loss of Balance:
Â 15c Poor coordination, clumsy:
Â 15d Headaches:
Â 15e Nausea:
Â 15f Vision Problems, blurring, trouble seeing:
Â 15g Sensitivity to light:
Â 15h Hearing Difficulty:
Â 15i Sensitivity to noise:
Â 15j Numbness or tingling on parts of my body:
Â 15k Change in taste or smell:
Â 15l Loss of appetite or increased appetite:
Â 15m Poor concentration, cannot pay attention:
Â 15n Forgetfulness, cannot remember things:
Â 15o Difficulty making decisions:
Â 15p Slowed thinking, difficulty getting organized, cannot finish things:
Â 15q Fatigue, loss of energy, getting tired easily:
Â 15r Difficulty falling or staying asleep:
Â 15s Feeling anxious or tense:
Â 15t Feeling depressed or sad:
Â 15u Irritability, easily annoyed:
Â 15v Poor frustration tolerance, feeling easily overwhelmed by things:
Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month you:

- Have had nightmares about it or thought about it when you did not want to?
- Tried hard not to think about it, went out of your way to avoid situations that remind you of it?
- Were constantly on guard, watchful, or easily startled?
- Felt numb or detached from others, activities, or your surroundings?
Mild TBI - PTSD: Overlapping Symptoms

Post concussion Syndrome (PCS)

- Insomnia
- Impaired memory
- Poor concentration
- Depression
- Anxiety
- Irritability
- Headache
- Dizziness
- Fatigue
- Noise/light intolerance

PTSD

- Insomnia
- Memory problems
- Poor concentration
- Depression
- Anxiety
- Irritability
- Re-experiencing
- Avoidance
- Emotional numbing
+ PTSD
Re-experiencing

Avoidance
Social withdrawal
Memory gaps
Apathy

Arousal
Sensitive to noise
Concentration
Insomnia
Irritability

Memory Problems
Mental slowness
Concentration
Appetite changes
Fatigue
Sadness

+ Depression

Mild TBI

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“Polytrauma” is a new medical term that evolved to describe unique, complex patterns of injuries from OEF/OIF/OND:

- Complex, multiple injuries occurring as a result of same event
  Unpredictable patterns including brain injury, amputation, hearing and vision impairments, spinal cord injuries, psychological trauma, and musculoskeletal wounds

Individuals with polytrauma require an extraordinary level of integration and coordination of medical, rehabilitation, and support services

- Brain Injury is primary injury that drives care
- Higher level of acuity due to severity of injuries
- Simultaneous treatment of multiple injuries
- Sequence and integrate therapies to meet patient need
- Coordinate interdisciplinary team effort with expanded team of consultants
Polytrauma Model of Care

- Invisible wounds accompany polytrauma:
  - TBI
  - PTSD
  - Hearing loss, tinnitus
  - Cognitive impairment
  - Memory loss
  - Pain
  - Visual impairment
  - Fatigue

- Combination of symptoms are often interdependent and exhibited by subtle, confusing behavior
- Mild injuries can produce functional impairments with delayed onset
- Musculoskeletal disorders are the most common service-connected disability
What Do These Patients Require?

Trauma Care

Surgical

Medical

Rehabilitation

Emerging
Consciousness

Inpatient - Immediate

Inpatient - Ongoing

Outpatient Care
Evaluation and
Management

Community
Reintegration

Transitional/Community
Re-entry – Residential

Transitional/Community
Re-entry - Day Program

Outpatient Care
Neurobehavioral

Lifetime
Community Care

Supported Living

Vocational

Educational

Day Activity
Support Groups
Skilled Nursing
Total Care
Outpatient Care

Family Support

Case Management

Benefits Management

Medical Information Management
Integration of Comprehensive Rehabilitation Care

- Audiology Program
- Care Management
- Amputee Program
- Rehabilitation And Orthopedic Programs
- Brain Injury Program
- Pain Management
- PTSD Program

- Patient & Family
  - Hearing Loss
  - Coordinate Support
  - Amputations
  - Trauma
  - Vision Loss
  - Mental Health
  - Head Injuries
  - Pain

- Care Management
- Amputee Program
- Rehabilitation And Orthopedic Programs
- Brain Injury Program
- Pain Management
- PTSD Program
Polytrauma Network Sites (Washington, DC)

- 22 regional Level 2 medical centers providing full range of comprehensive follow-up medical and rehabilitative services (inpatient and outpatient) for patients recovering from polytrauma and TBI (1 per VISN, and San Juan):
  - Develop and support patient’s rehabilitation plan through comprehensive interdisciplinary, specialized team
  - Serve as resource and coordinate services for TBI and polytrauma across VISN (VHA, DOD, private sector)
- VISN leader for polytrauma/TBI consultation, education, monitoring outcomes, and program development for system of care
- Accredited by Commission on Accreditation of Rehabilitation Facilities (CARF) for inpatient general rehabilitation
Washington DC
VA Polytrauma Network Site (PNS)

- Comprehensive interdisciplinary rehabilitation, medical care, and coordination of care for the severely wounded with complex injuries
- Coordinate services for Polytrauma patients for VISN 5 (Baltimore, Martinsburg, and DC)
- Polytrauma Amputation Network Site (PANS)
- CARF Accredited Rehabilitation Unit in Community Living Center
- Visual Rehabilitation Program
- Drivers Rehab Program
- “TEAM Approach”
Interdisciplinary Team

- Physiatry (Rehab Medicine)
- Neurology
- Psychology/Mental Health
- RN Case Manager
- SW Case Manager
- Occupational Therapy
- Physical Therapy
- Speech-Language Pathology
- Orthotist
- Prosthetist
- Blind Rehabilitation Outpatient Specialist
- Liaison with DOD and PRC’s
- Recreation Therapy
- Drivers Rehabilitation
- Psychiatry
- Optometry
- Vocational Rehab
Comprehensive Inpatient & Outpatient PNS Care

- Comprehensive Interdisciplinary Team Approach
- Individual and Group Therapy Sessions
- Day Treatment Program for patients with TBI
- Intensive Case Management
- Neuro Rehabilitation
- Cognitive Rehabilitation

- Prosthetics
- Visual Rehabilitation
- Psychological Services
- Psychosocial Services
- Physical Rehabilitation
- Drivers Rehabilitation
- Vocational Rehab
- Inpatient Services on CARF Accredited Rehab Unit
Day Treatment Programming

- 6 days/week Interdisciplinary Day Treatment Program for TBI and Polytrauma patient with the following programming:

- Ear Acupuncture (Physiatry)
- Living w/TBI (Psychology)
- Problem Solving (Psychology)
- Team River Runner/kayaking (Recreation Therapy)
- Anger Management (Psychology)
- Geocache Community Re-int (Speech/Recreation Therapy)
- Wellness Center Exercise (Recreation/Physical Therapy)
- Art Group (Recreation Therapy)
- Games/Social Group (Recreation Therapy/Psych)
- Drivers Safety Class (Drivers Rehab)
- Therapeutic Horseback (Recreation Therapy)
- Social Cognition (Speech/Neuropsych)
- Relaxation Group (Recreation Therapy/Psych)
- Cognitive Rehab Skills (Speech/Occup Therapy)
- Hand cycling (Recreation Therapy)
- Community Reintegration (Recreation Therapy)
- Season Golf Outings (Recreation Therapy)
WHAT DOES THE TEAM DO?

• Complete comprehensive assessments

• Offer group and individual therapies to teach and practice specific tools/behaviors/knowledge.

• Model behaviors and activities - sometimes video-taping the Veterans during therapy, as teaching tools.

• Be available for guidance or assistance with problem-solving esp. for urgent or crises situations.

• Hold team meetings, sometimes with the Veteran and family, to discuss past therapies, current status, recommendations and concerns.
Case Management

- Recommended for:
  - Those undergoing active treatment with multiple issues
  - Those needing assistance due to cognitive impairment
  - Other potentially vulnerable or fragile Veterans
- Continue as long as active in clinic or lifetime
- Tracking & documenting Polytrauma patients
- Community Partnerships & Collaborations
CASE MANAGEMENT

• Assess psychosocial, functional status and rehabilitation needs

• Collaborate with team to set goals

• Organize IDT meetings and complete documentation

• Establish regular communication with patient, caregivers, and providers

• Provide ongoing monitoring of medical, functional and psychosocial
CASE MANAGEMENT

• Maintain contact with DOD, other VA and community case managers and provide progress reports

• Obtain Tricare authorization for ongoing services and coordinate with VA billing

• Act as patient and family advocate

• Link with appropriate VA and community resources
CASE MANAGEMENT

• Assess clinical outcomes and satisfaction

• Provide coordination through care continuum and after discharge from active treatment

• Participate in VA conference calls and meetings to address universal issues in providing care
LEVELS OF CASE MANAGEMENT

• **Intensive** requires *daily or weekly* contact

• **Progressive** requires at least *monthly* contact

• **Supportive** requires at least *quarterly* contact

• **Lifetime** requires *annual* contact
LIFE LONG CASE MANAGEMENT

• Complex medical or psychosocial needs

• Severe injury or illness

• At risk

• Contact depends on needs, fluctuates from daily to yearly to as needed

• On going monitoring and care coordination

• Annual evaluation by PMR MD and team
Treatment Considerations: Co-Occurring mTBI-PTSD

- Additional benefit of rehabilitation strategies to improve daily functioning
  - Memory compensation
  - Executive Functioning Strategies
  - Community Re-integration: work, school
- Emotional Regulation Skills
- Smaller treatment group size
- Written information
- Reminders
- Family is part of team
Assessment of Trauma Exposure

Assessment of the trauma exposure experience should include:

- History of exposure to traumatic event(s)
- Nature of the trauma
- Severity of the trauma
- Duration and frequency of the trauma
- Age at time of trauma
- Patient’s reactions during and immediately following trauma exposure (e.g., helplessness, horror, and fear)
- Existence of multiple traumas

Clinician must consider ability to tolerate the recounting of traumatic material
Trauma-Focused Treatments for PTSD

Patients diagnosed with PTSD should be offered one of the evidence-based trauma-focused psychotherapeutic interventions that include components of exposure and/or cognitive restructuring; or stress inoculation training.

Examples:
- Prolonged Exposure
- Eye Movement Desensitization Reprocessing (EMDR)
- Cognitive Processing Therapy
How Should Treatment Work?

- Reframe negative cognitions
- Increase therapeutic exposure/ Facilitate emotional processing
- Reduce high arousal
- Increase social support
- Increase adaptive coping
- Prevent maladaptive coping
  - Avoidance, rumination, substance abuse, isolation
- Decrease fear of symptoms
How we work thru barriers and challenges

• Build relationship with the Veteran and family

• Provide education

• Utilize travel options and creative scheduling

• Refer to services in local community

• Provide information about resources-Vet Centers, brain injury organizations, websites and Apps
WHAT IS COMMUNITY REINTEGRATION

“Community reintegration refers to the resumption of age, gender, and culturally appropriate roles in the family, community and workplace.

Community reintegration needs to emphasize a multidisciplinary approach, which also includes peers and family, in the attempt to close the gap between treatment activities and functional competence in the individual’s natural environment.”

VHA HANDBOOK 1172.04
“The primary focus of community reintegration needs to be on what the individual with TBI or polytrauma must achieve in order to return to home, community, work, or school.

Ongoing assessment of progress and modification of goals is critical to the success of any community reintegration program.”

VHA HANDBOOK 1172.04
EXAMPLES OF COMMUNITY REINTEGRATION ACTIVITIES

• Using mass transit

• Driving a vehicle

• Planning a safe outing and having fun

• Shopping at a local store
Assisted Living/TBI Pilot Program

- Joint effort between Rehabilitation Prosthetic Services and Geriatrics and Extended Care, in collaboration with Defense Veterans Brain Injury Center (DVBIC)
- Case management services by the facility and VA – monthly home visits; VA case manager has TBI expertise/experience
- 5 year pilot program (through Sept 2014) to assess the effectiveness of providing specialized assisted/supportive living services, as close to home, to Veterans with moderate to severe TBI
- Veterans are placed in non-VA facilities with a 3 year CARF accreditation in “residential rehabilitation brain injury program”
- 20 pilot contractors, providing national geographic coverage
Caregiver Support Program

• Caregivers of Post 9/11 Veterans with a service-connected disability for a condition which occurred after 9/11/2001
• Personal care services are needed for a minimum of 6 months
• Caregiver receive training and a monthly stipend
• Quarterly home visits/assessments
• Caregiver eligible for CHAMPVA healthcare coverage and mental health services
• Travel, lodging, and per diem as needed for training and Veteran medical appointments
RESOURCES

http://www.caregiver.va.gov/index.asp

http://www.dvbic.org/

http://www.afterdeployment.org/

http://www.dcoe.health.mil/

http://realwarriors.net/

http://www.oefoif.va.gov/index.asp