

## Battlemind: Traumatic Brain Injury & PTSD

Source: Army.mil - <https://www.resilience.army.mil/>

Video Link: <http://www.brainline.org/content/multimedia.php?id=2893>

[ Music ]

**MAJ Todd Yosick:** Hello! I'm Major Todd Yosick from the Army Medical Department Center and School. I'm here today to talk to you about dealing with important conditions you, your spouse, or a friend may experience. These are Mild Traumatic Brain Injury or mTBI, a Post Traumatic Stress Disorder or PTSD.

These are serious issues that affect everyone differently, and just as important as any other soldier health issue or challenge. This presentation will provide information on the effects of Mild Traumatic Brain Injury and Post Traumatic Stress Disorder for you, your immediate and extended family, friends and fellow soldiers. These conditions may result even without visible physical injuries. It may impact performance and readiness. The first condition we'll discuss is Mild Traumatic Brain Injury followed by Post Traumatic Stress Disorder. It's important to note that mTBI and Post Combat Stress are not the same thing. A soldier may experience effects of either mTBI or Post Combat Stress following a significant combat or operational experience. It's also important to understand that a soldier may experience effects of both conditions at the same time. We will review the key differences later. Let's start with Mild Traumatic Brain Injury.

It's useful to think of Mild Traumatic Brain Injury as a concussion. In fact, I'll be using the term "concussion" to refer to mTBI. Unlike severe traumatic brain injury in which there maybe a penetrating head wound, a mild TBI or concussion results from a hard blow or jolt to the head or when the brain is shaken within the skull. Concussions do not result in any obvious physical injury. However, they can result in brain functions being disrupted. Blast from IEDs, for instance, can result in concussions where there maybe a brief lose of consciousness, confusion or temporary loss of memory for events before, during, or after the incident. Soldiers will sometimes experience getting your bell rung, seeing stars, feeling dazed or confused or have ringing in the ears. To better understand concussions, I want you to watch the following video.

**Narrator:** This soldier is suffering from Mild Traumatic Brain Injury or mTBI. It's an injury that's become so common in Iraq theater of operations, some are referring to it as the signature wound of the Iraq war.

**Male Soldier:** Well, in Operation Iraqi Freedom, so far about two-thirds of injuries are caused by blast injuries, and of those, about 40 percent have evidence of mild TBI or concussions.

**Narrator:** mTBI can be caused by motor vehicle accidents, a significant blast, or even sports. But no matter what the cause, every case of possible mTBI needs to be evaluated.

**Male Soldier:** Well, what we recommend is anybody that's involved in a blast or any kind of direct trauma to their head, maybe the IED goes off, and although they're not injured by shrapnel or maybe they're just thrown around in the vehicle, that they come in and be evaluated. Anybody who is dazed, if they're confused, if they see stars or have dizziness, they should come in and get evaluated.

**Narrator:** Soldiers can seek treatment at their local aid station if they experience any of the following symptoms.

**Male Soldier:** The initial effect that most people experience is a headache that occurs within minutes of the event, and then sometimes nausea, dizziness, vision changes, or blurred vision. Those are the biggest most common symptoms that people report.

**Narrator:** Treatment and recovery for mTBI is usually a simple process, but it's important for soldiers not to neglect seeking treatment.

**Male Soldier:** You know, we do several concussion exams a week at both the Aid Station at the TMCs and all the Aid Stations in Theater. The profiles that come out of those are very based on what the injuries are. And treatment generally consist of the profile and some analgesia for headache and sometimes some medicine for nausea.

**Narrator:** It is important for soldiers to fully recover before assuming full responsibility of their duties, not only for the individual, but for the sake of the soldier's comrades as well.

**Male Soldier:** Generally, within a couple of days, they're ready to go back out and fully mission capable. What we don't want to do is send a soldier, you know, back out into battle who can't perform all of his functions. Maybe he's a little bit off balance or he doesn't have the ability to make those quick decisions you have to make, or can't remember the simple tactics that they need to accomplish everyday. And we don't want to put that soldier at risk or the members of his squad, you know, by sending him back out when it's too early. So, the length of time that they're profiled will vary depending on symptoms, and how many times they've been exposed, and what level of concussion they may have.

**Narrator:** Soldiers who suffer from mTBI should ensure that each case is documented in their medical records for future reference.

**Male Soldier:** Alright, take care.

**MAJ Todd Yosick:** Many soldiers who have had a concussion may say that they are "fine" although their behavior manners are temporarily altered immediately after the event. This is where both Leadership, Buddy Aid, and family support are critical. If you are a Leader, it is your responsibility to ensure that all your Soldiers suspected of having a concussion are evaluated by medical officer. We must take into account the medical recommendations resulting from the evaluation even if that includes having the Soldier "take a knee" for a few days. This is necessary because if a Soldier suffers another concussion without recovering from the first, the second concussion may cause permanent brain damage. Even if you're not a Leader, everyone, including family members must be aware of this type of injury and make sure that the right resource is informed. It is important that medical assistance is provided to any Soldier who is exposed to a blast or receives a head injury, or begins to complain of symptoms typically associated with concussion and especially if they act differently after the event. The key to recovery from the concussion is time, knowledge, and education. Nearly all Soldiers will recover from mTBI.

Remember, concussions are not always combat related. They can also occur during training, such as combatives or airborne and air assault exercises, or any head injuries sustained at home while engaging in off-duty activities.

Now that I've covered concussions, I want to turn to post combat stress. No amount of training can totally prepare Soldiers and families for the realities of combat. Post Combat Stress may develop after someone has experienced or witnessed an actual or threatened traumatic event. If Post Combat Stress interferes with your ability to do your job and enjoy life and it seems to continually get worse, it could lead to an actual mental health diagnosis known as Post Traumatic Stress Disorder.

There are three things family members and Soldiers need to look out for during the weeks or months after coming home to a safe environment. They include: re-experiencing the event over and over again; avoiding people, places, or feelings that remind you of the event; and feeling "keyed up" or on-edge all the time. If you, your family member, or your buddy is struggling, seek or get them help. It is important to remember, every redeployed Soldier and their family will experience the deployment differently.

We also know that Soldiers with the highest combat exposure, those who conducted missions outside the wire, for instance, have the highest rates of post combat stress. These Soldiers may continue to struggle with symptoms long after redeployment. Some do not "reset" quickly after coming and may continue to struggle even 12 months later. Leaders, families, and Soldiers need to recognize the continued effects of exposure to combat and operational stress. Understanding these effects will help everyone to support each other.

I'm going to try to give you an appreciation about how combat stress occurs. It's a possible outcome of both combat and operational missions. Soldiers deploy and execute military missions that expose them to significant combat and operational experiences. Most Soldiers are resilient and work through their experiences. The resiliency displayed by these Soldiers is what we refer to as mental toughness or Battlemind. Battlemind skills, developed in military training, provide Soldiers the inner strength to face fear, adversity, and hardship during combat with confidence and resolution; the will to persevere and win.

However, sometimes even the strongest Soldiers are affected so severely that they need additional help. Both the good and bad experiences can follow for a lifetime. Many warriors will come back better leaders, fathers or mothers, often more resilient and not taking life for granted. But as I said, this transition may not be easy for every Soldier. Some may still struggle with anger, withdrawing from those they care about, or have sleep problems, all of which are normal reactions to abnormal experiences.

The following video clips show some of the difficulties related to these issues.

[ Background Music ]

**Male #1:** Hey, man. Did you see the Seahawks this weekend?

**Male #2:** Man, you know it was just a lucky field goal.

**Male #1:** It had nothing to do with that.

[ Noise ]

**Male #2:** Damn it!

[ Explosion ]

**Male #1:** Mike! Mike! Hey, man, are you alright?

**Male #2:** I'm fine.

**Male #1:** Let's just get out of here.

**MAJ Todd Yosick:** This soldier has difficulty adjusting from a combat zone into a safer area. The slamming of the tailgate triggered the Soldier into experiencing something we call a flashback. Flashbacks are reliving a more difficult and challenging time. For this Soldier, a particular combat experience. These are normal reactions when leaving combat, and many of you who have been in the fight have probably experienced them. Every Soldier needs to know that these normal reactions can be dealt with in positive ways.

Relaxing, resting, and exercise are three good ways to adjust. Here is another example of a Soldier having difficulty adjusting.

[ Background TV Noise ]

**Female #1:** Babe, I'm going to bed, are you coming?

**Male #1:** Yeah, yeah, I'll be there shortly.

**Female #1:** You say that every night and when I go to bed and wake up 2 or 3 o'clock in the morning, you're not there. Please come to bed.

**Male #1:** Just let me finish watching the rest of the show and I'll be there, okay?

[ Background TV Noise ]

**Female #1:** Good night.

[ Noise ]

**Male #1:** Robert!

**Male #2:** Jake--

**Male #1:** We gotta get you to the medic.

[ Explosion ]

**Female #1:** Babe, are you okay? Jake, are you okay?

[ Noise ]

**Female #1:** Jake. Jake, are you okay?

**Male #1:** I'm fine.

**Female #1:** Jake.

**Male #1:** I'm fine.

**Female #1:** Jake.

**Male #1:** I'm fine.

**Female #1:** Jake, you keep having these nightmares. You don't talk to me. Something happened over there.

**Male #1:** I'm okay. I'm alright. I got it under control.

**Female #1:** I can't help you unless you talk to me about it. Please talk to me.

**Male #1:** I said I have it under control. Now, leave me alone.

[ Noise ]

**MAJ Todd Yosick:** As this couple showed, coping with the effects of combat can be difficult. This Soldier's resistance to intimacy with his spouse as well as the nightmare he had are common. Traumatic experiences take time to process and overcome. This Soldier is continuing to have difficulty adjusting to what he experienced on the battlefield. Casual drinking is common with many Soldiers, but when used excessively as an attempt to manage Post Combat Stress, it can actually create more problems. A few beers may help you sleep tonight, but it may also slow down your long-term recovery. It is essential that every Soldier, family member, and Leader knows, understands, and recognizes the signs and symptoms of concussions and post combat stress. Every Soldier will experience their deployment in their own unique, and every soldier will make a transition from their combat experience differently. Support from family, friends, and team is necessary for the success of this transition. You may remember me saying that concussions and post combat stress are not the same. That is correct. They are not the same. However, the reasons you're hearing about both of these today is because they do share common symptoms.

It's important for you to understand that although some symptoms may be similar, the cause and treatment for these two injuries are different. It's important to communicate to your healthcare provider clearly so they can assist in determining which is causing the greatest impact to you. Soldiers can suffer from both conditions. The success of our team depends on every Soldier to continue functioning as a soldier, family member, and citizen. Bottom line, concussions and post combat stress are treatable and I really want you to understand that in here clearly, so let me say it again. Both are treatable.

Now that I've described these two conditions, I want to emphasize how Soldier, family, and Leader actions, promote recovery and minimize the impact of both. All Soldiers have a responsibility to maintain their families, themselves, and to help their battle buddies in their units. Awareness in watching for the symptoms is a key. Soldiers have a duty not to hide symptoms of an illness and to take the right action to seek help when needed.

Soldiers must communicate to families and Leaders, when they or their buddies need help. Family members, Junior Leaders, and Soldiers are in the best position to help each other out because they understand what each other's experienced more than anyone else. We need to recognize changes and have the courage to step up and make sure we get help for ourselves and our Soldiers. You, more than anyone else, will recognize that something doesn't seem right or if your buddy is different. Do something about. Nobody needs to go it alone.

Family members and Leaders at all levels also have specific responsibilities. These conditions affecting Soldiers are no different than any other injury or illness. Families and Leaders need to know where to get help and how to get it to their Soldiers. Families and Leaders must remember that Combat and Operational Stress are part of a Soldier's experience, and that most Soldiers will successfully adapt to their reactions. Families and Leaders must also bear in mind that some Soldiers may suffer from concussions, a few may develop post combat stress, and some may be affected by both.

If families and Leaders get help to Soldiers, their recovery will be faster and more complete. The Army has resources to assist Soldiers affected by concussion and post combat stress. Families and Leaders should be aware of them and ensure Soldiers get the help they need. Soldiers, families, and Leaders have responsibility not only recognizing symptoms, but playing an active role in facilitating and allowing Soldiers to seek help and referral. We must always remember that not everyone reacts the same way to potentially traumatic events. What may be upsetting to one Soldier may not be for another.

Your unit chaplain, Leaders, medical personnel, and behavioral health professionals are there for you, and willing to get you connected to the help you need. In addition, Veterans Affairs provides additional resources for treating PTSD. Here's a video clip that shows exactly what I'm talking about. It shows Soldiers recognizing needs and taking care of Soldiers.

**Male #1:** Hey, man. You gonna be back or what?

**Male #2:** Hey, it is pretty nice to have a dinner without any sand in it.

**Male #1:** Yeah, I know what you mean, man. I'm only down to two showers a day now, and I still get the sand in my head.

[ Noise ]

**Male #2:** Remember Shawn Jones, one of my soldiers? He's over there, too, on the same sand. Remember him?

**Male #1:** Yeah, I remember Jonsie. Why, what's up?

**Male #2:** I mean this guy's constantly messing up, man. He comes to work late. He doesn't get his job done. Today at lunchtime, we're shooting out, walking in the office, he's passed out on a desk taking a nap. I don't know what to do with this guy. I'm fed up, the hell with him. I called the man. I told him you need to be there tomorrow morning so I can chew his ass out.

**Male #1:** Right. Sounds like he had it coming. I guess you already know that really don't sound like Josie. I thought that he was someone you can depend on, thick or thin, and he was in trouble.

**Male #2:** Well, days, you know over there, he was my backbone man. He was my goal too man, you know. But I think that's my problem. I think that's why I don't add up, you know.

**Male #1:** Maybe he's more than that. Maybe he needs someone to talk to. Maybe he wanna do some things. You know he ain't the first.

**Male #2:** What are you--getting all soft on me, the weak sister, the dirt bag? What did I say? Did I do something wrong? What? What's up, man? What did I say?

**Male #1:** Well, don't tell nobody about it, but I'm going to counseling.

**Male #2:** To counsel? Yeah, right.

**Male #1:** Yes, seriously. Me, Barbara, the whole family, it started just with me.

**Male #2:** I've never figured it. I mean I thought everything was alright.

**Male #1:** Yeah, every thing's alright now. At first it wasn't. Coming at work late, dragging my ass until finally I decided to call the doc there, he hook me over to a counselor. Believe it or not, it helped.

**Male #2:** Barbara going to counseling too, huh?

**Male #1:** Yeah, Barbara is going. The therapist convinced her to go. Good thing, too, 'cause she's convinced to go back home to her parents. Her father's ill. Her mom keep calling, crying over on her shoulders. She needs her back there home. She says it's a good place for the kids to grow up since I'm never home any ways.



**Male #2:** Yo, man. Are you--you went to counseling too?

**Male #1:** Yeah, I told him.

**Male #2:** Really.

**Male #1:** I mean, did the counselor make you tell him that? I mean, you know, and the alcohol or FAB, but I thought you could keep it private if you wanted to.

**Male #2:** No, I didn't. I just told them if I wanted to. He seen it like a motivation. My work performance is going down. He want to convince me I need to go to seek therapy. Seek counseling, so I told him. Maybe there were Jones in need.

**Male #1:** Oh yeah. Maybe.

**Male #2:** Let's play some ball, man.

**MAJ Todd Yosick:** Concussions and post combat stress are legitimate medical and psychological conditions, which may require the attention of healthcare professionals.

Today, I hope I've opened your eyes about the challenges we face, and how to get help to overcome those challenges. Remember, all Soldiers who have been deployed to combat are affected in some way or another. Families, Leaders, and Soldiers at every level must work to educate themselves, their buddies, and their subordinates. This is about taking care of each other, and this is about trust. Soldier to Soldier, Leader to Led, that trust that sustained you and your unit in combat is the strength we must use as we deal with concussions and combat stress.

Remember the Army Values: A Soldier shows loyalty to Battle Buddies who have a need. A Soldier has the integrity not to hide or minimize a problem and to show respect to a Soldier in need. A Soldier has personal courage to ask for help. Our Army values tell us to do the right thing. We must place our trust in our Leaders, our Subordinates, our Team, and the Army Healthcare System. Soldiers are important, their total health is important, and taking care of them is part of the Warrior Ethos. In our Soldier's creed, we declare that no one will be left behind because every Warrior is a key part of mission success. Practice self-awareness, and always look out for your buddy. Be there when they need you most. "It takes courage to ask for help, and it takes leadership to help a fellow Soldier get help." Thank you for your service to the Army and our nation.

[ Music ]