From the War Zone to the Home Front:
Supporting the Mental Health of Veterans and Families

Clinical Case Conference Outline:
Recognizing and Treating Mild Traumatic Brain Injury and Posttraumatic Stress Disorder
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Case Study Outline

- Setting the stage - initial presentation to clinic
  - Demographics and presenting complaints
    - Jason is a 26 year-old Veteran, who recently served a 5-year contract in the US Army, which turned into 6 years with his deployment to Afghanistan. Jason has been out of the Army for approximately 2 years, and is in his second semester of college at a local state university.
    - Jason was referred for PTSD services from a therapist within the VA Traumatic Brain Injury (TBI) clinic. Jason has had good attendance and participation within the TBI clinic.
      - Jason’s current symptoms complaints include:
        - Headaches and bodily pain, feeling easily agitated, poor concentration, difficulties with short-term memory, emotionally numb, on guard, anxious, disconnected from others, occasional dizziness, feeling off balance, poor sleep, easily “triggered” by memories from his deployments, intermittent nightmares, social isolation, mood swings, hearing loss, ringing in ears, chronic fatigue, easily startled, and on edge.
      - Jason has consistently followed up with his medical appointments over the past 2 years, including attending compensation and pension appointments for Tinnitus and Traumatic Brain Injury. He has never sought treatment for mental health, and does not identify with having a PTSD diagnosis.
    - Mental status at time of intake assessment
      - Jason presented as polite and well dressed. He was oriented to date, time, place, and situation. His thought process was logical and linear. He maintained intermittent eye contact, and fluctuated in his candidness as
evidenced by being open and engaged when discussing his background, military history, and medical history. However, he presented as guarded and slightly agitated when asked to expand on trauma-related symptoms.

- **Current life situation**
  - Jason rents an apartment close to his school campus, and is living alone. He reported that he has a “great” support system from his family and friends. However, he reported that no one from his support group lives near him.
    - Jason reported that he has a “solid” group of friends that he deployed with, and stated that these are the only people that he has talked about his deployments with. Some of his friend group remain on Active Duty, and are spread out throughout the country.
    - Jason reported that he has had a difficult time relating with civilians. He discussed feeling like he is not able to connect with people who “only care about Starbucks and Kim Kardashian” and feeling that civilians do not understand what is really going on in the world. He reported a desire to be involved in some college clubs that seemed to fit his values but he does not attend if the group is large or the event is too crowded.
  - Jason is approximately 2 months into his second semester of school and is taking a full-time course load. He is unsure what his major is at the moment; however, he reports that he would like to eventually work with animals.
    - Jason describes school as going “ok.” He stated that he frequently feels “frustrated” with his school peers, and stated that he feels he is “different” from them.
    - Jason reported that he is maintaining B’s in most of his classes. He reported, however, that he is “struggling” in his classes and is uncomfortable with this.
      - During class, Jason reported having a difficulty focusing on his professors and reported he will “daze off” and “miss most of the lecture.” He reported having a hard time when he is not able to sit by the door, and feels overwhelmed by the crowdedness of the classroom.
      - Jason reported that he works on school work and studies a large portion of each day throughout the week. He stated that the majority of his time he has to re-read the same material multiple times. Jason reported that when completing
assignments he will lose track of what he is trying to accomplish, and stated that a “simple task” will sometimes take him hours to complete. When asked why he loses track, he became agitated and said sometimes it is because I cannot stop thinking about stuff from deployment.

- Jason reported feeling “more comfortable” at school this semester than the previous semester, and attributes this to knowing the campus and starting to recognize people on the campus. He stated that even though he is feeling more comfortable on campus, his concentration has not improved and at times he feels like his ability to complete tasks and his concentration in the classroom have worsened.

- He reported that he sets very high standards for himself. When asked if he has sought support at school, or talked with his professors, he reported “I do not want to ask for help from my professors. I should be able to do this on my own and handle it. I don’t want to be seen as weak.”
  - Jason was not aware if his school had any veteran organizations and was not aware of student disability services.
  - Jason is using his IPAD for reminders and note taking and does not currently record his classes.

- Jason works part time at the YMCA. He stated that work is “fine.” However, he reported that he was not prepared for the transition from the military. He was also uncomfortable with the fact that his military experience and specialty training did not seem to be acknowledged or be readily transferable to civilian life.
  - His current income source comes from his part-time job, his military disability compensation, and education funds from his GI Bill.

- Jason reported that he was raised Catholic and that he no longer attends church.

- Jason identifies his sexual orientation as heterosexual and is single, stating “I don’t have time to deal with someone else’s problems.”

- Jason avoids being in crowds and even feels uneasy in large classrooms.

- Jason avoids people who look Middle Eastern. He feels guilty about this but just cannot tolerate being near people who remind him of the blast (see below).
• Background
  o Childhood/Family History
    ▪ Jason was born and raised in Oregon and is an only child. He reported that his parents divorced when he was 9 years old, and that they both remained active and engaged in his life. He described his childhood as “normal” and denied a history of childhood abuse.
      - Jason described himself as a “B” student, and reported that he was not very interested in school. He reported he was active in school-sports and had a close group of friends. He stated that he and his high-school best friend joined the Army together directly out of high school.
    ▪ Jason denied a family history of mental illness or substance use problems.
    ▪ He reported a history of two concussions in high school (playing football). He reported that he did not have symptoms lasting more than a few days from either one of those injuries.
  o Military
    ▪ Jason reported entering the US Army at 18 years old, right after high school and was enlisted for 5 year contract.
      - Jason’s last year of enlistment was based on “stop-loss” (involuntary extension of active duty military service) to deploy him and the rest of his unit to Afghanistan, resulting in a sixth year of service.
    ▪ Jason discharged with a rank of SGT (E-4)
    ▪ Military Occupational Specialty (MOS) – Infantry
    ▪ Deployments
      - 2 combat – Iraq (Mosul, 2008-2009) and Afghanistan (Kandahar, 2011-2012)
        - Both deployments were approximately 12 months in duration. However, he was medically evacuated from Afghanistan in 2012 following his injury (described below)
    ▪ Trauma history
      - Jason was directly involved in combat related traumatic events.
        - He reported during his Iraq deployment that he felt like he was under a constant threat of danger, and he said that he was directly involved in direct combat on numerous occasions. He reported that he was exposed to numerous life threatening situations, such as ambushes, direct fire, pop shots, RPGs, and
improvised explosive device (IED) explosions. He denied experiencing an injury to his brain during his first deployment.

- He witnessed numerous military and civilian injuries and casualties; however he did not lose anyone close to him during his deployment to Iraq.

- Jason reported that his deployment to Afghanistan was more difficult than his deployment to Iraq even though he was exposed to less combat during this deployment. He reported feeling constantly on-guard and anticipating combat-related situations, and stated that “day after day nothing happened.”
  - Approximately 8 months into this deployment while doing a sweep within a local bazaar, a suicide bomber activated a bomb in close range of Jason. Jason reported that as a result, there were mass casualties including US soldiers that he was close to.
  - Jason reported that he was knocked down and “covered in shrapnel” by the explosion. He was told that he appeared to be unconscious for approximately 10 seconds. When he came to, he was confused and disoriented. The scene was chaotic. He felt in a daze, and he could not hear properly. He felt overwhelmed by the bodies, chaos, and not knowing what to do given his acute confusion.
  - He was medically evacuated from the scene and treated at a military hospital in theater. He was later evacuated to Walter Reed National Military Medical Center, where he received brief inpatient treatment followed by outpatient care. He reported having persistent hearing loss, left greater than right, and tinnitus in both ears.
  - Jason reported feeling responsible for the blast, because he felt he had “become complacent” while in Afghanistan.
  - Jason reports that thoughts about this day come back to him all the time.
o Substance use
  ▪ Jason denied a history of problematic use. He reported that he has “always been a social drinker” and stated that his drinking has decreased since he has been out of the Army.
  ▪ Jason denied a history of substance use.
  ▪ Jason endorsed drinking energy drinks (approximately 3 daily) and he uses tobacco products (dip).

o General health
  ▪ Jason reported having headaches, hearing loss in both ears, bilateral tinnitus, feeling off balance, poor concentration, difficulties with short-term memory, and poor sleep
  ▪ Jason has body scarring on his arms, legs, torso, and back from shrapnel. The scarring on his arms are faint; however, there are distinct visible scars on both his legs.

  ▪ Jason reported intermittent joint pain in his left shoulder and both knees. He reported on a pain scale from 0-10, his baseline is a “3” and will occasionally rise to a “6.” When his pain level is greater, he finds it difficult to concentrate and he becomes more irritable.
  ▪ Jason reported difficulty with sleep and described himself as a “light sleeper.” He reported trouble falling asleep and staying asleep. He estimates sleeping 3-6hrs nightly. He estimated experiencing distressing combat related nightmares 2-3 days per week.
  ▪ Jason reported that he has gained weight and he feels really “out of shape.” He has not been exercising regularly.

o Mental health treatment history
  ▪ Jason denied a previous mental health history. He reported that over the past year he has attended cognitive rehabilitation groups through the TBI clinic that have focused on skill building and tips to improve memory. Jason reported that over the past 3-6 months he has noticed that his memory and concentration have worsened, this coincided with a close friend being killed in combat. He reported that he has requested formal testing to “see what is wrong” and met for 2 individual therapy sessions with the therapist in the TBI clinic.
    ▪ Jason reported feeling “surprised” that the therapist recommended that he receive assessment and possible treatment for PTSD prior to engaging in further treatment or neuropsychological testing in the TBI
clinic. Jason stated that he thought he was “keeping everything together.”

- Jason reported that he feels “uncomfortable” and “feels like a failure” having been referred for mental health treatment. He reported feeling “confused” as to how his traumatic events could affect his physical health. However, he acknowledged that he is bothered by events that occurred while in combat; and stated “something has to change.” Jason was willing to discuss ways to improve his overall level of functioning.

  - Jason denied a history of suicide attempts and denied a history of self-injurious behaviors. He denied homicidal thoughts and denied a history of psychosis and mania.
  - Jason owns a firearm, which he keeps locked in his home.

- **Medications**
  - Jason reported that his medications are prescribed through his primary care physician. Jason reported that he is compliant with his medications.
    - Sleep
      - Trazadone
    - Chronic headaches
      - Gabapentin

- **Employment History**
  - Jason denied an employment history prior to joining the US Army. Currently, he works part time at the YMCA and is a full-time student.

- **Diagnostic impressions**
  - Posttraumatic stress disorder
  - Traumatic brain injury with LOC, mild

**Questions**

1) What is the Veteran’s current risk level?
2) What may be some of the clinician’s immediate concerns?
3) What are the Veteran’s current treatment and rehabilitation options? Community options?
4) Why is the Veteran seeking services now and how do you assess for readiness for treatment?
5) What does the Veteran’s prognosis look like?