MENTAL HEALTH ISSUES FOR REPRESENTING VETERANS

Spotting Mitigation

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Posttraumatic Stress Disorder (PTSD)

- A psychiatric disorder
- Client experiences traumatic event causing intense fear or horror
- Client suffers on-going, life-disruptive symptoms

PTSD: Etiology

- Caused by exposure to actual or threatened death, serious injury, or sexual violation
- Exposure can be direct or vicarious

PTSD more prevalent among veterans

- Estimated rate of occurrence among veterans for Iraq and Afghanistan Wars is 11-20%
- Estimated rate of occurrence among 1991Gulf War veterans is 10%
- Estimated rate of occurrence for Vietnam War veterans is 30%
- Estimated rate of occurrence for general population is 7-8%

http:// ww.ptsd.va.gov/public/pages/how-common-is-ptsd.asp (2007)

Exposure to trauma by one or more of these:

- Directly experiences the traumatic event
- Witnesses the traumatic event in person
- Learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental)
- Experiences first-hand, repeated or extreme exposure to aversive details of the traumatic event

PTSD: Causation

- The disturbance causes clinically significant distress or impairment in the individual's social interactions, capacity to work, or other important areas of functioning
- Is not the psychological result of another medical condition, medication, drugs, or alcohol

PTSD: “Diagnostic Clusters”

- Re-experiencing
- Avoidance
- Negative thoughts and mood
- Arousal

Re-experiencing

- Spontaneous memories of the traumatic event
- Recurrent dreams of the traumatic event
- Flashbacks
- Other intense or prolonged psychological distress

Avoidance

- Avoidance of distressing memories , thoughts, feelings, or external reminders of the event
- The individual avoids situations, people, objects which might remind him/her about the traumatic event

Negative thoughts and mood

- Represents myriad feelings, for example
- A persistent and distorted sense of blame of self or others
- Estrangement from others
- Markedly diminished interest in activities
- An inability to remember key aspects of the event

Arousal

- Aggressive, reckless, or self-destructive behavior
- Hyper-vigilance
- Startle response
- Sleep disturbances, increased anxiety

PTSD: Clinical assessment

- Criteria in DSM-5
- PTSD is a psychiatric “disorder” (was classified as
- “anxiety disorder” in DSM-IV)
- Requires “a disturbance” that continues for more than one month
- Four diagnostic clusters (1) re-experiencing; (2) avoidance; (3) negative cognitions and mood, (4) arousal
- Number of symptoms that must be identified depends on “diagnostic cluster”

PTSD: Need for expert assistance

- Expert can diagnose PTSD when it is suspected but not documented in records
- Expert should go beyond diagnostic label; provide narrative of trauma and its affect on client's life
- Expert may identify other mental health issues:
  - PTSD often co-occurs with other disorders such as mood, anxiety, substance abuse
  - Estimated that at least 60% with PTSD suffer effects of at least one other disorder

Traumatic exposure: Red flags for counsel

- Combat duty
- Terrorist attack
- Accidents (eg., vehicle or aircraft crash)
- Sexual assault
- Natural disaster (eg., fire)

PTSD: Need for Additional investigation

- Risk factors for PTSD include prior history of trauma, prior psychological adjustment problems, family history of mental health problems
- Investigate client's social history for other mitigation stemming from PTSD risk factors
- Military records
- People who served with client (eg., CO's testimony in *Porter v. McCollum*)

Traumatic Brain Injury (TBI)

- Damage to the brain resulting from external force
- Brain function is temporarily or permanently impaired

Types of TBI

- Range from mild, to moderate, to severe
- Open injury (penetrating)
  - Occurs when object penetrates skull and outermost membrane surrounding the brain
- Closed injury (non-penetrating/blunt force)
  - Occurs when brain is not exposed or penetrated

TBI: Physical symptoms

- Unconsciousness
- Dizziness/disorientation
- Headaches
- Vomiting
- Loss of motor skills/coordination
- Fractures
- Degraded speech
- Fatigue/changes in sleep
- Sense impairment
  - Blurred vision
  - Hearing loss, etc.

TBI: Cognitive symptoms

- Memory Loss
- Confusion
- Loss of concentration/attention
- Impaired executive functioning
  - Judgment
  - Impulse control
  - Reasoning
  - Problem solving

TBI: Emotional & behavioral symptoms

- Mood changes
- Depression
- Anxiety
- Agitation
- Lack of social behavior/social judgment
- Impulsiveness/disinhibition

TBI & PTSD: Overlapping symptoms

- Loss of attention
- Depression
- Irritability
- Poor emotional control
- Anxiety
- Sleep problems

TBI: Need for expert assistance

- **Neurogical testing** can identify deficits resulting from TBI
  - Eg., Neurological Outcome Scale for Traumatic Brain Injury (NOS-TBI)
- Psychologist should provide narrative beyond the diagnosis; ordeal of client's injury, how TBI affects client's life
- **Radiologic testing** for pathological features such as lesions, lacerations, bleeding
  - Computed tomography (CT)
  - Magnetic resonance imaging (MRI)
  - Might not be able to detect with radiologic testing

TBI: Red flags for counsel

- Blast wave injuries
  - Explosions from Improvised Explosive Devices (IEDs), Rocket-propelled Grenades (RPGs), etc.
- Penetrating injuries
  - Shrapnel, fragments, etc.
- Crashes
  - Vehicles/aircraft
- Falls
- Head injuries while maneuvering spaces

Depression

- Mental illness characterized by a profound and persistent feelings of sadness/despair/loss of interest in activities
- Major Depressive Disorder
  - Severe episode lasting two or more weeks
- Dysthymic Disorder
  - Mild to moderate
  - Chronic but may have periods of normal mood

Causes

- Chemical imbalance in brain
- External factors/environmental (more associated with dysthymia)
- Hereditary risk factor
  - Three times more likely to have depressive disorder when present in the client's immediate family

Symptoms

- Sadness
- Feelings of hopelessness, pessimism, guilt, worthlessness, helplessness
- Loss of interest or pleasure in activities
- Decreased energy/fatigue/trouble sleeping
- Restless/irritable
- Difficulty concentrating remembering, making decisions
- Physical symptoms such as headaches, chronic pain, digestive problems
- Suicide ideation/suicide attempts

Depression: Considerations for counsel

- Strong possibility of depression
- Combat veterans lose comrades
- Combat veterans may not have opportunity for normal grieving process
- Combat veterans often experience feelings of guilt because they survived
- May be disillusioned by service/mission
- May lose self-esteem/sense of purpose after discharge
  - May be magnified by client's unsuccessful transition from service to civilian life
  - May be magnified if client was in status unit such as Rangers, Force Recon, etc.
- Substance abuse/dependence a strong possibility; client may be self-medicating
- Depression overlaps with other mental health issues such as PTSD and TBI