



Considering the Intersection of Trauma & Brain Injury through a Person Centered Lens

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What We will Touch Upon

- Definitions
 - Post Traumatic Stress
 - Post Traumatic Stress Disorder
- Similarities and Differences
- Insight from the literature and personal experience
- How can being trauma informed supports brain injury informed approaches
- Resilience and post traumatic growth

Post Traumatic Stress (PTS)

- Is a common, normal, and often adaptive response to experiencing a traumatic or stressful event-almost everyone who experiences a scary situation will show a few signs of PTS
- With PTS it is not considered a mental health disorder
- If intense feelings last longer than a month, and/or people use maladaptive coping strategies such as reckless behavior or substance use, people should check with their healthcare provider

Post Traumatic Stress Disorder

- A clinically diagnosed condition and can occur after witnessing or experiencing a situation that involves the possibility of death or serious injury. Or who learns that a close friend or family member has experienced a traumatic event
- Symptoms can include; reliving the event, nightmares, feeling jittery or on edge.
- PTSD symptoms can occur years after the event

PTSD and Brain Injury

Similarities

- Sleep disturbances
- Irritability
- Physical restlessness
- Some memory problems

Differences

- For people with PTSD only - memory, memory of event may be impaired but otherwise memory AND the ability to learn is intact
- For people with TBI only - older memories are preserved, but NEW memory & learning are impaired
- There are some physical symptoms often associated with TBI such as headaches, dizziness, sensitivity to noise/light and vertigo

Source: *Invisible Wounds: Serving Service Members and Veterans with PTSD & TBI*

National Council on Disabilities March 4, 2009

<https://ncd.gov/publications/2009/March042009>

Insights from the Literature

The Consensus is that each condition can make the other worse

Please refer to the References and Resources slide at the end of this presentation for links to current research findings on this topic.

Insights from Personal Experience

- The Veteran-a seemingly mild TBI triggers PTSD stemming from a war fought decades prior, complicates resolution of TBI related symptoms
- John Doe-hospitalized following an assault that resulted in a severe TBI, this individual emerged from coma to learn in graphic detail about his assault from the friends who witnessed it. Well enough to begin out patient rehabilitation, his ability to engage in treatment is hindered by PTSD symptoms such as hypervigilance and anxiety

“If you have seen one brain injury, you have seen one brain injury!”

- This individualized approach to treatment should also be used when treating individuals who are living with a history of trauma and/or PTSD
- Since many brain injuries are the result of a traumatic event then as professionals we should be incorporating treatment of the traumatic event into the overall treatment plan
- It is more important to help the individual come up with a plan, that works for them, than it is to try to address every potential traumatic event in their history

Approaches

When both are present, how is treatment prioritized?

A renowned expert in the field of brain injury, at the time of the Iraq and Afghanistan wars recommended that anxiety related to trauma be addressed first in returning service members.

Advice from a Maryland neuropsychologist

Being trauma informed, asking about a history of trauma in the treatment setting, especially if the functional consequences of a seemingly mild brain injury does not respond to treatment

Resilience and Post Traumatic Growth

“Resiliency is the personal attribute or ability to bounce back”

-Kanako Taku professor of psychology and survivor of the 1995 Kobe earthquake

Source: <https://www.apa.org/monitor/2016/11/growth-trauma>

Resilience and Post Traumatic Growth

Post Traumatic Growth....

People develop new understandings of themselves, the world they live in, how to relate to other people, the kind of future they might have and a better understanding of how to live life.”

Richard Tedeschi, PhD

This kind of work should only be done with a skilled professional and only when people are ready.

In other words, a person centered approach, meeting people where they are, as in all things; is paramount!!!

A few thoughts on incorporating trauma informed approaches in a brain injury service settings

- Mindful of trauma informed environments; to reduce anxiety and confusion, settings that offer clear signage, quiet spaces, soft lighting and colors, a personalized greeting and options for important information to be provided in a written format are useful for all people, including those with a history of brain injury and/or trauma
- Invite people to tell their stories
- Be aware of anniversaries of traumatic events, even if someone does not remember dates, or was unconscious as a result of the injury, the body remembers
- Have predetermined plan for individuals when a history of trauma causes feelings of anger, sadness, fear , etc.

Questions for discussion

- Do you know/have you known individuals who are living with brain injury who also may be experiencing post traumatic stress or post traumatic stress disorder?
- In your opinion, do you believe the brain injury community, including treatment and rehabilitation providers are aware of the possibility of trauma as a consequence of brain injury/circumstances of injury?
- In your opinion, how can all of us, in the brain injury community enhance resilience, or what is often referred to as post traumatic growth following trauma related to the experience of brain injury?

References & Resources

Howlett JR, Stein MB. Post-Traumatic Stress Disorder: Relationship to Traumatic Brain Injury and Approach to Treatment. In: Laskowitz D, Grant G, editors. Translational Research in Traumatic Brain Injury. Boca Raton (FL): CRC Press/Taylor and Francis Group; 2016. Chapter 16. PMID: 26583182.

<https://www.ncbi.nlm.nih.gov/books/NBK326723/>

Van Praag DLG, Cnossen MC, Polinder S, Wilson L, Maas AIR. Post-Traumatic Stress Disorder after Civilian Traumatic Brain Injury: A Systematic Review and Meta-Analysis of Prevalence Rates. *J Neurotrauma*. 2019;36(23):3220-3232. doi:10.1089/neu.2018.5759 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6857464/>

Rosen V, Ayers G. An Update on the Complexity and Importance of Accurately Diagnosing Post-Traumatic Stress Disorder and Comorbid Traumatic Brain Injury. *Neurosci Insights*. 2020;15:2633105520907895. Published 2020 Mar 2. doi:10.1177/2633105520907895 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7198284/>

<https://www.brainline.org/article/tbi-and-ptsd-navigating-perfect-storm>

Stein MB, Jain S, Giacino JT, et al. Risk of Posttraumatic Stress Disorder and Major Depression in Civilian Patients After Mild Traumatic Brain Injury: A TRACK-TBI Study. *JAMA Psychiatry*. 2019;76(3):249–258. doi:10.1001/jamapsychiatry.2018.4288 <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2722564>

<https://www.apa.org/topics/resilience>

<http://www.experts.com/content/articles/Julianne-Frain-Resiliency-Model-TBI.pdf>

<https://www.acesconnection.com/>

Wellness, Recovery Action Plan <https://mentalhealthrecovery.com/wrap-is/>

Thank you!!!

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