Treatment of Comorbid Traumatic Brain Injury and Post Traumatic Stress Disorder in Military Veterans: A Path to Reducing Violence Risk

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Abstract

- Veterans who have TBI are three times more likely to also have PTSD than veterans without TBI (Ragsdale, Neer, Beidel, Frueh, & Stout, 2013).

Introduction (cont.)

- The co-occurrence of TBI and PTSD and the symptoms that overlap cause controversy in how military personnel and veterans should be treated (Vasterling, Verfaellie, & Sullivan, 2009).
- TBI may increase the likelihood of PTSD and PTSD strongly influences symptoms associated with TBI; therefore, they have an interdependent relationship.
- TBI and PTSD can have similar symptoms including depression/anxiety, insomnia, irritability/anger, trouble concentrating, fatigue, hyperarousal, and avoidance (Summerall & McAllister, 2010).
- Due to symptoms overlapping, either disorder can be difficult to diagnose in military personnel and veterans.
- Because TBI and PTSD have an interdependent relationship, reduction in PTSD symptoms is positively associated with a reduction in TBI symptoms (Walter, Kiefer, & Chard, 2012).
- Similarly, brain functioning -- as measured by fMRI -- shows improvements after PTSD treatment (Roy et al., 2010).
- Treatments for PTSD would likely be effective in reducing difficult symptoms of TBI in OEE/OIF veterans (Ragsdale et al., 2013).
- The assertion of this poster is that treatment for comorbid TBI and PTSD should be interdisciplinary and include current effective approaches for PTSD.

Discussion

- Effective treatments for PTSD that have been shown to reduce symptoms of TBI include cognitive processing therapy, cognitive behavioral therapy, prolonged exposure, and eye movement desensitization and reprocessing.
- Antidepressant medications have also been shown to reduce PTSD symptoms (Capelhart & Bass, 2012).
- According to Capelhart and Bass (2012), the Department of Veterans Affairs treatment includes four items for managing veterans with comorbid PTSD and TBI.
  - These four items are to: 1) treat PTSD with appropriate modalities (evidence based psychotherapies and/or antidepressant medications)
  - 2) identify and treat any comorbid neuropsychiatric conditions or substance use disorders
  - 3) identify and treat any associated medical comorbidities
  - 4) address cognitive sequelae of TBI such as education about TBI and emotional consequences, memory aids, and problem solving approaches

Discussion (cont.)

- The overarching implication of the research is that decreasing symptoms of either TBI or PTSD will result in fewer symptoms of the other disorder.
- However, more research needs to be conducted on treatment for comorbid TBI and PTSD.
- In particular, research is needed to determine whether treatment for comorbid TBI and PTSD in military veterans reduces risk of violence.

Summary

- In conclusion, treatment for comorbid TBI and PTSD should be interdisciplinary and include current effective treatments for PTSD.
- Military personnel and veterans who are diagnosed with TBI and PTSD have symptoms that overlap both diagnoses; therefore, treatment of one should reduce symptoms of the other.
- Most effective practices currently for PTSD could be used to treat comorbid TBI and PTSD.
- Such treatment should result in reduced risk of violent behavior.

References