

TRAUMATIC BRAIN INJURY AND POSTTRAUMATIC STRESS DISORDER

Traumatic brain injury resources for Veterans and Families

This resource was prepared by the Atlas Institute for Veterans and Families. Atlas would like to thank the following individuals for their contributions to the resource. Please note the names listed include only those who have explicitly consented to being acknowledged as a contributor.

LIST OF CONTRIBUTORS

Advisor

Charlene Fanstone, Steve Lamrock, Anna Miller, Dr. J Don Richardson, Terri-Ann Winfield

Approval

Meriem Benlamri, Cara Kane, Polliann Maher, MaryAnn Notarianni, Hailley White

Conceptualization

Meriem Benlamri, Cara Kane, Netta Sarah Kornberg, Polliann Maher, Hailley White

Editing

Cara Kane, Krystle Kung, Laryssa Lamrock, Polliann Maher, Dr. J Don Richardson, Lori-Anne Thibault, Hailley White

Methodology

Netta Sarah Kornberg, Polliann Maher, Hailley White

Production

Ghislain Girard

Project administration

Polliann Maher, Ms. Francesca Tellis, Hailley White

Research and analytics

Netta Sarah Kornberg, Hailley White

Supervision

Meriem Benlamri, Cara Kane, Polliann Maher, MaryAnn Notarianni

Visualization

Hailley White

Writing

Hailley White

Suggested citations

- Atlas Institute for Veterans and Families. Traumatic brain injury and posttraumatic stress disorder. Ottawa, ON: 2024. Available from: atlasveterans.ca/tbi-ptsd

Interested in learning more about the Atlas Institute's approach to recognizing contributions to these resources? Check out our [contributorship model](#) for more information.

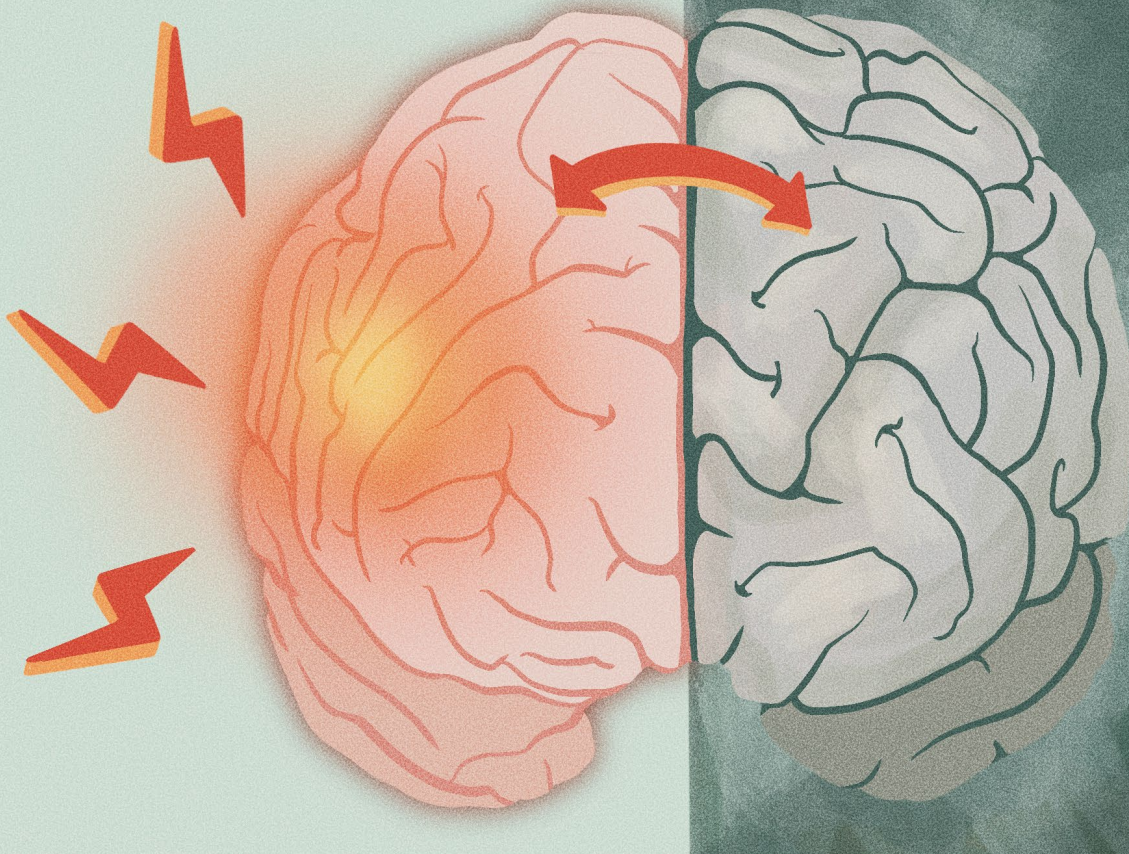


WHAT TO EXPECT IN THIS RESOURCE

The link between TBI and PTSD	5
The experience of TBI and PTSD in Veterans	8
Treatment for TBI and PTSD	9

This resource is about **traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD) in Veterans**. It includes a brief overview of TBI and PTSD, a list of overlapping symptoms, information about the impact of TBI and PTSD on a Veteran, and pathways to treatment.

In addition to being informed by research, this resource was co-developed with an advisory committee comprised of Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP) Veterans and Veteran Family members. We thank these advisory members for sharing their time and expertise to co-create these resources.



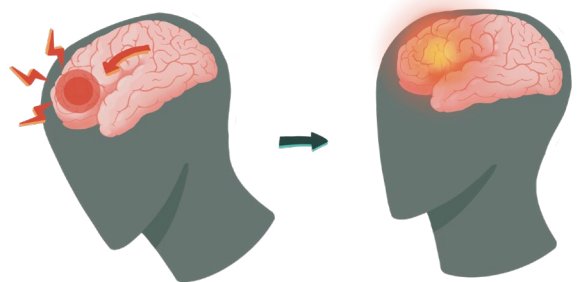
THE **LINK** BETWEEN TBI AND PTSD



Traumatic brain injury (TBI)

A **TBI** occurs after the brain is injured by a sudden impact, jolt, bump or blow to the head or body.

- This injury can result from various causes, including falls, assaults, motor vehicle accidents, proximity to blasts, repeated firing of weapons, overpressure events or jumping from heights.
- A TBI can impact several areas of well-being, including behaviour, cognition, emotions, as well as physical, psychological and social health.
- TBIs can be mild, moderate or severe — Veterans are most likely to experience a mild TBI (mTBI), which may also be called a concussion.



For more information about TBI, visit atlasveterans.ca/tbi



Posttraumatic stress disorder (PTSD)

PTSD is a disorder that can affect both mental and physical health.

- It can be caused by a single trauma or by many traumatic events.
- PTSD can result from being exposed to death or potential death, serious physical injury or sexual assault, directed at you or at someone else.

Symptoms of PTSD¹ can include:

1. Reliving the traumatic events through intrusive memories, flashbacks and physical symptoms
2. Avoiding reminders of the trauma, experiencing mood changes like fear, anger or hopelessness
3. Showing heightened emotional reactions such as irritability, feeling on edge and difficulty sleeping



For more information about PTSD, visit atlasveterans.ca/ptsd

Operational stress injury

An **operational stress injury (OSI)** is a term used to describe a psychological injury or mental health condition resulting from service in the CAF or RCMP. It is not a diagnosis.

OSIs can include PTSD, anxiety, depression, substance use and more. An OSI can develop after a traumatic event, loss or grief, high-stress situations, combat or operational fatigue.



A Veteran may live with a TBI and PTSD at the same time.

These injuries can be caused by the same event although this is not always the case.

Additionally, a Veteran with a TBI is more likely to develop PTSD².



Overlapping symptoms

There are some similar symptoms that are experienced in both TBI and PTSD.

- Sometimes, this overlap in symptoms can mean that a Veteran is unaware that they have both PTSD and a TBI.
- Some Veterans who have a PTSD diagnosis may come to find that they have a TBI after PTSD treatment does not alleviate all of their symptoms.

Here are some of the most **common symptoms that can occur in PTSD, TBI or in both**³:

PTSD

- Hypervigilance
- Easily startled
- Fearfulness
- Flashbacks
- Nightmares
- Guilty feelings
- Avoidance
- Numbness

Both

- Fatigue
- Sleep problems
- Trouble with memory and attention
- Low mood
- Feeling anxious
- Irritability

TBI

- Headaches
- Dizziness/balance problems
- Nausea
- Sensitivity to light and sound
- Vision changes
- Impulsivity

THE **EXPERIENCE** OF TBI AND PTSD IN VETERANS



For people who have both a TBI and PTSD, it can feel like “**the perfect storm**.”⁴

- Veterans may have **concerns about being able to function** in the Family, at work and in their community.
- They may feel the need to **mask the injury** in daily life. During their service, they may have felt that masking their symptoms was a way to maintain job security.
- Some Veterans with TBI and PTSD **may not know how or feel comfortable to seek support** from others, or may not know what kind of support they need.
- People with TBI and PTSD may also experience **stigmatizing responses from others** to their injury or symptoms. It can be stressful or hurtful to face stigma from others.
- Veterans might experience **self-stigma** and start to feel bad about themselves because they have taken on negative ideas, feelings and beliefs about their OSIs, which can include TBI and PTSD.
- Having TBI and PTSD may feel **isolating**, in part due to the changes in daily life or from not having support from others going through similar experiences.

“

I thought I was the only one – I didn’t know anyone else who had a spouse with PTSD. ”
– CAF Veteran and Veteran Family member

TREATMENT FOR TBI AND PTSD

There are treatment options available for both TBI and PTSD.



Treatment for TBI

- Getting treatment for TBI **starts with a diagnosis** from a qualified service provider, such as a neurologist or Family doctor.
- **Treatment may vary** depending on the severity of the injury (mild, moderate or severe).
- Some of the treatments that are effective for PTSD are also beneficial for those with an mTBI, such as **cognitive processing therapy (CPT)** and **prolonged exposure therapy (PE)**⁵.
- Other approaches to treatment for mTBI include **psychoeducation** (learning about TBIs) and **strategies for coping** and **symptom management**.
- Due to potential side effects, your prescriber **might avoid certain medications** for individuals who have TBI.





Treatment for PTSD

- Getting treatment for PTSD **starts with a diagnosis** from a qualified service provider, such as a psychiatrist or psychologist.
- Treatment can include both **psychotherapy** and **medication**. The most common type of medication used for PTSD is **antidepressants**.
- The most commonly recommended psychotherapy and interventions include⁶⁻⁷:
 - **cognitive behavioural therapy for trauma (CBT for trauma)**
 - **cognitive processing therapy (CPT)**
 - **cognitive therapy for PTSD (CT-PTSD)**
 - **prolonged exposure therapy (PE)**
 - **eye movement desensitization and reprocessing (EMDR)**





Getting treatment

There are several pathways to take to get access to treatment for TBI and PTSD.

1

Speak with your Family physician or primary care provider

The first step is to **speak with your Family physician or primary care provider**. They can screen you for TBI and PTSD or they may refer you to a specialist who can provide a diagnosis, especially in more complex or severe cases.

2

Choose your mental health service provider

In most cases you will have the option of **choosing your mental health service provider** to help with your symptoms and treatment. The right provider will be someone who listens to you without judgment, takes time to explain your treatments and answer questions, and with whom you have a trusting relationship.

3

Form a therapeutic alliance

The relationship between a mental health service provider and their client is called the **therapeutic alliance** and is one of the most important predictors of positive outcomes (such as improved well-being). Finding the right provider who can help you in the right way can make a positive impact on your treatment.

4

Support from a multidisciplinary team

You may benefit from having a **multidisciplinary team to support you**. This means you may be working with several health care providers with different specialties who are focused on different aspects of your treatment. You may be referred to these providers through your Family doctor or Veterans Affairs Canada (VAC).

Other tips for treatment



Educate yourself

Educating yourself about TBI and PTSD can help you make informed decisions about your treatment.



Self-advocate

Self-advocacy may be an important part of your treatment. This could mean talking to your Family doctor to screen you for a TBI or PTSD or asking about a referral to a specialist such as a neurologist who can help with the TBI diagnosis.



Take the next best step

Focus on the next best step for your treatment. It may take time for each piece of your treatment plan to fall in place, but there may be something beneficial you can do now that will set you up for success in the future. That may mean booking a first appointment with your primary care provider to discuss your symptoms, looking for more information about treatment options or telling a loved one that you are thinking about treatment.



Involve your Family

It may help to involve your Family in conversations about your treatment. **Every Family is different** — some Family members may not have capacity to help, while others may feel comfortable being more involved in your treatment and may want to attend appointments with you. Family members can be a supportive part of a Veteran's treatment plan. However, it is important to note that Families may need their own support too.





Self-advocacy

Self-advocacy may be a part of a Veteran's health journey. Self-advocacy means **speaking on your own behalf and communicating your needs**.

Here are some tips on self-advocating:



Identify and ask for what you need.

The first step to getting help is knowing that there is a problem. This may mean realizing that your symptoms are impacting your daily life and you would like help to get treatment. Before asking for help, try getting curious about the problem you need help with:

Are there specific areas of life that your symptoms are impacting?



Equip yourself with knowledge about TBI and PTSD.

Learning more about TBI and PTSD can help you understand the treatment options available to you and may help you cope with your symptoms in daily life.



For more information about TBI and PTSD, visit the Atlas Institute website at atlasveterans.ca/tbi



Develop a personal wellness plan.

Your health care provider may be able to help you develop a plan for things you can do outside of treatment to improve your well-being, such as exercising and eating well. Engaging in self-care activities outside of treatment may help you feel a sense of control in your recovery.



Engage with local Veteran organizations.

Find out who in your community is supporting Veterans and lean into these connections. It can be helpful to join or gather a supportive community around you during your recovery by seeking out others in the Veteran community with similar experiences.



*Visit the Atlas Institute peer support program directory to learn more about programs and services available to you:
atlasveterans.ca/peer-support-directory*

REFERENCES

1. St. Joseph's Health Care London. Veterans care: Operational stress injury clinic [Internet]. [cited 2024 May 6]. Available from: sjhc.london.on.ca/areas-of-care/veterans-care/veterans-care-operational-stress-injury-clinic
2. Loignon A, Ouellet MC, Belleville G. A systematic review and meta-analysis on PTSD following TBI among military/veteran and civilian populations. *Journal of Head Trauma Rehabilitation*. 2020 January/February;35(1):E21-E35
3. Traumatic Brain Injury Center of Excellence. Concussion/mild traumatic brain injury and posttraumatic stress disorder [Internet]. 2023 December 14. Available from: health.mil/Reference-Center/Fact-Sheets/2023/12/14/Concussion-mTBI-and-PTSD-Fact-Sheet
4. Lash M. TBI and PTSD: Navigating the perfect storm [Internet]. BrainLine. 2018 July 26. Available from: brainline.org/article/tbi-and-ptsd-navigating-perfect-storm
5. National Center for PTSD. Traumatic brain injury and PTSD [Internet]. [cited 2024 May 6]. Available from: ptsd.va.gov/understand/related/tbi_ptsd.asp
6. Atlas Institute for Veterans and Families. PTSD and some treatment options [Internet]. [cited 2024 May 6]. Available from: atlasveterans.ca/knowledge-hub/post-traumatic-stress-disorder
7. American Psychological Association. Clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults [Internet]. 2017 February 24. Available from: apa.org/ptsd-guideline/ptsd.pdf

The work of the Atlas Institute for Veterans and Families is made possible thanks to funding from Veterans Affairs Canada.

Disclaimer: Views and opinions expressed are solely those of the Atlas Institute for Veterans and Families and may not reflect the views and opinions of the Government of Canada.

atlasveterans.ca

