

INFORMATION ABOUT TRAUMATIC BRAIN INJURIES FOR PEOPLE WHO WORK WITH VETERANS

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.

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This resource is for people who work with Veterans, including health care providers. It is best suited to those who want to learn about traumatic brain injuries (TBIs) and their impact on Veterans and Veteran Families. This resource can help you understand why it is important to know about TBI in Veterans and provides advice on how best to support Veterans and Families in your care. The document also includes links to additional resources and guidelines about TBI for people who work with Veterans.

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.

BACKGROUND ON 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 be caused by falls, proximity to blasts, repeated firing of weapons, overpressure or jumping from heights, among other causes. Veterans are more likely to experience a TBI than civilians.¹

A TBI can impact several areas of well-being, including behaviour, cognition and emotions, as well as physical, psychological and social health.



Impact on Veterans

Veterans living with a TBI may experience memory loss, fatigue, speech difficulties and challenges with processing information. They may find it difficult to carry out the same tasks as before their injury and may experience disruptions to their daily lives.

A TBI can also make it more difficult for a Veteran to regulate their emotions and may contribute to feelings of disconnection from those to whom they are closest.



Impact on Families

Veteran Families are often an important part of a Veteran's support network.

Many Family members try to help their loved one by taking on tasks like scheduling appointments, managing calendars and medications, and helping their loved one keep track of important information.

However, Family members can also experience burnout, compassion fatigue, frustration or exhaustion from supporting their loved one.



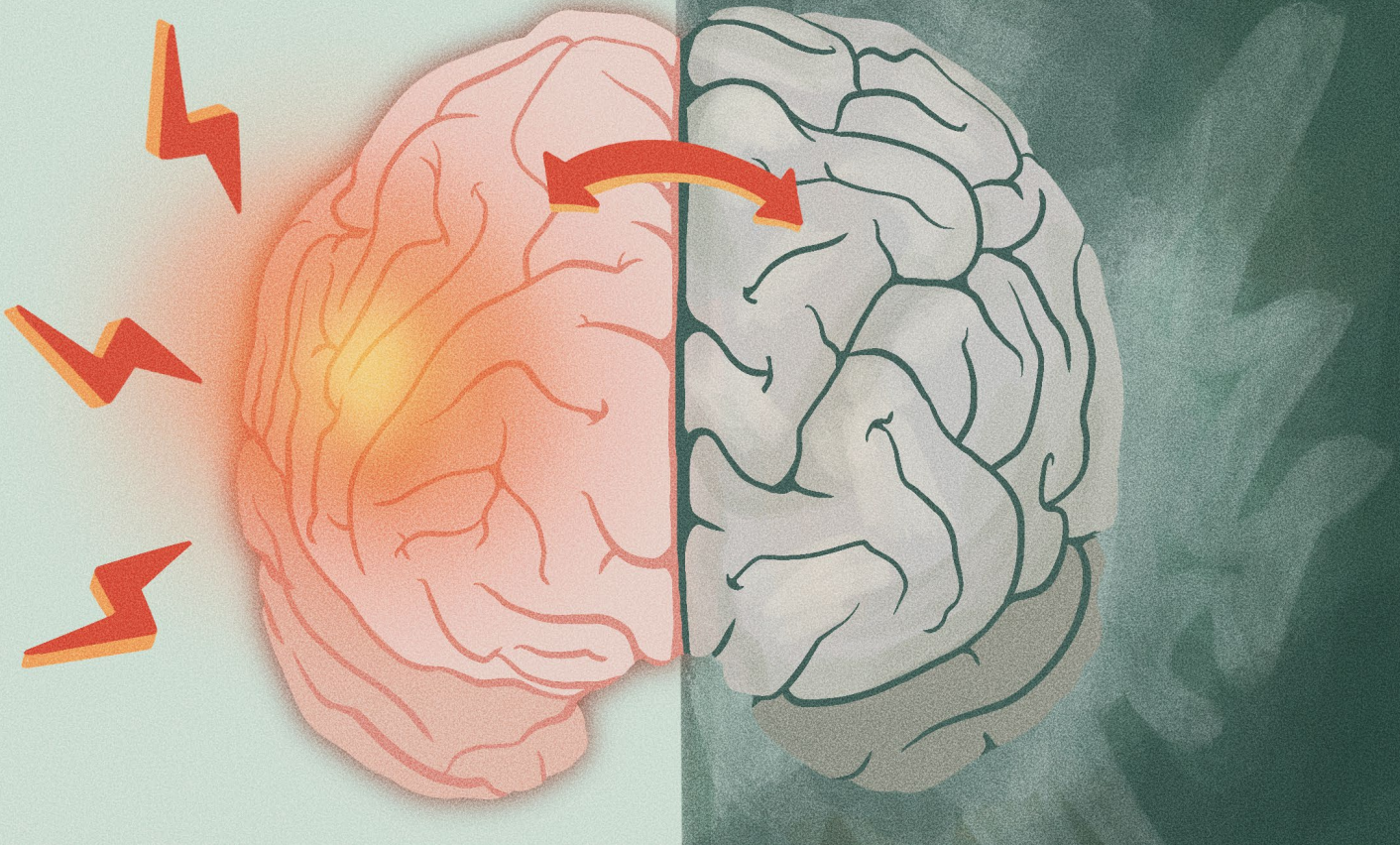
Restoring capabilities or improving function with a TBI is possible and there are best practices and guidelines available to help you guide a Veteran to or through treatment.

TREATMENT OPTIONS FOR TBI

- **TBIs are primarily diagnosed by neurologists and sometimes by psychiatrists, neuropsychologists and other specialists.** After diagnosis, Veterans are often served by multidisciplinary teams that can include a primary care physician, occupational therapist, physical therapist, cognitive therapist, neurologist, neuropsychologist, psychologist, psychiatrist or social worker, among others.
- The clinical practice guidelines from the College of Family Physicians of Canada for mild TBI (mTBI) and persistent symptoms² note that **a gradual return to activities, support and reassurance, along with information about symptom management strategies, should be offered to individuals with an mTBI.** If symptoms do not resolve within three months, individuals should be referred to specialized treatment for brain injuries. It is also recommended to have a multidisciplinary team to support people with comorbid conditions, such as depression or posttraumatic stress disorder (PTSD).
- A common type of treatment for those with an mTBI who experience cognitive symptoms is a group of therapies called **cognitive rehabilitation therapy (CRT)**³. CRT helps to address the cognitive problems that come with a brain injury such as problems with memory, concentration or everyday thinking. There isn't one specific type of CRT and the treatment is adapted to the individual. Often it can include treatments to help improve the brain's functioning and strategies and solutions for specific problem areas, like writing things down to help with memory problems.
- **Veterans with an mTBI and PTSD can benefit from some of the evidence-based treatments for PTSD, but they may not be effective for everyone.** In addition, Veterans who experience cognitive symptoms from a TBI may benefit from **cognitive processing therapy (CPT)** and/or cognitive rehabilitation interventions. There may be other helpful interventions for Veterans, such as **occupational therapy** to manage symptoms specific to TBI.



To learn more about TBIs and their impact on Veterans and Families, visit atlasveterans.ca/tbi



LINKS BETWEEN TBI AND PTSD

- A person may live with TBI and PTSD at the same time. Sometimes these injuries are caused by the same event, although this is not always the case. Both types of injury can happen on or off the job.
- People who have an mTBI have two to three times the elevated risk for PTSD.⁴
- The event that caused an mTBI may be a risk factor for developing PTSD, such as combat or blast-related injuries.⁵
- Because of the relationship between TBI and PTSD, it is recommended to screen for PTSD and other mental health conditions when a patient or client is presenting with TBI symptoms and vice versa.

ADVICE FOR PEOPLE WHO WORK WITH VETERANS

For everyone

- 1 Improve your cultural competency** and understanding of military and RCMP culture and the language Veterans use.
- 2 Monitor your capacity to hear about traumatic events or challenging information.** Understand that Veterans and Families are often in a vulnerable state when seeking help.
- 3 Speak slowly, don't interrupt and be open to repeating yourself.** Some Veterans with TBI need more time to process information and may have a harder time recalling what they wanted to say if you interrupt them. It is often helpful to write down key information for the Veteran to take home to review or to provide handouts.
- 4 Be attentive** – the Veteran is there for your help and needs you to adapt your style to their circumstances.
- 5 Be open to allowing a support person to attend appointments.** Some Veterans can benefit from having a support person at appointments. This might be a Family member or friend who helps the Veteran remember appointment times and information, and who may have observational information to share (with the Veteran's permission). Veterans may rely on their support person to share details about their experiences, remember what was discussed in the appointment and follow through on next steps.
- 6 Listen to what Family members are saying.** They have helpful and specific insight into what their loved one is experiencing. Listening to input from the Family is important.

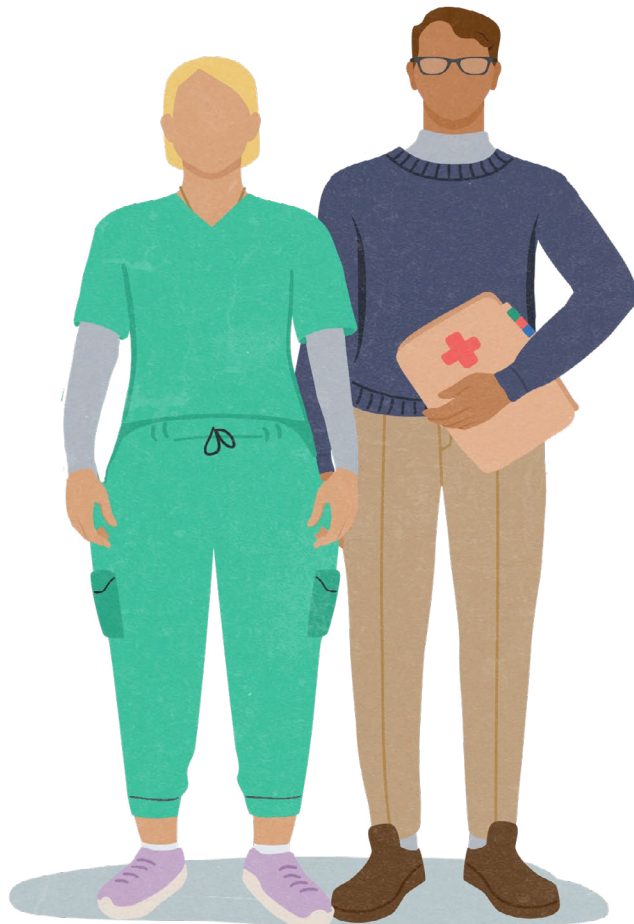
ADVICE FOR PEOPLE WHO WORK WITH VETERANS

For primary care physicians and nurse practitioners

1. Veterans with TBI often have comorbid mental health conditions but they may not feel comfortable bringing up mental health or chronic symptoms on their own, even if their daily life is impacted by these symptoms.
2. Frame solutions and treatments as a way to “improve functioning.”
3. Ask questions to understand the root of the problem.



For example: “Tell me more about your sleep difficulties. Are you having difficulty falling asleep or staying asleep?”



ADVICE FOR PEOPLE WHO WORK WITH VETERANS

For therapists

1. Be sensitive to the fact that people may be reliving trauma when recounting their stories and experiences. Having a trauma-informed practice and taking courses to learn more about trauma can help you build better relationships with Veteran and Family clients.
2. Remember that some symptoms of TBI can look like or co-occur with mental health conditions.



ADVICE FOR PEOPLE WHO WORK WITH VETERANS

For peer supporters

1. Keep in mind that you may not be able to understand or relate to each experience. Being a supportive listener and helping a peer advocate for themselves can still make a meaningful impact.
2. You may be able to help your peer by encouraging them to seek screening and treatment for a TBI, especially if you recognize symptoms of PTSD. The two injuries can have overlapping symptoms – it can help to mention this to your peer so they can be screened for both injuries.



ADVICE FOR PEOPLE WHO WORK WITH VETERANS

For case managers

1. Stay informed about the signs and symptoms of TBI. Knowing what to look and listen for can help you help Veterans. You are often the first point of contact for Veterans and play an important role in assisting them in accessing the right services and care.
2. Help Veterans to coordinate between services and providers and ask the Veteran if it's alright to share background information with their providers so they don't have to repeat themselves each time they access a service. However, it is important to manage expectations and let the Veteran know that each clinician may need to ask them about their experience and injury to formulate a diagnosis and treatment recommendations.
3. It's important and supportive to recap information in lists and share handouts and fact sheets.





RESOURCES

Clinical practice guidelines for mild traumatic brain injury and persistent symptoms:

Canadian Family Physician, the official journal of the College of Family Physicians of Canada, published an article and clinical practice guidelines for mTBI in 2012. The article includes information on symptoms, diagnosis and management of symptoms of mTBI, as well as on the diagnosis and management of persistent symptoms following a TBI.

Brain injury guidelines:

The Ontario Neurotrauma Foundation website links to three guidelines for the rehabilitation and management of TBI: a clinical practice guideline, a guideline for concussion and prolonged symptoms, and a guideline for pediatric concussion care.

Best Advice guide: Resources and considerations in providing care to Veterans, 2nd edition:

This guide was created for Family physicians and primary care providers who work with Veterans. The guide features information on “common themes to address the health needs of Veteran patients, providing key factors and context, practical tips and rewards related to caring for Veterans.”

Management and rehabilitation of post-acute mild traumatic brain injury (mTBI):

The United States Department of Veterans Affairs has developed a guideline on “critical decision points” for the management of an mTBI after the acute phase of the injury. The page provides access to the full guideline, clinician summary and pocket card, along with patient summaries. Note: This can be a helpful reference document, but not all of the information will be relevant to people living in Canada.

TBI provider resources:

The Traumatic Brain Injury Center of Excellence (TBICoE) is part of the Military Health System in the United States. The TBICoE webpage has a dedicated section with resources for service providers that includes clinical tools and educational materials. There is information about concussion evaluation, recurrent concussion, return to activity and cognitive rehabilitation. Note: Some of the information may not be applicable to a Canadian context.

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