



NATIONAL COALITION *for* HOMELESS VETERANS

“A New Disability for Rehabilitation Counselors: Iraq War Veterans with Traumatic Brain Injury and Post-Traumatic Stress Disorder” Hillary Blake, Charles Degeneffe, and Marjorie Olney [Full Report](#)

Quick Takeaways:

- TBI and PTSD are considered the signature disabling injuries for OIF/OEF veterans, especially those involved in blast incidences which increase the likelihood of both injuries occurring simultaneously.
- Existing programs and interventions hold promise but are limited in scope and reach.

Findings:

The authors aimed to provide guiding information to front line workers, including case managers and rehabilitation counselors, on working successfully with veterans experiencing both TBI and PTSD. The authors draw a link between blast injuries and the need for comprehensive treatment services for veterans with symptoms of TBI, PTSD, or both.

They provide a comprehensive overview of the various types of TBI and the link between TBI and PTSD, with a focus on functional impacts. Brain injuries may involve closed, concussive, or penetrating wounds to the brain leading to mild, moderate, severe, and very severe brain injury; 80 percent of cases are in the mild category. The full range of severity includes cognitive, somatic, and behavioral impacts that worsen with increased severity.

The authors outlined how traumatic events, including blasts from IEDs, leads to PTSD symptoms, including hyperarousal, avoidance, and reliving of traumatic events. While some studies have linked co-occurring PTSD and TBI to decreased intrusive memories, biologically based models have shown that some veterans experience compounded challenges when monitoring and regulating anxiety. These veterans experience high levels of anxiety, depression, irritability, anger, and suicidal ideation. Veterans with both PTSD and TBI struggle to combat stigma and family stress, in addition to general pressures of reintegration.

Early screening is critical, but is plagued by long wait times and screening tools that may miss some markers for the unique injuries resulting from IED blasts. Cognitive behavior therapy (CBT) has shown promise in helping some veterans confront and manage their anxiety, but additional therapy modalities will need to be expanded. Training of front line workers must increase and deepen to reach all veterans in need. Medication management is another effective tool for balancing treatment. The National Polytrauma Systems of Care are on the forefront of groundbreaking care for injured servicemen.

Conclusion:

The authors suggest a series of future research to be conducted, including a look at employment outcomes for veterans with TBI and PTSD and an examination of the neurobiological impacts of these injuries. They suggest several options for more effectively serving this population, including integrating the family into care, lengthening allowable time for professional services, and improving the process of service delivery to cut down on delays in access to care.

Blake, H., Degeneffe, C., and Olney, M. (2009). A New Disability for Rehabilitation Counselors: Iraq War Veterans with Traumatic Brain Injury and Post-Traumatic Stress Disorder, *Journal of Rehabilitation*, 75(3), 5-14.