Effective Communication Techniques for Working with PTSD/TBI Mentees

Care Coalition Mentor Meeting

May 2010
Agenda

- The Mentor Coach
- Communication techniques
- Combat Operational Stress Continuum (COSC)
- Post Traumatic Stress Disorder (PTSD)
- Traumatic Brain Injury (TBI)
- Communication techniques practice
What is a Mentor?

a wise and trusted counselor or teacher

an influential senior sponsor or supporter
Core Competencies

Knowledge and Expertise

Experience and Credibility

Personal Commitment to Well-being of Others

Unique Insights

Resource Information

Methodology: Evidence-based Practices

Area of Opportunity

Care Coalition Mentor Coach

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Communication Model

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Active Listening

1. Environment
2. Introductions
3. Look at the person and suspend other activities
4. Listen to vocal cues
5. Mirror
6. Ask open-ended questions
7. Be aware of your own feelings and strong opinions
8. Validate Responses
9. Observe nonverbal behavior and body language
Nonverbal Communication

Six Principles

- Consider nonverbal communication a “clue” to its meaning
- Everyone has their own nonverbal communication style
- Every culture has its own nonverbal communication language
- A group of nonverbal behaviors has more meaning than a single behavior
- Keep nonverbal communication in contextual perspective
- Males and females approach nonverbal communication differently
Body Language

Body positioning—proximity and direction

Open/closed body positions

Trunk lean

Gestures

Head movements
Communication Blockers

- Blaming and attacking
- Being distracted or using other body language that is non-attentive
- Dismissing or making light of someone’s problem
- Interrupting
- Lecturing/moralizing
- “Yes…but” statements
Communication Enhancers

- Asking for more information and problem solving together
- Making eye contact, leaning toward the other person, giving full attention
- Showing empathy, validating the other person’s feelings
- Staying silent until the person is finished speaking
- Withholding judgment
- “Yes…and” statements
## Combat Operational Stress Control

### Combat Operational Stress Continuum for Marines

<table>
<thead>
<tr>
<th>READY</th>
<th>REACTING</th>
<th>INJURED</th>
<th>ILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Good to go</td>
<td>• Distress or impairment</td>
<td>• More severe or persistent distress or impairment</td>
<td>• Stress injuries that don’t heal without intervention</td>
</tr>
<tr>
<td>• Well trained</td>
<td>• Mild, transient</td>
<td>• Leaves lasting evidence (personality change)</td>
<td>• Diagnosable</td>
</tr>
<tr>
<td>• Prepared</td>
<td>• Anxious or irritable</td>
<td></td>
<td>• PTSD</td>
</tr>
<tr>
<td>• Fit and tough</td>
<td>• Behavior change</td>
<td></td>
<td>• Depression</td>
</tr>
<tr>
<td>• Cohesive units, ready families</td>
<td></td>
<td></td>
<td>• Anxiety</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Addictive Disorder</td>
</tr>
</tbody>
</table>

**Leader Responsibility**

**Individual Responsibility**

**Chaplain & Medical Responsibility**
## Green and Yellow Zone

<table>
<thead>
<tr>
<th>READY</th>
<th>REACTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Calm and steady</td>
<td>• Feeling anxious, irritable</td>
</tr>
<tr>
<td>• Confident and competent</td>
<td>• Worrying</td>
</tr>
<tr>
<td>• Getting the job done</td>
<td>• Cutting corners on the job</td>
</tr>
<tr>
<td>• In control</td>
<td>• Short tempered or mean</td>
</tr>
<tr>
<td>• Sense of humor</td>
<td>• Irritable or grouchy</td>
</tr>
<tr>
<td>• Sleeping enough</td>
<td>• Trouble sleeping</td>
</tr>
<tr>
<td>• Eating the right amount</td>
<td>• Eating too much or too little</td>
</tr>
<tr>
<td>• Working out, staying fit</td>
<td>• Apathy, loss of interest</td>
</tr>
<tr>
<td>• Playing well and often</td>
<td>• Keeping to oneself</td>
</tr>
<tr>
<td>• Active socially, spiritually</td>
<td>• Negative, pessimistic</td>
</tr>
</tbody>
</table>
### Injured and Ill Zone

<table>
<thead>
<tr>
<th>INJURED</th>
<th>ILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of control of your body, emotions, or thinking</td>
<td>Stress injury symptoms that last for several weeks post-deployment</td>
</tr>
<tr>
<td>Can’t fall or stay asleep</td>
<td>Symptoms that get <em>worse</em> over time instead of better</td>
</tr>
<tr>
<td>Recurrent vivid nightmares</td>
<td>Symptoms that get better for a while but then come back worse</td>
</tr>
<tr>
<td>Intense guilt or shame</td>
<td></td>
</tr>
<tr>
<td>Attacks of panic or rage</td>
<td></td>
</tr>
<tr>
<td>Inability to enjoy activities</td>
<td></td>
</tr>
<tr>
<td>Disruption of moral values</td>
<td></td>
</tr>
<tr>
<td>Serious suicidal or homicidal thoughts</td>
<td></td>
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</tbody>
</table>
## Combat Operational Stress Continuum Decision Matrix

<table>
<thead>
<tr>
<th></th>
<th>READY</th>
<th>REACTING</th>
<th>INJURED</th>
<th>ILL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEFINITION</strong></td>
<td>Good to Go</td>
<td>Some impairment in job functions or relationships</td>
<td>More severe or persistent distress or impairment</td>
<td>Stress injuries that won’t heal without medical intervention</td>
</tr>
<tr>
<td><strong>SIGNS</strong></td>
<td>Effective Functioning</td>
<td>Some anxiety or irritability</td>
<td>Lost emotional control at some point</td>
<td>Diagnosable illnesses (Such as: PTSD; depression; anxiety; substance abuse)</td>
</tr>
<tr>
<td>** ACTION**</td>
<td>Monitor for signs of distress or stress reactions in future if concern arises</td>
<td>Poor sleep; poor mental focus</td>
<td>Can’t sleep</td>
<td>Stress problems that last more than 60 days post-deployment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nightmares; easily startled</td>
<td>Disruptive nightmares or memories/flashbacks</td>
<td>Not getting better or getting worse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Loss of social interest</td>
<td>Social withdrawal</td>
<td>Impacting work or relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some change from normal behavior</td>
<td>Panic/rage episodes</td>
<td>ACTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure adequate sleep/restoration</td>
<td>Loss of concern for usual beliefs/values</td>
<td>Refer to Medical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer to Chaplain or Medical if there is no improvement</td>
<td>Enforce rest and recuperation (24-72 hours)</td>
<td>Ensure treatment compliance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>After Action Reviews</td>
<td>Refer to Medical if no improvement</td>
<td>Monitor back to full duty</td>
</tr>
</tbody>
</table>
• PTSD is an anxiety disorder that can occur after experiencing a traumatic event.

• Strong emotions caused by the traumatic event create changes in the brain that may result in PTSD.

• Most people will develop symptoms immediately following the event, but will not always develop into PTSD.
How PTSD Develops

Factors that may determine whether PTSD will develop

- The intensity and duration of the trauma
- Direct exposure to the trauma as a victim or a witness
- The strength of your reaction, e.g., crying, shaking, vomiting, or feeling apart from surroundings
- How much you felt in control of events
- The level of support received after the event
Increased risk of developing PTSD

- Another mental health problem
- Family history of mental health problems
- Little support from family and friends
- Recent loss of loved one, especially if it was unexpected
- Recent, stressful life changes
- High alcohol consumption
PTSD Symptoms

- Reliving
- Avoiding
- Hyper-arousal

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Reliving

• Distressing recollections

• Flashbacks

• Nightmares

• Feeling anxious or fearful
Avoiding

- Extensive and active avoidance
- Loss of interest
- Feeling detached from others
- Feeling disconnected from the world around you
- Restricting your emotions

- Trouble remembering
- Shutting down
- Things around you seem strange or unreal
- Feeling strange
- Not feeling pain or other sensations
Hyperarousal

- Fear for your safety; you may feel “on guard”
- Difficulty sleeping
- Irritability or outbursts of anger
- Difficulty concentrating or thinking clearly
- An exaggerated startle response
- Hypervigilence, being overly angry or aggressive
- Panic attacks
Physical Characteristics of PTSD

- Pounding heart
- Trouble concentrating or making decisions
- Flashbacks
- Severe headache
- Detachment or disregard for others
- Rapid breathing
- Excessive smoking, alcohol, drugs, food
- Problems at work
- Can’t sleep
- Over tired
- Exaggerated startle response
- Stomach upset and trouble eating
- Worsening of existing medical problems
Emotional Characteristics of PTSD

- survivor guilt
- shocked, numb, and not able to feel love or joy
- helpless
- loss of intimacy
- distrust of others, confrontational, over controlling
- feeling detached
- nervous
- blame yourself
- easily upset or agitated
- irritability or angry outbursts
- sad
- anxiety
- negative views
- fearful
- panic
- feeling like you are going “crazy”
- feelings of withdrawal, rejection, or abandonment
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Treatment of PTSD

- Cognitive Behavior Therapy
- Exposure therapy
- Eye Movement Desensitization & Reprocessing (EMDR)
- Medication
- Counseling
- Virtual Reality Therapy
Traumatic Brain Injury

Traumatic brain injury (TBI) is an acquired injury to the brain by an abrupt trauma (e.g., the head being struck by an object at one or more locations, an explosion, or when an object pierces the skull and enters the brain.

- Increased number of incidents in OIF/OEF when compared to previous campaigns
- Improved personal protective equipment = More survivors with TBI

Studies conclude that developing psychiatric symptoms following TBI is relatively common, with 13–27% exhibiting PTSD

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# Treatment of Traumatic Brain Injury

<table>
<thead>
<tr>
<th>Immediate treatment to prevent further injury</th>
<th>Rehabilitation for moderate to severe cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Proper oxygen supply to brain and body</td>
<td>• Physical therapy</td>
</tr>
<tr>
<td>• Adequate blood flow</td>
<td>• Occupational therapy</td>
</tr>
<tr>
<td>• Control blood pressure</td>
<td>• Speech/language therapy</td>
</tr>
<tr>
<td></td>
<td>• Psychology/psychiatry</td>
</tr>
<tr>
<td></td>
<td>• Social support</td>
</tr>
</tbody>
</table>
TBI Characteristics

- Inappropriate laughter
- Impaired impulse control
- Trouble organizing thoughts
- Irritability
- Impulsiveness
- Sleep difficulties
- Muscle stiffness and/or spasms

**Anxiety, Nervousness**
- Headache

**Difficulty Concentrating or Thinking**
- Difficulties finding words or forming sentences
- Difficulty planning
- Difficulty describing situations or explaining things
- Difficulty solving problems
- Weakness in one or more limbs, facial muscles, or on an entire side of the body
- Impaired judgment

**Difficulty Swallowing**
- Difficulty swallowing
- Dizziness
- Seizures

**Difficulty Concentrating or Thinking**
- Blurry or double vision
- Loss of balance
- Slurred and/or slowed speech
- Easily confused
- Difficulty concentrating or thinking
- Impaired judgment

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Coping with common problems of TBI

Memory
- Get organized
- Write things down
- Make a “To Do” list
- Calendar
- Sleep

Overload
- Quieter places
- Take breaks
- Smaller chunks of information or activity

Anger
- Time out

Fatigue
- Morning
- Exercise
- Diet
- Stamina
What you can do

• Learn as much as you can about PTSD/TBI
• Encourage contact with family and close friends
• Accept that they may not be ready for your help
• Don’t feel guilty that you don’t have all the answers
• Expect that your relationship may evolve slowly
• Foster the communication process
• Engage in active listening
Resources

• Military & Family Life Consultant (MFLC)

• Military One Source www.militaryonesource.com

• The National Center for PTSD http://ncptsd.va.gov/ncmain/index.jsp

• Tricare www.tricare.mil

• Department of Veterans Affairs Talk Line 1-800-273-TALK


• Enlist professional help or other support when needed (e.g., Care Coalition)
Scenarios

- Small groups
- Different scenarios for discussion
- Background information
- Activity
Wrap-up

- Summary
- Questions?