

The 'Hidden' Injuries in Military Personnel and the Potential Implications for Speech Therapy

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Abstract. The prevalence of mild traumatic brain injury military personnel is receiving national attention. This study focused on a review of the literature from government and military hospital sources relative to the identification and classification of brain injuries as well as treatment options available. The researcher also investigated the prevalence and symptoms of Post-Traumatic Stress Disorder in co-occurrence with mild traumatic brain injury. The role of speech-language pathologists in these treatment options was also explored in the literature in terms of assessment and intervention. Finally, personal interviews were conducted with six current active duty enlisted personnel with regard to their own experiences during active duty or deployment and their understanding of the traumatic brain injury on their personal and professional lives.

1. Introduction

The prevalence of mild traumatic brain injury in active duty military personnel is receiving national attention. This study reviewed the literature available from government and military hospital sources relative to the identification, classification and treatment of brain injuries sustained by individuals in the military. The researcher also investigated the prevalence and symptoms of Post-Traumatic Stress Disorder in co-occurrence with mild traumatic brain injury, using information released by the Department of Defense to garner an understanding of the symptoms that may overlap or co-occur with mild traumatic brain injury. Post-Traumatic Stress Disorder is an anxiety disorder that occurs following a traumatic event such as military combat, terrorist attack or serious motor vehicle accidents. The literature review showed that the co-occurrence of mild traumatic brain injury with Post-Traumatic Stress Disorder is extremely high and appears to be related to the environment in which the brain injury is sustained. Throughout the evaluation of the literature it was noted by the researcher that while there are established systems for the treatment of mild traumatic brain injury in the military population there appeared to be discrepancy in the number of injured individuals and the number of treated individuals. The research presents that this discrepancy is caused by a civilian individual's lack of awareness about the symptoms of mild traumatic brain injury. These symptoms can be mild enough that many individuals choose not to receive treatment and instead compensate using other means.

2. Experiment, Results, Discussion, and Significance

In order to gather information about personal experiences, the researcher conducted a total of six interviews with current active duty enlisted personnel (5 men and 1 woman) with regard to their own experiences during active duty or deployment and their understanding of the potential impact of traumatic brain injury on their personal and professional lives. Of those interviewed, 4 participants have been on an overseas deployment lasting as long as 16 months; one of those 4 (Male B) has been deployed multiple times for no less than 9 months with each deployment. The one participant who has not been deployed, Male C, has also been in the military for the shortest amount of time, 3 years. The female (A) has had the longest time in the military (active for 30 years). During the interview process the researcher used a standard questionnaire that included questions such as: how long have you been enlisted in the military, have you ever been deployed, were you injured while deployed, were you ever assessed after your injury, have you noticed any lasting side effects from the injury, would you have changed anything about the process of re-entering civilian life.

3. Conclusions

A major finding from these interviews is that of those interviewed, all 5 who have been deployed have self-reported being injured and displayed symptoms of mild traumatic brain injury. These individuals indicated, however, that they would prefer to turn to other military personnel than to medical professionals for assistance due to a factor called a "Med Board". A "Med Board" occurs when an enlisted man or woman is flagged as unfit for duty due to medical implications. When this happens to an individual, that person is reduced on hours and the ability to participate in activities which results in a reduction in pay. Of the individuals interviewed, three of the five said that the possibility of a Med Board was a major consideration for them before requesting treatment for physical or mental ailments. The individuals also indicated that they exhibited several symptoms of mild traumatic brain injury such as: trouble forming appropriate social relationships, planning, word finding and heightened awareness. One participant discussed his anxiety when riding in elevators or eating at busy restaurants. He indicated that for his own peace of mind he frequently needed to be at the back of the elevator or in a corner booth of the restaurant to be able to see the other people present and their movements.

The interview process uncovered important information in regards to how therapy should be conducted with these individuals. As speech pathologists we need to be aware of the heightened anxiety and preference to not seek treatment. In order to treat the heightened anxiety, clients may request to sit with an unhindered view of the door. This is a simple solution to what may be a major problem in completing therapy and should be attended as quickly as possible. In regards to planning, it will be necessary to implement strategies like personal agendas and appointment cards to assist with scheduled events. These are strategies that many individuals use every day and can greatly benefit a client with very little expense. Finally, the major concern that 4 of the individuals interviewed indicated that they would not seek treatment if they felt that they could compensate without treatment. In order to better help this population it may be beneficial for communities to start support groups for military personnel that do not require reporting to insurance but still provide necessary skills to the individuals. As speech pathologists it is essential to familiarize ourselves with our clients and create strong connections to facilitate therapy. This is important because from these interviews we can assume that many individuals will turn to comrades as opposed to professionals. If we do not create these connections then it is likely that our client will see little progress and will leave therapy after a short time.