



**Defense and Veterans Brain Injury Center**  
**“Picking Your Brain” Podcast**  
**“Psychological Health and TBI”**  
**Total Run Time: 14:50**  
**Host: Ms. Kate Perelman**

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**(Kate)** As we record this episode of “Picking Your Brain,” people all over the world face the realities of these challenging times. As Americans have seen their routines turned upside down, many of us are experiencing distress, fear, anxiety and overall changes in our mental health. Things are not normal - it’s ok to not feel ok. Unfortunately, many people—including service members, veterans, and their families—have internalized the stigma that still exists around mental health. They feel that they should “just get over” their emotional distress and trauma, that what they are feeling is “shameful” or a “weakness in character.” Yet psychological conditions like depression and anxiety are as real as physical injury, and require similar levels of care and attention.

**(Kate)** It is against this backdrop that we explore psychological health, and the related stigmas, particularly as it relates to traumatic brain injury in active-duty service members and veterans. For example, according to subject-matter experts at the Defense and Veterans Brain Injury Center, or DVBIC, traumatic brain injury, or TBI, is associated with an increased risk of psychological health conditions such as anxiety and depression, and even post-traumatic stress. The question that makes separating these symptoms so hard is, where does trauma come from? As we’ve learned in previous episodes, a TBI is caused by a blow or jolt to the head that disrupts the normal function of your brain. Then there are traumatic events that are caused by experiencing deeply disturbing situations. The fifth edition of American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* says the definition of trauma requires “actual or threatened death, serious injury, or sexual violence” Reactions to traumatic events often consist of cognitive dysfunction, irritability, fluctuations in mood, poor sleep & memory, and fatigue. Some people, however, are at a greater risk of prolonged responses to traumatic events such as post-traumatic stress, or PTS, depression, and anxiety.

For this episode we’ve consulted the Psychological Health Center of Excellence, or P-H-C-O-E, which provides a consolidated and centralized source of psychological health expertise within the Department of Defense – and, like DVBIC, is a division of its Research and Development Directorate of the Defense Health Agency.

According to PHCoE, stigma is associated with negative attitudes, stereotypes, and public misperceptions of individuals with psychological health conditions, and is one of the most frequently reported barriers to care by service members and veterans.

**(Dr. Polizzi)** My name is Nick Polizzi. I'm a clinical psychologist and I work at the Psychological Health Center of Excellence and I've been working with military populations for about 10 years...

Our mission is to improve the lives of the nation service members, veterans and their families. And we do that by advancing excellence in psychological health care, but not just psychological health care, but really looking at the readiness of the service member and their family. And then, the prevention of psychological health disorders, really involved in all aspects of psychological health, supporting the services themselves and individual military commands. And then we're trying to improve care quality of course we're trying to increase access to care and reduce barriers to care, which is where Real Warriors campaign and inTransition comes in. And then of course, encouraging the optimal use of psychological health resources. And then of course, overarchingly everyday trying to advance the science of psychological health.

**(Kate)** Can you define the mission of Real Warriors campaign?

**(Dr. Polizzi)** So Real Warriors campaign, what we're trying to do is a couple of things. Number one, decrease the stigma around psychological health and care seeking and what it all means. At the same time we are trying to promote help seeking, right? So okay, 'I feel comfortable. I know something's not quite right with me or my loved one. I go to Realwarriors.net but then what do I do?' And you'll see on Realwarriors.net we have ample opportunities to get connected to care in your area or engage in a live chat with somebody that can help point you to care or just resources that may be helpful for you. And when I say "you," I mean the service member, the veterans, their family members, or even providers if they're looking for help. At the same time, we're trying to increase the general knowledge base of the military community, we are trying to increase their knowledge or their education, about psychological health topics.

**(Kate)** For Dr. Polizzi, the increase in mental health education from campaigns like Real Warriors has lessened the impact of stigma and encouraged service members and veterans to seek treatment.

**(Dr. Polizzi)** I mean, this is our mission. It's ongoing, and you know what's cool to say is overarchingly, stigma associated with psychological health is decreasing across the board over the past 20 years or so. You know, I think there's a definite correlative effect of just normalizing psychological health care, socializing, psychological health and just treating it as healthcare.

**(Kate)** It's possible that service members and veterans could have experienced both physical and psychological traumatic events while in combat. To deal with this complexity of events and symptoms, some clinicians and researchers view TBI and mental health treatment in terms that go far beyond physical injury to include aspects of our lives that affect our happiness, and how we relate to other people. Here's Dr. Polizzi again to explain the symptoms that someone with PTSD may experience.

**(Dr. Polizzi)** PTSD that is how somebody responds to a traumatic or a stressful event, so to speak. The symptoms include upsetting memories or nightmares or reliving the event, kind of

like a flashback, as people say, having an emotional distress when you're reminded of the event, even if it's, you know, a month or a year or 10 years past. Or physical reactivity, say, increased heart rate. So, you know, I think there's a lot going on, there's a lot of what we say a negative effect, like kind of gloomy, a little more than usual. And difficulty feeling happy is another thing. Folks with PTSD tend to have, you know, maybe more irritable or aggressive or engage in more risky behavior, maybe a little hyper vigilant like tightly wound you may say and have difficulty concentrating and difficulty sleeping. Folks that experience a TBI often have feelings of depression often have maybe perhaps, concerns with anxiety or sleep problems. I'm not always and not everybody and not to the same degree. Certainly, you know, there's a lot going on there, as we say.

**(Kate)** DVBIC has long recognized the overlap in symptoms of TBI and psychological health conditions like PTSD. Recently, researchers have been looking into the associations between these traumatic events. A DVBIC study presented in 2019 found that, following a mild, moderate, severe, or penetrating TBI, PTSD had a stronger influence on a broad range of psychological health conditions than the severity of the TBI itself. These conditions include depression, anxiety, anger, aggression, poor health, and fatigue.

**(Paiz)** I went through an entire... five years of just an angry violent, period. And it was bad, I mean, it was bad.

**(Kate)** Retired United States Marine Corps Staff Sergeant Jimmy Paiz was diagnosed with PTSD after multiple deployments to Iraq. He wrote about his experience and recorded it for "Picking Your Brain."

**(Paiz)** I had my 18th birthday in boot camp. It's kind of like the regular story of a 17-year-old kid who grew up semi-rough, definitely not poor by any means but definitely not rich...I was first generation American, my parents came from Honduras, so that was a different dynamic for me...

**(Kate)** In 2003, Paiz was involved in an incident that would change his life forever.

**(Paiz)** We kept receiving intelligence reports that said Saddam Hussein's troops were close. There was a lot of enemies - they'd hit us to see what we were all about. And we'd respond. The particular moment when we were being hit by mortar fire, and the individual calling in the fire was walking the mortars on. It was only a matter of time... We were I don't know a month or so into the whole thing. And so, there's only so many times that you get shot at, or this and that and by that point I think I had, at least, three close calls. And I think that it's pretty safe to say, when you start looking at it...that's a lot happening in a very short period of time to a 23-year-old kid. Anyway, my point being is that, my problem over the years was, I focused so much energy and time on that kind of seriousness that I lost track of the seriousness of the rest of my life.

**(Kate)** Unit leaders insisted that SSgt Paiz speak to a psychological health provider.

**(Paiz)** First time they were like, "no, you will go," I was like, kind of taken aback. Not because I didn't believe it. It was more of a, "man, no I gotta deal with this stuff." Long story short, I had to go see the wizard for a year and a half.

**(Kate)** According to PHCoE, the "wizard" is what service members call mental health providers. The name stems from the fear that the provider might send them home, like The Wizard did to

Dorothy in “The Wizard of Oz.” However, for Paiz, meeting with a psychological health provider was helpful.

**(Paiz)** My greatest experience in all of this is meeting Dr. *Tran*. She taught me to be in the present, she taught me to see reality again. After that, year and a half is when I went to Parris Island, and I had somebody I saw there too. I did that up until the time I left there, and I went to Quantico for my last assignment. Same thing, I had a person there that I saw. And it was all kind of normal by that point.

If there’s anything that can be conveyed, I can tell you is our nation does not discard their veterans. It's unbelievable what we do for our veterans. It's unbelievable man.

**(Kate)** Paiz was assisted by the inTransition program, here is Dr. Polizzi again to explain.

**(Dr. Polizzi)** So the inTransition program is basically if you're a service member, active duty reserve, Coast Guard, public health, National Guard, or a veteran of any of those organizations, and you have served a day or you served 30 years, and you wish to either start psychological health care or if you're seeing somebody, but you're engaging in a transition. So maybe you're separating, and you're going to go from active duty to civilian and you have a psychological health provider, and you wish to maintain psychological health care at your new destination, you can call inTransition 24/7- 365 days a year, inTransition never closes. And whenever you're ready, you call inTransition and inTransition can help the process of getting you connected to care at your next care destination. We don't, you know, we don't do the work for the service member, right? We're not going to say, oh, “we're going to make these calls,” but they're going to work with you and help empower you, or get you even more empowered to take charge of your health care. So, what we’re really trying to do is to help people not fall through the cracks.

**(SEAC)** First of all, for those who are listening... taking care of our family and service members is our top priority...

**(Kate)** Ramón Colón-López is the Senior Enlisted Advisor to the Chairman of the Joint Chiefs of Staff, or SEAC, and is the most senior enlisted service member in the United States Armed Forces. Here he is at a 2020 virtual town hall at the Pentagon.

**(SEAC)** The Department of Defense has got numerous resources to help you with many issues, from chaplains to medical professionals to mental health. Military One Source, service specific family readiness programs are all available for you. All we need to do is either pick up the phone or talk to somebody to go ahead and get the help we need. Stay in close communication with the people that can get you help, all right. Do not just stay silent out of pride just because you think you're too strong. These are hard times not just for the Department of Defense but for the nation writ large. So please utilize the mechanisms that we have in place.

**(Kate)** The Secretary of Defense, Mark Esper, echoes the SEAC’s comments.

**(SecDef)** As the SEAC said, we certainly have a degree of resources is on base whether it's, you know, the mental health providers we have. But there's also the chain of command. The chain of command has a responsibility here from the officers and certainly through the NCOs to stay in touch with their soldiers , sailors , airmen, Marines and make sure that they don't get lost in the shuffle to make sure that they remain engaged, because that's very important these days.

**(Conclusion)**

If you're experiencing any of the symptoms mentioned in this episode, whether or not you've been diagnosed with a TBI, talk to your healthcare provider.

Also, to find out more about the Real Warriors campaign and the inTransition program visit PHCoE's website at [pdhealth.mil](http://pdhealth.mil). For more information on DVBIC resources and TBI visit our website at [dvbic.dcoe.mil](http://dvbic.dcoe.mil). That's d-v-b-i-c dot d-c-o-e dot mil.

Finally, if you're a veteran or service member in crisis or concerned about one, get help now. There are caring, qualified responders on the Military and Veterans Crisis Line waiting to talk to you 24 hours a day, seven days a week. Call 1800 273 8255 and press 1, or visit [veteranscrisisline.net](http://veteranscrisisline.net).

Picking Your Brain is a podcast series from the Defense and Veterans Brain Injury Center that focuses on the care and recovery of service members and veterans who have sustained a TBI. It's produced and edited by Vinnie White and hosted by me, Kate Perelman.