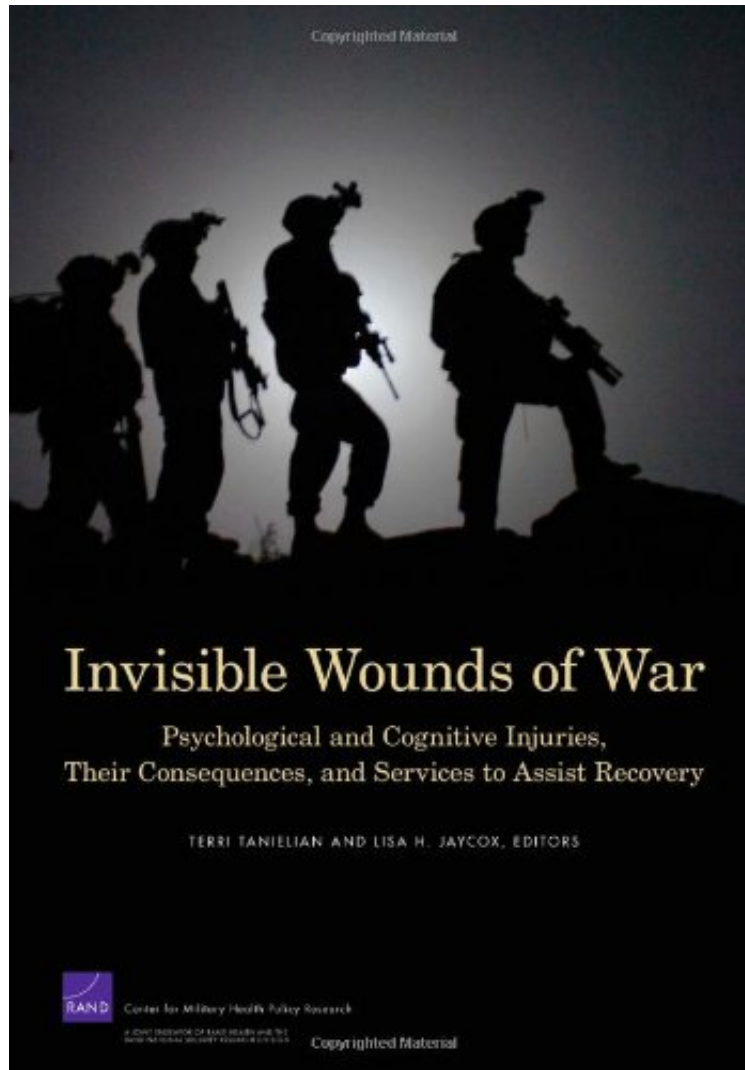


(Free and download) Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery

Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery

Terri Tanielian, Lisa H. Jaycox

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Terri Tanielian, Lisa H. Jaycox : Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery before purchasing it in order to gage whether or not it would be worth my time, and all praised Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery:

5 of 5 people found the following review helpful. Important, but not comforting....By David C. YoungThis book,

based on a recent (2007-08) RAND study is, so far, the best look we have into what we, as a nation, and what we as mental health providers are likely to be facing over the next half century. The study lays out three "signature injuries" of the Iraq/Afghanistan war -- PTSD, depression, and TBI or traumatic brain injury (formerly known as closed head injury). Yes, the study has severe limitations, which to their credit, they acknowledge. As a mental health provider working regularly with soldiers from this war and working a lot with the families of soldiers from this war, it's my strong guess that their phone interviews grossly underestimate the prevalence of all three injuries. And their prevalence rates -- 14% for PTSD; 14% for major depression, and scariest of all, 19% for TBI -- are truly sobering. This alone totals to over a third of a million young men women. The reasons I believe for underestimates are not only my work with "supposedly" non-PTSD, TBI major depression soldiers. It's also 1. knowing how difficult it is for soldiers to admit to these problems, because it so goes against the grain of their own self-perceptions hopes and of the necessary military culture, 2. because of the tragically lingering sometimes horrendous prejudices still against soldiers admitting to PTSD (I know, for example, of a soldier who was shamed, this within the last few months (2008), by his commanding officer and in front of his fellow soldiers), 3. lingering misperceptions on what PTSD, depression and TBI are what they mean, 4. I have never seen a TBI that didn't go toward major depression PTSD once it became clear to the person what the on-going deficits limitations were, and 5. how common major depression becomes once PTSD has settled in for a longer run. Co-morbidity rates -- how common it is to find major depression with PTSD -- run, I believe, at about 60% -- many of us believe that depression is a common part of PTSD. Just as frightening, the comorbidity rates of PTSD addictions or alcoholism with males run, as I recall, about 65%, around 2/3's, among vets about 75%. And addictions, while discussed in this study, wasn't given a prominent place. You have to read quite a bit to find it. The Army Air Force (I haven't worked with the Navy Marines) are making genuine on-going efforts good progress in changing their culture systems around assessing, respecting treating these combat injuries. They're also doing much better in educating soldiers their families, and in setting up programs and promoting access to those programs for treating these illnesses. Only those of us who've worked in the too-recent "bad old days" know how much improvement has been made. And there are now ways, once we know what's happening, to provide for official support healing. But: this study, the breadth of these injuries is enormously scary. As the Rand study points out, this will be very, very costly for a long time. (The study provides preliminary cost estimates.) It's also likely to overwhelm the VA, which is, I'm told, powering up in response. We have, as a field, good techniques for treating PTSD depression, with more appearing all the time. But our ignorance in assessing treating TBI is truly vast. We have 60 years, since WWII, of clear evidence on what happens with combat PTSD over the lifetime. Our knowledge of TBI, especially in its less severe forms, over the lifespan is poor. I've worked with TBI's regularly for over a decade and my wife in the last few years sustained a serious TBI. (I've worked 20 years with PTSD major depression.) At this stage with TBI, we don't even know what we don't know. Again, this book has important information for all citizens. We're going to be voting monies to support our wounded vets, this in a time of severely limited budgets. We're going to be designing programs to meet these needs, needs which can have even greater costs if we don't treat these injuries. (This study makes clear and, generally, solid recommendations here, too.) Whatever we may think of this war, we must join together to support the men women we, as a country, have asked to fight. Anything less is dishonorable. This book prepares us, in many ways, for our responsibilities: what that means, what we're facing, what it's going to cost. The problem with this book is its not only its incompleteness, but just as much its completeness. Most of us, including mental health professionals, don't need this detail and can't even productively wade through it. I can only hope that a book half or a quarter of its 450 pages will ultimately be produced. Because not only mental health providers policy planners need to know the scope and the recommendations on services. So do ordinary citizens. And unless you're willing to wade through a lot of words -- mercifully not as many technical words as could be -- you'll likely be overwhelmed. Note, too: this book is not about how to assess or treat any of these disorders. But as a country, and as voters, we need to know what's here. 0 of 0 people found the following review helpful. As an author there is a lot of research that ...By Skye-writer As an author there is a lot of research that readers don't always see, but this book was more than just research, it was a lesson in thankfulness and understanding. 1 of 1 people found the following review helpful. very pleased By Daniel N. Stegeman the book is very informative, a great resource for writing papers on this topic and an excellent tool for understanding the current trends in this population

A comprehensive study of the post-deployment health-related needs associated with post-traumatic stress disorder, major depression, and traumatic brain injury among servicemembers returning from Operations Enduring Freedom and Iraqi Freedom, the health care system in place to meet those needs, gaps in the care system, and the costs associated with these conditions and with providing quality health care to all those in need.

The wounds described in 'Invisible Wounds of War'; are, of course, the mental health problems of military personnel; specifically, the book summarises a study of US personnel deployed in Iraq and Afghanistan ... Its strength lies in a comprehensive and clearly defined review that is well distilled into key facts... Overall, this is not the easiest of reads, but it is doubtful one would expect a cocktail of mental health, geopolitics, and health economics to be so. What it

does well is advance a set of problems, attempt to quantify them, and to suggest how the state may be able to address them. This has to be a core text for anybody in the field of military mental health, its lessons are universally applicable. *he Lancet*, Vol 372, November 15, 2008

From the Inside Flap

A comprehensive study of the post-deployment health-related needs associated with post-traumatic stress disorder, major depression, and traumatic brain injury among servicemembers returning from Operations Enduring Freedom and Iraqi Freedom.