

# Post-traumatic Stress Disorder (PTSD) after Traumatic Brain Injury (TBI)– Adjusted Psychotherapy Model

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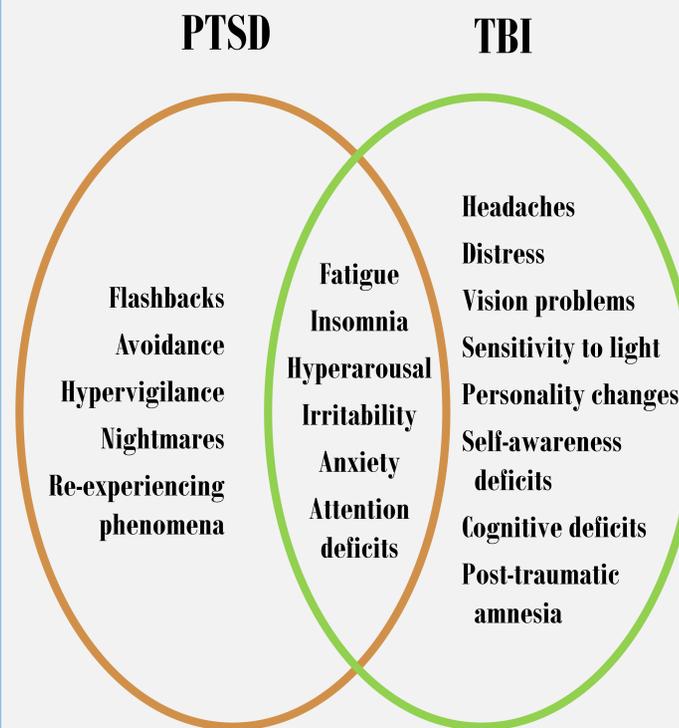
The National Institute for the Rehabilitation of the Brain Injured, Israel



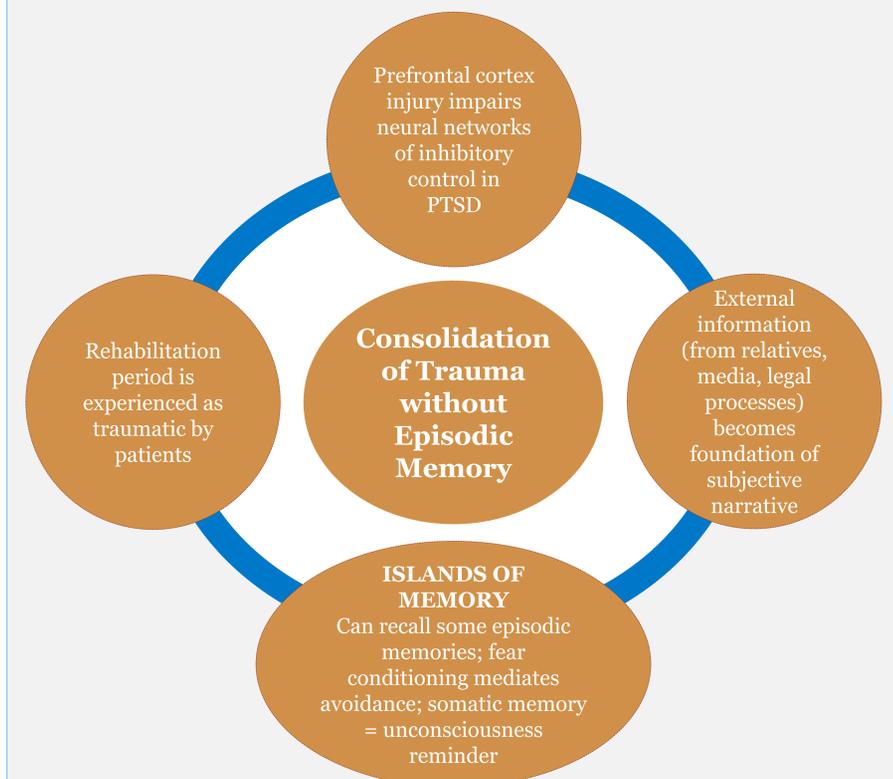
## Introduction

The common methods used to treat PTSD following TBI pose challenges to therapists due to post-traumatic amnesia, cognitive and emotional impairments, and as well as overlapping implications of both PTSD and TBI, such as increased arousal. The current model is based on clinical experience and commonly used PTSD treatment protocols employing cognitive-behavioral and narrative therapies. It is designed for patients who have no recollection of their traumatic event due to episodic memory impairment as well as cognitive and emotional impairments after TBI. Research is currently underway to examine the model and initial findings will be ready for presentation in the near future.

## PTSD and TBI Co-occurrence



## How can TBI patients develop PTSD while having no episodic recall of the event?



## Shared Components of Common CBT Protocols of PTSD Psychotherapy



Requirements: sufficient cognitive abilities, high motivation, initiation, high-functioning personality

## Adjustment Model

**Why do TBI patients fail to benefit from common protocols of PTSD psychotherapy?**

- Frontal lobe syndrome
- Deficits in self-awareness
- Narcissistic rage
- Deficits in initiation
- Memory and attention deficits

## PT(BI)SD

### Neuropsychological Therapy Model

- Part of a neuropsychological rehabilitation program – A holistic rehabilitation approach
- Prolonged treatment protocol – Repetitive and Gradual, due to extensive cognitive deficits
- Compensatory role of therapist, cognitive and emotional – An “alter mind,” due to integration difficulties
- Narrative processing based on “islands of memory” and external information, due to post-traumatic amnesia
- Use of compensatory visual means, due to concrete thinking