

“It’s Overwhelming to Hear Their Stories”

*Every other week, Laura Hoskins, PsyD, leaves her practice at North Shore University Hospital and flies to upstate New York, where she immerses herself in the treatment of wounded Iraq and Afghanistan war veterans at the U.S. Army base Fort Drum. The work of Dr. Hoskins, a neuropsychologist, is part of an initiative under North Shore-LIJ’s Welcome Back Veterans program, a fund of the McCormick Foundation, in partnership with Major League Baseball. Dr. Hoskins spoke with **Philip Berroll** about her experiences:*

Describe your work in your own words. As a neuropsychologist, studying brain-behavior relationships, I’ve specialized in traumatic brain injury (TBI). The conflicts in Iraq and Afghanistan have produced a large increase in TBIs – it’s a signature injury of these wars. The closest parallel would be a severe concussion in football; like football players, many of these soldiers have repeated concussive events – often as many as three to six – because they’re exposed to a lot of blasts from improvised explosive devices (IEDs). And they need proper treatment should there be any long-term negative sequelae – pathological conditions. I focus on mild TBI; the more severe injuries go to a place like Walter Reed Army Medical Center (in Washington, DC).

What is a typical day at Fort Drum like for you? I see one patient a day, with whom I meet at 8:00 a.m. for about an hour – going through their medical and psychological history, and focusing on the details of the concussive event(s) as they recall them. Then we have a three- to four-hour series of tests to assess cognitive status, memory, attention... get a good sense of how they’re functioning. If they’ve had a TBI, my job is to find out if there’s cognitive impairment as a result – and if so, is it related to the TBI and/or post-traumatic stress disorder (PTSD) or other factors. The good news is that with mild TBI, the vast majority of individuals recover within hours and days, with only about three percent having long-term, protracted sequelae post-injury.

How do you approach this other three percent? I have to look at all the variables that may be playing a role – which can include PTSD, orthopedic injuries or an overuse of pain medication. Then there are the “social” factors: the vast majority of these soldiers have been deployed multiple times; they have years of being away from their families and then coming back and re-integrating, which is often very difficult and is complicated by the strong possibility that they’ll be redeployed – why fully re-engage when you know you may have to disengage again?

What is the next step in the process? I provide my diagnostic conclusions and treatment recommendations, in collaboration with my rehab team. We use a very integrated, individualized treatment approach because no two cases are alike. One soldier may have cognitive issues such as a decline in attention or memory; another may have more behavioral issues – sleep changes, changes in mood; some may have both, as mild TBI often has both neurological and psychological symptoms. After that, the soldier may be referred to a three-week TBI treatment program, or to the Warrior in Transition Unit (WTU). Usually he or she will be considered on active duty, but may be put on a Temporary Duty Profile in which his or her responsibilities may be limited given their medical condition.

What if you feel a soldier isn't ready to return to duty? I speak to the commander or someone in their unit. Because sometimes soldiers are reluctant to report a problem – they want to be “a good soldier,” they don't want to let their unit down – and often with a mild TBI, they may look okay on the surface, but something may not be right with their thinking; they may have a slower response time, etc. And the commanders may not have prior training or experience in this area, so you have to explain it to them and say, “This guy should sit out for another week or two weeks or whatever.”

You've been working at Fort Drum since November 2009, when the Welcome Back Veterans Initiative started? Yes, I came on as a result of the program. They had received the funding to be able to hire me and cover my trips to Fort Drum and my services there.

Prior to that, were you doing any kind of work with soldiers? I was doing my fellowship at Dartmouth Medical School, and I was in the clinical service. I'd see the occasional veteran, but it was not specific to my job.

So what got you interested in doing this? I specialized in TBI during my fellowship and my clinical research work had focused on that area. So I felt I had a unique service that I could provide; and while I think it's important to help these soldiers who have served our country, we can also learn a lot from their experiences.

Has dealing with these men and women affected you personally? All my patients impact me – but especially this group. It's overwhelming to hear their stories, and to realize that at such a

young age – the vast majority of them are between 18 and 25 years old – they’ve left their families to enter this extremely high-stress situation. To me, that level of sacrifice and dedication is awe-inspiring.

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