



The primary operational TBI component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

Brainwaves

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Message From

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As you can see from our new logo, DVBIC is celebrating its 20th anniversary this year. I am proud to be at the helm during this critical period to help improve care for service members, veterans and their families. I gained a greater understanding of deployed setting concussion systems of care during my deployment last year, and I would like to share what I learned.

First, I am grateful to have had the privilege of working shoulder-to-shoulder with our troops. I am so impressed to see everyone working as a team, regardless of service branch or specialty. We worked together last summer in Bagram to handle a mass casualty situation involving 50 concussed warriors after a vehicle-borne bomb exploded at an outside base. CPT Matthew Kidd, a neurologist running Bagram Concussion/mTBI Specialty Care Center (CSCC), organized myself and other CSCC staff members into an efficient screening team; a minority lost consciousness, but ultimately all of them were returned to duty after successful treatment.

This experience underscores how important our clinical tools are to medics, corpsmen and providers, especially the Military Acute Concussion Evaluation known as MACE. These clinical tools ensure standardized concussion evaluation especially during mass casualty situations. Although the MACE has been an effective screening tool, we know that many service members are familiar with word lists A to C, excelling at that part of the exam and risking returning too quickly to their units after the screening. In response to this, DVBIC worked with Dr. Michael McCrea — the lead author of the Standardized Assessment of Concussion — to validate three additional word lists, D to F, that have been added to the MACE. This update will give deployed medics, corpsmen and providers a total of six exams from which to choose. By varying their use of the word lists, screeners will be

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Study Points to Caregivers' Need for Guidance, Support

Navigating the VA and DoD health and benefits systems, handling expenses and finding emotional support are among the biggest challenges for caregivers of veterans with multiple traumatic injuries and TBI, according to findings from the Family Caregiver and Experiences Study (FACES). The study was led by Dr. Joan Griffin, core investigator at the Center for Chronic Disease Outcomes Research at the Minneapolis VA Health System.

The study surveyed just over 1,000 families, and 564 responded to questions about their experiences caring for veterans who sustained polytrauma/TBI during Operation Enduring Freedom or Operation Iraqi Freedom. Most of the caregivers were white, married and had some college education; 43 percent were mothers, 18 percent were fathers, and 32 percent were spouses or romantic partners.

Nearly half of the veterans they care for were injured in the United States; most of the rest were injured in Afghanistan or Iraq. Nearly equal numbers were injured in motor vehicle accidents as were injured in a bullet- or blast-related incident. Most had been in a coma, and more than 40 percent were in a coma for more than seven days.

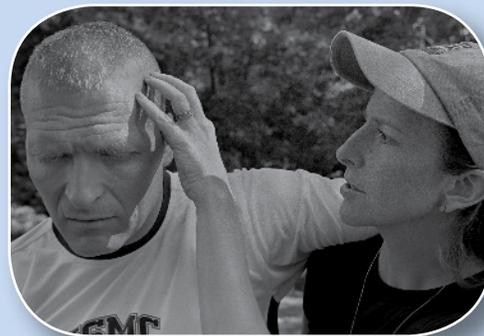


Photo Courtesy of Eugene Richards

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DVBIC Site Profiles: Walter Reed National Military Medical Center and Fort Belvoir Community Hospital

In September 2011, Walter Reed Army Medical Center in Washington, D.C., merged with the National Naval Medical Center in Bethesda, Md., culminating a six-year base realignment and closure process. The consolidation resulted in two sites: Walter Reed National Military Medical Center in Bethesda, Md., and Fort Belvoir Community Hospital in Virginia.

The DVBIC program is integrated with the overall TBI Service at the Bethesda hospital. The TBI program is housed in the Department of Orthopedics and Rehabilitation, but maintains close ties with other departments within the hospital, including Neurology and Psychology. Walter Reed hospital staff provides comprehensive health care for more than 150,000 service members, their families and retirees in the National Capital Area. From November 2010 to November 2011, the TBI Service/DVBIC staff assessed and evaluated TBI in approximately 680 individuals.



Walter Reed NMMC (above)

The TBI Service and DVBIC provide a comprehensive evaluation of TBI and an interdisciplinary and individualized treatment plan for each patient. The majority of patients are wounded warriors injured in theater.

DVBIC provides care to patients, their families and providers through follow-up calls as well as weekly TBI education classes, family care clubs, TBI family peer support groups, TBI rehabilitation evaluations and TBI inter-disciplinary clinics. DVBIC also holds monthly staff lectures, along with various conferences and events. DVBIC has an extensive rehabilitation team that is interested in better understanding how traditional and non-traditional interventions work. Walter Reed features a Brain Fitness Center that welcomes any wounded warrior complaining of cognitive difficulties. The Bethesda center's computer-based training acts as an adjunct to traditional therapy.

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COL Grimes

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able to screen patients multiple times with less worry about patients becoming too familiar with the test answers. Our senior military leaders consider this to be a critical update.

The October 2011 installation of Magnetic Resonance Imaging (MRI) in Afghanistan enables us to use this technology in the clinical care of concussion. Having MRI present so close to the point of injury allows us to further the critical study of how blast and related injuries (e.g., from vehicle rollover) affect the brain. This type of research is essential and can only really be done on the battlefield. Although the vast majority of mild TBIs resolve within days, some troops suffer persistent symptoms and require further testing, including MRIs. Troops no longer must go to Landstuhl Regional Medical Center in Germany to obtain these tests.

Increased attention on traumatic brain injuries these past several years is truly a reflection of the commitment shown by our top military line and medical leaders, in particular retired ADM Mike Mullen, former chairman of the Joint Chiefs of Staff; retired GEN Peter Chiarelli, vice chief of staff of the Army; and retired LTG Eric Schoomaker, MC, former Army surgeon general. Their focus and that of other key senior leaders have been pivotal to the research and clinical advances that have put the word "concussion" on the lips of everyone from soldiers to sportscasters.

Site Profile

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Fort Belvoir Community Hospital

Fort Belvoir Community Hospital opened in late August and has two designated spaces for DVBIC staff. The Department of Traumatic Brain Injury and DVBIC locations within the hospital combine medical, psychological, educational and physical resources in a centralized clinic for optimal patient care. The new facility is outfitted with state-of-the-art TBI testing and treatment equipment.

In its first six months, the Department of TBI treated more than 200 patients, many of whom were admitted through the Warrior Transition Unit (WTU).

The Traumatic Brain Injury department provides a comprehensive evaluation of TBI and an interdisciplinary, individualized treatment plan for WTU patients, service members, retirees, dependants and caregivers.



Photo Credit: Marc Barney/DoD

The River Pavilion at Fort Belvoir Community Hospital (above)

DVBIC Brainwaves is a quarterly publication of the Defense and Veterans Brain Injury Center (DVBIC), the primary operational TBI component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). Point of Contact: Susan Schept, Editor. Email: brainwaves@DVBIC.org

Caregivers' Support

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In the study published in The Journal of Head Trauma Rehabilitation in January, some trends emerged among caregivers:

- Those providing help with basic activities of daily living (such as toileting and grooming) provide the most hours of care; more than 40 percent of this group provides 80 or more hours of care weekly.
- Nearly a quarter of caregivers, overall, spend 40 or more hours a week caring for their veteran.
- Half felt that they had made a choice to provide care; half felt they had no choice.
- About 25 percent of family caregivers receive some help from paid caregivers.
- Almost one third of caregivers responded that if or when they need help from family or friends, they receive little to no help.
- In addition to their caregiving responsibilities, about 20 percent also are providing care to children under age 18, and another 9 percent provide care to another dependent adult.
- 55 percent are employed for wages or attend school, in addition to providing care.

Study researchers also interviewed 19 of the caregivers who had completed the survey, based on their relationship to the care recipient—spouse or parent—and on the caregiver's level of education—high school degree or post-high school education. A particular challenge that emerged from these interviews is a perception that families always have to appear strong and unflappable. "Caregivers get tired of the rock star phenomenon," Griffin explains. "There's a lot of pressure to behave like or be heroes in public."

The FACES results indicate a need for programs that help families tap emotional support and better navigate VA and DoD health and benefits systems, Griffin says. As for the financial pressures, Griffin hopes more families will benefit from family caregiver programs, which provide stipends, training and health services for eligible people providing significant care to active duty members and post-9/11 veterans. For veterans, applications are available at www.caregiver.va.gov. VA caregiver support coordinators are available by phone at (877) 222-VETS (8387).

Caregivers can request *Traumatic Brain Injury: A Guide for Caregivers of Service Members and Veterans* via their local TBI health care clinic or by downloading a copy at www.traumaticbraininjuryatoz.org.

Web Resources

DVBIC and WETA-TV-FM launched BrainLineMilitary.com in August 2011 to complement the award-winning BrainLine.org website, which provides 24/7 connectivity to veterans, active duty service members, Guard and Reserve in remote areas. Mobile versions of both BrainLine.org and BrainLineMilitary.org are now available via smart phone. BrainLineMilitary.org will include a TBI course for civilian providers who treat service members and veterans. The course will include interviews with subject matter experts from DVBIC's annual TBI summit.

2011 Summit

The 5th Annual Defense and Veterans TBI Summit was held Aug. 22-24 last year in National Harbor, Md.

Developed with input from the armed forces and VA leadership, this premier 2.5 day conference brought together 1,041 military and veterans health care providers from deployed and stateside settings to explore emerging science, challenges and advances in TBI care.

Of those who attended, 183 people either were deployed, had deployed in the last 24 months or were scheduled to deploy within 12 months.

LTG Eric Schoomaker, MC, then surgeon general of the U.S. Army and commander of the U.S. Army Medical Command, was the keynote speaker.

Dr. Harvey Levin, director of the Center of Excellence on Traumatic Brain Injury at Michael E. DeBakey Veterans Affairs Medical Center in Houston, was awarded the Dr. Deborah Warden Lectureship. The lectureship recognizes individuals who continue to improve the health, safety and well-being of those with TBI.



Dr. Levin is shown above with Dr. Warden, who was DVBIC national director from 2001 to 2007.

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