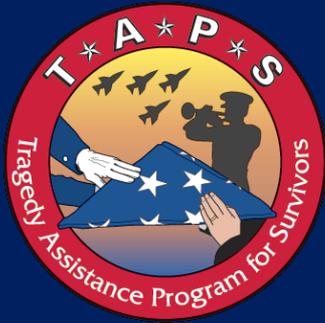




REDUCING MENTAL HEALTH STIGMA IN THE U.S. MILITARY:



REAL WARRIORS, REAL BATTLES, REAL STRENGTH

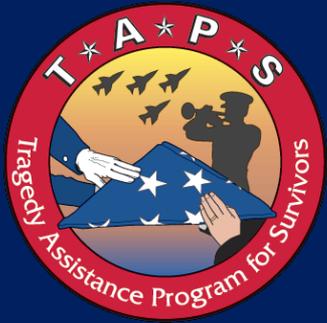


Welcome

Moderator

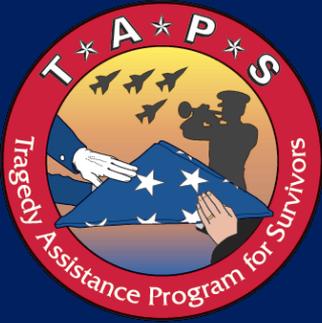
Jill Harrington LaMorie, MSW, LSW, ACSW
Director, Professional Education
Tragedy Assistance Program for Survivors





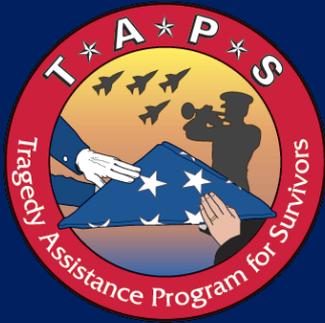
Learning Objectives

- ❑ Increase awareness and education about current military mental health challenges as well as psychological impacts of combat experienced by U.S. Military service members and their families in an effort to reduce stigma, promote resiliency and improve barriers to care.
- ❑ Identify major sources of mental health stigma currently in the U.S. Military.
- ❑ Identify several activities the U.S. Military has undertaken to reduce the stigma attached to seeking mental health care in the Armed Services.



Continuing Education Credits

- ❑ **Certificates of Attendance will be provided for all who attend the entire program and complete the evaluation.**
- ❑ **The Association of Professional Chaplains will accept certificates of attendance for use in reporting continuing education hours.**
- ❑ **This program is approved by the National Association of Social Workers, provider # 886505639, for 1.0 continuing education contact hours.**
- ❑ **Provider approved by the California Board of Registered Nursing, provider # CEP15218, for 1.0 continuing education contact hours.**
- ❑ **Please check with your state licensing board for your professional discipline requirements for continuing education.**



Evaluation

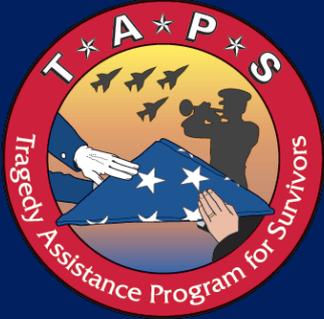
- ❑ ALL participants seeking continuing education credits **MUST** fill out the online evaluation within **30 days**.
- ❑ You **MUST** provide your state and license number, as well as your email address on your evaluation in order to receive credit. CE certificates will be sent to you via email within 3-7 weeks of completion of the program.
- ❑ The evaluation form will appear instantly upon completion the program. The form and can also be found on our website at **www.taps.org/professional/education**
- ❑ once this program is completed.



QUESTIONS TODAY?

If you have questions during today's program please submit them through the webinar toolbar located at the bottom left of your screen. Time at the end of the program will be dedicated to questions and answers.

To Download a Copy of Today's Powerpoint presentation, click on the toolbar to the left of your screen to PRINT DOCUMENTS and VIEW LINKS



The Tragedy Assistance Program for Survivors

(T★A★P★S)

www.taps.org

Our Mission

TAPS provides ongoing emotional help, hope, and healing to all who are grieving the death of a loved one in military service to America, regardless of relationship to the deceased, geography, or circumstance of the death.

TAPS meets its mission by providing peer-based support, crisis care, casualty casework assistance, and grief and trauma resources.



Major General Mark Graham extending a hand of hope and healing to Billy Ruocco – both suicide loss survivors



Since it's inception, **T★A★P★S**
has assisted more than 25,000
surviving family members, casualty officers and
professional caregivers

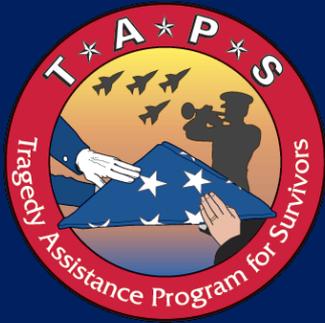
FOR MORE INFORMATION
or TO REFER SOMEONE
YOU KNOW:

www.taps.org

or

800-959-TAPS (8277)





Expert Speaker



***Brigadier General
Loree K. Sutton, M.D.***

Director
Department of Defense Centers
of Excellence
for Psychological Health and
Traumatic Brain Injury

**For more information and
resources for support, please
contact TAPS at 1-800-959-8277 or
www.taps.org**



QUESTIONS

Brigadier General Loree K. Sutton

- **DCoE Director and Special Assistant to the Assistant Secretary of Defense for Health Affairs**
- **Highest ranking psychiatrist in the U.S. Army**
- **Former commander of the Carl R. Darnall Army Medical Center at Fort Hood, Texas**
- **Graduate of U.S. Army Command and General Staff College, distinguished graduate of the National War College**
- **Recipient of many awards, including the Legion of Merit**





DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury



Reducing Mental Health Stigma: Real Warriors, Real Battles, Real Strength

BG Loree K. Sutton, MD
**Defense Centers of Excellence for Psychological Health
and Traumatic Brain Injury**



Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

REAL WARRIORS.



REAL BATTLES.



REAL STRENGTH.



DEFENSE CENTERS
OF EXCELLENCE

For Psychological Health
& Traumatic Brain Injury

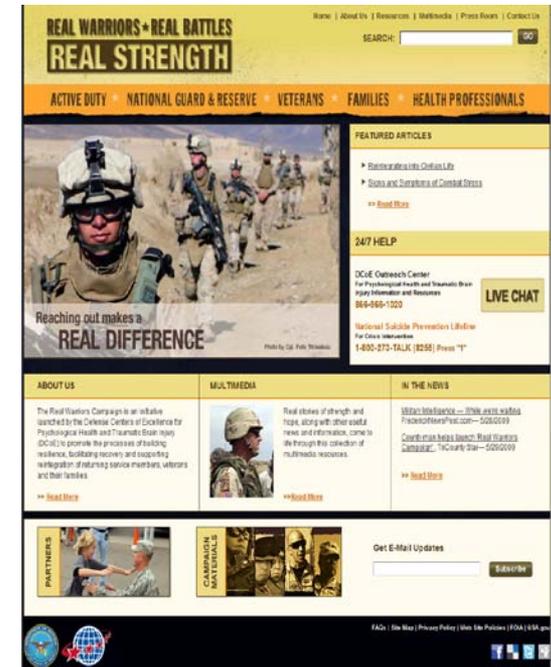
Resilience • Recovery • Reintegration

www.dcoe.health.mil

The Real Warriors Campaign

24/7 Outreach Call Center / Chat / IM

- Realwarriors.net, includes information for
 - Active duty service members
 - Guard & Reserve
 - Veterans
 - Families/ Relationship issues
 - Health professionals
- The Web site includes
 - Feature articles/Message board/Blog
 - Profiles featuring Real Warriors telling their stories
 - Complete deployment cycle guidance and resources
 - Links to resources including the DCoE Outreach Center, National Suicide Prevention Lifeline
 - Multimedia products/Campaign materials



Call 24/7: 866-966-1020

Invisible Wounds of War

Marine Sgt. Josh Hopper



<http://www.realwarriors.net>

<http://www.realwarriors.net/multimedia>

Our National Challenge

DoD's Open
Front Door
for PH / TBI

Next Generation
Solutions for
Today

Cultural
Transformation
through Leadership

Strategy for
Sustainable
Excellence



DEFENSE CENTERS
OF EXCELLENCE
For Psychological Health
& Traumatic Brain Injury



DCoE Campaign Plan Framework

3 Lines of Operations

Individual Family Unity and Community Wellness

Objective: Maximize opportunities for warriors and families to thrive in their community of choice through facilitating practices that promote PH/TBI resilience, recovery and reintegration (R3).

Collaborative Network of Care

Objective: Develop a national collaborative network, including a telehealth network, which will coordinate with existing medical, academic, research and advocacy assets of the Military Departments, the Departments of Health and Human Services, other federal agencies and academia.

Research and Scientific Advancement

Objective: Advance the state of medical science in those areas of most pressing need and relevance to today's battlefield experience, particularly in the area of mental health and traumatic brain injury.

End State

A healthy sustained force – psychologically, physically, and spiritually fit – ready to deploy, fight and win our Nation's wars. Warriors, Veterans and Families attain a desirable quality of life and full access to a network of care that provides them the resources they need to be productive citizens in their communities of choice



Major Challenges

- **Suicide Prevention**
 - Displacement / Distortion / Desensitization
- **Stigma**
 - Deadly / Toxic / Pervasive
- **Family Support**
 - Serve / Simplify / Support
- **24/7 Access to Care**
 - Clinic / Phone / VTC / Web
- **Misperceptions**
 - The truth shall set us free

Misperceptions (1 of 2)

- **PTSD is not real**
- **Everyone who goes to war gets PTSD**
- **Real warriors can harden themselves to perform with little to no sleep**
- **High calorie energy is all you need to perform well in combat**
- **Effective leaders find ways to avoid the stress of change**

Misperceptions (2 of 2)

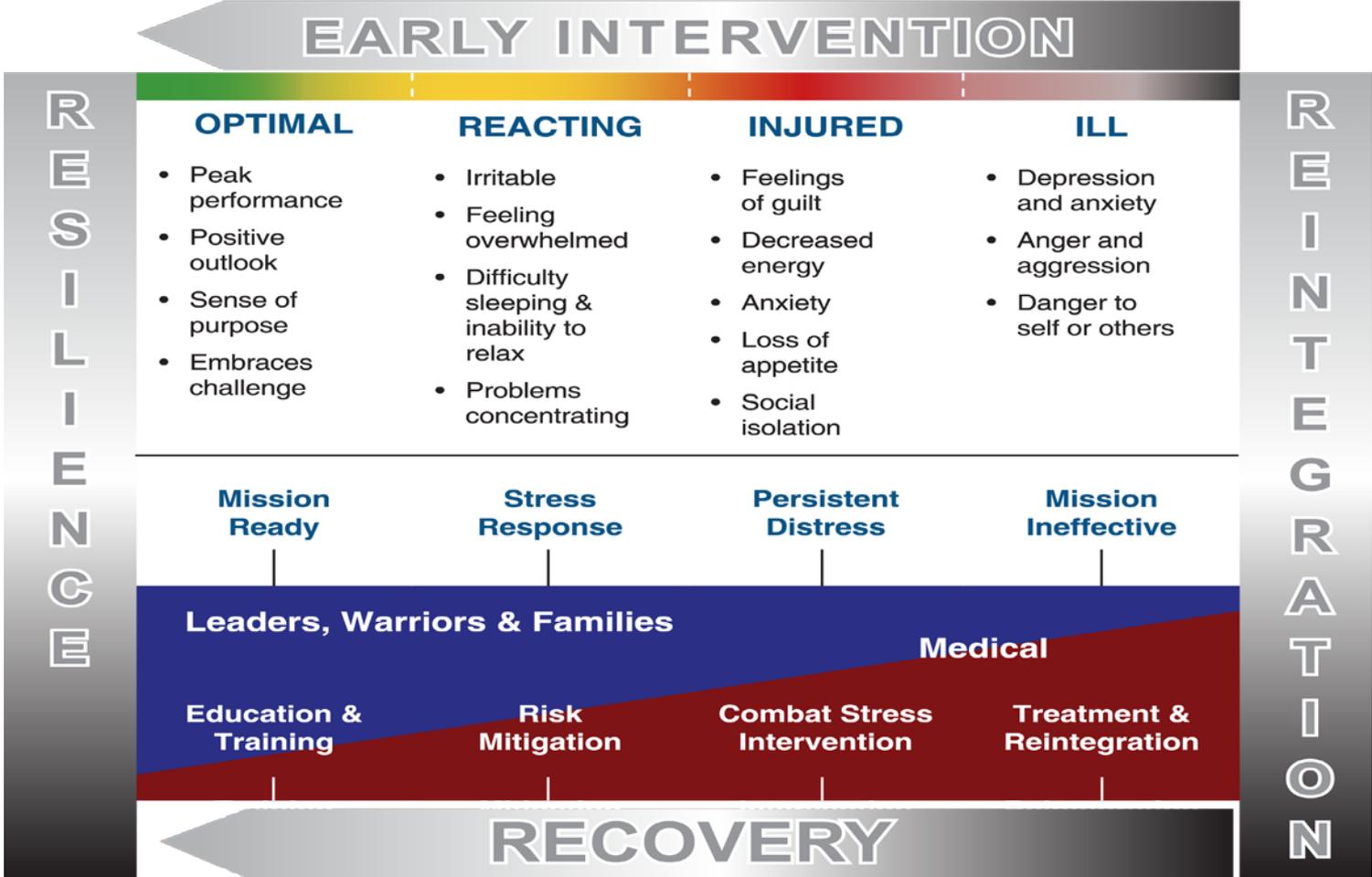
- **Efficient managers excel at multi-tasking**
- **People who commit suicide are weak**
- **Courage in combat requires the absence of fear**
- **People with brain injuries never get better**
- **It is important for Warriors and Families to figure out “who had it worst” during deployments**

Suicide Prevention Recommendations

National Suicide Prevention Lifeline Call 24/7: 800-273-TALK

- **Transform the culture**
 - From a reactive to proactive method of operations for all psychological health issues and suicide prevention efforts
- **Educate line leadership**
 - Provide practical tools and resources
 - Real Warriors Campaign www.realwarriors.net
 - Afterdeployment.org www.afterdeployment.org/
 - Warrior Resilience Conference (November 3-4, 2009)
 - Suicide Prevention Conference (January 10-15, 2010)
- **Encourage and support responsible media coverage**
- **Consistent DoD policy on alcohol education without Command notification** (Demonstration Pilot Program in Progress)
- **Support the unique needs of the National Guard and Reserves**
 - Yellow Ribbon Reintegration Program
- **Enhance collaboration among Federal and civilian partners**
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Academia

Building a Culture of Resilience



Resilience Toolkit for Life (T4L)

1. Got Sleep?
2. Got Fuel?
3. Got Health?
4. Got Friends?
5. Got Love?
6. Got Faith?
7. Got Hope?
8. Got Skills?



YOU ARE NOT ALONE

ON ★ PATROL

TIL EVERY ONE COMES HOME | THE MAGAZINE OF THE USO | VOLUME ONE | NUMBER 2 | SUMMER 2009

ATTENTION TO ALL WHO ENTER HERE

IF YOU ARE COMING INTO THIS ROOM WITH SORROW OR TO FEEL SORRY FOR MY WOUNDS, GO ELSEWHERE. The wounds I received, I got in a job I love, doing it for people I love, supporting the freedom of a country I deeply love. I am incredibly tough and will make a full recovery. What is full? That is the absolute utmost physically my body has the ability to recover. Then I will push that about 20% further through sheer mental tenacity. This room you are about to enter is a room of fun, optimism, and intense rapid regrowth. If you are not prepared for that.
Go ELSEWHERE.

Warrior Wellness Innovation Network (W²IN)

Innovative Practices including Integrative Medicine

Coordinated Activities

Identify Existing Innovative Approaches in the fields of PH and TBI

Create and Test New Approaches Where Gaps are Identified

Measure the Effectiveness of Approaches Using Appropriate Outcome Measures

Promote the Use of Approaches with Demonstrated Effectiveness

Major Initiatives

RAND Study of Innovative Practices

Goals:

1. Develop a standardized approach to program evaluation
2. Make this process available on the web
3. Evaluate 20 leading programs
4. Promote those that are shown to be effective

Resilience/Fitness Building Pilot Projects

Goals:

1. Pilot 5 major resilience/fitness building models across the Services
2. Identify which programs are beneficial, and tailor them to specific populations

National Institutes of Health Supercomputing Data Center

End Result: Consistent standards of excellence for delivering innovative, evidence-based interventions for Psychological Health and Traumatic Brain Injury

Integrative Care: Major Initiatives

Resilience/Strength Building Pilots

- Pilot 5 Major Resilience/Strength Building Programs (Gallup StrengthFinders 2.0, Comprehensive Soldier Fitness, WAROPS, Human Systems Optimization, Corp. Athlete)
- Pilot each program at 4 sites, ideally one from each Service
- Perform comparative outcomes analysis
- Identify/promote those that are most effective

In-theater Reconditioning Concept

- Provide longer term (2 – 3 weeks) support in theater for those with PH/TBI problems that can respond to relatively brief, intensive tx.
- Goal is to reduce medevacs and increase return to duty rates
- Anticipate being located with large medical facility in Afghanistan

Third Location Decompression

- Provide for a period of decompression as part of the redeployment process
- Goal is to aid reintegration and reduce the risk of post-deployment problems
- Treatment of moderate to mild cognitive dysfunction caused by traumatic Brain injury (TBI) with hyperbaric oxygen therapy (HBOT)
- Potential options:
 - Facility in Europe
 - Shipboard decompression

Assistance Requested:

- Locations from each Service to pilot Resilience Programs
- Facility (brick and mortar or shipboard) to perform 3rd Location Decompression
- Encourage units to participate in 3rd location decompression
- Support for concept of reconditioning program, and facility to house it



PH/TBI: Recent Clinical Gains

Guidelines/Guidances:

- Acute Management of Concussion/mTBI in the Deployed Setting – Published Oct 2008
- Cognitive Rehabilitation in mTBI – report complete, brief to Clinical Proponency Steering Committee on 2 Sep
- Driving Assessments after TBI – report due to DCoE Leadership Sep 2009
- Suicide Second Opinion in Theater – report due to DCoE Leadership Sep 2009
- 2009 American Psychiatric Association PTSD Guideline Watch - collaborative project between CSTS/VA to produce most up-to-date evidence review of PTSD treatment
- Collaborative Study of Suicidality and Mental Health in the United States Army – 5-yr, \$50M study looking at suicide/mental health in the military. Research partners include CSTS, USUHS, Harvard Univ., Columbia Univ., Univ. of MI, NIMH and USA
- VA/DoD Management of Concussion/mTBI CPG – complete
- VA/DoD Major Depressive Disorder CPG – complete

Education Initiatives:

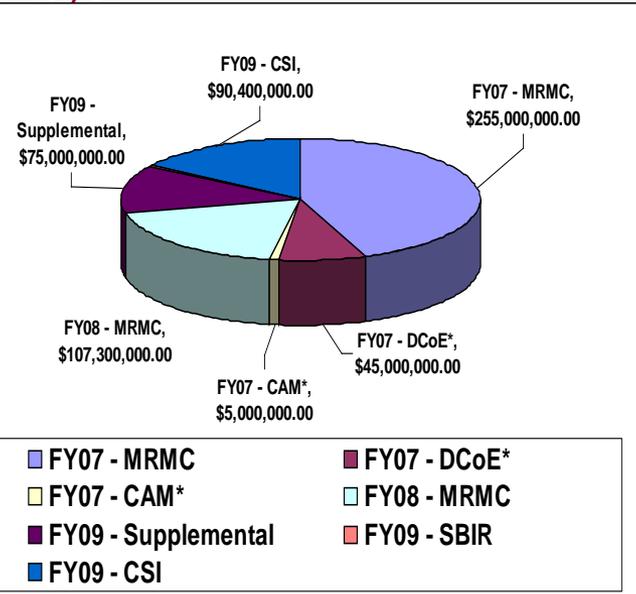
- RESPECT-Mil: Evidence-based VA/DoD PTSD/Depression CPG Implementation Program implemented at 39 primary care clinics world wide; 250,000+ screened for depression/PTSD to date; 7,500 accepted referral to care (from Feb FY07 to current)
- 2193 providers trained in cognitive processing therapy/prolonged exposure for PTSD (through Q2 FY09)
- >1600 providers trained in TBI identification and treatment (FY07-FY08); >800 providers scheduled for Sep 09
- Provider Education Dissemination Strategy – coordinating with VA for VA/DoD CPG dissemination

Research Investment (RDT&E)

Description:

Since establishment in FY08, DCoE has taken the lead in directing investment of PH & TBI research funding. In FY08, DCoE funded approximately \$50M in new research with the assistance of CDMRP and TATRC, including \$5M in Complementary and Alternative Medicine*. BG Sutton chaired the Integration Panel to review research proposals overseeing the FY09 supplemental funding managed by CDMRP and DCoE staff acted as reviewers and panel members. Also in FY09 DCoE developed the investment strategy and review process for supplemental appropriations of \$90.4M and \$75M. DCoE has also initiated three Small Business Innovation Research (SBIR) programs. DCoE is sponsoring the HBO2 for TBI Clinical Trial and is also directing PH & TBI investment for the FY10 DHP RDT&E program through FHP&R.

Buys:



*Part of FY07 Supplemental

Impact:

- Increasingly coordinated PH/TBI research portfolio within DoD, and across Federal and non-federal agencies
- Minimizes redundancy of research efforts
- Facilitates translation of research into practice
- Unprecedented collaboration of evolving science to benefit Warriors and their families

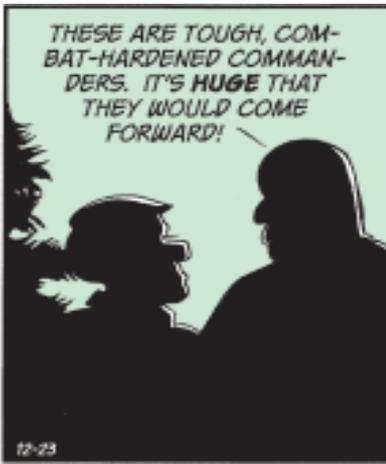
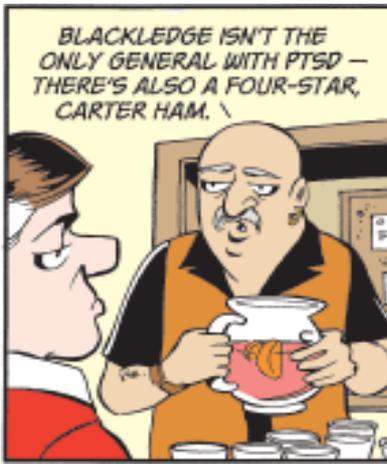
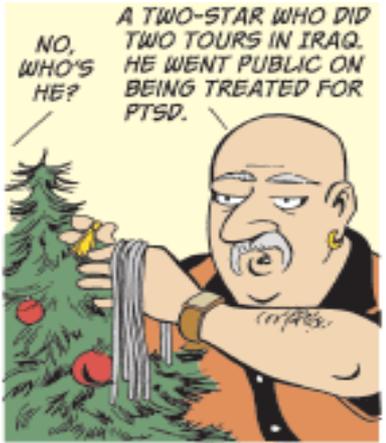
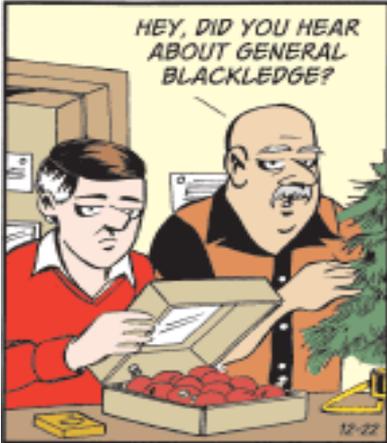
Doesn't Buy:

Expedited dissemination of findings

PH/TBI Tools 2 Use

Program	Description	Point of Contact
Outreach Center	24/7 Call Center staffed by Master's Level professionals who can connect Service Members with the relevant information and/or healthcare support they need	Phone: 866.966.1020 <i>(International Calls can be returned)</i> Email: Resources@DCoEOutreach.org Online: www.realwarriors.net
Theater of War	Dramatic readings from Sophocles' plays about ancient Greek warriors and their struggles accompanied by a panel discussion/town hall where audience members can speak openly about experiences dealing with combat, psychological and physical injuries	Phone: COL Charles Engel, MC, USA, 202.782.8064 Email: charles.engel@us.army.mil Online: www.philoctetesproject.org/
Sesame Street	A bilingual multimedia outreach program that provides military families with children between the ages of 2 and 5 with coping skills for managing multiple deployments, changed parents and the loss of a loved one.	Phone: CDR Russ Shilling, 703.696.9460 Email: Russell.shilling@tma.osd.mil Online: www.sesameworkshop.org/tlc/
Real Warriors Campaign	A multimedia public education campaign designed to combat the stigma associated with seeking psychological health care and treatment	Email: julie.hughes.ctr@tma.osd.mil Online: www.realwarriors.net
Afterdeployment.org	Afterdeployment provides information and exercises to assist the entire military community with common post-deployment problems, such as stress, anger, depression, and relationship issues.	Online: afterdeployment.org

Strength and Courage in Action



You Are Not Alone



Back up



DCoE's Vision and Mission

Vision: DCoE is committed to building resilience, maximizing recovery, and promoting reintegration for warriors and their families in all areas related to psychological health and traumatic brain injury.

Mission: DCoE assesses, validates, oversees, identifies, and facilitates prevention, resilience, screening, treatment, outreach, rehabilitation, and reintegration programs for psychological health and traumatic brain injury to ensure the Department of Defense meets the needs of the Nation's warriors, families, and military communities



“Real Warriors. Real Battles. Real Strength.”

DCoE: Avenues of Change

Building, Resilience, Maximizing Recovery, and Promoting Reintegration for All Warriors and Their Families

“Unprecedented Partnership Linking DoD, VA, Academia, Industry and Leadership at All Levels”

ORGANIZATIONAL CHANGE

- Strategic Campaign Plan
- Stand Up NICOE / 2010; Integrative Satellites
- MOUs with Centers and Other Organizations
- DCoE Organizational Structure & Staffing
- Integrated Business Plan
- Research Directorate Functional Review
- Grand Junction Service Resilience Demo Pilot
- Resource Management and Internal Review
- Federal Partners Priority Working Group

Collaborative Global Network of Excellence

CULTURE OF INNOVATION

- HBO2 Multi-Site Study
- Longitudinal PH / TBI and Suicide Prevention Studies
- Sesame Street Workshop
- Web-Based Counseling Pilot Study / SimCoach
- Research Portfolio Synchronization
- “3 R” Cultural Transformation
- Holistic Approach to Complementary & Alternative Modalities
- Theater of War / Community Immersion / Healing

Promulgation of Evidence-Based Care

COMPLEX SERVICES

- Integrated Reconditioning Pilot Program
- RESPECT.Mil
- Real Warriors Campaign
- 24 / 7 Outreach Call Center
- Caregiver Curriculum
- Human Research Protection Program
- Program Evaluation
- Family Ombudsman
- Warrior Wellness Innovation Network – W2IN
- Decompression Pilot Program

Integrative Continuum of Care

KNOWLEDGE MANAGEMENT

- Training Gap Analysis
- LOA 2 Portfolio Inventory Synchronization
- PH TBI Registries
- Monthly Global VTC
- DoDSER
- PDHA / PDHRA
- NIH Super Computing
- DoD PH-TBI Brain Bank
- Electronic Records (ABHC / AHLTA / VistA)
- Clearing House / Library
- Web Health Communities

Protected and Accessible Information

Additional Resources (1 of 3)

- **The DCoE Outreach Center**
 - Call toll-free at **866-966-1020**,
 - e-mail resources@dcoeoutreach.org
 - access online chat at www.realwarriors.net
- **Sesame Workshop** in collaboration with DCoE has created resources to help families cope with the difficult transitions that are so often a part of military life, www.sesamestreetfamilyconnections.org
- **Afterdeployment.org** is an online mental wellness and behavioral health Web site addressing post-deployment issues for all service members, veterans and military families, www.afterdeployment.org/

Additional Resources (2 of 3)

For service members and their families

- **PDhealth.mil**, the Web site of the Deployment Health Clinical Center (DHCC) provides online resources related to post deployment health concerns for service members, veterans, family members and clinicians, www.pdhealth.mil/
- **Military OneSource**, available by phone or online, is provided by DoD for active-duty, Guard, and Reserve service members and their families and helps with just about any need, such as education, relocation, parenting and stress, www.militaryonesource.com



Additional Resources (3 of 3)

– Service programs

- The **Army Battlemind** program is designed for warriors, leaders, spouses, families and behavioral health providers. Training and information is targeted to all phases of the warrior deployment cycle, warrior life cycle and warrior support system, www.battlemind.army.mil
- The **RESPECT-Mil** program is designed to integrate psychological health and physical health care to better screen, assess and treat active duty soldiers with depression and/or post-traumatic stress disorder, www.pdhealth.mil/respect-mil/index.asp
- **The FOCUS Project** is a resiliency-building program designed for military families and children facing the multiple challenges of combat operational stress during wartime, www.focusproject.org/
- **Air Force Landing Gear** standardizes the delivery of pre-exposure preparation training for deploying Airmen and the mental health component of reintegration education for returning Airmen, www.airforcemedicine.afms.mil/landinggear
- **Marine Corps Combat Operational Stress Control** provides strategies that leaders use to strengthen, mitigate, identify, treat and reintegrate Marines back into their units. Strengthening occurs prior to deployment; mitigation occurs during deployment; and identification occurs throughout the deployment cycle, www.usmc-mccs.org/cosc/
- **Safe Harbor** the Navy's lead organization for coordinating the non-medical care of wounded, ill, and injured Sailors, Coast Guardsmen, and their families, www.npc.navy.mil/CommandSupport/SafeHarbor/



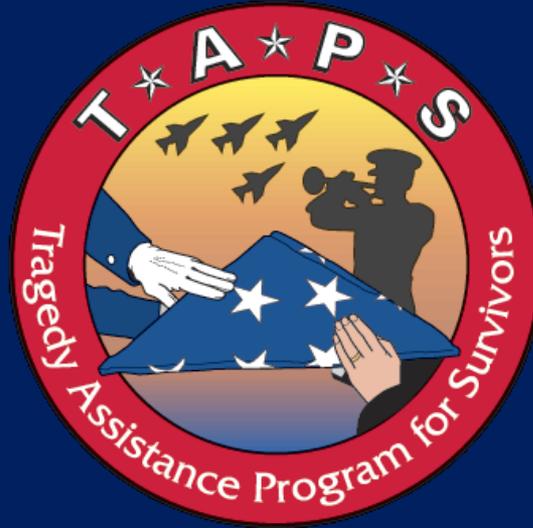
Reading List (1 of 2)

- **Grossman, D., & Christensen, L. 2004. *On Combat: The Psychology and Physiology of Deadly Conflict in War and in Peace*. PPCT Research Publications.**
- **Kraft, Heidi. 2007. *Rule # 2: Lessons I learned in a Combat Hospital*. Little, Brown and Co.**
- **Shay, McCain, and Cleland. 2003 (Reprint). *Odysseus in America: Combat Trauma and the Trials of Homecoming*. Simon and Schuster**
- **Kessler, David. 2009. *The End of Overeating: Taking Control of the Insatiable American Appetite*. Rodale.**
- **Covey, Stephen. 1990. *Principle-Centered Leadership*. Simon & Schuster Inc. New York, NY.**
- **Crenshaw, David. 2008. *The Myth of Multitasking: How “Doing It All” Gets Nothing Done*. Jossey-Bass, San Francisco, CA.**

Reading List (2 of 2)

- Joiner, Thomas. 2005. *Why people die by suicide*. Harvard University Press.
- Irvine, William. 2009. *A Guide to the Good Life: The Ancient Art of Stoic Joy*. Oxford University Press, New York, NY.
- Doidge, Norman. 2007. *The Brain that Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science*. Penguin Group. New York, NY.
- Kabat-Zinn, John. 2005. *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*. Delta Books. Concord, CA.
- Brandi, Andi. 2007. *Warriors Guide to Insanity: Traumatic Stress and Life*. Brandi Books.
- Trudeau, Garry. 2006. *The War Within: One More Step at a Time*. Andrews McMeel Publishing.

Thank You for Joining Us



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www.taps.org/professionaleducation

This evaluation must be completed within 30 days.

Please join us for our next webinar on November 19, 2009, 12PM-1PM EST

“Men and Grief: The Masculine Side of Healing”

Featuring: *Tom Golden, LCSW, Founder and Director of WebHealing.com and Author of “Swallowed by a Snake: The Gift of the Masculine Side of Healing”.*