

DCoE in *Action*

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DCoE Celebrates the One-Year Anniversary of the Real Warriors Campaign

Last May, the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury \(DCoE\)](#), launched the [Real Warriors Campaign](#) to combat the stigma associated with seeking treatment for psychological health concerns and traumatic brain injury (TBI).

The Real Warriors Campaign promotes the processes of building resilience, facilitating recovery and supporting reintegration for returning service members and their families.

At the heart of the campaign are [Real Warriors](#) who had the strength to reach out for treatment and are now proving through example that reaching out makes a difference. They have shown that it is possible to seek psychological health care and maintain a successful military career.

Real Warrior Profiles: Where Are They Now?

Mental Health Advisory Team surveys consistently show that service members believe that seeking care will negatively impact their careers, however, Real Warrior profilees have proven that seeking treatment is a sign of strength and it won't end a military career. In fact, it may help.

Maj. Gen. David Blackledge, U.S. Army. While commanding the Army's civil affairs forces in Iraq, then-Brig. Gen. Blackledge was wounded twice. Even after healing physically, he continued to experience psychological wounds that eventually led him to seek help for post-traumatic stress disorder (PTSD). He is currently the Commanding General of U.S. Army Civil Affairs and Psychological Operations Command (Airborne). Blackledge volunteered for the Real Warriors Campaign as part of his mission to combat the stigma associated with psychological health care and to encourage his fellow service members to get the help they may need. You can watch his profile [here](#).

Lt. Col. Iwona Blackledge, U.S. Air Force. As a nurse deployed numerous times to Africa and the Middle East, Air Force then-Maj. Blackledge saw many casualties and cared for wounded warriors and civilians alike. Since volunteering for the Real Warriors Campaign, Blackledge has been promoted to the rank of lieutenant colonel. She is currently stationed at Geilenkirchen Air Base, Germany. As a profilee, she is shedding light on the important psychological health needs of warrior caregivers. You can watch her profile [here](#).

Lt. Col. Mary Carlisle, U.S. Air Force. An experienced critical care nurse, Carlisle thought she was physically and psychologically prepared for her deployment to Iraq. But, the daily casualties she saw took a toll on her psychological health. Returning home with PTSD, she initially worried about seeking treatment. Inspired by a campaign public service announcement (PSA) featuring Lt. Col. Iwona Blackledge, Carlisle sought care and now shares her story as a Real Warrior volunteer. You can watch her profile [here](#).

Maj. Jeff Hall, U.S. Army. Following his second deployment to Iraq, Hall became increasingly angry, began pushing away his family and contemplated suicide until his commanding officer helped him get help for PTSD. Now, Hall is the Lead Line of Effort for the Resilience Campus at Ft. Riley, Kan. You can watch his profile [here](#).

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From Afghanistan to DCoE: Working to Help our Warriors and their Families



Lt. Col. Christopher Robinson,
DCoE Senior Executive Director for
Psychological Health

Mental Health Month is very important to DCoE, and it's good to see all of the support efforts for our military members and their loved ones happening across the Department of Defense. As DCoE's senior executive director for psychological health – Greetings!

I recently returned from a deployment to Afghanistan where I was the combat stress detachment commander for Regional Command East. It was an honor to be down range working with the

Soldiers, Sailors, Airmen, and Marines who are suffering from the ill-effects of war. My staff of 35 treated almost 2,000 warriors a month in Eastern Afghanistan and was able to successfully return most of them to their units, buddies and the fight.

This May marks the one-year anniversary of DCoE's [Real Warriors Campaign](#), which is combating the stigma associated with seeking psychological health care. At the heart of the campaign are the stories of Real Warriors who are proving through example that seeking care is a sign of strength. Be sure to visit the campaign's Web site, www.realwarriors.net, to see the most recent [profile](#) of our Real Warriors and their families.

After having been away from DCoE for almost a year, I'm amazed by all of the important collaborations that are going on here. This past year, *Theater of War*, a DCoE-funded project, has been touring military bases and performing for military communities. In this edition, find director Bryan Doerries' interview on how ancient plays by Sophocles are impacting service members, families and military communities still today.

In addition, DCoE is working with

organizations across DoD, all service branches and anyone interested to promote our May "Neck Up, Check Up" social media campaign. Our goal is to help reduce stigma associated with seeking help for psychological health concerns and to educate and increase awareness about all of the great PH-related resources available. Change your Facebook status to "Neck Up, Check Up," let the conversations begin, and direct folks to helpful resources.

I am committed to continuing this journey with you and doing what we can to make sure that both our deployed and in-garrison warriors receive all the behavioral health care they need. In addition, I will continue to spearhead the work of providing all the prevention and resilience-building tools to both warriors and their families.

We welcome you to [share](#) your thoughts with DCoE about how to help our troops and their families.

Together, as a team, this work can be accomplished.

Lt. Col. Christopher Robinson, USAF,
PhD, MPH
DCoE Senior Executive Director
for Psychological Health

This May marks the one-year anniversary of DCoE's Real Warriors Campaign.

RESPECT-MIL – DCoE's Success Leads the Way to Tri-Service Collaboration

May is National Mental Health Month and there are a number of initiatives to expand the available treatment options for service members. Some are traditional and some are not.

The [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury \(DCoE\)](#) is at the forefront of developing and delivering simple and adaptable resources designed to decrease stigma associated with seeking assistance from behavioral health-care professionals.

RESPECT-Mil (Re-Engineering Systems of Primary Care Treatment for Depression and PTSD in the Military), a program operated under DCoE does just that using an evidenced-based and systematic process of care for depression and post-traumatic stress disorder (PTSD) in the primary care clinic. Nurse care facilitators track patients through periodic phone contact, convey relevant information to primary care providers, and consult with a psychiatrist assigned to the local team.

More than 4,784 Soldiers have been referred to and followed by RESPECT-Mil.

Each visit to a military treatment facility (MTF) for any reason is a chance for primary care providers to identify symptoms and detect any psychological health or PTSD concerns. This approach presents an ongoing opportunity for diagnosis and for Soldiers to get the treatment they need.

This innovative and collaborative care model allows primary care providers to screen all of their active duty patients for warning signs of PTSD and depression in order to treat the issues in the early stages while simultaneously eliminating stigma.

Through the end of February 2010, 15 Army sites provided 710,936 primary care visits to active duty Soldiers with 482,205 of those visits screened for PTSD and depression, representing an overall 68% screening rate since program inception in February 2007. These figures are rising steadily, with



approximately 29,090 monthly visits screened by the end of February. Of these visits, 61,922 (or 12.9%) resulted in a positive assessment and 51% of those positive screens ended in a primary care diagnosis of depression, possible PTSD or both.

“Working with primary care is the key to getting Soldiers involved as it reduces the stigma of receiving treatment,” said Sheila Barry, RESPECT-Mil associate for program development and training at DCoE component center [Deployment Health Clinical Center \(DHCC\)](#).

“All Soldiers go to primary care at some point and this is where we can catch the problems they are experiencing. We are now reaching a point where Soldiers are contacting the program to essentially self-refer as they hear from their buddies about how they are getting help.”

“The majority of Soldiers who enter the program are able to deploy and maintain their military careers,” added Barry. “I believe that the most important thing the program has done is to uncover those Soldiers who are thinking of suicide. There have now been innumerable cases which resulted in a ‘save’ for a service member who was likely going to act on their suicidal thoughts. Saving those lives has been priceless.”

The program has been fully implemented at 36 of 39 clinics at 15 Army MTFs in FY 2009, as directed by the Army surgeon general. The program expands to another 19 sites this year and will increase the number of clinics from 36 to 87 as directed by the Army surgeon general.

“We are also participating with DCoE on a working group to blend the RESPECT-Mil model with the Navy and Air Force Behavioral Health Optimization Project and Behavioral Health Integration Project models to implement the program throughout DoD,” said Timothy McCarthy, RESPECT-Mil deputy director.

Additional information about the RESPECT-Mil program is available at: www.pdhealth.mil/respect-mil/index1.asp. 

What We Can Learn About War from the Ancient Greeks

Director [Bryan Doerries](#) answers questions and gives us an inside look into the innovative and timely DCoE-funded project, *Theater of War*. For the past few months, the production company [toured](#) military bases across the United States as part of a yearlong 100-base tour. We caught up with Doerries in Honolulu, Hawaii where [performances](#) of *Theater of War* were being held at several bases, including Schofield Barracks, Hickam Air Force Base, and multiple military communities in the area such as Tripler Army Medical Center.

Q) How does *Theater of War* work?

A) *Theater of War* is a town hall meeting and a theatrical performance. Our objective is to create the conditions for conversation among military communities that would not otherwise be possible.... The most important aspect of this event itself is the town hall discussion and everything else is ancillary to inspiring that discussion, opening people up, breaking through the stigma associated with psychological injury.

The format of our standard program is very simple; we perform six scenes from two plays, *Ajax* and *Philoctetes*, written by the ancient general Sophocles nearly 2,500 years ago. It's a dramatic reading, no props or costumes and no pretense. As soon as the performance is finished, the actors move to the audience and we bring up members of the community for which we're performing, and they respond for about five minutes a piece about the plays from their own experiences, unique perspectives, no prepared remarks.... Then it's opened up to a town hall discussion where I facilitate with the audience a discussion about what's universal and true about these ancient plays, what they speak to in terms of the modern American military



Theater of War Director Bryan Doerries

experience of the impact of war on service members and their families.

Q) How was this concept developed? Are you from a military family?

A) I'm the son of two psychologists. I grew up in a military town, Newport News, Va., so I was surrounded by the military.... As a civilian, I felt the desire to do something of service... beyond just thanking service members and veterans.... I wanted to come up with a way to apply my craft, both as a director and a translator, to open people up and to help them heal. I was inspired in 2005 and 2006 when we first really started seeing some of the impact of the current conflicts on service members who volunteered to go, and it occurred to me that the issues and the unique types of injuries they were returning with were going to be part of a national discussion for years to come....

Q) What are the major themes found in *Theater of War*?

A) There are a number of themes in the plays that speak directly to our contemporary experiences. *Ajax* is the strongest warrior in the entire Greek Army:

he's sacrificed more, and in some ways achieved more, than any other warrior except for Achilles, and of course he's vulnerable at the end of the day. He shows himself to be vulnerable to post-traumatic stress, and that leads to suicidal rumination and...ultimately...suicide.

The plays explicitly deal with the impact of PTSD, psychological injury on families who are struggling to also bear the burden of war and care for those whom they love.... One of the predominant themes in *Philoctetes* is of abandonment and the shame and sometimes rage and other related feelings that result from feeling abandoned. *Ajax* deals with betrayal....

Q) Tell me about this new gender switch, incorporating a female to play Ajax. What inspired you to do this?

A) As we (Doerries and his producing partner Phyllis Kauffman) were travelling, we met a lot of female soldiers and warriors and were struck by their desire or their need to connect with the stories.... Phyllis Kaufman and Brig. Gen. Loree Sutton led the way as we embarked upon a new *Theater of War* format that switched the gender of Ajax to a woman and Ajax's wife to a man.

We [premiered](#) this at Ft. Eustis, Va. We learned that there was in fact a perceived desire to have that conversation and the women who came, honestly and sincerely, opened up and talked about the many struggles that are uniquely facing female warriors – challenges of being a parent and a warrior, a mother and deployed....



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What We Can Learn About War from the Ancient Greeks

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Q) What is the value of *Theater of War* for the military community?

A) *Theater of War* offers a valuable, unexpected modality for dealing with (the psychological impact of war on military members and their loved ones). The power of storytelling, of community, of coming together in a space with other people and speaking honestly and openly and to naming issues in the community that have gone unnamed – that’s uniquely powerful.

Sometimes *Theater of War* provides a really valuable pretext for the mental health community to come together with the military community... providing an open and safe space for those two communities to interact and sometimes to challenge and engage one another.

Theater momentarily dissolves hierar-



Theater of War Actors by Paxton Winters

chy.... It gives permission to the lowest ranking member of a community... to speak and allows the highest ranking

member of the community to listen.... A tool that enables those in the trenches to be the ones who are speaking and to feel that they’re being heard... is invaluable.

Q) What does *Theater of War* mean?

A) *Theater of War* is a reference to the performance of theatrical plays, the explicit subject of those plays, and the very theater of war where combat takes place. The ancient Theater of Dionysus was a place where citizen-soldiers would come together to look more objectively at their actions and to come to some understanding and perhaps emotional clarity with regard to the impact of their actions. Theater arose from the need to hear and tell the soldier’s story 2,500 years ago, and as we reconnect with this very powerful and ancient form of expression, we’re learning that theater still plays a role in bearing witness to the soldier’s story.

For more information about *Theater of War*, visit www.theater-of-war.com. If you are interested in scheduling a performance, contact the [Deployment Health Clinical Center \(DHCC\)](#). 

DoD Serves Those “inTransition”

We have all experienced transitions at some point in our lives, from new jobs and relationships, to new cities or environments. Service members experience similar transitions, whether they are moving to a new base, recovering from injuries, preparing for or returning from deployment, or separating from the Service. DCoE collaborated with DoD, Health Affairs and VA to develop a new voluntary program called *inTransition* to provide much-needed behavioral health support services to military members making a transition by connecting them to the proper resources and empowering them to make healthy life choices.

The primary purpose of the program is to assist service members experiencing all types of transitional events with continued access to psychological health

care. The program helps wounded warriors transitioning back home following care at military treatment facilities (MTFs), as well as service members who are separating from the military or changing health care systems or providers due to a permanent change of station.

Each service member who contacts *inTransition* is assigned a [Transitional Support Coach](#) who is a master’s level, licensed behavioral health clinician. These trained counselors are available 24 hours a day, seven days a week, and their primary purpose is to provide comprehensive guidance to ensure continued access to psychological health care services. They can help service members find a new provider in their local area and follow-up to



ensure they achieve a positive outcome. Coaches can also provide assistance with identifying a provider for prospective care or locating providers to assist service members living in remote areas.

Service members can speak to their coach in complete privacy, call jointly

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DCoE Celebrates the One-Year Anniversary of the Real Warriors Campaign

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Staff Sgt. Josh Hopper. U.S. Marine Corps. Then-Sgt. Hopper saw combat from the front lines during two tours in Iraq. While there, he experienced wounds and a TBI from Improvised Explosive Device (IED) blasts. Returning home, he faced new challenges as a result of PTSD. As a volunteer with the Real Warriors Campaign, he is proving that reaching out for psychological health care doesn't mean the end of a military career. Since volunteering for the campaign, Hopper has been promoted to the rank of staff sergeant. He has completed his Marine Corps Forces Special Operations Command (MARSOC) training and is planning to deploy to Afghanistan in June 2010. You can watch his profile [here](#).

Staff Sgt. Meg Krause. U.S. Army Reserve. As an Army medic, Krause knew the warning signs of depression and PTSD, yet didn't recognize them in herself. Fortunately others did. Colleagues across the chain of command helped her see that she needed treatment and that asking for help was a sign of strength. As a

profilee, Krause is helping her fellow service members recognize the symptoms of psychological health concerns and encouraging them to get the care they may need. Since becoming a profilee, Krause has re-enlisted in the U.S. Army Reserve and has been selected for Airborne training. You can watch her profile [here](#).

As part of the Real Warriors Campaign, 11 PSAs have been produced and aired more than 25,000 times, reaching 1.3 million warriors in 177 countries, on Armed Forces Radio and Television Service (AFRTS) each week. When the campaign launched, it had already engaged 24 partners and the Web site

included four PSAs and three profiles. The campaign now has nearly 100 partners and the list continues to grow as the campaign builds relationships with DoD and non-profit organizations. For more information about campaign partners, please visit www.realwarriors.net/partner.

On the campaign Web site, visitors will find more than 40 practical articles for those serving on active duty, members of the National Guard and Reserve, veterans, military families and health professionals. More articles are added each week, so check the site frequently for new information. To view campaign materials, including fact sheets, PSAs and posters, visit www.realwarriors.net/materials.

The Web site includes a [live chat](#) function that will connect those in need with health resource consultants having a master's degree or higher level of education, 24 hours a day, seven days a week. The campaign also has message boards, where visitors can [connect](#) with one another directly. 



DoD Serves Those "inTransition"

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with their health care provider or have their provider call on their behalf. Counselors assist service members over the telephone and provide motivational advice, referrals and information on resources available in the service members' immediate area. The ultimate goal of the coach is to help service members gain access to a local provider. They also understand military culture and will keep information confidential.

The *inTransition* program encourages

family members to call and find out how their service member can utilize the program. Coaches can also provide information on a variety of family-related issues such as:

- Counseling family members bearing the stress of war
- Stabilizing families after long periods of separation
- Assisting with relocation needs
- Supporting military children

- Recovery systems for wounded service members and their families
- Overcoming obstacles to military spouse education and employment

Service members and providers can speak to a trained *inTransition* counselor by calling toll-free 1-800-424-7877 in the United States or 1-800-424-4685 outside the country. For more information, visit

www.health.mil/inTransition. 

Real Warriors Campaign Launches New Families Profile

The transition from deployment to base or civilian life can impact entire military families as well as the service members returning home. Last month, the Real Warriors Campaign launched a new [video profile](#) featuring warriors and family members who shared their experiences and challenges of returning home and reintegrating with their loved ones.

Anxiety about changing relationships in a family can be a natural reaction to deployment. Fortunately, military families don't have to experience this kind of stress on their own. Resources like the [Real Warriors Campaign](#) offer support for those on the battlefield and the home front.

The campaign, sponsored by the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury \(DCoE\)](#), promotes the processes of building resilience, facilitating recovery and supporting reintegration for returning service members, veterans and their families.



Real Warriors Campaign volunteer Maj. Jeff Hall with his wife, Sheri and their daughters, Tami and Courtney.

The campaign offers practical articles and advice, including tips for spouses of returning service members and useful information for those who are dealing with deployment.

The Web site includes a [live chat](#) function that will connect those in need with health resource consultants 24 hours a day, seven days a week. The campaign also has message boards where visitors can connect with one another directly.

For more information about the campaign, please visit www.realwarriors.net.



The DCoE Outreach Center for Psychological Health and Traumatic Brain Injury Information and Resources

Of the 1.64 million warriors deployed to Iraq and Afghanistan as of late 2007, an estimated 31 percent had experienced a psychological health (PH) condition or traumatic brain injury (TBI), yet many have not sought treatment. Additionally, warriors and family members across all components of the armed forces are experiencing the increased stresses of multiple deployments. In this environment, it is critical to ensure confidential, easily accessible support services. To address these needs and further its mission in advancing quality care for service members and veterans experiencing PH concerns or TBI, the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury \(DCoE\)](#) established the [DCoE Outreach Center](#).

The center provides comprehensive

information, resources and tools for all PH and TBI concerns to warriors, veterans, families, health professionals and civilians. Launched in January 2009, the center's free service is unique as the only DoD call center dedicated to PH and TBI, and is immediately accessible 24/7, both nationwide and internationally.

"The DCoE Outreach Center is a valuable tool for service members, veterans and their family members," says Dr. Lolita O'Donnell, deputy director of DCoE's Clearinghouse, Outreach and Advocacy Directorate. "We specialize in providing PH and TBI specific information to help promote resilience, recovery and reintegration."

It is staffed by experienced health resource consultants, many of whom possess advanced degrees in psychi-

REAL WARRIORS ★ REAL BATTLES
REAL STRENGTH

atric nursing, psychology, marital and family counseling and substance abuse. Their collective experiences and expertise include previous active/reserve military service, caring for wounded warriors and their families, teaching healthy lifestyles and working with the veteran population.

For support, information and resources please contact the DCoE Outreach Center by telephone at 866-966-1020, live online chat at

www.dcoe.health.mil/OutreachCenter, or email resources@dcoeoutreach.org.



Tips for Service Members and Families on Coping During Deployments

Deployments are tough on anyone. It is normal for spouses to have feelings of anxiety, fear, loneliness, sadness and other strong emotions at the prospect of their partner being deployed. Likewise, service members may feel a mixture of both excitement and anxiety, stemming from a concern for the well-being of their family in their absence and looming unknowns about the future.

In the weeks leading up to a deployment, families go through a number of stages. Two months or so before the deployment, the military member and their spouse will often be focused on taking care of pre-deployment details. A month before the actual deployment, both partners may begin distancing themselves from each other in preparation for the absence. In the few days before the deployment, both partners may anxiously wait for the deployment day to arrive so they can begin adjusting to the absence and change of responsibilities. But sometimes the opposite is true and couples may feel so pressured to “make the time count” that they have unrealistic expectations of how their last few weeks together should be.

When the day of departure arrives, both partners may feel guilty for the distance that has grown between them during the preceding weeks, but don't be hard on yourself. This is all normal. You were preparing yourself for a difficult time.

Below are some tips for coping with the deployment:

Military spouses:

- **Maintain a household routine:** children benefit from structure and routine. This will help them through the deployment

- **Talk honestly and openly with your children:** children can sense anxiety, fear and secrecy. Share your feelings in an appropriate way with them, and encourage them to talk about their feelings as well
- **Reach out to others in your situation:** talk and share with other spouses in the military community who are dealing with a deployment. Do not isolate yourself
- **Stay in touch with your spouse:** if you have small children, the [Sesame Workshop's Family Connections Web site](#) is a great way to share with each other. Write letters, use Skype, make sure that as a family, you are sharing details about your daily lives
- **Realize that feelings of sadness and frustration are normal**
- **Exercise. It helps keep you mentally, physically and emotionally fit**

Service members:

- **Keep your children occupied with age-appropriate activities:** have your children start researching a vacation that you'll all go on when you get back. Have them draw pictures of what they think deployed life is like
- **Focus on the mission at hand:** break down objectives into smaller tasks, rewarding yourself with rest breaks after each task is accomplished
- **Share with and stay close to battle buddies in your unit:** if something at home is bothering you, talk about it with your battle buddies, your leaders, or others whom you trust



- **Maintain contact with friends and family at home whenever you can:** make and share funny videos, jokes, etc. Write letters that express your feelings and your daily life, so your loved ones can feel close to you even though you aren't there with them
- **Help support your spouse emotionally and expect the same from them:** just because you aren't there doesn't mean you can't share your worries, fears, moments of happiness and frustrations, and help each other problem solve

Both partners should stay future-focused and realize that they'll have a lot more time to spend together once deployment ends. Remember, deployment is a TEMPORARY situation that will end.

For more tips on coping with deployments, check out the [Guide to Coping with Deployment and Combat Stress](#), and find additional resources on the Real Warriors Web site, [here](#). 

The Center for Deployment Psychology Offers Training for Behavioral Health Professionals

Ever wonder how psychologists and other behavioral health professionals stay up to date on programs? As the frequency of deployments continues to increase, it's important to continue education on new programs and resources, as well as evidence-based therapies that will help our service members and their families across the deployment cycle. The [Center for Deployment Psychology \(CDP\)](#), a component center of the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury \(DCoE\)](#), trains psychologists and other behavioral health specialists to provide quality care to military personnel and their families on deployment-related issues ranging from insomnia, relationship challenges and post-traumatic stress disorder (PTSD).

CDP is headquartered at the Uniformed Services University (USU) in Bethesda, Md. However, it has staff dispersed throughout the nation at military treatment facilities (MTFs). Each of these satellite sites houses a CDP deployment behavioral health psychologist, a specialist in military health, who works with clinic staff and trainees to promote the use of evidence-based strategies.

"Given the stress of repeated deployments and the risk of 'invisible wounds' such as PTSD and mild traumatic brain injury, it is crucial that mental health professionals be trained to provide the care that our service members and their families need," said Dr. David S. Riggs, CDP executive director.

To achieve its training mission, the CDP conducts a series of courses, workshops and seminars throughout the year. The two-week course, [Topics in Deployment Psychology](#), is tailored for military behavioral health providers and trainees, many

of whom will deploy to Iraq and Afghanistan. Offered five times a year, this course provides continuing education credits and covers four main areas:

- **Deployment 101:** examines the deployment cycle with attention to the unique expectations, operational and cultural demands, and experiences of military behavioral health providers working in theater, as well as the challenges faced by service members in combat zones and when they return home.
- **Trauma and Resilience:** addresses psychological trauma and resilience particular to the experience of combat deployment. This section includes instruction on the treatment of PTSD including training in either Prolonged Exposure Therapy (PE) or Cognitive Processing Therapy (CPT).
- **Behavioral Health Care of the Seriously Medically Injured:** introduces issues that arise when providing behavioral health care to individuals suffering from serious medical injuries such as traumatic brain injury (TBI).
- **Deployment and Families:** explores the unique impact military deployment has on family members.

Additionally, CDP delivers a one-week course, [Addressing the Psychological Health of Warriors and Their Families: PTSD, Depression and TBI](#), six to eight times a year. Featured where there is a high demand for military services, this training is geared at civilian behavioral health providers who are working with military personnel and their families—whether in a MTF, VA hospital, community clinic, university counseling center or other civilian setting. This training examines the organization and culture of the military as well as various aspects of the deployment cycle that can be challenging for service members and their families. Lectures also address deployment-related depression, suicidal behavior, and TBI, in addition to the etiology and assessment of PTSD.

This spring, CDP kicked off the [Military and Veteran Behavioral Health Post-Master's Certificate Program](#) in collaboration with Widener University in Pennsylvania, to teach best clinical practices to licensed behavioral health professionals seeking specialization in the area of military and veteran competence. The program's seven required workshops cover key topics such as military culture, combat trauma, suicidal risk and blast-related TBI.

Finally, CDP offers [online courses](#) in collaboration with Essential Learning and Magellan Health Services. These interactive modules are easily accessible for providers across the nation and supply the fundamentals for increasing one's knowledge and understanding of the military and veteran population.

Learn more about CDP and its portfolio of training opportunities at: <http://deploymentpsych.org>.



TOOLS YOU CAN USE

Additional links are available at www.dcoe.health.mil under “Resources”

Resources for Service Members and Families

- **Military Pathways®**

www.militarymentalhealth.org

Offers service members and their families the opportunity to take anonymous, mental health and alcohol use self-assessments online, via the phone, and through special events held at installations. The program is designed to help individuals identify their own symptoms and access assistance before a problem becomes serious.

- **Give an Hour™**

www.giveanhour.org

This nonprofit organization has a national network of mental health professionals providing free counseling services to service members and their families. Individuals who receive services are given an opportunity to give an hour back in their own community.

- **afterdeployment.org**

<http://afterdeployment.org>

This online behavioral health resource site provides the military community with self-care solutions targeting post-traumatic stress, depression, anger, sleep, relationship concerns and other mental health concerns.

- **HealthyMinds.org**

www.healthyminds.org

Provided by the American Psychiatric Association, this online resource includes information for anyone who has mental health concerns or is seeking information about the warning signs of mental disorders, treatment options and preventative measures.



DCoE In Action is a publication of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). Please send us your comments on this newsletter and story ideas to dcoemedia@tma.osd.mil. Our mailing address is 1401 Wilson Blvd., Suite 400, Arlington, VA 22209. Phone: (877) 291-3263.

Views expressed are not necessarily those of the Department of Defense.

