

DCoE *in* Action

Vol. 4 No. 3 ★ March 2011



Brain Injury Awareness Month

Promoting Awareness, Reaching Service Members

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Scan this code with a QR reader on your smart phone to access previous issues.

message from the director



Hammer

It's hard to believe I've been here a month already, but I wanted to stop for a few minutes and remind you all that March is Brain Injury Awareness Month. My goal for this month is to get folks to think about brain injuries no differently than they would about a knee injury. If you injure your knee, you go get it checked out. You need to do the same thing when you sustain a TBI. You may need short-term therapy or a major intervention, depending on the severity and lingering symptoms, but you won't know until you see your health care provider. A TBI can affect

relationships, job and future health, so it pays to address it as soon as possible.

There are several resources available on our [home page](#) and [DVBIC](#) websites that offer a wealth of clinical tools to assist providers with identification and treatment of brain injury. In addition, we have resources to assist family caregivers of service members with traumatic brain injuries. DCoE has also launched several new initiatives through its social media channels, but there is more to come. I recommend you go to our Facebook page and "Meet my Helmet," or learn a little about [helmets through history](#).

For those of you who don't know, Colonel Jamie Grimes, the national director of DVBIC, Army physician and neurology consultant to the Army surgeon general, will be deploying to take on a new and enhanced tri-service role as theater neurology consultant. She will be responsible for the TBI Systems of Care in theater and will serve as DVBIC Forward furthering battlefield TBI education, clinical care and research for warriors who may have sustained a TBI, especially a concussion. I know we all wish her well as she deploys.

Capt. Paul S. Hammer,
U.S. Navy Medical Corps



Meet My Helmet

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Real Warriors Campaign

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Blog



Warrior Resilience Conference: Speakers Encourage Military Leadership Accountability

—Robyn Mincher, *Strategic Communications*



Adm. Mike Mullen, chairman of the Joint Chiefs of Staff, addresses more than 600 health care professionals at the “Warrior Resilience Conference III: Total Force Fitness” in Arlington, Va., Feb. 7. Mullen was the keynote speaker at the third annual event hosted by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. Department of Defense photo by U.S. Air Force Master Sgt. Chuck Marsh

Leadership accountability was the focus at the Third Annual Warrior Resilience conference hosted in Arlington, Va., Feb. 7 – 8, 2010. The large uniformed audience, which included many line commanders and directors of psychological health programs, stood as they welcomed Adm. Michael Mullen, chairman of the Joint Chiefs of Staff.

Mullen greeted conference members and quickly reached his main point — the need for Defense Department leaders, at all levels, to focus on the future of psychological health for service members and their families.

“We have been able to build resilience in ways now that we didn’t previously understand. I ask you in the totality of what you’re doing to be open to exploring territory we haven’t

yet explored,” said Mullen. “We’re building resiliency the moment soldiers raise their hand [to be sworn in] when they show up for basic training or boot camp. Now, we have got to start building resilience across the board for our men and women as well as their families.”

Conference attendees listened to personal accounts of service members who coped with trauma on the battlefield, such as Maj. David Rozelle, who ran over a landmine just west of Baghdad and had his right foot amputated because of his injury. Rozelle returned to active duty, completed a second tour in Iraq and participated in many triathlons including the New York City Marathon. He credited his family roots for his personal resilience.

“We have been able to build resilience in ways now that we didn’t previously understand. I ask you in the totality of what you’re doing to be open to exploring territory we haven’t yet explored,” said Mullen.

“I’m from Texas,” he said. “When you get bucked off a horse you just dust off, find your hat and you ride that horse, showing him who’s in charge.”

Lt. Gen. Frank H. Kearney, deputy director for Strategic Operational Planning at the National Counterterrorism Center, told attendees in the past that the military simply pushed service members back onto their ‘horse’ without addressing potential psychological health concerns.

“If a psychological health concern comes up, we as leaders have to do something about it. This [responsibility] belongs in the chain of command,” said Kearney.

Capt. Paul S. Hammer, director of the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury](#), highlighted the need for military leaders to take psychological health concerns seriously in his closing remarks at the conference.

“I want to leave you with a charge. As leaders, our job is to build resilience in our people. This is a core competency for our leadership. And it’s DCoE’s job to support you,” said Hammer. 

MHS Conference Spotlights Military Medical Advancements

Robyn Mincher, *Strategic Communications*

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NEWS

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury's (DCoE) subject matter experts and leaders in military medicine presented at the Third Annual Military Health System Conference, hosted Jan. 24 – 27, 2010, at the Gaylord National Convention Center in National Harbor, Md. Sessions raised awareness of emerging and existing programs dedicated to advancing the prevention, diagnosis and treatment of service member health concerns.

One program, called Marine Corps Operational Stress Control and Readiness, embeds psychological health “teams” into units for immediate access to care. These teams consist of a psychiatrist, psychologist, social worker or clinical nurse and psychiatric technician corpsmen, all with the mission to strengthen, mitigate, identify, treat and reintegrate with a focus on leadership by command.

Kathy Helmick, deputy director of Traumatic Brain Injury at DCoE, discussed the implementation of a directive-type memorandum by Defense Department leaders that requires medical evaluations of service members involved in a concussive event.

“This shows the special partnership between line commanders and medical assets,” Helmick said. “The memorandum policy has morphed from a system-based approach, where a service member would have to ask to be given an evaluation, to a mandatory event.”

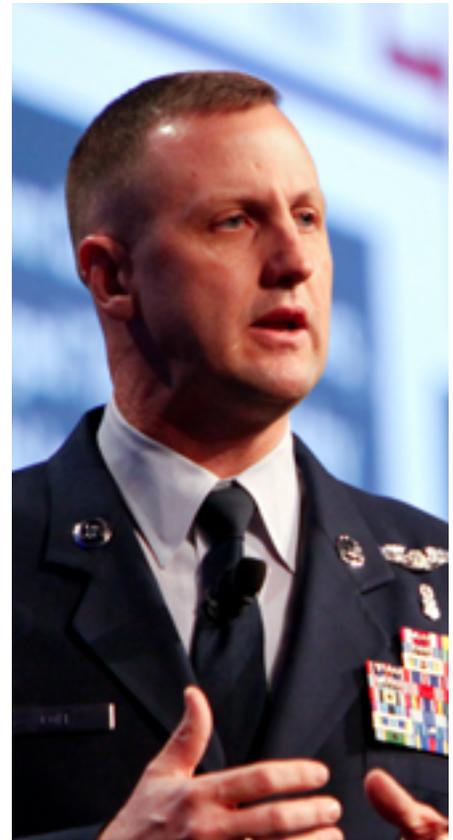
Other DCoE presentations at the conference included discussions of integrating behavioral health care for patients, families and providers by Col. Charles



Under Secretary of Defense for Personnel and Readiness Dr. Clifford Stanley, addresses attendees at the 2011 Military Health System Conference. Photo by Mike Olliver

Engel, director of the [Deployment Health Clinical Center](#), and complementary and alternative therapies for post-traumatic stress disorder by Dr. Nisha Money from DCoE's Resilience and Prevention directorate.

Helmick reflected on her presence at the conference, citing the progression of attention to service member health, particularly in conjunction with her expertise on the issue of traumatic brain injury.



Air Force Chief Master Sgt. Charles R. Cole, Air Force Surgeon General senior enlisted advisor, speaks about “Using Health Information to Transform Care Delivery.” Photo by Mike Olliver

“We are making great strides, and our level of commitment has never been higher to ensure state-of-the-art care for those who sustain a traumatic brain injury,” she said. “I was extremely fortunate to be asked to present at the research track at the [Military Health System](#) conference and to have an opportunity to discuss how rapidly the field of traumatic brain injury research is evolving.” 

Resilience ★ Recovery ★ Reintegration



Former NFL players Eric Hipple, Leonard Humphries and LaDairis Jackson pose with Command Master Chief Ellen Zubke. Photo courtesy of Real Warriors Campaign

Real Warriors Campaign Joins in Pre-Super Bowl Media Events

Joe Hendrix, *Strategic Communications*

The [Real Warriors Campaign](#) joined forces with former and current NFL greats during a series of media interviews the week before the 2010 Super Bowl. Former Dallas Cowboys defensive lineman Chad Hennings, and Air Force Col. Christopher Robinson, deputy director for psychological health at the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury](#), teamed up to speak with national radio hosts about the stigma associated with asking for help when psychological health challenges arise.

“You can’t keep psychological health factors inside ... alcohol [misuse] and relationship problems emerge and just continue to get worse,” said Robinson.

Hennings, who played college football at the U. S. Air Force Academy, said service members and NFL players may need similar help.

“[Being in the] NFL is no different than serving in the military

when it comes to asking for help, it is sometimes a hard thing to do,” Hennings said. “You have to break those barriers even though you are in that tough environment.”

The Real Warriors Campaign, in partnership with the NFL Players Association, organized a series of “Game Day” events at several U.S. military installations to bring together service members and former NFL players to discuss common reintegration challenges and the resources available to address them. Gridiron pros and a few of the nation’s warriors shared personal experiences, discussed the importance of help-seeking behavior, and offered a lot of opinions about who would win the day’s game.

The Game Day events were positive and the campaign will continue to explore similar opportunities to reach out, support and create awareness about the tools and resources available to service members, veterans and their families to address psychological health concerns. 

VA Provides New, Enhanced Benefits to Caregivers of Veterans

Department of Veterans Affairs (VA) officials are launching the first in a series of new and enhanced services to support family caregivers of seriously ill and injured veterans.

President Barack Obama signed legislation to create the Caregivers and Veterans Omnibus Health Services Act of 2010 that authorized VA officials to establish a wide range of services to support family caregivers of eligible Post 9/11 veterans.

“Caregivers make tremendous sacrifices every day to help veterans of all eras who served this nation,” said Secretary of Veterans Affairs Eric K. Shinseki. “They are critical partners with VA in the recovery and comfort of ill and injured veterans, and they deserve our continued training, support and gratitude.”

“[Disabled American Veterans] is happy to hear that caregivers of veterans are getting additional support and services to care for our nation’s heroes and unprecedented new services for our most recent severely ill and injured,” said David W. Gorman, the executive director of the Washington headquarters of the Disabled American Veterans. “We understand there are challenges to implementing the new law; including ensuring that critically ill and injured veterans of all eras are similarly supported.”

In addition to the new benefits and services for eligible veterans who were disabled in the line of duty since Sept. 11, 2001, VA officials will begin providing enhanced benefits and services to caregivers of veterans of all eras who are already enrolled in VA care, including:

- Access to VA’s toll-free Caregiver Support Line: 855-260-3274
- Expanded education and training on caring for veterans at home

- Support services such as counseling and support groups and referral services
- Enhanced website for caregivers

Some of the new benefits of the bill are restricted by law to the caregivers of the most seriously ill and injured veterans.

Those additional benefits include:

- A monthly stipend
- Health care coverage
- Travel expenses, including lodging and per diem, while accompanying veterans undergoing care
- Respite care
- Mental health services and counseling

VA officials will take the opportunity to report to Congress in the future on the feasibility of expanding the enhanced services to family caregivers of veterans of all eras.

While some of these enhanced benefits are available now, many of the other sig-

nificant benefits will require the issuance of regulations.

The complex process required to implement these regulations will provide veterans, caregivers and the general public the opportunity to provide comments before those regulations are finalized.

“VA has supported caregivers of veterans of all eras for almost eight decades,” said Deborah Amdur of VA’s Care Management and Social Work Service. “We know from our experience and research that veterans are best served when they can live their lives as independently as possible surrounded by caring family and friends.”

Each VA medical center has designated caregiver support coordinators who will assist eligible veterans and caregivers in understanding and applying for the new benefits. VA also has a Caregiver Support Web page, www.caregiver.va.gov, which will provide general information once final regulations are published. 

(Courtesy of Air Force News Service)

Resource

Are you a caregiver for a service member or veteran with a traumatic brain injury? Caring for our returning warriors is a noble and sometimes challenging effort, but there is help.

“Traumatic Brain Injury: A guide for Caregivers of Service Members and Veterans,” offers coping tools, skill-development and information regarding the care management of your service member or veteran.

The curriculum is a collaborative effort by the Defense Department and Veterans Affairs.

To download the curriculum, visit the DVBIC website or click [here](#).

Military Service Academies Give a ‘Heads Up’ to Basketball Players

Robyn Mincher, *Strategic Communications*

March Madness. A time of year when many of us put on our favorite college basketball jerseys and root for our beloved teams as they compete for the title of NCAA champion. As these skilled athletes face off in sold-out arenas, they face a potential injury that’s not your typical bump or bruise: a mild traumatic brain injury or concussion.

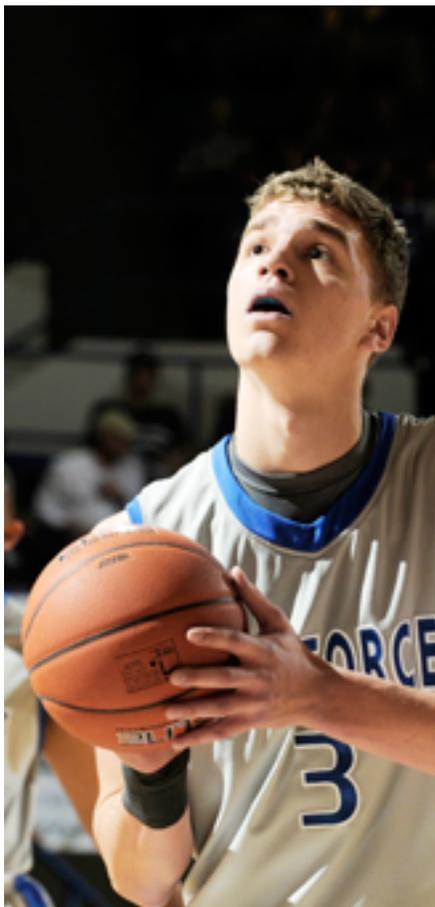
For U.S. Air Force Academy basketball player Sammy Schafer, a blow to the head resulted in challenges both on and off the court for an entire season.

“Pretty much everything is affected by [my injury]. It also has affected my grades — they aren’t as good as they were,” he told the *Colorado Springs Gazette* in 2010. Schafer received specialized care at the University of Pittsburgh Medical Center because of the severity of his head trauma.

While basketball may not be the first sport people think of that causes significant head injuries, with the physical factors involved, it shouldn’t come as a surprise.

“You don’t have any head protection, you’re playing on a hard floor and elbows can hit the head and face,” said Dr. Jeff Fair, head athletic trainer for the U.S. Naval Academy men’s basketball team. “This can result in headaches, memory loss, upset stomach, blurred vision and other symptoms that point to a concussion. What we found is that you can hit your head a little bit and still have a concussion. It’s not always the hardest blow [that will knock you down].”

To help ensure safety, military student athletes receive annual training and guidance before they engage in high-risk athletic activity.



U.S. Air Force Academy sophomore center Sammy Schafer lines up a foul shot against Dickinson State during the Reggie Minton Air Force Classic at Clune Arena Nov 20, 2010. Air Force photo by J. Rachel Spencer

These training efforts don’t end when the season ends. Many of the academy graduates may lead troops into action sometime during their military careers. Armed with this mental toolkit on head trauma, they can be better prepared to support their warriors.

“I always tell the team ‘before you graduate, you have to learn how to make a good ice bag for the people you’ll be in charge of,’” Fair said. “It’s part of their

“You don’t have any head protection, you’re playing on a hard floor and elbows can hit the head and face,” said Dr. Jeff Fair, head athletic trainer for the U.S. Naval Academy men’s basketball team.

role as leaders to know what to do when someone gets hurt.”

It is important for service members to learn about traumatic brain injuries in both deployed and non-deployed settings.

“While traumatic brain injury in theater remains of critical concern to the Defense Department, surveillance numbers suggest that approximately 85 percent of traumatic brain injuries for service members and their families occur stateside,” said Col. Stephen Sharp, deputy director of DCoE’s Traumatic Brain Injury Standards of Care. “The causes are similar to those in the civilian population and include sports injuries, motor vehicle accidents and falls.”

The military service academies, National College Athletic Association and the [Centers for Disease Control and Prevention](#) (CDC) are making strides in athlete education on prevention, symptoms and treatment of mild traumatic brain injury.

CDC’s Heads Up Program provides free resources for coaches, parents and athletes of all ages about concussion in sports. CDC recently teamed up with

[See BASKETBALL on Page 11](#)

DVBIC Educates Military, Family Members on Brain Injury Prevention, Resources

— Robyn Mincher, Strategic Communications



Photo courtesy of Defense and Veterans Brain Injury Center

“When I went on my mission I had a helicopter overhead and an unmanned aerial vehicle by my side as my eyes. Now, I try to be the eyes of the [traumatic brain injury] TBI warriors. I tell them a key to success is knowledge. By just having that knowledge on TBI, you can seek out what works for you, get your family and friends involved and reach independence.”

— Army Staff Sgt. Victor Medina, founder of www.tbiwarrior.com, an online community of service members with traumatic brain injuries

Medina is exactly the type of service member the [Defense and Veterans Brain Injury Center](http://www.dvbic.org) (DVBIC) seeks to help. The center’s educational efforts for service members give them more knowledge about traumatic brain injury (TBI), bettering their chances of preventing one and tapping the right recovery resources if a

brain injury is sustained. This March, the center is increasing its outreach activities as part of Brain Injury Awareness Month.

DVBIC’s education coordinators provide expert education on TBI to service members, veterans, families and the community using DVBIC’s many resources, such as the [Traumatic Brain Injury \(TBI\) Fact Sheet](#) and www.brainline.org, a DVBIC-funded website on preventing, treating and living with TBI.

“Our education mission is founded on research showing that knowledge and hope play a pivotal role in treatment and improve recovery after a traumatic brain injury,” said Michael Wilmore, manager of clinical initiatives, training and consultation at DVBIC.

Among the strengths of DVBIC’s trained coordinators are their diverse professional backgrounds and locations around the country, said Wilmore. Throughout this month, they will connect the military community to traumatic brain injury services and information far and wide.

[See DVBIC on Page 8](#)

For example, at Fort Carson, Colo., local radio stations are airing an interview with coordinator Robin Winger about concussion/mild TBI and DVBIC resources. In Landstuhl, Germany, fourth-grade students will learn all about the function of the brain, protective military gear and the proper fitting of a helmet.

Deborah Waun, a DVBIC education coordinator, will host a workshop at Coastal Carolina Community College in Jacksonville, N.C., that addresses traumatic brain injury and post-traumatic stress disorder when service members return to school, and provides resources and advice for affected service members and veterans.

Other DVBIC activities during Brain Injury Awareness month include a traumatic brain injury family and professional caregiver workshop in Palo Alto, Calif., March 25, and presentations at various chartered state affiliates of the [Brain Injury Association of America](#).

According to Col. Jamie Grimes, national director of DVBIC, this type of outreach highlights preventive measures that are vital to protecting service members.

“Traumatic brain injury is one of the most common battlefield injuries we face, and TBI education is a mandatory piece of armor that all deploying service members must have in preparation for the battlefield,” said Grimes. “Awareness and understanding of TBI are essential to improving prevention, treatment and ongoing recovery after injury.”

DVBIC, a component center of DCoE, has taken an active part in Brain Injury Awareness Month since the center’s establishment in 1992. DVBIC’s mission to help optimize the care of service members and veterans who have sustained a TBI in deployed and non-deployed settings is evident in its network’s extensive efforts to raise awareness for mild traumatic brain injury. 

Prevention

One focus through the center’s activities is educating the military community on prevention through resources available in their online guide [Primary Prevention of TBI](#). Here are some prevention tips:

Prevention in a combat setting:

- Wear a helmet or other appropriate head gear when on patrol or in other high-risk areas
- Check for obstacles and loose debris before climbing/ rappelling down buildings or other structures
- Verify target and consider potential for ricochet prior to firing weapon
- Maintain clean and orderly work environments that are free of foreign object debris
- Be aware of what is on the ground around you at all times when aircraft rotors are turning
- Employ the buddy system when climbing ladders, working at heights

Prevention at home:

- Wear a seat belt every time you drive or ride in a motor vehicle
- Never drive while under the influence of alcohol or drugs
- Never drive while texting and avoid driving while using a hand-held mobile device
- Always buckle your child into a child safety seat, booster seat or seat belt (depending on the child’s height, weight and age) in the car

Safeguard yourself and your family by wearing helmets when:

- Riding a bike, motorcycle, snow mobile or all-terrain vehicle
- Playing contact sports such as football, ice hockey, basketball or boxing
- Using in-line skates or riding a skateboard
- Batting and running bases in baseball or softball
- Riding a horse
- Skiing or snowboarding

DCoE Offers Resources to Help Primary Care Providers Diagnose TBI

Joe Hendrix, *Strategic Communications*

Providers at military treatment facilities don't always have direct access to neurologists who treat traumatic brain injuries or specialists who manage psychological health, especially at smaller installations. The [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury](#) along with the [Defense and](#)

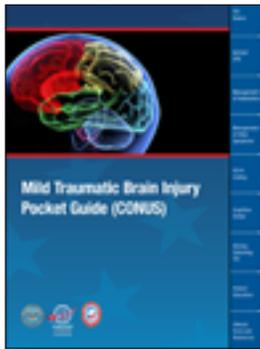
[Veterans Brain Injury Center](#) have created tools to help primary care providers diagnose service members who may have a traumatic brain injury (TBI) or related symptoms.

Most people aren't aware of the common signs and symptoms of a concussion, or mild TBI, and may only notice

headaches or increased irritability. Misunderstanding symptoms can make it more difficult for health care providers to provide an accurate diagnosis and treat patients.

DCoE offers providers the following resources to help provide high-quality treatment:

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feature



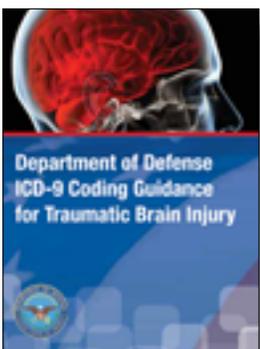
Mild TBI Pocket Guide

This pocket guide is a quick yet informative reference, to help treat service members and veterans who show symptoms of a mild TBI. It offers state-of-the-art management for concussions in a unified manner across the Military Health System. With more than 20,000 in print, this resource is a popular request.



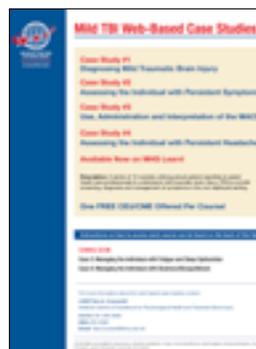
TBI and Psychological Health Co-occurring Conditions Toolkit

This toolkit helps primary care providers assess and treat service members who may have multiple symptoms from a TBI and co-occurring disorders, such as depression, substance abuse or post-traumatic stress disorder. With this toolkit, providers can determine the proper clinical treatment for such symptoms and ensure the service member receives the appropriate care needed.



ICD-9 Coding Guide

International Classification of Diseases, 9th Revision, (ICD-9) codes for TBI are designed to document and track diagnosis of a service member who has been treated or is in the process of being treated for a TBI. These codes allow health care providers to keep track of a particular kind of behavior during a period of time even if a service member changes installations. Using this computer-based coding system, any provider can effectively treat a service member no matter where they received previous treatment. Additionally, treatment outcomes are tracked by the identified ICD-9 coding.



Mild TBI Web-Based Case Studies

DCoE offers monthly web-based case studies focused around mild traumatic brain injury hosted on [Military Health System Learn](#). The case studies include modules with real scenarios to help health care professionals better understand mild TBI to include screening, diagnosis and management of symptoms in the non-deployed setting. Providers may earn one continuing education credit after completing a study.

For more information, or to view and download these resources, please visit the [DCoE website](#). 

Resilience ★ Recovery ★ Reintegration

FAMILY READINESS PROGRAM: Marine Corps Works to Help Families During Reintegration

—Joe Hendrix, *Strategic Communications*

Marines and their families have a tough mission. With more than 200,000 active-duty Marines and 40,000 reservists, the Marine Corps has been essential to the conflicts in Afghanistan and Iraq. Many Marines have experienced multiple deployments in recent years and each time they leave behind parents, siblings, spouses or children.

During this challenging time, the Corps supports and focuses on the importance of families.

Marine Corps Community Services meets the needs of families before, during and after deployment. Each installation is equipped with a multitude of programs, resources and workshops to offer support for families while loved ones are away.

One of these resources, the U.S. Marine Corps Forces Command **Family Readiness Program**, managed by Marine Corps Community Services, is ready to assist any member of a Marine's three families: "the family they are born into, sworn into and married into."

During pre-deployment preparation families may have unanswered questions. Because of this concern, the program offers families a six-week workshop to help answer additional questions.

"We don't just have a quick briefing for families while a service member is preparing to deploy," said Dr. Kimberley Holmes, program manager for Family Readiness at Camp Lejeune, N.C. "We host an informative six-week workshop for family members once their Marines deploy."

Holmes doesn't want families to feel like they have to return to hometowns



U.S. Marine photo by Lance Cpl. Reece E. Lodder

because they have no support system on base while service members are deployed.

"Whether you are pregnant and getting ready to have a baby, need assistance with child care, or are a special needs family, our programs and workshops on base support the families who live here — 100 percent," Holmes said.

Holmes said that after a deployment, she likes to reunite spouses in a comfortable setting that helps them communicate and "build resilience while encouraging each other that they are in this together."

"Marines in theater receive reintegration briefings, so we provide a workshop for spouses to talk about how their reintegration expectations may differ from their returning service member's," said Holmes.

Each deployment can be as unique as each service member and family, but Holmes stressed that they can survive the separation and do have support.

"No matter what happens during a deployment cycle, we are here to make sure families are strong and are able to maintain a healthy lifestyle," said Holmes.

Holmes also discussed the challenges with being a new Marine family member and that the transition can be tough. She suggested a review of the introductory program LINKS (Lifestyles, Insight, Networking, Knowledge and Skills) that was created to help new Marine Corps family members adapt to the service-specific lifestyle.

"You marry a Marine and then you're sent to a new duty station and see all these new things like acronyms and rank...it's all Greek," Holmes said. "LINKS was developed to teach spouses and other family members how the Marine Corps works so they are able to maneuver the Corps without feeling overwhelmed."

For more information about the LINKS program, click [here](#). 

hero spotlight



Genevieve Chase

NAME

Genevieve Chase

ORGANIZATION

American Women Veterans

POSITION

Founder and executive director

HOBBIES

White water rafting, camping and spending time outdoors

“Everybody said it would be too difficult to start a non-profit organization in this economy and even though it’s hard sometimes financially, it is well worth it when you hear from women veterans who say that American Women Veterans helped them find their voice in the midst of a predominately-male culture.”

Chase is a staff sergeant in the U.S. Army Reserve and an Operation Enduring Freedom veteran. While deployed to Afghanistan in 2006, Chase’s convoy was struck by an improvised explosive device. Months later she discovered she was suffering from symptoms of a mild traumatic brain injury and post-traumatic stress. Chase lives in Alexandria, Va., and recently quit her full-time job to focus on her non-profit.

BASKETBALL from Page 6

NCAA to develop resources for college athletes and is working with DCoE to disseminate these materials to military student athletes. The materials include [posters](#), fact sheets for [coaches](#) and [student athletes](#), sample concussion [management plans](#) and a [video](#) which details concussion signs and symptoms and what to do if a concussion is suspected. The tools are available to educate military student athletes and are easily accessible for all service members to review before engaging in sports.

“As military academies gear up for athletic events, they can use the opportunity to talk with coaches, athletes and others about concussions in sports and about what steps to take to help prevent, recognize and respond to this serious injury,” said Dr. Richard Hunt, director of CDC’s Injury Response division in the National Center for Injury Prevention and Control. “By knowing the facts about concussion and when athletes can safely return to play, we can help athletes of all ages stay active and healthy.”

The wealth of resources offered to military academy students can result in an educated force of future line-level commanders who can help raise awareness of TBI prevention and detection on and off the battlefield.

“The possibility of misdiagnosis and lack of reporting of mild traumatic brain injury among service members, and the possible long-term complications of recurrent concussions, have resulted in the obvious need for increased attention to the subject,” said Sharp. “Early education on these types of injuries for future military officers will help ensure appropriate identification and treatment for themselves, as well as the warriors reporting to and serving with them.” 

Want quick DCoE updates straight to your inbox?

Sign up here.





Photo courtesy of Center of Excellence for Medical Multimedia

Guidance for Mental Health Provider Training

Trauma exposure in the armed services has become an area of intense focus during the past several years. With longer deployments and dangerous work environments, the need for experienced providers trained in evidence-based treatments is clear. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) identified two key evidence-based treatments for post-traumatic stress disorder: Cognitive processing therapy and prolonged exposure therapy.

Based on this identification, DCoE's Training and Education directorate along with the Center for Deployment Psychology created "Guidance for Mental Health Provider Training for the Treatment of Post-traumatic Stress Disorder and Acute Stress Disorder" to help providers deliver higher quality, evidence-based care to service members affected by these conditions.

To download the guidance click [here](#).

Brainline.org by DVVIC

Brainline.org is a website created to offer a community for those living with traumatic brain injury. The site, funded by the Defense and Veterans Brain Injury Center, helps brain injury survivors by connecting them with outreach campaigns, partnerships and national organizations. Brainline.org offers these resources through multimedia outlets such as webcast and an electronic newsletter. For more information, please visit brainline.org or send an e-mail to info@BrainLine.org.

DCoE Outreach Center

24/7 Help: 866-966-1020
www.dcoe.health.mil/24-7help.aspx

The DCoE Outreach Center is staffed with qualified health resource consultants who provide comprehensive information, resources and tools about concerns related to psychological health and traumatic brain injury to service members, veterans, families, health professionals and civilians 24 hours a day, seven days a week.

Save the Date DCoE Monthly Webinar

March 24, 2011
1 – 2:30 p.m. (EST)

Join us as we discuss mTBI and Co-occurring PH Disorders. Mild Traumatic Brain Injury and Co-occurring Psychological Health Disorders: Focus on mTBI with Co-occurring Psychological Health Disorders Toolkit.

To register for this event, e-mail: DCoE.MonthlyWebinar@tma.osd.mil.

Additional links are available on our website.

www.dcoe.health.mil/ForHealthPros/Resources.aspx

Resilience ★ Recovery ★ Reintegration