



Military TBI Case Management Quarterly Newsletter

TBI Case Management Community of Interest

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Quarterly Highlight

TBI Case Management and Recovery Support Are Not for the Faint at Heart

By Candy Dunavan, Case Manager, Hunter Holmes McGuire VA Medical Center

In health care systems that serve active duty military and veterans, both patients and the health care professionals often experience multiple transitions. Therefore, it is critical that systems promoting continuity of care are in place. Case managers and TBI recovery support specialists (RSSs) working with patients with traumatic brain injury (TBI) play a major role in ensuring the system works.

Case managers fulfill unique roles in the health care system. Often they are the primary advocate for the patient and the eyes and ears for others - physicians and other health care providers, insurance groups, and especially families. Case managers may have different training and titles, such as nurses, social workers, federal recovery care coordinators and military case managers, but they all serve as catalysts for change. They seek solutions that will promote improvement or stabilization rather than simply monitoring the patient.

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About the Quarterly Newsletter

The Military TBI Case Management Newsletter is published by the Defense and Veterans Brain Injury Center, the traumatic brain injury (TBI) operational component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. It is intended for case managers and other providers who support warriors with traumatic brain injury (TBI) and their families. The newsletter is a forum to share ideas, best practices and resources among the TBI case management community.

Comments and content suggestions for future editions of the newsletter and subscription updates may be sent to Mary Ellen Knuti, editor, at MaryEllen.Knuti.ctr@mail.mil.



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New Clinical Recommendations To Treat Sleep Problems Following A Concussion Now Available

By Landon Hutchens, Communications Manager, DVBIC Public Affairs Office

The Defense and Veterans Brain Injury Center (DVBIC) has released new clinical recommendations and support tools to assist in the identification and treatment of a sleep disturbance occurring in patients after a concussion (mild traumatic brain injury or mTBI). The suite of products assists health care providers in the identification of a sleep problem and provides recommendations for its treatment.

The suite is composed of clinical recommendations, a pocket-sized clinical support tool, a provider education slide deck and a patient education sheet. To download or order hard copies, visit <http://dvbic.dcoe.mil/resources/management-sleep-disturbances>



The clinical recommendations advise that all patients with concussion symptoms should be screened for the presence of a sleep disorder. Patients should be asked if they are experiencing frequent difficulty in falling or staying asleep, excessive daytime sleepiness or unusual events during sleep. The initial step in the diagnosis of a sleep disorder includes a focused sleep assessment.

Non-pharmacological measures to treat insomnia that focus on stimulus control and good sleep hygiene are the preferred methods of treatment. Short-term use of sleep medication may be necessary in addition to these measures if they are not effective by themselves. Stimulus control means controlling your environment to help promote sleep. Examples of stimulus control measures include relaxing before bedtime, going to bed only when sleepy, getting

out of bed when unable to sleep, removing electronics (TV, smart phone, computer) from the bedroom and using the bedroom only for sleep and intimacy.

Sleep hygiene habits include avoiding caffeine and other stimulants close to bedtime, daily physical activity but not exercising close to bedtime, rising at the same time every morning, getting natural light exposure every day, avoiding alcohol, nicotine and large meals close to bedtime.

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NICoE's Neuropsychology Team Assesses and Optimizes TBI Patients' Cognitive Functioning

By Tiffany Anzalone, Senior Consultant, National Intrepid Center of Excellence

At the National Intrepid Center of Excellence (NICoE), Bethesda, MD, the interdisciplinary, holistic, patient-centered approach to care for patients with comorbid traumatic brain injury (TBI) and psychological health (PH) conditions focuses on optimum healing (physical, mental, emotional and spiritual). Neuropsychology is one of more than 16 different disciplines that are used in assessment and treatment.



Photo courtesy of NICoE

Neuropsychology is the field of psychology that aims to understand how the structure and function of the brain relates to specific psychological processes by attempting to study, assess, understand and treat behaviors directly related to brain function. At the NICoE, a team of clinical neuropsychologists and neuropsychology technicians conduct clinical interviews with service members during the first week of their four-week stay to evaluate and gather information about their medical and emotional history and complete assessments of their cognitive functioning. Throughout each service member's stay at the NICoE, s/he may meet with a clinical neuropsychologist multiple times. The neuropsychologist "helps service members suffering from comorbid traumatic brain injury and psychological health conditions by objectively identifying cognitive strengths and weakness and integrating that information with knowledge of the individual's personality, emotional well-being and medical history," said Dr. Peter Gager, a NICoE neuropsychologist.

The neuropsychology team helps patients by identifying influences on their cognitive symptoms and finding ways to minimize those factors in order to optimize functioning. These cognitive symptoms can affect a service member's sensory perception, motor functions, attention, memory, auditory and visual processing, language, problem solving, planning, organization, speed of processing, and many other facets of their lives.

In order to assess the extent of impairment on a service member's particular cognitive skill and in an attempt to determine the area of the brain which may have been damaged following

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a traumatic brain injury (TBI), the team administers a large battery of tests, both computer-based and traditional, in areas of attention, memory, language, reasoning and motor skills. The team identifies unexpected influences on cognition and recommends ways to make improvements to service members based on these findings.

The NICoE's four-week outpatient program allows for the neuropsychology team to form a relationship with the patient and engage her/him in testing that may not be otherwise possible. It allows the team to establish a rapport with the patient and helps ease any anxiety that might go along with being tested. Test validity can be a large issue in neuropsychological assessments; the length of the NICoE care program allows for tests to be rescheduled if the service member is suffering from acute pain, emotional factors, or other issues that might distract from accurate testing. This gives the service member the opportunity to engage in testing at the optimal time.

While neuropsychology is just one piece of the NICoE care puzzle, the initial evaluation, in conjunction with the rest of the interdisciplinary care team, helps empower service members to achieve long-term balance.

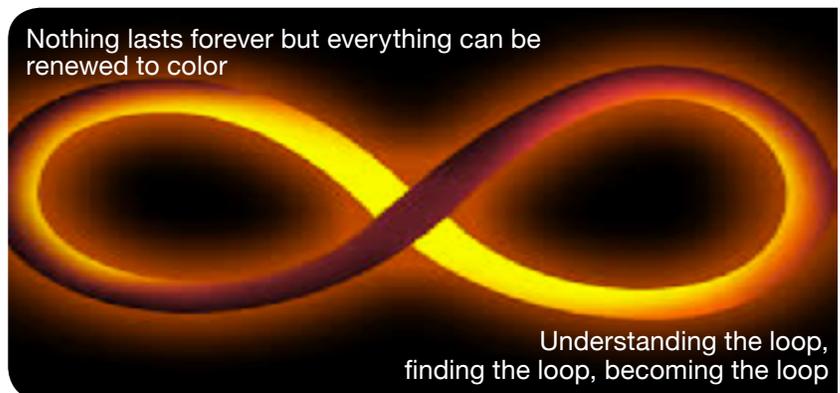
To refer a patient, visit the NICoE website at <http://www.nicoe.capmed.mil> to complete a referral form.

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The Defense and Veterans Brain Injury Center's (DVBIC) TBI Recovery Support Specialists (RSSs) are also part of this system of support. They complement and augment case management services and also provide non-clinical services. Their clients can be family members or caregivers, as well as the patient. They often work with more than one case manager as they follow their clients at different stages of care or facilities for up to two years. The RSS can keep the patient engaged in treatment or help to get them back into treatment if they become disengaged. Once patients have completed treatment, RSSs support them as they navigate an often challenging new phase of their lives including returning to family life, work or school.

Both case managers and RSSs must have a broad base of knowledge in order to work as advocates for the patient, facilitators of communication, and sentinels for quality assurance and cost effectiveness. They look beyond the medical aspects of the injury to the logistics of serving as an empowering agent for the family and for the patient. Case management

Nothing lasts forever but everything can be renewed to color



Understanding the loop,
finding the loop, becoming the loop

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and recovery support are distinct but integral parts of the recovery process where understanding the loop, finding the loop, thus becoming the loop is imperative.

As a nurse case manager for the Polytrauma Transitional Rehabilitation Program at Hunter Holmes McGuire VA Medical Center, I have encountered many case managers who are patient champions committed towards mission sustainability while facilitating a clear pathway of care. Recently, I interviewed two of my fellow case managers and a TBI recovery support specialist in order to develop a better understanding of how each of us interconnects during a patient's recovery to provide a transparent pathway of care. They all agreed that the results and rewards are not only for the patients and their families, but also for themselves as they fulfill their personal goals to "give back."

Jackie Haygood, Nurse Case Manager, Womack Army Medical Center – Jackie is the epitome of a military facility case manager, participating on two teams within family medicine. She manages and facilitates the care for active duty service members, their dependents and for retired service members, encompassing behavioral health, residential programs, newborns and pediatrics with complex needs. The challenges she faces on an everyday basis include the broad spectrum of patients, increased population of geriatric patients, lack of a centrally located resource system available for patients, providers and case managers to share information and knowledge and assist with the navigation of care in a timely manner. When asked how being a staff floor nurse enriched her position as a case manager she replied, "I think being a good case manager has less to do with being a floor nurse and more to do with work ethic, integrity and desire to do WHATEVER it takes to help an individual."

Mary E. "Beth" Dameron, RN, MSN, CRRN, CCM, STAR (Servicemember Transitional Advanced Rehabilitation) Program Case Manager, Hunter Holmes McGuire VA Medical Center - "A unique challenge I face as part of a new program is that many of the roles of case management overlap between the nurse and social worker. Being able to do the job and identify specific responsibilities to ensure that the needs of the patient are being addressed is a collaborative effort," said Beth. "Being a traditional staff nurse on an inpatient unit created the foundation for case management, it was the introduction to the diverse needs and aspects of holistic patient care."

Carolyn Donahue, BSW, RN, CBIS, TBI Recovery Support Specialist (RSS), Defense & Veterans Brain Injury Center (DVBIC) – "Having both a social work background combined with a nursing degree is helpful but you are only as good as your resources. I don't know what I don't know until someone asks, and I don't know," Carolyn said. As a TBI RSS, she is often serves as the eyes and ears of the patient, family members and health care providers. She endeavors to empower patients and families by providing them resources and contacts as they progress throughout the recovery

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process. Her years of experience and her extensive, well used set of tools that are the safety net for many active duty service members as they transition to civilian life and for veterans as they all continue on the path to recovery.

For many patients and their families, their first exposure to a hospital setting is the day of their injury. The language is unfamiliar; they are bombarded with a constant barrage of questions; their lives are no longer their own; and they feel vulnerable and afraid. Trust is a key element during the healing process and is not immediate. The role of the case manager is not generic; each entity interconnects with the next to provide a seamless transition to the next phase of recovery. Knowing the right resources to call can positively alter outcomes for both the patient and their family.

Individuals who choose to serve as case managers or recovery support specialists must bring their own motivation, moral strength, independence and confidence to the mission. Often working without substantial support or direct supervision, they place themselves in the center of confusion in today's challenging health care system. They ask the tough questions and have the commitment to go the distance, offering ongoing, individualized services, becoming involved in identifying and finding medical treatment alternatives and revising the treatment plans as needed.

Hope is more than a word. For case managers and recovery support specialists, it defines who you are. They often provide the guiding light in the lives of patients and their families in their darkest hours, and they are not afraid to grab the hand that is reaching out to them from the fog and gently guide them through the storm. People need to believe that things are going to be okay. They need to be able to trust the word of a stranger, or the voice on the telephone that has the expertise to help them navigate the storm they have been thrown into. When it is "your" loved one that has been injured and in the hospital – when it is "you" that received the dreaded call, and you are unable to drop everything and be at their bedside, the voices of strangers becomes your life lines. Those voices belong to the case manager and recovery support specialist.

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Synapse Highlights: A unique in-person and virtual hybrid event to discuss TBI-related best practices and cutting-edge research. Connects DoD and VA health care providers with the best minds in TBI clinical care, research and policy.

- Limited in-person participation available by invitation for the live event at the Defense Health Agency in Falls Church, VA
- Virtual event open to all invited participants
- Session topics include: State of the Science: Current Trends in TBI Research; TBI and Co-Occurring Psychological Conditions; Chronic Pain Management Following TBI; Drug and Alcohol Use and TBI Recovery; Sports Concussion Update; TBI Tech Tools; and MORE!
- Highly interactive: case studies, chat rooms and lively question and answer sessions
- No barriers of geography, time or travel!

For TBI Global Synapse information and to register, go to http://dcoe.adobeconnect.com/tbi/event/event_info.html

UPCOMING WEBINARS

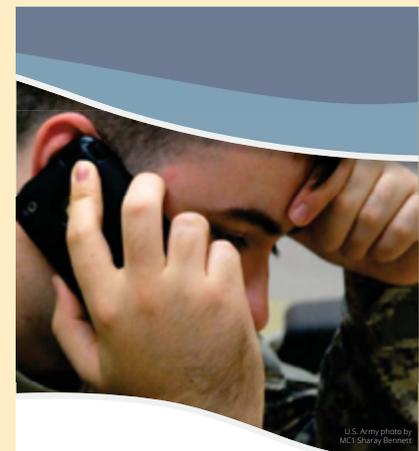
- August 14 - Breaking the Code: ICD-9 Clinical Modification Diagnosis Coding for TBI
- August 28 - Empowering Patient Engagement in Care
- Sept. 25 - Supporting Family Members Surviving Suicide
- Oct. 9 - Gender Difference and TBI
- Oct. 23 - Mental Health and Women in the Military

For more information and to register, go to http://dcoe.mil/Training/Monthly_Webinars.aspx

Updated Resources for TBI Recovery Support Program

The Traumatic Brain Injury (TBI) Recovery Support Program (RSP) ensures that its clients are connected — and stay connected — to appropriate resources as they progress through the entire continuum of care to recovery.

The Recovery Support Program now has a client brochure and fact sheet describing its services that is available for download from the RSP website: <http://dvbic.dcoe.mil/tbi-recovery-support-program>.



Traumatic Brain Injury Recovery Support Program



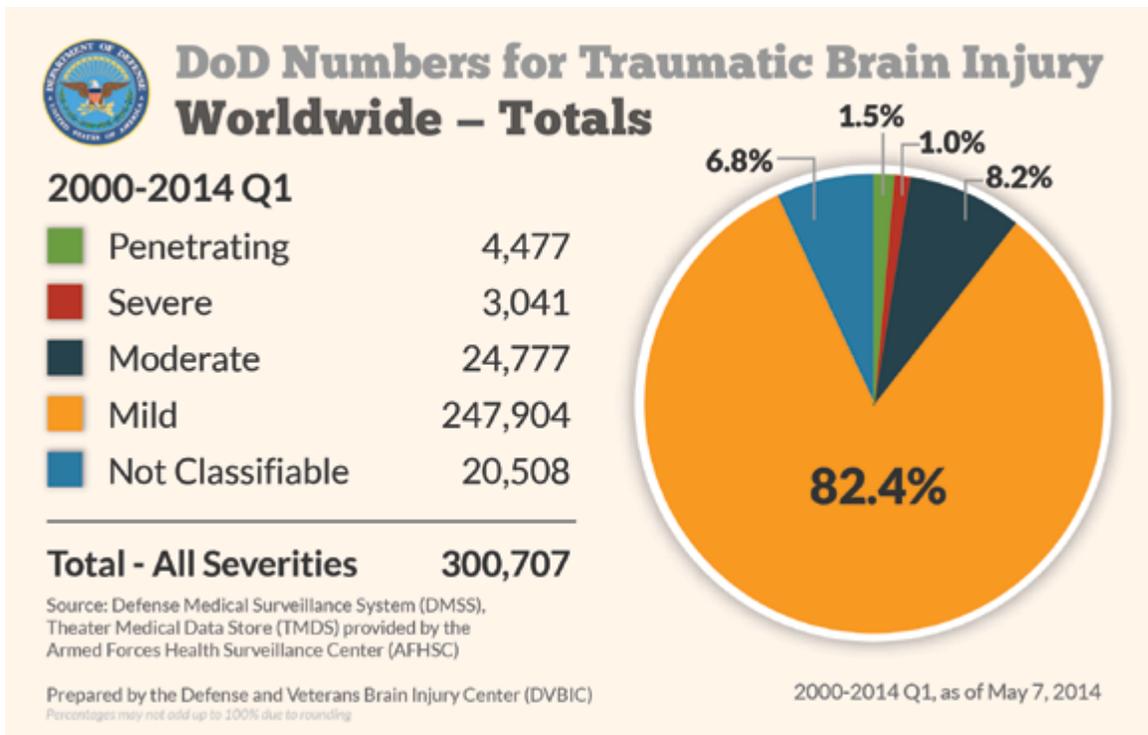
ACTIVE DUTY, GUARD & RESERVE, VETERANS

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Latest TBI Numbers

Latest TBI Numbers (Source: DVbic (<http://dvbic.dcoe.mil/dod-worldwide-numbers-tbi>) and Defense Medical Surveillance System, Theater Medical Data Store provided by the Armed Forces Health Surveillance Center)



Courtesy of dvbic.dcoe.mil