

Military TBI Case Management Quarterly Newsletter

TBI Case Management Community of Interest

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The ICE questionnaire allows you to tell us more about your awareness and satisfaction with the newsletter. Thank you for your participation.

Quarterly Highlight

TBI FY2014 Year in Review

By Mary Ellen Knuti, Outreach Specialist, TBI Recovery Support Program, DVBIC



Ms. Kathy Helmick

Kathy Helmick, Deputy Director, DVBIC, kicked off the 2014 TBI Global Synapse by highlighting seven key accomplishments and events in traumatic brain injury research, clinical affairs and education during FY2014. A brief summary is provided here.

State of the Science Clinical Recommendations

– Three new clinical recommendations have been issued this past year:

- Progressive Return to Activity Following Acute Concussion/Mild TBI: Guidance for the Primary Care Manager in the Deployed and Non-deployed Settings
- Progressive Return to Activity Following Acute Concussion/ Mild TBI: Guidance for the Rehabilitation Provider in the Deployed and Non-deployed Settings
- Management of Sleep Disturbances Following Concussion/Mild TBI

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About the Quarterly Newsletter

The Military TBI Case Management Quarterly 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.

Need to make a referral to DVBIC's TBI Recovery Support Program (RSP) or request an onsite or video teleconferencing presentation about the RSP? Email: nrmc.dcoe.tbirecoverysupport@mail.mil.



DCoE
Real Warriors Campaign



DCoE
Real Warriors Campaign



DCoE Outreach Center: Available 24/7 | 866-966-1020 | resources@dcoeoutreach.org | dcoe.mil/families/help.aspx
 2345 Crystal Drive | Crystal Park 4, Suite 120 | Arlington, Virginia 22202 | 877-291-3263
 1335 East West Highway | 9th Floor | Silver Spring, Maryland 20910 | 301-295-3257
dcoe.mil



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Call for Nominations: Excellence in Case Management

Defense and Veterans Brain Injury Center will be celebrating those who have contributed to excellence in care for our wounded warriors with traumatic brain injury. Send in your nominations today to recognize outstanding case managers or care coordinators for their work with our nation's service members, Guard, reservists, and veterans with TBI across the Military Health System and Department of Veterans Affairs. Case managers who meet the nominating criteria will be acknowledged in DVBIC's newsletter and receive a certificate of recognition from DVBIC. Nominations are open until Wednesday, Nov. 12, 2014.

Criteria for Nomination: Nominee should demonstrate innovation and high performance that contributes to the advancement of case management practice(s) supporting wounded warriors with TBI. Examples include:

- Developing and implementing TBI or other program improvements with **demonstrated** positive outcomes measures
- Identifying and securing **hard-to-find** services and resources, going "above and beyond" for wounded warriors
- Providing case management services in new or **innovative** ways to reach those in remote areas and facilitate their care needs
- **Improving** the TBI case management program either at a site or overall through the MHS or VA

Please provide the following information to Mary Ellen Knuti, DVBIC, MaryEllen.Knuti.ctr@mail.mil: Name, rank (if applicable, may also be a civilian or contractor) program name, duty station, phone number email and mailing address. A short paragraph (150 words maximum) synopsis of how this team member has contributed to excellence in case management services or programs for our military should accompany all submissions. Photos are encouraged but not required. Submissions will be reviewed by DVBIC's Clinical Affairs Division leadership. Please feel free to share this opportunity to recognize and nominate outstanding case managers with your colleagues. Contact Mary Ellen Knuti, MaryEllen.Knuti.ctr@mail.mil or 301.628.2932 for further information.

NEW– TBI Care: Our Mission in Action

Call for TBI Care Narratives What are the challenges, the successes, the lessons learned that you, as a provider, have experienced when serving active-duty military, Guard and reserves, and veterans with TBI, their family members and caregivers? How do case managers, care coordinators, OTs, PTs, social workers and nurses intervene? What is the impact of collaborating with other care providers? Where is improvement in care needed? Share your experiences and resources here with your colleagues. For further information or to submit a care narrative, contact Mary Ellen Knuti, editor, MaryEllen.Knuti.ctr@mail.mil, 301.628.2932.

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This quarter's TBI care narrative was submitted by Elizabeth Pletcher, Recovery Support Specialist, Defense and Veterans Brain Injury Center, Walter Reed National Military Medical Center.



Ms. Elizabeth Pletcher

As social workers, it's always gratifying when we're able to connect clients to the exact resources they need in order to succeed. We often find that our clients are unaware of the programs available to them, don't know how to access those programs, or are hesitant to take advantage of the help that is out there waiting for them. A recent case I had exemplifies these issues.

An Army veteran living and going to school in Texas had sustained a traumatic brain injury while active with the Army Reserves. He had started college prior to his deployment to Iraq and was very pleased with his success in the classroom.

When he returned to college post-injury, he found his performance to be completely different than it had been before. He reported having trouble focusing in the classroom. Headaches resulting from his injury were affecting his concentration. Test-taking created intense levels of anxiety and he was having trouble organizing notes from lectures. When I first spoke with this young man, he was gearing up to start his next semester and needing to retake two courses he had failed the previous semester. He had no new plan of action for how to succeed in the courses, he was just going to give it another try and hope for better results.

The first thing I did was to send him DVBIC's "Back to School Guide to Academic Success After Traumatic Brain Injury" <https://dvbic.dcoe.mil/material/back-school-guide>. He found this guide to be a huge help, giving him tips to succeed in the classroom, information on financial aid, and different resources for support. As I began to research the specific school he was attending, I found a wealth of local resources available to him that he was completely unaware of. His campus had a Veterans Resource Center where we were immediately able to get him assigned a Veterans Advocate. I spoke with the veteran about the Disability Services Office, which could help him with accommodations specific to his needs. This young man was very hesitant to ask for any special treatment, but in conversation with myself and his new Veterans Advocate he grew to understand that this was not special treatment, but help he deserved and which was exactly what he needed to perform at the same level he had enjoyed, prior to his injury.

This veteran is now pushing through the fall semester much better equipped for success. He has access to a private tutor several hours a week at no cost. He has special accommodations for test taking which include a private room to maximize concentration and more time for taking the tests in order to reduce his anxiety level. There is a counselor at the Veterans Resource Center available to him whenever he feels the need to talk and he can turn to his Veterans Advocate should he run into any problems in the classroom. Last but not least, he's been provided with assistive technology through the Disability Services Office that allows him to record lectures and better organize his notes. All of these fabulous resources were right at the veteran's fingertips; he just didn't know to look for them.

I'm grateful for all of the amazing programs available on campuses across the country to assist our veterans as they return to the classroom. This is only one example of the way these programs truly make a difference in the lives of our transitioning veterans each and every day.

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Two New TBI-support Product Releases

Concussion Coach Mobile App

By Department of Veterans Affairs Public Affairs

Concussion Coach is a mobile phone application for veterans, service members, and others who have experienced a concussion. It provides portable tools to assess symptoms and to facilitate use of coping strategies. Concussion Coach is available now for mobile Apple devices (iPhone, iPad, and iPod Touch) from the Apple App Store and is coming to Google Play. For more information, go to <http://www.polytrauma.va.gov/ConcussionCoach.asp>



A Parent's Guide to Returning Your Child to School After a Concussion

By Defense and Veterans Brain Injury Center Public Affairs



The new guide helps parents of children who have been diagnosed with a mild traumatic brain injury (mTBI) successfully return to school and related activities. The Defense and Veterans Brain Injury Center (DVBIC) has released a 26-page guide that offers practical advice to parents on how to recognize the signs and symptoms of a concussion, information on treatment and recovery, and what a parent can do to support a child's recovery and successfully return to school. For more information on TBI or to download the guide, go to: <https://dvbic.dcoe.mil/material/parental-guide-returning-your-child-school-after-concussion>.

Experts Discuss Research, Treatment Progress on Brain Injury at 2014 TBI Global Synapse

By Jayne Davis and Diana Moon, DCoE Public Affairs

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) sponsored "TBI Global Synapse: A Summit Without Borders" Sept. 15-17 during which military health care providers shared their clinical and operational perspectives on prevention and treatment of traumatic brain injury (TBI). Members of the military health care community and others invested in TBI care for service members, veterans and families participated virtually or in person at Defense Health Headquarters, Falls Church, Virginia. DCoE Director Navy Capt. Richard F. Stoltz, Air Force Lt. Gen. Douglas Robb, Defense Health Agency director, and Kathy Helmick, DVBIC deputy director kicked off three days of discussions including:

- Current trends in TBI research
- Best practices in TBI assessment, diagnosis and treatment
- Innovative approaches to multidisciplinary care
- Management of comorbidities, including psychological health conditions

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Conference Highlights (continued)

Following are select statements, comments and research captured from sessions of the three-day event. Presentations and recordings are available on the conference website: https://events-na7.adobeconnect.com/content/connect/c1/1124277231/en/events/event/shared/1441161140/event_landing.html?sco-id=1441161077&_charset=utf-8



U.S. Navy photo by Mass Communication Specialist 1st Class Curtis K. Biasi



TBI Tech Tools Presentation, 2014 TBI Global Synapse

Sports Concussion Update

In one season of high school football, players can receive 500-750 blows to the head. During one season of college football, players can receive 500-1400 blows. Dr. James Kelly, National Intrepid Center of Excellence, identified his criteria for return-to-play: asymptomatic at rest and with exertion; normal MRI; normal neurological exam; and normal neurocognitive assessment. These criteria are consistent with DoD's protocol for evaluation of concussion.

TBI Technology Tools

Assistive technology is any object that helps people do something they would not otherwise be able to do in terms of a therapeutic goal. The goal for assistive technology is to improve the ability for service members to have individual choice, personal expression, independence, and control of their lives; restore personal resourcefulness; and increase participation in life. The pervasive use of technology tools in the general population encourages patients to use it because it doesn't make them look different from others. Panel subject matter experts included Dr. Catherine Zebrowski, National Center for Telehealth & Technology, Ms. Amanda Reinsfelder and Ms. Laura Cord, Walter Reed

National Military Medical Center, and Ms. Melissa Oliver, Hunter Holmes McGuire VA Medical Center. Panelists agreed that part of the provider's responsibility is to know the technology and consider the patient's physical, sensory and cognitive abilities, expectations, reactions, experiences, personality, financial and social support. Success is based on whether the patient is satisfied using the technology, and its effectiveness.

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Conference Highlights (continued)

TBI and Co-occurring Psychological Health Conditions

Dr. James Bender, Deployment Health Clinical Center, focused on how to provide patients with a monitored, gradual return to duty and life while managing psychological health symptoms. Bender acknowledged a very strong link between posttraumatic stress disorder (PTSD) and TBI, as those with probable TBI may have co-morbid probable PTSD (33 to 39 percent). There's also a strong link between TBI and other conditions such as depression, pain, alcohol substance use/abuse, and sleep (30 to 70 percent of all TBI cases have impaired sleep). He described best practices for treating co-occurring conditions while explaining common clinical challenges and ways to address those challenges.

Concussion Management in the Garrison Setting

Presenters LCDR Tara Cozzaarelli, and Dr. Stephanie Maxfield Panker, Defense Health Headquarters, discussed assessments used while in theater when a service member is suspected to have TBI. It identified key documents that guide concussion care in the Defense Department and U.S. Army. The Army garrison concussion policy, HQDA EXORD 165-13: Department of the Army Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Garrison Setting, was signed in June 2013 and focuses on medical and line requirements. This concussion policy, covering time of injury to seven days, applies to active-duty service members and reserve component in a duty status; formalizes mandatory line leader and medical personnel actions following a service member's involvement in potentially concussive events in garrison; and ensures that all service members involved in potentially concussive events are evaluated as soon as possible after the event, but no later than 12 hours after the event.

For more information about TBI and available materials, visit the DVbic website at dvbic.dcoe.mil.

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TBI FY2014 Year in Review (continued)

All of the 11 clinical recommendations, as well as other education materials issued by DVbic since 2006, are available at <http://dvbic.dcoe.mil/resources>

Capture of Mild TBI/Concussion Health Care Outcomes – DVbic, in collaboration and coordination with the Services and other key stakeholders, developed a memorandum: Military Treatment Facility Concussion/mTBI Health Care Clinical Outcomes Guidance. Now awaiting final approval and signature, the goal is to collect and analyze aggregate data to improve health care through identification of “best practices” and to better track concussed service members. The tools used will be the Neurobehavioral Symptom Inventory (NSI) and Patient Global Impression of Change (PGIC). The target date for implementation and tracking the outcome metrics is Sept. 30, 2015. If you, as a military health care provider, have an opportunity to capture TBI outcomes prior to the policy, it would be ideal to utilize these two tools. Please email info@dvbic.org for a copy of the tools.

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Research into Long-term Effects Following TBI – The Department of Defense (DoD) has several programs and initiatives in place to better understand the long-term effects of TBI. They include:

- Establishment of a brain repository through the DoD Center of Neuroscience and Regenerative Medicine (CNRM)
- Chronic Effects of Neurotrauma Consortium (CENC), jointly sponsored by the DoD and the Department of Veterans Affairs (VA)
- 15-year Longitudinal Study, under DoD
- National Research Action Plan (NRAP) addressing TBI, PTSD and suicide, developed by DoD in collaboration with the VA, Department of Health and Human Services and Department of Education
- NFL (National Football League) and NCAA Grand Challenge Partnerships

TBI Awareness Campaign: A Head for the Future – The program goal is to facilitate improved availability and access to health care for all service members and veterans at risk for TBI. It is to be accomplished by improving and expanding education and public awareness campaigns to highlight prevention strategies, promote safety and heighten awareness and understanding of signs and symptoms of TBI within the DoD and VA. Educational materials are being developed for service members, line leaders, veterans, medical providers and family members.

Guidance on Youth Concussion and Back to School Advice for Service Members and Veterans Who Have Sustained a TBI – DVBIC has developed two guides:

- A Parent's Guide to Returning Your Child to School After a Concussion – The guide educates military parents on how to safely return their child to school after a concussion
- Back to School Guide to Academic Success After Traumatic Brain Injury – The guide provides information service members and veterans need to start their academic journey, from symptom management to choosing a school and adjusting to civilian campus culture

Neurocognitive Initiatives – Significant advancements this past year in the realm of neurocognitive assessments, science and research include:

- Standardization of training and education guidance to support neurocognitive assessments, including slide decks for proctors, primary care providers and neuropsychologists
- Evaluation of emerging science, identifying the needs for baseline pre-deployment ANAM (Automated Neurological Assessment Metric) vice norms database and clinical utility of program (Return to Duty determinations)
- Completion of research studies, including the completion of a) Study of Cognitive Rehabilitation Effectiveness in mild TBI (SCORE) trial and b) Head to Head study of four computerized neurocognitive instruments validity arm

Military Health System (MHS) TBI Pathway of Care – This initiative is now underway with DVBIC serving as the MHS manager for clinical, research and education and training activities. The chartered advisory group will: define and disseminate proven practices; conduct implementation oversight; monitor outcomes; and develop translation strategy and implementation guidelines.

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DCoE/DVBIC 2014 Webinar Series

- Nov. 13 – Technology Interventions for TBI
 - Nov. 20 – Technology Interventions for Psychological Health
 - Dec. 11 – TBI Prevention and Safety Awareness
 - Dec. 16 – Military Culture 101: What Does the Health Care Provider Need to Know?
 - Dec. 17 – Evidence Base for Using Technology Solutions in Behavioral Health Care
- Continuing education credit is available from Duke Medicine. For more information about webinars and creating an account, go to http://dcoe.mil/Training/Monthly_Webinars.aspx.

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)



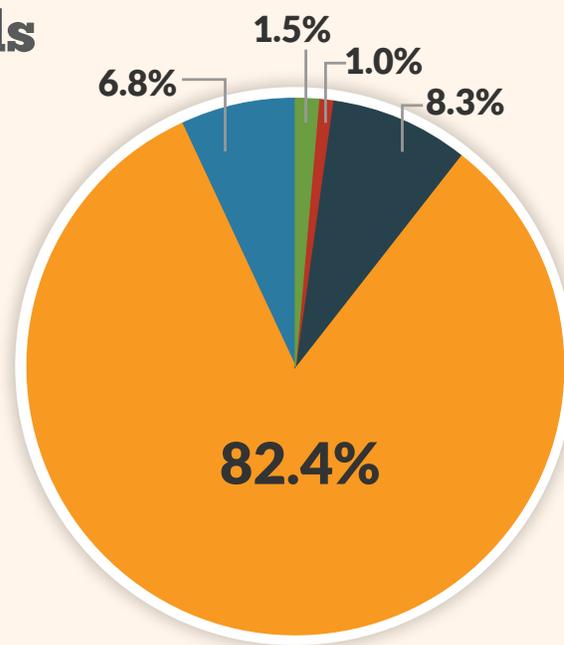
DoD Numbers for Traumatic Brain Injury Worldwide – Totals

2000-2014 Q2

■ Penetrating	4,538
■ Severe	3,088
■ Moderate	25,370
■ Mild	253,350
■ Not Classifiable	20,937

Total - All Severities 307,283

Source: Defense Medical Surveillance System (DMSS), Theater Medical Data Store (TMDS) provided by the Armed Forces Health Surveillance Center (AFHSC)



Prepared by the Defense and Veterans Brain Injury Center (DVBIC)

2000-2014 Q2, as of Aug 19, 2014