

Military TBI Case Management Quarterly Newsletter

TBI Case Management Community of Interest

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Quarterly Highlight

DVBIC's TBI Recovery Support Program: New Name and Expanded Services



By Capt. Cynthia Spells, Chief,
TBI Recovery Support Program,
Defense and Veterans Brain Injury Center (DVBIC)

DVBIC's Regional Care Coordination Program has a new name – TBI Recovery Support Program (RSP) – and it's expanding its reach. Veterans of all eras, as well as active-duty service members and National Guard/Reservists who have been diagnosed with a traumatic brain injury (TBI), their family members or caregivers are all eligible for participation in the program. The name change serves to more clearly differentiate the role and focus of DVBIC's TBI Recovery Support Program and its team from TBI case managers and other care coordinators in the military and veterans' health care systems.

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About the Quarterly Newsletter

The Military TBI Case Management Newsletter is published by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). 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 may be sent to Mary Ellen Knuti, editor, at MaryEllen.Knuti.ctr@mail.mil.



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New Clinical Recommendations: Progressive Return to Activity Following Acute Concussion/ Mild Traumatic Brain Injury

By Therese West, TBI Subject Matter Expert, DVBIC

The Defense and Veterans Brain Injury Center (DVBIC) has released two sets of clinical recommendations (CRs) to help services members who have sustained a mild traumatic brain injury (mTBI) to progressively return to their normal activities following their injury. These clinical recommendations are available for military and civilian health care professionals.

The CRs and companion support tools (CST) on Progressive Return to Activity Following Acute Concussion/ Mild Traumatic Brain Injury in the Deployed and Non-deployed Settings are tailored for primary care managers (PCM) and rehabilitation providers.

To download or order hard copies, visit <http://dvbic.dcoe.mil/resources/progressive-return-to-activity>

Mild traumatic brain injury, also known as concussion, is a common injury affecting many of our service members. More than 80 percent of traumatic brain injuries sustained by military personnel are classified as mild. Current literature recommends gradual return to normal activity as soon as safely possible using a progressive process. However, for those concussed service members who remain symptomatic following the initial recovery period, progression of activity has not been well defined.

These CRs incorporate an evidence-based approach to a graded return to activity and provide specific guidance on:

- Education interventions after diagnosis
- Parameters for physical and cognitive rest
- A standardized, staged approach for increasing physical and cognitive activities to optimize recovery
- Recommendations for progression, regression and referral

Each suite of tools includes: clinical guidance, clinical support tool, provider educational slide deck and patient education products.

After an education intervention for all patients, those with few and mild symptoms are managed by a PCM and follow a self-guided staged recovery. The PCM suite of tools provides an initial framework for gradually increasing service members' activity after concussion. Most individuals who are diagnosed with a concussion can be managed by their PCM with education and guidance for when to follow up.

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Quarterly Highlight

DVBIC's TBI Recovery Support Program: New Name and Expanded Services

The program's TBI Recovery Support Specialists (RSSs), formerly known as Regional Care Coordinators, are assigned to 12 locations throughout the United States in order to provide a nationwide network for coordination of care. The TBI RSSs serve as points-of-contact to assess TBI resources in communities where individuals reside, facilitate access to those services and ensure that clients stay on the path to recovery as they move between military posts or stages of recovery.

A client may enter the RSP through self-referral, or a referral from a family member, case manager or provider at a military treatment or VA facility or civilian program. The recovery support specialist then is responsible for conducting an initial intake interview and providing ongoing recovery support services. These services may include: TBI education, emotional support, identification of local resources and programs and advocacy on behalf of the client. The RSS provides follow-up services, by completing regular check-in calls to track TBI symptoms and recovery up to 24 months. If the client moves, the RSS transfers him/her to a RSS in the new location. The RSP uses the Neurobehavioral Symptom Inventory (NSI) and the Patient Global Impression of Change (PGIC) surveys to assess client outcomes, i.e., improvement in symptoms and quality of life, and effectiveness of intervention.

The TBI RSP also serves as the primary TBI resource to other military and veterans care coordination systems, including Warrior Transition Units, each of the services' Wounded Warrior programs, the Defense Department's and Veterans Affairs' joint Federal Recovery Coordination Program. The TBI RSP provides information about TBI resources, trainings and research to providers as they meet the clinical needs of TBI clients.

Due to physical, cognitive or psychological symptoms, service members or veterans with traumatic brain injury (TBI) may have difficulty successfully participating in their treatment. Since 2007, DVBIC's TBI recovery support program has been providing services and information to its clients as they negotiate complex systems of care; offering education, advocacy, support and connections to resources within the military, veterans and/or civilian communities.

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Thank You, Farewell and Welcome to the TBI Recovery Support Program Team Members

By Lori Dickerson-Odoms, Program Analyst, TBI Recovery Support Program, DVBIC

On behalf of the TBI Recovery Support Program (RSP) team and DVBIC, we would like to say thank you, goodbye and best wishes to departing RSP team members and welcome new staff to our team.



Kelly Wood, Recovery Support Specialist (RSS) at Fort Bragg, retired on March 14. Kelly joined DVBIC in 2004 and had been with the Care Coordination program since its inception in 2007. Kelly was the program's matriarch and we have all benefited from her wisdom and wealth of experience in the military, with TBI and with DVBIC.

Lisa Dandurand joined DVBIC in 2009 as the RSS at the Naval Medical Center San Diego. She transitioned to another part of DVBIC on February 14. Lisa is now the Care Management Coordinator in the Warrior Recovery Center, Deployment and Behavioral Health at Camp Pendleton. Lisa hit the ground running and has been a major asset to the program.



Sue Kennedy served as Case Management Subject Matter Expert at DVBIC for four years until February 7. She developed and launched TTWRL, the Telehealth and Technology Web Resource Locator, DVBIC's online database of TBI-related resources. Sue also took the lead for the Military TBI Case Management Resources Compendium and was editor of the Military TBI Case Management Quarterly Newsletter. Her expertise will be missed.

DVBIC thanks Kelly, Lisa and Sue for their exceptional commitments to DVBIC, the Recovery Support Program and to the service members and veterans who have had the wonderful opportunity to cross their paths. We wish you well as you embark upon new phases in your lives

We are fortunate to welcome three new staff members: Teresa Burke, Recovery Support Specialist at Fort Belvoir; Elizabeth Pletcher, Recovery Support Specialist at Walter Reed National Military Medical Center; and Mary Ellen Knuti, Outreach Specialist at DVBIC headquarters.

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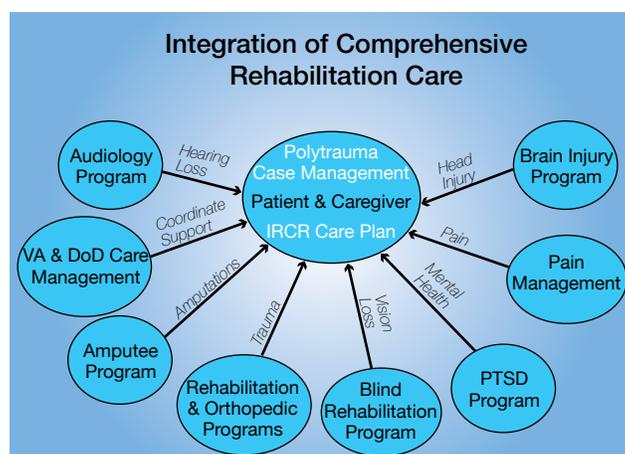
VA Polytrauma Case Management: Partners, Experts and Advocates

By Lisa Perla, National Polytrauma Coordinator, Department of Veterans Affairs and
Micaela Cornis-Pop, National Polytrauma Program Manager, Hunter Holmes McGuire Veterans Affairs Medical Center

Higher battlefield survival rates in the combat operations of Iraq and Afghanistan have resulted in more complex casualties that include the compounding effects of traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), multiple amputations, and the complications of blindness, deafness, and genitourinary injuries. To match the needs of patients requiring care for these complex medical and psychological issues, the Department of Veterans Affairs (VA) built an integrated polytrauma system of care.

VA's Polytrauma System of Care (PSC) is a nationwide network of over 100 facilities with specialized rehabilitation programs for veterans and service members with polytrauma. PSC facilities are organized into a four-tier system that ensures access to the appropriate level of rehabilitation based on the needs of the veteran and service member. Additional information regarding the PCS can be found at the VA polytrauma website, www.polytrauma.va.gov.

VA polytrauma case managers face complex challenges in coordinating patient care after polytrauma and brain injury. In a sudden, unexpected and tragic event, a formerly independent adult often requires assistance or supervision with even the simplest of tasks. Polytrauma case managers are compassionate advocates for these patients and have the specialized knowledge and training needed to navigate benefit coverage and the patient's evolving clinical needs. A key component of successful outcomes for patients with brain injury is the use of an Individualized Rehabilitation Community Reintegration (IRCR) plan of care. The IRCR is based on recommendations of a team of rehabilitation specialists after completion of a comprehensive TBI evaluation. Rehabilitation goals are developed by the members of the interdisciplinary team including case managers, the patient and their caregiver. (see Figure 1.0 depicting the rehabilitation team). These recommendations are compiled, monitored and communicated by polytrauma case managers and shared throughout the rehabilitation process with the patients and their caregivers.



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New Clinical Recommendations:

The rehabilitation provider suite of tools is for more symptomatic service members who have been referred by primary care managers to rehabilitation providers. Referrals are made for daily monitored progressive return to activity if the PCM determines that they are not progressing as expected; there is no progression in seven days; symptoms are worsening; they are symptomatic after the complete the full progression and are exertion tested; or if this is the second concussion in 12 months and symptoms are reported as moderate after resting for two days.

Both sets of CRs:

- Offer a conservative approach to recovery to enhance healing
- Return the service member to pre-injury activity as quickly and safely as possible
- Interface with theater and garrison Concussion Management Algorithms
- Provide a six-stage progression from rest to full return to pre-injury activity
- Give guidelines for progression, regression and referral
- Utilize the Neurobehavioral Symptom Inventory (NSI) for tracking symptoms
- List key activities for participation and activities to avoid at each stage

TRANSITIONS

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Teresa Burke, formerly with DVBIC as a RSS from 2009-2011, most recently served as the Senior Manager for Outreach and Collaboration with the Defense Centers of Excellence (DCoE) from 2011-2013.

Elizabeth Pletcher comes from Military OneSource, where she assisted wounded warriors from 2011-2014.



Mary Ellen Knuti also comes from DCoE, where she developed marketing strategies for DVBIC products and conducted outreach to senior leadership at military and civilian agencies and health care and veterans service organizations.

VA POLYTRAUMA CASE MANAGEMENT

It is imperative to identify VA-eligible service members and veterans to ensure that they receive the comprehensive benefits earned in service to our country. VA administers a variety of services, programs and assistance to service members, veterans, their dependents and survivors. These include but are not limited to tax-free disability compensation, educational support, vocational rehabilitation services, caregiver support programs, home loan programs, life insurance programs and burial benefits. VA is committed to providing our

veterans with dynamic services and programs to best fit their current healthcare concerns and situation. Positive outcomes depend on the integration of these complex resources and clinical expertise in order to provide new and evolving care for veterans with polytrauma and TBI. VA and Department of Defense case managers understand these clinical and resource complexities and partner to improve care management strategies that meet the complex psychosocial, functional and medical needs of veterans, service members and their caregivers.

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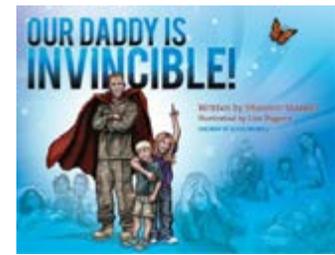
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ANYONE, ANYTIME, ANYWHERE – BRAIN INJURIES DO NOT DISCRIMINATE

Community and Base Hospital Programs Highlight DVBIC and Brain Injury Awareness Month

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

Woodlawn Elementary School, Alexandria, VA, and Fort Belvoir Community Hospital hosted programs March 6 to kick off Brain Injury Awareness Month and highlight DVBIC traumatic brain injury (TBI) resources.



Head Safety was the theme of the program for over 200 fourth and fifth graders at Woodlawn Elementary School. The school, less than a mile from Fort Belvoir and home to many children of service members located there, incorporated the program into its Read Across America Week. Regional Education Coordinators Pam Sjolinder (Fort Belvoir) and Randy Gross (Hunter Holmes McGuire VA Medical Center) led the students through an informative program featuring brain injury facts and safety. Author Shannon Maxwell read from her book *Our Daddy is Invincible*, which describes from a child's point of view the adjustment family members make when their service member father comes home from Iraq with a penetrating traumatic brain injury. Ms. Maxwell also talked with students about the physical, cognitive and emotional/behavioral changes associated with a TBI, based on her book, *Big Boss Brain: Learning about Traumatic Brain Injuries*, also written from a child's perspective.

Kickoff Event for Brain Injury Awareness Month

By Corina Notyce, Communications Consultant, DCoE Public Affairs

The Defense Department hosted a special event at Fort Belvoir, Va., March 6, to raise awareness of brain injury prevention and care. The event kicked off a month of focus on traumatic brain injury (TBI) by the Defense Department and partner organizations. Defense and Veterans Brain Injury Center and Fort Belvoir Community Hospital hosted the event at the Intrepid Spirit Center.

A personal story from an Intrepid Spirit patient at Fort Belvoir was an emotional highlight. Staff Sgt. Jonathan Meadows and his wife shared a glimpse into his journey of recovery from the mental and physical effects of TBI and posttraumatic stress disorder.



Staff Sgt. Jonathan Meadows
and Mrs. Meadows

Read the news article [“Kickoff Event Spotlights Traumatic Brain Injury”](#)

DoD photo by Marc Barnes

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DCoE/DVBIC 2014 Webinar Series – Continuing Education Credit Now Available Through Duke Medicine

By DCoE Public Affairs Office

Continuing education credit is now available from Duke Medicine. DCoE's awarding of continuing education credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to U.S. active-duty service members, reservists, National Guardsmen, military veterans and/or their families.

To qualify for receipt of continuing education credit for applicable webinars, eligible participants must create a profile in the Duke Medicine Learning Management System and register for the event on, or before, the event registration deadline. Complete responses to all pre-requisite course questions are required to be eligible to receive credit for attending this event. For more information about webinars and creating an account, go to http://dcoe.mil/Training/Monthly_Webinars.aspx.

2014 Schedule

- May 8 – Posttraumatic Headache
- May 22 – DSM-5: Revisions and Implications Related to Posttraumatic Stress Disorder
- June 12 – Unique Male Risk Factors for Mild TBI
- June 26 – The Limits of Adaptive Coping: Neurobiology of Extreme Stress
- July 10 – Safety and TBI
- July 24 – Safety and PTSD

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

