



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

Change Your Mind about Brain Injury

By Carol Roos, DCoE Public Affairs, edited by Mary Ellen Knuti



Prevent. Recognize. Support. These are the key messages of Brain Injury Awareness Month, which was observed in March. Nearly 1.7 million people sustain a traumatic brain injury (TBI) every year in America. TBIs happen to service members, both while deployed and at home station. The most common causes in either environment are falls and motor vehicle accidents. The month has been dedicated to raising awareness about TBI — on and off the battlefield.

During March, the staff at Defense and Veterans Brain Injury Center (DVBC) participated in over 580 events throughout the United States, as well as at military installations overseas. This edition of the *Military TBI Case Management Quarterly Newsletter* focuses on TBI educational events and resources available to service members, veterans, their families and providers.

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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 TBI 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 DVBC's TBI Recovery Support Program (RSP) or request an onsite or video teleconferencing presentation about the RSP? Email: nrmc.dcoe.TBIrecoverysupport@mail.mil



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Safety Announcement: Concussion Management Algorithm

Effective January 2015, sleep medication dosage recommendation in the Concussion Management Algorithm (CMA) in the Deployed Setting (Version 4.0, 2012) has been modified. The Defense and Veterans Brain Injury Center (DVBIC) modified the CMA product in accordance with a label change approved by the U.S. Food and Drug Administration (FDA). The label change specifies new dosage recommendations for zolpidem products (i.e., Ambien and Ambien extended release) that are widely prescribed sleep medications. The FDA approved this change because of the known risk of next-morning impairment with these drugs.

On the CMA pocket and wallet cards, information contained on page S-2 under the heading “Primary Care Management,” bullet 8 has been changed to: “Review current medications and sleep hygiene (Healthy Sleep fact sheet available at dvbic.dcoe.mil) and consider short-term low dose non-benzodiazepine hypnotic (e.g., zolpidem 5mg).

To order or download updated materials, go to <http://dvbic.dcoe.mil/medical-dosage-guidance-update>. The FDA offers additional information on the use of insomnia drugs <http://www.fda.gov/Drugs/DrugSafety/ucm334033.htm>.

Call for TBI Patient Referrals

Is your TBI patient finishing up treatment at your facility, transitioning out of the military, moving cross country, not keeping his/her appointments, or needing more support than your program can offer? DVBIC’s TBI Recovery Support Program <http://dvbic.dcoe.mil/tbi-recovery-support-program>, which is intended to complement your program and services, is here to help! The program’s Recovery Support Specialists (RSS) are looking to establish and strengthen their referral relationships with clinics treating service members or veterans with TBI.

DVBIC’s 13 TBI RSSs are located at military and veterans’ medical facilities throughout the country. The RSS establishes an ongoing relationship with the client (who could also be a family member or caregiver of the patient) to ensure connection to both clinical and non-clinical care and resources. The RSS provides education, advocacy, advice and support; identifies local resources and programs; tracks symptoms and monitors treatment compliance and outcomes; conducts regular follow-up interviews for 24 months (or longer if needed); and transitions client to another RSS if client relocates.

Email: mrmc.dcoe.TBIrecoverysupport@mail.mil to learn more, meet the RSS covering your facility, or to obtain a list of RSSs nationwide.

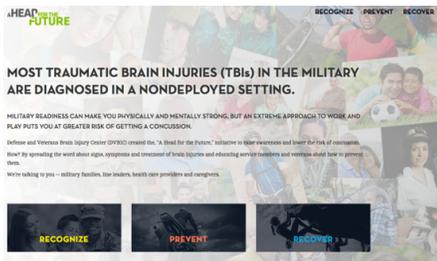
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Product Release

DVBIC Relaunches A Head for the Future

A HEAD FOR THE FUTURE



Defense and Veterans Brain Injury Center (DVBIC) has relaunched its public awareness initiative “A Head for the Future” with a new look and redesigned website. The initiative will:

- Focus on TBIs sustained in nondeployed settings among the first target audience of 18-35 year old service members and veterans.
- Introduce topics by phase and specific cause of injury to target audiences with the first phase focusing on motor vehicle collisions and sports.
- Raise awareness of the signs, symptoms and treatment options for service members, veterans, their families, line leaders, health care providers and caregivers.
- Educate target audiences about the significance of preventing brain injuries in their everyday lives.

A Head for the Future is designed to help case managers and care coordinators share the facts about TBI and guide service members, veterans and families to the help that meets their needs.

Soon, look out for printable and downloadable materials — including fact sheets, advertisements, posters and toolkits — as well as social media campaigns through the DVBIC [Facebook page](#). The initiative will also feature compelling videos of those on their path to recovery.

Visit dvbic.dcoe.mil/aheadforthefuture to learn how the military community has the power to recognize, prevent and recover from TBIs.

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Change Your Mind about Brain Injury

The kick-off event for the month, “Traumatic Brain Injury Educational Forum: Best Practices and Current Research,” was hosted by DVBIC at Walter Reed National Military Medical Center, Bethesda, Maryland. It included a panel of military TBI experts and a survivor.

Dr. Joel Scholten, acting national director of Physical Medicine and Rehabilitation Program Office at the Department of Veterans Affairs (VA), stated, “Using the Web has been instrumental to increasing access to care for veterans with traumatic brain injury (TBI).” According to Dr. Scholten, “A total of 47 VA locations across the country use telehealth technology to connect providers to veterans.” Most of these connections allow veterans to talk with providers from the comfort of home. VA health care providers

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also use a mobile application called [Concussion Coach](#), developed in conjunction with the [National Center for Telehealth and Technology](#), to help veterans manage TBI. The app, which is free to download, can be used as an education and symptom management tool and augments face-to-face encounters with providers. “Assistive technology can be vital to helping a veteran transition back into the civilian community,” Scholten said.

Retired Navy SEAL Master Chief Dan Marshall, who sustained a TBI from a two-story fall during training, said it’s important to get treatment for a TBI early. Marshall knew that concussion could lead to other side effects, so he decided to seek help. He also knew the effect his injury could have on his fellow service members. “The drive for me to get help was [thinking] how I was going to tell my guys to get help,” Marshall said.

Army Col. (Dr.) Sidney R. Hinds, DVBIC director, also discussed care—a clinical pathway of care for TBI. Hinds explained that the pathway of care will apply the practices that scientific research shows to be effective for TBI. “It will focus on outcomes to ensure that what is being done is truly the right thing to do,” Hinds said.

DVBIC is also validating other “usable and tangible” tools for providers and patients that will help guide clinical care practice, said Kathy Helmick, DVBIC deputy director.

More than 80 percent of service members’ TBIs are diagnosed in the garrison setting, said Navy Capt. (Dr.) Richard F. Stoltz, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury director. Since 2000, 320,344 service members were diagnosed with TBI. Of the brain injuries that occurred, 82 percent were mild TBI, also known as concussion.

Presentation materials from the event are available on the [DVBIC website](#).

DVBIC Joins Facebook

By Nina Corin, DVBIC Communications



The Defense and Veterans Brain Injury Center (DVBIC) entered the world of social networking by launching a [Facebook page](#) on March 1.

With the arrival of social networking more than a decade ago, many organizations scrambled to “get social.” Now social networking’s reach is almost incomprehensible. For example, Facebook reported that the month-long 2014 World Cup, “measured the highest level of conversation for any event in history

... 350 million people joined the conversation ... generating 3 billion interactions (posts, comments and likes).”

Today, more organizations — including DVBIC — are investing in a social networking presence, recognizing the importance of connecting with their audiences this way. You can benefit from the DVBIC Facebook presence. Here’s how:

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- Follow. Follow [DVBIC on Facebook](#) for the latest news from headquarters, DVBIC regional sites and other organizations with similar missions. We'll also highlight resources, personal stories, research, events and educational opportunities related to TBI.
- Share. Share posts from the DVBIC page with your network. You'll be helping people learn about the programs and resources they can benefit from, and raising awareness about TBI.
- Engage. Let us and your Facebook friends know what you think — like or comment on posts. You can also post your own content for others to like, share, and comment on. Engagement adds significant value to the content. Your network is more likely to read something you took the time to share, than something they randomly come across.

The DVBIC social media team welcomes your feedback. Tell us what you think about the content we post and what else you'd like to see. Send us information you come across that others might find interesting, or let us know what's happening at your site by providing news and photos. (Remember that a picture is worth a thousand words — even on Facebook!) Contact us at Nina.E.Corin.ctr@mail.mil or Corina.E.Notyce.ctr@mail.mil.

A Case Manager Who Makes a Difference



Elizabeth Ruiz, Polytrauma/TBI social work case manager, Post-Deployment Rehabilitation & Evaluation Program (PREP,) is shown here with Bob Blackwood, chief of social work service, James A. Haley Veterans' Hospital, Tampa Florida. She is one of the 22 military and veterans health care systems case managers who were recognized in January for their excellence in TBI case management. To read about all the case managers who were recognized, go to <http://dvbic.dcoe.mil/case-management-resources>.

(Photo courtesy of Sebrina Posey)

DCoE/DVBIC 2015 Webinar Series

April 30 – Psychological Health and Resilience of Children in Military Families: How it Impacts the Family

May 14 – Impact of Caregiver Stress

May 28 – Acceptance and Commitment Therapy for Depression and/or Anxiety

June 11 – Outcomes Following Concussion

June 25 – Outcomes: Anger, Aggression and Violence in Male Service Members with PTSD

July 9 – Avoiding Risky Behaviors and TBI

July 23 – Ecological Assessment of Alcohol Use Behaviors, Self-awareness of Alcohol Use

Continuing education credit is available. For more information about webinars and creating an account, go to http://dcoe.mil/Training/Monthly_Webinars.aspx.

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Resources for Promoting Brain Injury Awareness

Make sure to check out these other must-have resources for promoting brain injury awareness, including information on prevention, recognition and treatment.

- **DVBIC website:** Learn more about TBI and download or order free TBI materials for service members, veterans, military families and health care providers, including the [Brain Injury Awareness Month poster](#).
- **DCoE Blog:** Subscribe to the [DCoE Blog](#) for blog posts on TBI. Check out the [Traumatic Brain Injury category](#) to read previous blog posts, such as "[Specialists Do a Little of Everything to Get TBI Patients Care](#)," "[Military Care Coordinators Learn to Identify Brain Injuries](#)," "[PTSD, TBI Recovery: You Don't Have to Do It on Your Own](#)," and "[10 Tips for Managing Mood Changes After Brain Injury](#)."
- **Military Health System:** Find educational tools and resources about the prevention and treatment of TBI, and learn about the research and breakthroughs helping to improve and prolong the quality of life for patients living with TBI.
- **Brain Injury Association of America:** Check out their [network of state affiliates](#), local chapters and support groups for brain injury resources in your local area.
- **Centers for Disease Control and Prevention, Heads Up to Brain Injury Awareness:** Download training, mobile applications, information and other resources about concussion in youth sports for coaches, parents and providers. (Courtesy of DCoE Public Affairs)

Former Army Medic Supports Service Members with TBI



Posted by: Corina Notyce, DVBIC Communications on March 9, 2015

A regional education coordinator is one of a team of people that Defense and Veterans Brain Injury Center (DVBIC) stations at 16 regional sites around the country. The regional education coordinator serves as a key resource for service members, veterans, family members and health care providers, offering information on treating, managing and preventing traumatic brain injury (TBI). Randy Gross, regional education coordinator at Hunter Holmes McGuire VA Medical Center in Richmond, Virginia, talks about his work.

Randy Gross (Photo courtesy of Randy Gross)

Q: *What exactly do you do?*

A: Regional education coordinators educate the community about traumatic brain injury recovery, prevention and best practices in treatment. We work with a variety of people, from individual meetings with patients to presentations before large groups of families or doctors. Most of my interactions with patients and families are at the hospital; however, I also talk with people in the community, which expands our outreach. I meet with approximately 200 individuals a year and go to 40 outside events, where I typically host an information booth and participate in panel discussions relating to military and veteran health care. These events have included veterans' welcome-home gatherings and military-focused workshops hosted by student veterans associations at local universities.



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Q: What inspired you to become a regional education coordinator?

A: I served in the military for 10 years as an Army medic. When I left the service, I wanted to continue serving military personnel, but I wasn't sure how. I felt a calling to work in the medical field, but I didn't want emergency medicine to be my sole mission in life. I'm thankful someone suggested this position to me. It's really the best of both worlds — I'm able to provide education to hopefully prevent someone from experiencing a brain injury, but I also understand TBI treatment and can support patients through the rehabilitation process.

Q: How has your life experience impacted your work?

A: One of the most rewarding positions I ever held was that of a front-line medic in the U.S. Army. Many times, I was the first responder to medical emergencies. I've also sustained multiple brain injuries, beginning at age three and continuing through my late twenties. Some injuries were sports-related, as I played soccer for many years. I also sustained a concussion (mild TBI) during my service, when I collided in midair with a fellow paratrooper, and my reserve parachute deployed. Because I was rapidly descending with two open canopies, I couldn't steer clear of obstacles. I hit the tarmac — which is how I got the concussion — and was dragged more than 100 yards.

In 2010, I began working for DVBIC and found that my military experience and personal struggles with TBI helped me understand what patients go through. When I work with patients, I talk about what was helpful to me during my recovery, like writing things down and putting things back in the same place every time. One of the most common symptoms related to TBI is memory problems, and writing things down is one simple way of keeping track of things. I try to share as many helpful tools and tips that helped me during my recovery as I can.

Q: What challenges, if any, do you have at work?

A: One of the most challenging aspects of my job is helping service members return to work — when they're ready. The majority of our patients are on active duty and they want to get back to work as soon as they can. They have a hard time slowing down physically during recovery, especially if they're used to being active. I emphasize the importance of allowing the brain to recover and the possibility of second impact syndrome if they sustain another concussion during the healing process. DVBIC developed guidelines to help primary care and rehabilitation providers enable their patients to gradually return to their normal routines while their brains heal. Although most people recover quickly from mild TBI, recovery can take up to 90 days. We want patients to recover as quickly and safely as possible.

Q: What do you find rewarding about the work you do?

A: What's most rewarding is seeing the improvement of the service members, from acute injury to rehabilitation and full recovery.

Q: What aspects of TBI do you focus on most with the people you talk to?

A: With patients, service members and their families, I emphasize the healing process, to limit the risk of patients sustaining a second TBI while they're still recovering from the first. Rest is very important after a brain injury because it helps the brain to heal. For providers, I emphasize education, education, education. Patients don't know what they don't know.

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Q: *What's your favorite work-related story?*

A: One of my favorite stories was meeting a patient from the same regiment as me. He was having trouble finding words and concentrating, and also had problems with impulse control resulting from his brain injury. His doctors thought that he would have to take medical retirement. However, by focusing on completing the recovery process, he was able to return to a warrior transition unit. Now he's training to go back through selection to rejoin his brothers in arms.

Q: *Any other good stories?*

A: I conduct outreach twice a month at the Petersburg Freedom Support Center in Petersburg, Virginia, which opened its doors last year to the homeless and urban veteran population. One homeless individual I met had suffered multiple brain injuries from improvised explosive device (IED) blasts. During a one-on-one education forum, I immediately noticed that he had cognitive issues. I linked the veteran up with the center's patient liaison, who was able to help him register for Department of Veterans Affairs (VA) services. The Freedom Center was able to find the veteran housing almost immediately, but the VA process was prolonged. The VA screened the vet and found he had lingering symptoms of both TBI and posttraumatic stress disorder. Fast-forward four months: the veteran is not only off the streets but is finally recovering from his unseen injuries. He manages his short-term memory, sleep issues and mood swings so well that he's not only able to work full time, but has also been able to fix some broken relationships.

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)

