



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

Call for Volunteers: 15-Year TBI Studies

By Dr. Tracey A. Brickell and Dr. Rael T. Lange, Scientific Directors, 15-Year Study, DVBIC

The Defense and Veterans Brain Injury Center is seeking study volunteers (service members, veterans, and their family members for four traumatic brain injury (TBI) research projects in two broad categories: Natural History Studies, and Caregiver Studies. The 15-year duration of these studies is unique as it is uncommon to be able to conduct a longitudinal study, let alone a series of longitudinal studies, dedicated to examining the impact of TBI for up to 15 years. One important benefit is that the studies not only examine the impact of TBI.

Natural History Studies (IRB Protocol Numbers 353853, 396436, 385518)

Two studies examine recovery from TBI over 15 years in service members with mild, moderate, severe, and penetrating TBIs, as well as two comparison groups including service members with a non-TBI injury and those who have been in the military at some point in time after 2001, but have not sustained a TBI or other injury.

- *Study 1, Comprehensive Pathway:* The aim is to improve understanding of TBI in a military cohort by developing a data repository that contains clinical interview, neurobehavioral, neurocognitive, neuroimaging, blood specimen, and sensory/motor data on service

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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 best practices, ideas 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



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2015 DCoE Summit



The DCoE Summit: Continuum of Care and Care Transitions in the Military Health System is scheduled Sept. 9-11, 2015, at Defense Health Headquarters in Falls Church, Virginia. The event, offered virtually and in-person, will promote a collaborative approach to meeting the psychological health and traumatic brain injury (TBI) needs of today's service members, veterans and their beneficiaries in all treatment contexts and phases of recovery. The summit's psychological health and TBI tracks will address factors that challenge and facilitate the provision of quality, sustained health services across care transitions and the continuum of care.

Target audience: The summit is for professionals involved in all aspects of psychological health and TBI care, education and research for the military population including physicians, behavioral health providers, allied health and rehabilitation providers, nurses, social workers, researchers, and Military Health System leaders.

Continuing education: The summit is expected to provide up to 22 hours of continuing education (CE) credits for health professionals. CE hours will vary by profession. The user-friendly, virtual platform allows participants flexibility to select any or all sessions to meet their CE needs.

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Registration: Registration is open through the [event website](#).

Questions? Bookmark the [event website](#) for updates or [email the summit planning team](#). You must register by 11:59 p.m. (PT) Sept. 11, 2015 to qualify for CE credit.



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Call for Volunteers: 15-Year TBI Studies

members and veterans who were injured since October 2001 (during deployment to OEF/OIF or stateside). The Comprehensive Pathway consists of Clinical Intensive Evaluations (a two-day evaluation at Walter Reed National Military Medical Center; travel is covered by the study sponsors) and telephone/web-based evaluations (1½ to 2½ hours from a location of your choosing).

- *Study 2, Brief Pathway:* The aim is to improve understanding of TBI in a military cohort by developing a data repository that contains clinical interview, neurobehavioral, and neurocognitive data on service members and veterans who were injured since October 2001 (during deployment to OEF/OIF or stateside); or have served in the military since 2001. The Brief Pathway consists of telephone/web-based evaluations (1½ to 2½ hours from a location of your choosing).

Volunteers: Any service member or veteran who has had a TBI and/or bodily injury after 2001. The TBI and bodily injury can be combat or non-combat related, deployment or non-deployment related. In addition, the study is seeking service members or veteran volunteers who have served in the military at some point after 2001 (with or without a history of deployments), who have not had a TBI or bodily injury. Compensation may be offered. Voluntary participation for up to 15 years. Call 855.993.8242 or email natural.history2@dvbic.org.

Caregiver Studies (IRB Protocol Numbers 409648, 367721, 409655)

Two studies are now underway that examine the effects of caring for a service member or veteran with mild, moderate, severe, and penetrating TBI on the family caregiver and other family members, and develop a reliable and valid assessment measure of health-related quality of life for caregivers of persons with TBI, for use in future research and clinical evaluations.

- *Study 1, Longitudinal Study:* The aim is to conduct a 15-year longitudinal study with caregivers of a service member or veteran with TBI to examine the effect of caring for a service member/veteran with a TBI on the caregiver's overall health and well-being, identify the types of health care and social services needed to foster better caregiver psychological and physical health, social well-being, and resilience, and examine the effect of the TBI on the health and behavior of the service member/veteran's children.
- *Study 2, TBI-CareQOL (Quality of Life) Development Study:* The aim is to: address the scarcity of available caregiver health-related quality of life measures by developing and validating a meaningful and relevant measure of health-related quality of life for caregivers of service members/veterans and civilians with TBI, the TBI-CareQOL; and to integrate the TBI-CareQOL into the 15-Year Caregiver Study after development.

Volunteers: Any family member, friend, or significant other who helps a service member or veteran who had a traumatic brain injury after October 2001 while serving in the military. Help can include assistance with any day-to-day activity (e.g., dressing, managing emotions, personality changes, anger/irritability, housework, remembering things, taking medications, managing money, providing financial assistance, running errands, shopping, transportation, preparing meals). The TBI can be combat or non-combat related, deployment or non-deployment related. Compensation may be offered. Time commitment: 1 to 3 hours once a year.



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Voluntary participation for up to 15 years. Call 855.821.1469 or email caregiver.study@dvbic.org for further information or to request an informational flyer to share with potential volunteers.

For more information: For the Brief Pathway and Caregiver Studies, contact Research Coordinator: Rachel Gartner at rachel.l.gartner.ctr@mail.mil or 301-400-2125. For the Comprehensive Pathway, contact Research Coordinator: Angela Driscoll at angela.e.driscoll.ctr@mail.mil or 301-400-3917. Informational study flyers about enrolling volunteers are available by request for posting or distribution.

TBI Care: Our Mission in Action

This TBI care narrative was submitted by Teresa Burke, TBI Recovery Support Specialist, Defense and Veterans Brain Injury Center (DVBIC), Intrepid Spirit One, Fort Belvoir, Virginia.



Teresa Burke

A primary focus of DVBIC's TBI Recovery Support Program (RSP) is to keep service members with traumatic brain injury (TBI) connected to health care and other services as they experience multiple transitions through the Departments of Defense and Veterans Affairs (VA) systems. As a TBI Recovery Support Specialist (RSS), I work closely with case managers and other care coordinators to complement and augment their services. Service members with multiple injuries often have several case managers over the course of their treatment to address needs across medical disciplines and who often focus on direct services, facilitating single transitions between care settings. My engagement with the client is typically long term, 24

months or longer, and often occurs once the need for active case management subsides. I then become directly involved and cover the entire continuum of TBI-related care through rehabilitation and community re-entry.

With TBI patients, their symptoms and diagnoses may affect their ability to follow through with treatment recommendations. In this case, my client was a Special Forces active-duty service member who was due to be medically retired because of dual diagnoses of posttraumatic stress disorder and TBI. The Medical Evaluation Board (MEB) Narrative Summary had just been forwarded to the MEB by his long-term behavioral health provider who subsequently retired from the military.

When the service member was assigned to a new behavioral health provider while waiting for the MEB review to be completed, there seemed to be a lack of connection between the new provider and the service member. The provider referred him to me for assistance in connecting with the service member and for providing the service member with additional support during his transition from active duty to veteran status. At our first meeting, the service member complained about being medically retired, the clinic and all of his providers (to include the many programs he was involved with), not getting better and being confused about his care and what will happen to him in the future. All of these things contributed to his anxiety and a behavioral health set-back.

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When I conducted a DVBC RSP intake interview with the service member, I learned he had missed many appointments at the clinic, as well as appointments with all of his transition team providers (Wounded Warrior Program case manager, Special Operations Care Coordinator, Physical Evaluation Board Liaison Officer [PEBLO], and even his local commander). There had been a lack of communication and care coordination among the providers and programs. The turnover of providers within all venues also complicated his continuity of care. Once this was discovered, I helped the service member make the necessary connections and become re-engaged with his health care providers and transition team members. The required medical treatment plan was revised, and a military treatment facility case manager was assigned to manage his care during his final treatments at the TBI clinic. Additional services within the clinic were provided to enhance outcomes for the service member's recovery. A closer relationship and better collaboration and communication between the providers and service member helped to smooth the MEB and medical retirement process.

I have remained a part of the treatment team and kept in contact with the service member while he was still on active duty. Once the service member completed the MEB process and was retired, he continued his care through the VA. I talk with him regularly, providing support and referrals for additional services (TRICARE Coordinator, OIF/OEF liaison at the receiving VA medical center, and charitable organizations). I am gratified that I was able to connect him back with his providers and transition team and facilitate a positive move to civilian life. I'm here for him over the long term and will continue to reach out to him regularly to ensure he remains connected to services and to facilitate continued access to resources that will optimize his transition.

How and When to Refer to the TBI Recovery Support Program

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 enhanced recovery support? DVBC's [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 (or their family members/caregivers). Email: mrmc.dcoe.TBIrecovery-support@mail.mil to learn more, meet the RSS covering your facility, or to obtain a list of RSSs nationwide.



DVBC TBI Recovery Support Program Network Catchment Regions

To find a TBI recovery support specialist or learn more, visit dvbc.dcoe.mil and click on DVBC Locations, email info@dvbc.org or call the Defense Centers of Excellence Outreach Center at 866.966.1020.

DVBC is the TBI operational component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. DVBC is proud to partner with the Army, Navy, Air Force and Marine Corps on this product.



Traumatic Brain Injury Recovery Support Program



ACTIVE DUTY, GUARD & RESERVE VETERANS

Email questions or feedback to info@dvbc.org April 2014



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9 Resources to Help You Talk with Kids about Brain Injury, Mental Health

DcoE Blog, posted by Myron J. Goodman, DCoE Public Affairs on April 24, 2015



Life as a military child can be tough. But, when you are also the child of a military member coping with a psychological health or traumatic brain injury (TBI) concern, life can feel overwhelming and sometimes scary. Talking to children openly about these concerns can help ease fear and prepare them for challenges ahead.

“It’s helpful to talk with children using examples that will relate to them, their own experiences,” said Army Maj. Demietrice Pittman, a clinical psychologist with the Deployment Health Clinical Center.

Pittman suggests using examples that are age-appropriate and connect with your child’s reality, such as: *“You know when you don’t get your favorite toy, or when you don’t get to spend time with your friends, you get upset? Mom had something happen that may cause her to get upset a little more easily. And she will need to do the same things you would do — walk away or take a time-out.”*

This kind of thoughtful communication can be helpful for any family. Explaining why you live in a certain place, how your family may be different from other families, and what risks your family might experience are important to help children better understand and accept their environments.

“A lot of times, if kids do not see something happen, it’s not real,” Pittman said. “For example, deployment is sometimes a hard thing for them to grasp. Learning that mom or dad was away for six months and something happened doesn’t have the same impact as actually seeing mom or dad fall down,” she said.

Growing up in a military family brings challenges. Making it a priority to talk with your family about changes, and getting help when you need it, can keep your family connected and build resilience.

There are several resources designed to help military families talk about psychological health and TBI concerns. Here are a few worth checking out:

TBI Resources

- [“Addressing Family Needs”](#) booklet
- [“Talking with Children about TBI”](#) booklet
- [“Talking with Children about Moderate or Severe TBI”](#) booklet
- [Family Caregiver Curriculum](#) (for moderate to severe TBI)
- [Big Boss Brain](#) A children’s book addressing traumatic brain injuries

Psychological Health Resources

- [Sesame Workshop’s Military Families Near and Far](#)
- [Parenting for Service Members and Veterans](#)
- [“Helping Toddlers to Preteens Communicate About Changes”](#)
- [“When a Child’s Parent has PTSD”](#)

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Call for Newsletter Articles

Do you have a topic of interest to share with the military and veterans TBI provider community? Please consider submitting a topic for publication in an upcoming issue of the *Military TBI Case Management Quarterly Newsletter*. The newsletter reaches over 2,000 subscribers and is also posted on the DVBIC web site. Articles should be no more than 500-600 words and photos with photo credits are encouraged. DVBIC Public Affairs Office reserves the right to edit as necessary. Email your suggestions to MaryEllen.Knuti.ctr@mail.mil by Sept. 6 for consideration for publication in upcoming editions.

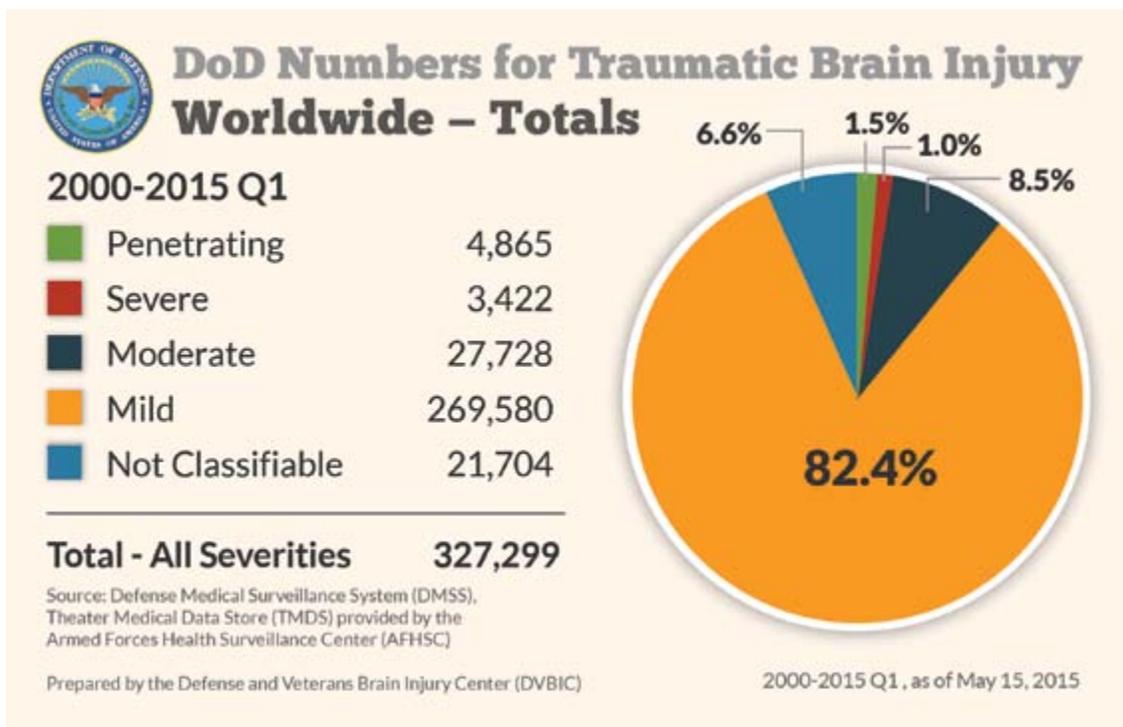
DCoE/DVBIC 2015 Webinar Series

- Aug. 27 – Health Care Management of Military Sexual Assault/Harassment
- Sept. 24 – Screening for Suicide
- Sept. 30 – Avoiding Risky Behaviors and TBI

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

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)



Worldwide numbers represent medical diagnoses of TBI that occurred anywhere U.S. forces are located including the continental United States since 2000. 7