



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

Welcome to New DVBIC Director

Army Col. Geoffrey Grammer officially assumed leadership of the Defense and Veterans Brain Injury Center on March 16, 2016. Grammer replaces Army Col. Sidney Hinds II, who served as the DVBIC national director for almost three years.



Grammer transferred from the National Intrepid Center of Excellence at Walter Reed National Military Medical Center where he was the chief of research. He holds board certifications in psychiatry, geriatric psychiatry, behavior neurology and neuropsychiatry.

Grammer completed two deployments to Iraq. During his first deployment, he served as the medical director for the 785th Combat Stress Control Company; during his second deployment, he served as a psychiatrist at the combat support hospital at Contingency Operating Base Speicher. He also deployed to Afghanistan as a psychiatrist at the combat support hospital in Bagram.

“I’m looking forward to working with the men and women of DVBIC to continue the excellent work they’ve been doing in clinical care, research and education for nearly 25 years,” Grammer said.

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About the Newsletter

Military TBI Case Management Quarterly Newsletter is published by the Defense and Veterans Brain Injury Center (DVBIC), the traumatic brain injury (TBI) operational component of 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 TBI and their families. The newsletter is a forum to share best practices, ideas and resources among the TBI care community. Comments and content suggestions for future editions of the newsletter and subscription updates may be sent to [Mary Ellen Knuti](#), editor.

If you need TBI resource assistance or transition support for your patients, contact the DVBIC [TBI Recovery Support Program](#). You can also request an onsite or video teleconferencing presentation about the program.



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So Long to DVBIC

Capt. Cynthia Spells, chief of the TBI Recovery Support Program (RSP), left DVBIC in June for another position with the U.S. Public Health Service. Here's her message to the TBI RSP team and all case managers and providers supporting patients with TBI and their family members.

I am a social worker to the core — it is a calling rather than a career to me. As a social worker, I am fed by the opportunity and privilege to serve others, to ease pain and to let others know that they are not alone. TBI case managers and providers, including DVBIC's TBI Recovery Support Specialists, do this on a daily basis.

As a career military officer, I am certainly accustomed to "saying good-bye and moving on" (to the next assignment). However, saying good-bye to TBI RSP after three years will truly be very difficult. This program is extremely close to my heart. It epitomizes what I see as a genuine and heartfelt response to the needs of our brave and courageous service members, vets and their wonderful family members and caregivers. I am so proud to have been a part of this program.

I will continue to express my pride in and support of this program as I move to my next adventure. I sincerely thank you for all you do.

Very respectfully,

Capt. Cynthia Spells



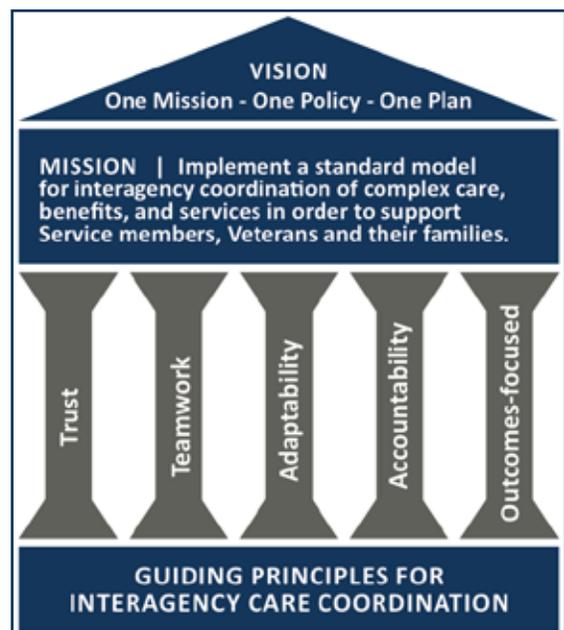
IC3 Collaboration Provides Key Services

Adapted from DoD News, Defense Media Activity, Feb. 25, 2016

The DoD-VA Interagency Care Coordination Committee (IC3) has implemented a joint, standard model of collaboration to ease the transition of service members who require complex care management as they transition from the DoD system of health care to the VA, or within each system. All services and benefits that are a part of the service member/veteran rehabilitation pathway are included: health, military, legal, daily living, family, finances, legal and spiritual.

Each warrior receives a single, shared comprehensive plan that includes a Lead Coordinator to better transition the service member or veteran across all stages of recovery, rehabilitation and reintegration. The Community of Practice Co-Lab supports the IC3 mission. It is a collaborative tool for all those involved in interagency care coordination.

The Co-Lab serves as a web-based solution to enable the electronic exchange of the Lead Coordinator Checklist, a key component to facilitate coordination of care throughout a patient's multiple transitions.





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Mental Health Providers Need Help Too

Posted by Danielle Worthington, Ph.D., Jennifer Tucker, Ph.D., Stacy Tylor, Psy.D., Laura Neely, Psy.D., and Marjan G. Holloway, Ph.D., Uniformed Services University of the Health Sciences, Laboratory for the Treatment of Suicide-Related Ideation and Behavior on May 16, 2016



U.S. Air Force photo by Airman 1st Class Samantha Saulsbury

Do you know a mental health provider who's always physically and emotionally tired? What about a colleague who is going through a significant life stressor such as a divorce and doesn't pay enough attention to how this stressor impacts his or her functioning and work with patients?

How often do you stop and think about your own emotional well-being? What do you do about it?

"Please secure your oxygen mask before assisting others."

It's important to recognize early warning signs of mental health problems, pay attention to self-care and seek help in a timely manner.

Practice What You Preach

Pleasant activity scheduling, deep breathing, behavioral activation, regular exercise, and mindfulness practice: as a mental health provider, you have likely recommended this familiar list of coping strategies with a patient or two. But when was the last time you used these strategies yourself?

As providers, we spend a lot of time engrossed in the thoughts, emotions and behaviors of those we treat. This knowledge and awareness does not always extend to our own experiences. Over time, our own life stressors interact with our occupational stressors and may cause adverse outcomes. We must develop awareness of and cope with our own emotional, cognitive and behavioral health difficulties.

Provider Self-care Pitfalls

We would not expect an oncologist to be immune to breast cancer. Yet some of us, due to our expertise in diagnosing and treating mental health issues in others, may believe that we are resistant or immune to the effects of illnesses such as depression and anxiety. Or, we may recognize mental health symptoms in ourselves but believe that we must treat ourselves before seeking outside help. As one colleague stated, "I am a therapist. I shouldn't need a therapist."

Regardless of the circumstances, recognizing our own mental health issues is often difficult and painful and may result in a cycle of avoidance. Just as our patients develop maladaptive thoughts, emotions and behaviors, we are susceptible too. Recognizing that we need help to cope with our own psychological difficulties may make us feel inadequate and less confident of our clinical skills.

Practical Reminders, Proven Strategies

As you strive to overcome the internal and external stigma related to mental health treatments, it is essential to remember that:

- No one is immune from the damaging effects of stress
- Our mental health and physical health are inextricably connected
- The ability to effectively help others depends on our psychological well-being
- Success and longevity in our careers depend on psychological well-being
- Seeking help is a sign of strength and a positive step toward overall health



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The Co-Lab also contains directories for more than 50 programs involved in interagency care coordination and provides a venue for knowledge exchange and a collaborative workspace for those involved in care and benefits coordination.

The Co-Lab website also provides details and access for Lead Coordinator training and Lead Coordinator Awareness training. For more information about the CoLab, [email CoLab@va.gov](mailto:email_CoLab@va.gov) or Co-Lab.OSD@mail.mil.

Dr. Linda Spoonster Schwartz, assistant secretary for veterans affairs, and co-chair, DoD-VA Interagency Care Coordination Committee, said, "Our collaborative efforts with DoD have improved and enhanced the process of caring for our military members with serious illness, injuries or disabilities, as they recover and return to their communities. Great attention has been made to developing a system which focuses on continuity of care, holistic support services and a 'warm handoff' for service members and veterans as they move from and between military, VA and community health care systems."

New Mobile App Helps Diffuse Nightmares

Adapted from an article by Cathy McDonald, National Center for Telehealth & Technology

The Defense Department's National Center for Telehealth & Technology (T2) has developed a new mobile application to help users rewrite bad dreams to reduce the frequency and intensity of nightmares. The app, called [Dream EZ](#), is based on a nightmare treatment called imagery rehearsal therapy (IRT). The free app is available for Android and iOS devices at the App Store and Google Play.

According to Dr. David Cooper, a psychologist and T2 mobile applications lead, Dream EZ is the first mobile app that uses IRT therapy to address nightmares. The app helps patients stay engaged in their own health care by continuing to practice IRT techniques between appointments.

The technique follows a step-by-step process for identifying, confronting and gaining control over the content of a nightmare. Working with a doctor or therapist, patients use IRT to recall nightmares. Then, using their emotions and senses, they visualize a new ending to the dream and regularly replay it over and over (similar to how athletes visualize their desired performance). Although patients do not usually dream their reimagined dream, most report fewer nightmares, or none at all, or they experience a different, less-disturbing dream.

IRT is effective but intense. Many people struggle with the idea of replaying frightening details about a disturbing dream. Experts like Cooper recommend integrating the technique with psychiatry and behavioral health therapies to treat the underlying condition.

"Up to now, there's really been no app for treating nightmares that accompany PTSD," Cooper said. "In IRT, a patient must put effort into confronting the nightmare, visualizing it, rewriting the plot and ending, and reiterating the new dream over and over for the therapy to be effective. In the past, this was done by hand on paper – but now we've worked to make it easier so you can just use your smartphone."





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Our approach to our own psychological health is likely to improve if we implement strategies that are effective with patients. These tactics may include increasing awareness and recognition of a problem, reducing stigma, using assessment and screening tools, and using empirically based interventions.

Periodic self-assessment can help you recognize rising stress levels and identify areas of practice that have the greatest impact on well-being. Just as a female oncologist does a breast self-exam rather than relying solely on her knowledge of cancer, mental health providers can use objective tools and measures to check their emotional health. The following are examples of tools available to providers to use with patients.

The [Primary Care Provider Acceptance and Action Questionnaire](#) and [Primary Care Provider Stress Checklist \(PCP-SC\)](#) are designed for primary care clinicians but may be appropriate for mental health providers as well.¹ Various smartphone apps also have self-assessment tools, such as The National Center for Telehealth & Technology [Provider Resilience app](#), which enables users to rate their professional quality of life (things like burnout and secondary traumatization levels) on a daily basis as well as track the time since their last vacation.²

It Takes a Village

Strong social support helps reduce the stress of working with difficult populations such as patients with personality disorders or those we perceive are malingering.³⁻⁴ Building a strong consultation and mentorship network can be as simple as seeking feedback: “Please talk to me if you see signs of burnout in my behavior. I’d like to catch it sooner rather than later.”

Open conversations with co-workers that come from a safe and caring place can help us feel supported during individual work with patients. Regular communication with other professionals reduces the anxiety of seeking help when we recognize signs of distress, fatigue or burnout in ourselves.

Supportive relationships in the workplace improve overall resilience for the entire team by improving the well-being of individual members and by modeling health-promoting and accepting behavior for others in the workplace.

As mental health providers, we must effectively recognize and seek help for our own needs so that we can successfully support those we serve.

References

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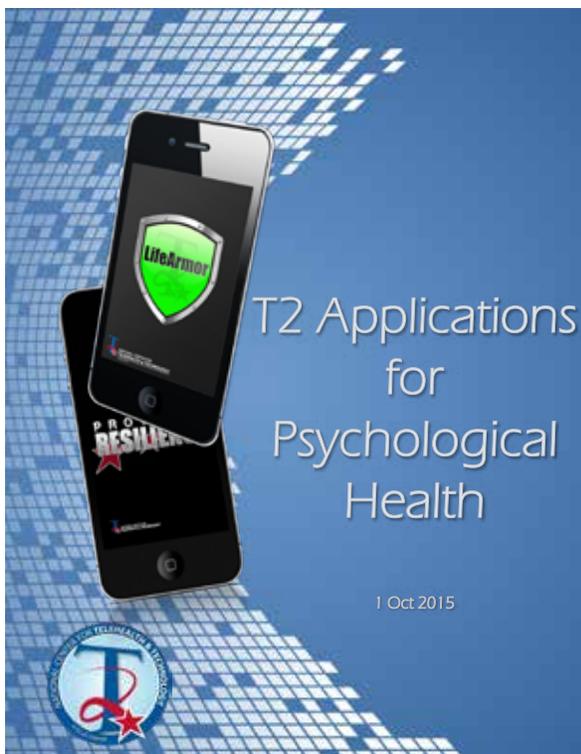
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T2 Guide to Web-based Apps Now Available

This [guide](#) describes websites and mobile apps produced by the National Center for Telehealth & Technology (T2), a component center of the Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury. The information and self-care techniques on these resources were developed by psychologists using evidence-based research. The apps adhere to Department of Defense and federal guidelines for patient safety, security and accessibility. Resources have been developed for use by providers, patients and family members. Questions? [Email](#).

T2 offers free training opportunities for military providers about how to use and integrate these technology resources into your clinical practice. Contact [Dr. Christina Armstrong](#).



Upcoming DCoE/DVBIC Webinars

- Aug 11 – Animal-Assisted Therapy: An Alternative Treatment to TBI Rehabilitation
- Aug 25 – Compassion Fatigue
- Sept 22 – Suicide Assessment and Prevention: Safety Plans and Beyond
- Oct 13 – Unique Perspective for Women with Mild TBI: Gender Differences and Coping Strategies
- Oct 17 – Gender Differences in PTSD Symptoms and Treatment Approaches
- Nov 10 – Athletic Trainers: Critical Role in Military TBI
- Nov 17 – State of the Science on Building Resiliency

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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SEPT. 13-15 Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury 2016 SUMMIT	REGISTER NOW! STATE OF THE SCIENCE: Advances, Current Diagnostics and Treatments of Psychological Health and Traumatic Brain Injury in Military Health Care
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ABOUT THE SUMMIT

Join health care professionals and academics to exchange knowledge on the State of the Science: Advances, Current Diagnostics and Treatments of Psychological Health and Traumatic Brain Injury in Military Health Care.

Presented live September 13 – 15 from the Defense Health Headquarters in Falls Church, Virginia, this three-day hybrid event will connect a limited-size physical audience with up to 1,500 other attendees from around the world via a concurrent virtual component in real-time.

All attendees will have access to 28 hours of evidence-based treatment programming, plus opportunities to join session discussions and Q&As with speakers; earn continuing education credits; visit exhibitors; gain resources; share experiences through peer-to-peer learning; seek new and lasting collaborations with potential partners; and much more!

Plenary sessions will be organized into two tracks - psychological health and traumatic brain injury.

REGISTER TODAY!

To qualify for continuing education credit, you must register no later than 11:59 p.m. (PT) on Sept. 15, 2016.

Follow us on Twitter [#DCoESummit](#)

For technical assistance, please email

usarmy.ncr.medcom-usamrmc-dcoe.mbx.dcoe-summit-event@mail.mil.

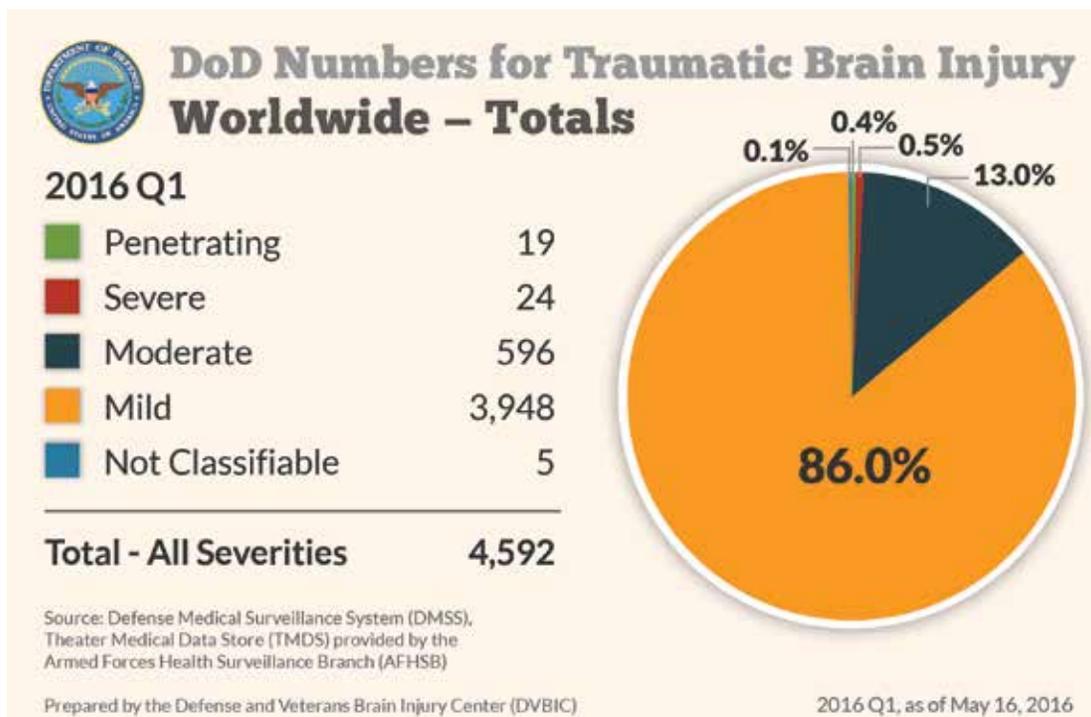


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Latest TBI Numbers

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)



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

Effective October 2015, the International Classification of Diseases was updated. With the improved information, more moderate traumatic brain injuries can be counted. Previously, some cases were categorized as “unclassifiable” severity due to more limited surveillance information. Also in 2015, the Assistant Secretary of Defense clarified the TBI case definition. A subsequent review found that some of the remaining “unclassifiable” cases were likely moderate TBI. This change also will contribute to higher counts of moderate TBI surveillance cases.