

DCoE in Action

Vol. 3/No. 11 | NOV-DEC 2010



This month DCoE “In Action” merges November and December to bring you an end of the year newsletter focused on psychological health in deployment; how servicemembers can take care of themselves through preventive health measures; and reintegration. Beginning in January 2011 be on the lookout for a new layout designed to bring you a more dynamic newsletter!

Under Secretary of Defense Dr. Clifford Stanley Visits DCoE

In September, Dr. Clifford Stanley, under secretary of defense for personnel and readiness, visited the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). Stanley took time to speak with each DCoE directorate and asked questions regarding the work being done for servicemembers living with psychological health concerns.

“Psychological health is very important to our servicemen and women and these types of problems can run very deep,” said Stanley.

Stanley spoke about stigma continuing to be a significant factor in servicemembers fearing potential repercussions related to their career if they talk about their psychological health.

“People think that if you have a psychological problem, it’s a sign of weakness. People can have some really deep seated problems and don’t talk about them, they don’t know they have a problem,” Stanley noted. “That is the other piece. Depending on your personality type, we have many ways of masking it,” he concluded.


DCoE is tasked with combating the stigma associated with asking for help when conditions like PTSD or other



psychological health factors affect servicemembers.

DCoE’s “Real Warriors” campaign is a public education campaign to combat stigma and encourage help-seeking behavior for psychological health concerns. Stanley noted during his visit to DCoE that the Defense Department is continuing to build a better communication effort on its part as well, stating, “we need to get people empowered about the topic of psychological health.

“You have my commitment to this effort, and I believe communication is going to be the key to overcoming such issues,” said Stanley.

To view Dr. Stanley’s bio [click here](#). 



Interim Director Highlights DCoE Accomplishments



Dr. Michael Kilpatrick, DCoE interim director

The past several months have been filled with the fielding of innovative programs and significant progress in improving the lives of our servicemembers, veterans and their families. It has been amazing to watch the growth of DCoE in three short years, first from afar and now as the interim director. DCoE truly has become a leader in the realm of psychological health and traumatic brain injury.

DCoE's vital mission to "assess, validate, oversee and facilitate prevention, resilience, identification, treatment, outreach, rehabilitation, and reintegration programs" related to psychological health and traumatic brain injury for our servicemembers and their families remains as important today as it was in 2007. I'm going to mention just a few of the most recent accomplishments from 2010.

Our Strategic Communications Directorate has had great success in the social media realm with more than 3,100 "fans" on Facebook, www.Facebook.com/DCoEpage, providing resources to an illusive audience not reachable through traditional means of communication. During suicide prevention month they reached more than 3.1 million and

fostered online relationships with approximately 50 other military, veteran, traumatic brain injury and psychological health organizations. Additionally, the DCoE Facebook page is consistently the number four driver to the DCoE website, following Google, CNN and Bing.

Receiving more than 3,757 requests for information, the DCoE Outreach Center, 866-966-1020, has made great strides helping those in need and providing timely responses to requests for resources. Working together with the Department of Veterans Affairs (VA) on suicide prevention efforts, they have forged a strong working relationship to ensure any veteran in crisis is given all of the appropriate resources immediately by linking the veteran and a VA representative. Clearinghouse, Outreach and Advocacy's webinars have transformed the way DCoE delivers resources with a growing audience of 300 or more for each monthly webinar.

The [Real Warriors Campaign](#) continues to deliver DCoE's core messages that reaching out for support is an act of courage and strength; treatment works, the earlier the better; and you are not alone. Over five months Real Warriors participated in two Department of Defense bloggers' roundtables, resulting in 10 online articles, and participated in 68 English and Spanish TV and radio interviews, garnering more than 16.5 million impressions. Veterans Day marked the third highest traffic day for www.realwarriors.net, with more than 1,500 visitors.

With the recently established in-theater protocol for the treatment of mild traumatic brain injury (mTBI), we are ensuring those servicemembers who have deployed and may have been exposed to an event that could lead to a mTBI are screened properly and receive treatment early if needed.

The National Center for Telehealth and Technology (T2) won the gold in The Apps

for the Army (A4A) competition in the morale, welfare and recreation category for the Telehealth Mood Tracker. This mobile application provides users the ability to self-monitor emotional experiences and utilize self-help techniques to manage those emotions.

The Defense and Veterans Brain Injury Center has been hard at work and among other achievements, orchestrated the immensely successful 4th Annual Traumatic Brain Injury Military Training Conference. The more than 900 conference attendees from all services and the Department of Veterans Affairs represented various levels of experience in the field of TBI (34 percent with less than two years, 28 percent with three-five years and 38 percent with five or more years of experience).

As we continue to search for answers for our warriors, our colleagues at the newly opened National Intrepid Center of Excellence have begun seeing patients and developing treatment plans for those who need a more comprehensive approach to their care. We expect great things in the coming months as the center reaches its full operational capabilities.

Another major milestone is The Center for the Study of Traumatic Stress Courage to Care Courage to Talk Program which promotes and improves communication amongst health care providers and families, especially young children. This comprehensive and non-threatening program provides the tools needed to address the myriad of concerns and questions surrounding the healing process and lends itself to the integrative health care model. The website, www.couragetotalk.org, has received 127,518 hits since its launch in late March 2010 and more than 15,000 brochures in both English and Spanish have been distributed.

See ACCOMPLISHMENTS, Page 3

Air National Guard Creates Psychological Health Positions

To provide psychological health capabilities to all servicemembers, the Air National Guard has introduced new positions at the wing level: wing directors of psychological health (WDPH). “Creating WDPH positions fills an important gap in the promotion of psychological health for the Air Guard,” said Dr. Eric Carbone, interim director for DCoE’s Psychological Health Clinical Standards of Care. “These individuals will provide significant psychological support services to Air Guard personnel.”

By creating these WDPHs, all service components now have access to psychological health professionals to advance mental health fitness before, during and post-deployment. “It is vital that all services have active psychological health outreach, promotion and liaison,” said Carbone. “Having mental health expertise present within each Air Guard wing will definitely help fill a current void.”

The WDPHs are psychological health professionals with extensive military experience and a master’s or doctorate degree in a clinical or psychological-health related field. They will have daily interaction with wing personnel, work alongside chaplains and substance abuse program personnel, and be in direct coordination. The directors will also be the point of contact for the Automated Neuropsychological Assessment Metrics, the Yellow



U.S. Air Force photo by Master Sgt. Mike R. Smith, National Guard Bureau

Ribbon Reintegration Program and Air Force suicide prevention and resiliency programs.

Air Guard officials hope to have a total of 97 WDPHs located across the country, giving priority to certain bases that are classified as high risk – ones that have had a higher percentage of suicides since 2005. Population, deployment numbers and those bases involved in high-risk missions are also taken into consideration.

The introduction of the new positions is a testament to DCoE’s mission of promoting and supporting psychological treatment and preventative care in all service components. “A core aspect of DCoE’s mission is to promote effective, consistently high-quality psychological health care and traumatic brain injury management across the military health system,”

said Carbone. “This applies to the entire spectrum of care, from prevention and building resiliency, to identification and screening, through treatment, rehabilitation and ultimately reintegration.”

Subject matter experts at DCoE continue to work at the forefront of psychological health care and look forward to working with the Air National Guard as they provide this care to reserve members. “The WDPH positions will provide a psychological network for the Air Guard—a network DCoE can interface with to ensure collaboration and communication,” said Carbone. “As we do for other networks, DCoE will seek to develop effective two-way communication with the wing directors.”

For more information, visit the [U.S. Air Force website](#).

ACCOMPLISHMENTS from Page 3

The Center for Deployment Psychology has taken the lead in educating civilian health care providers when they developed the one-week intensive course, Addressing the Psychological Health Needs of Warriors and Families which has trained more than 600 providers, and Topics in Deployment Psychology, a two-week course for active-duty providers which has trained close to 176 this year. Both intensive courses are designed to

educate civilian providers on either the military culture, the latest findings in PTSD treatments or issues related to the deployment lifecycle.

As much as DCoE and its component centers have done to help our servicemembers, there continue to be opportunities and requirements for continued improvements. I am proud to be part of a team who refuses to be content with past

accomplishments and continues to strive for greater achievements and success.

My sincere wish is that you all have a very safe and happy holiday season, enjoy personal time with family and friends, and return in the New Year with the passion and commitment for which DCOE is recognized.

Michael Kilpatrick, M.D.,
DCoE interim director

Readjusting to life after deployment can be challenging for servicemembers, veterans and their families. Part of DCoE's mission is to ensure they have access to high-quality reintegration programs and resources. This article is the first in a series spotlighting ongoing reintegration efforts within the services.

Airman and Family Readiness Center Offers Reintegration Assistance

At Shaw Air Force Base in Sumter, S.C., members of the Airman and Family Readiness Center know what airmen returning from deployment are thinking about—being home. Because the center's team understands where the thoughts of servicemembers are, they work to keep initial reintegration briefings simple.

"We have found that when airmen return, we have their attention for about 30 minutes because this is not where they want to be," said Master Sgt. Brian Melton, readiness non-commissioned officer at Shaw's Airman and Family Readiness Center. "When airmen come to a briefing before going on leave, we remind them of certain stressors they may experience and introduce agencies that can assist them. Then, in two months, we bring them back in and ask how they are reintegrating with their family."

The purpose of the Airman and Family Readiness Center is to connect military personnel and their families with services on and off base—providing assistance in areas such as psychological assessment and referral counseling, relocation, family life skills and employment. The center functions as an information center, working closely with community agencies and base organizations to ensure servicemembers have resources available to them when their boots hit the ground—home or downrange.

Senior Airman Alan Spurgeon, who deployed twice to Iraq while stationed at Shaw, said the Air Force's programs and resources helped him tremendously, especially with reaching out for help.

"During my first deployment, there were some things that I experienced that bothered me...I knew I was able to talk to the guys who were closest to me," shared Spurgeon. "After speaking with them and eventually my first sergeant, I met with a chaplain who helped me work some things out."

Spurgeon said that because of the tools and reintegration training he received, his second deployment experience was significantly smoother.

According to a resource on reunion and reintegration offered by the center, families should keep in mind a few things during the transition home:

- Reunion stress is normal




U.S. Air Force photo by 2nd Lt. Emily Chilson

Where can airmen and their families go when they need help?

- Chain of Command
- Supervisors
- Chaplains
- Church/Chapel
- Airman and Family Readiness Flight
- Medical Group
- Life Skills Support Center
- Health and Wellness Center
- Red Cross
- 24/7 Military OneSource (800-342-9647)
- 24/7 DCoE Outreach Center (866-966-1020)

- Reunion is the homecoming event; a major event for all concerned that can be both rewarding and challenging
- Deployments affect more than just the servicemember
- Reintegration is the slow process of developing the "new normal" in relationships
- Resources are abundant—ask for help

"All of the things the Air Force has in place are there to help servicemembers—sometimes they help identify unknown problems and what to do next...and I consider that taking good care of airmen," said Spurgeon. 

DCoE Establishes New Program to Assess Holistic Approaches to Preventive Mental Health

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) is embracing a holistic approach to preventive mental health practices by establishing an enhanced focus area within the Resilience and Prevention directorate: Integrative Health, Resilience and Prevention.

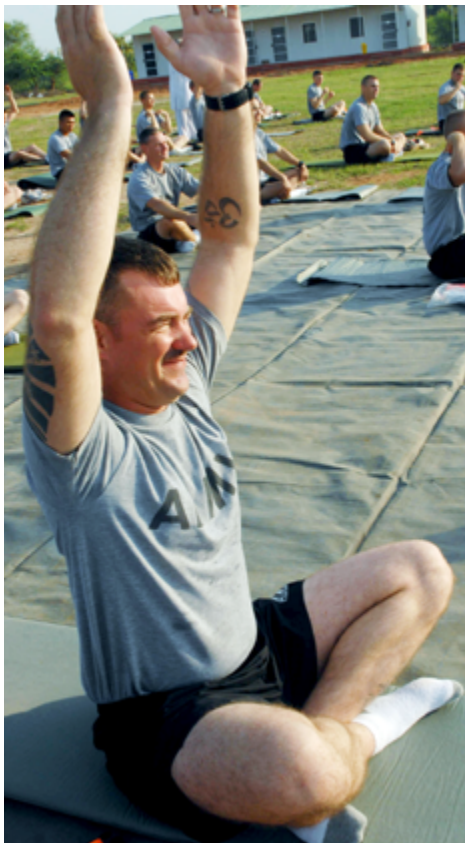
In its early stages, the new program, led by Chief Medical Officer Dr. Nisha Money, will review and assess scientific-based evidence of complementary and alternative medicine and healing and compile best practices.

“There are programs and techniques that allow the mind to develop skills that can help heal the effects of psychological stress or trauma,” said the former Air Force flight surgeon. “We’re excited about exploring new approaches to strengthen, revitalize and optimize healthy psychological states.”

The goal of including holistic and mind-body-spirit approaches to preventive psychological health is to teach servicemembers to be mentally proactive when faced with an intense, emotional situation, whether at home or on the battlefield.

According to Money, who before joining DCoE integrated techniques such as yoga and meditation with the Integrative Restoration (iRest) program at Walter Reed Army Medical Center, these approaches have the potential to unlock the capacity for self-healing to help manage stress and trauma more effectively.

Traditionally, the mental health field has focused on addressing and stabilizing psychiatric symptoms rather than looking at holistic wellness. Money advocates the need for a fresh perspective within the mental health community and she believes that underscoring integrative



U.S. Army photo by Master Sgt. Christina Bhatti

health approaches are critical to servicemember care.

“Integrative health includes a full spectrum of applications that range across performance enhancement, resilience, primary prevention, reintegration, clinical care and rehabilitation,” said Dr. Mark Bates, director of the DCoE Resilience and Prevention directorate. “This approach empowers our servicemembers, veterans and their families to heal, become more resilient and optimize performance in different settings.”

Under the stewardship of Money, DCoE is developing a program to rigorously assess the scientific evidence for and



U.S. Air Force photo by Master Sgt. Lance Cheung

evaluate best practices in integrative health and complementary and alternative medicine.

Servicemembers involved in these programs and treatments can choose to be in both group and private settings that are tailored to their individual, family and organizational needs to achieve an overall healthy state of being.

To see examples of complementary and alternative medicine options currently available to help servicemembers with post-traumatic stress and traumatic brain injury at the Deployment Health Clinical Center, check out videos [here](#).

Health Care Providers Learn to Help Servicemembers, Themselves

The duration and progress of the conflicts in Iraq and Afghanistan brings a previously over-looked concern front and center to military leaders and the public: the psychological health of servicemembers and the impact of post-traumatic stress (PTS) and traumatic brain injury (TBI).

The Defense Department, in response to this concern, is working to train military and civilian clinical psychologists and health care providers to understand and treat the unique mental stressors and residual effects of war like PTS and TBI.

At the [Center for Deployment Psychology](#), training health care providers to help servicemembers is what they do best.

“When you have someone in war who gets shot and needs an operation, you want the best surgeon possible and when you are dealing with psychological health, you want the best person available to help you with your invisible wounds,” said Dr. David Riggs, CDP executive director.

As researchers continue to learn about the impact of mental health concerns and more health care providers are trained, servicemembers will have more resources available to them at all stages of the deployment cycle. While this care for warriors is unparalleled, the psychological health care of deploying providers can be a concern.

Leaders at CDP are aware of the importance of teaching providers to care for themselves while they care for and treat others.

“While providers are trained to help others, they may find that they are not necessarily good at helping themselves,” said Riggs. “It’s important for providers to take care of each other, just like servicemembers are taught to look out for one another.”

According to Riggs there is no “magic pill” for treating servicemembers or psychological health providers. CDP continues to learn from providers who deploy. Through peer-to-peer sharing and practical knowledge, instructors at CDP receive a more comprehensive understanding of what servicemembers actually experience during deployment.

“Not only does [PTS] look different for each person, it looks different from Iraq to Afghanistan. The biggest asset to us is when providers are able to come back and teach us what they learned about psychological care in those places,” stated Riggs.




U.S. Army photo



Lt. Cmdr. Tara Smith, a clinical psychologist with Combat Logistics Battalion 4, 2nd Marine Logistics Group (left), poses for a photo with a young Iraqi girl during Smith’s visit to the Ramadi General Hospital, May 18, 2009 in Ar Ramadi, Iraq. Smith and members of the Al Anbar Provincial Reconstruction Team, held a meeting with the only psychologist in Al Anbar province to see how they could provide aid to the hospital’s mental health program. | U.S. Navy photo

CDP, which began addressing deployment-related psychological health concerns within the military in 2006, maintains its mission to train providers on a daily basis.

“We are learning from them like they are learning from us,” noted Riggs. 

3rd Annual Trauma Spectrum Conference Registration Opens

Emerging Research on Polytrauma Recovery and Reintegration of Servicemembers, Veterans and their Families

Date: Dec. 7 – 8, 2010

Time: 8 a.m. – 5:30 p.m.

Location: Natcher Conference Center
National Institutes of Health
Bethesda, Md. 20892

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury's (DCoE) third annual Trauma Spectrum Conference provides an opportunity to address new and emerging treatments and research in the field of polytrauma for our servicemembers, veterans and their families.

"Conferences such as these allow us to

What is polytrauma?

Simply put, the term refers to two or more injuries sustained in the same incident that affect multiple body parts or organ systems. One example of a more common polytrauma experienced by servicemembers serving today is post-traumatic stress as a result of a traumatic brain injury.

collectively address the multiple issues facing our servicemembers and look to research for better solutions," said Dr. Mike Kilpatrick, interim director of Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

The conference embraces all components of polytrauma: pivotal research, initiatives, personal accounts and treatments.

Key speakers include Deputy Under Secretary of Defense for Wounded Warrior Care and Transition John Campbell and Maj. Ed Pulido, an Army veteran known for his articulate discussion of his personal battle and recovery from a leg amputation and PTSD. Emerging research will also be unveiled along with treatments in support of polytrauma and reintegration.

For more information, or to register for the conference, click [here](#).

Meet This Edition's Real Warrior: Army Capt. Emily Stehr



Photo courtesy of Real Warriors Campaign

When Army Capt. Emily Stehr got back from her 15-month deployment to one of the most dangerous regions of Iraq, her intense experiences were still stuck in her mind. "It was like I was still mentally in Iraq," said Stehr. "My body was here but my mind was still there."

As a physical therapist with the Army's 2nd Stryker Cavalry Regiment, Stehr felt anxious treating her patients, fearful they would not return home: "I felt like we were patching patients together just to go back out again."

Stehr hoped her heavy emotional load would lighten upon returning home. "I got back from deployment and I thought 'Oh, I'll be normal.' And it never got normal, it just got worse. The trigger was the deployment ... just all the stuff that happened."

She became severely depressed and started having suicidal thoughts. "I knew that I was either going to get help or kill myself. There's a lot of shame in that — it's perceived as weakness. And that's how I felt, weak," said Stehr.

Stehr got help. She admitted herself into the psychiatric ward at the Landstuhl Regional Medical Center in Germany where she began cognitive behavioral therapy and joined a depression-management group.

Having battled her psychological health concerns, Stehr shares her story with the hope that other servicemembers will take the same steps she did to recover. See more of Capt. Stehr's story at www.realwarriors.net.

Tools You Can Use

Additional links are available at www.dcoe.health.mil under “Resources”

Resources for Servicemembers and Families

inTransition

24/7 Help: Call 800-424-7277

Whether relocating, changing health care systems or seeking psychological treatment solutions, *inTransition* offers one-on-one support coaches that provide information about resources related to healthy lifestyle options and psychological health concerns.

afterdeployment.org

This online behavioral health resource site provides the military community with self-care solutions targeting post-traumatic stress, depression, anger, sleep, relationship and other deployment-related issues.

Yellow Ribbon Program

A Department of Defense effort in support of National Guard and Reserve servicemembers and their families with information on benefits and referrals before, during and after deployments.

Check out what's new on the [Real Warriors Campaign website!](http://RealWarriorsCampaign.com)

Save the Date

Monthly Webinar

Jan. 27, 2011, 1–2:30 p.m. (EST)

Peer-to-Peer Support Model Program

To register for this event, e-mail us directly:

DCoE.MonthlyWebinar@tma.osd.mil

Please e-mail us your comments and story ideas to dcoemedia@tma.osd.mil.



Dr. Dwight 'Doc' Holliday, an Army Vietnam veteran, takes a moment to pray at the Vietnam Veteran's Memorial Wall in Washington, D.C., Nov. 11, 2010. Holliday came to the wall to visit his best friend, Jimmy Miremont, who died in his arms.



U.S. Air Force photo by Staff Sgt. Samuel Rogers

“DCoE In Action” is a publication of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). Our mailing address is 2345 Crystal Drive, Crystal Park 4, Suite 120, Arlington, VA 22202. Phone: 800-510-7897.

Views expressed are not necessarily those of the Department of Defense. The appearance of external hyperlinks does not constitute endorsement by the Department of Defense of the linked websites, or the information, products or services contained therein.

Cover photo credits from left to right: U.S. Marine Corps photo by Cpl. Alicia R. Giron; U.S. Navy photo by Mass Communication Specialist 3rd Class Ash Severe; Defense Department photo by U.S. Air Force Staff Sgt. D. Myles Cullen; U.S. Army photo by Spc. Samuel Soza; U.S. Army photo by D. Myles Cullen

