

DCoE in Action

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New DCoE Web Site Offers Specialized Content, New Features for Visitors

DCoE recently launched a new Web site at our current address: www.dcoe.health.mil/. The revamped site contains audience-specific sections for warriors, families, news media and health professionals. The specialized content will make it easier for these audiences to quickly find the resources and information they need to answer their psychological health (PH) and traumatic brain injury (TBI) questions. Other new features include RSS feeds, improved



usability and a media room with videos and podcasts featuring DCoE leadership and other PH and TBI experts.

The new site went live on October 1, 2009. DCoE will be adding articles, videos, podcasts and resources frequently so check back often. For more information or to use the site, please visit www.dcoe.health.mil/.



DCoE Staff Deploy in Support of DoD Missions Overseas

A significant part of DCoE's mission is to establish best practices for psychological health and TBI, and three DCoE leaders are ensuring that these best practices directly benefit service members on the ground.

Lt. Col. Christopher Robinson, Director of Strategies, Plans and Programs for DCoE is currently deployed. Lt. Col. Jay M. Stone and Lt. Col. Robert Wilson (the previous and current directors of Psychological Health Clinical Standards of Care for DCoE, respectively) are also both set to deploy in the coming months.

While serving our nation in Afghanistan, Robinson is establishing a combat stress team to engage warriors experiencing symptoms of post-traumatic stress disorder, depression and anxiety while they are overseas. He has been repeatedly impressed by how "well-trained, well-equipped and solid" the battalion he supports is, and has also witnessed firsthand the need for high quality behavioral health care resulting from challenging deployment cycles.

Stone and Wilson will also soon deploy in support of the U.S. Department of Defense's (DoD) missions in Iraq and Afghanistan.

DCoE's Psychological Health Clinical Standards of Care Directorate gathers and disseminates best practices for treating warriors' behavioral health issues. In the coming months, Stone and Wilson will join Robinson in trans-

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For Psychological Health
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From the Director: Suicide Awareness and Prevention Month



Brig. Gen. Sutton, M.D. DCoE Director

The invisible pain of war and life are real ... As Ernest Hemingway put it, "The world breaks everyone, and many become stronger at the broken places."

Our men and women in uniform are coming home after multiple deployments from Iraq and Afghanistan different than when they left — their loved ones have changed as well. Whether deployed or on the home front our friend, spouse, child or buddy may be struggling with a moral injury, psychological trauma or medical illness. Our military family is all in this together, we

must remind each other that we are NOT alone and reaching out IS a sign of courage and strength.

As a community we can educate ourselves on the resources available to those struggling with the seen and unseen injuries of combat. If left untreated, the psychological health issues our warriors face can manifest in several ways and be compounded by pain, anxiety, substance misuse and conflicted relationships and be fatal. The largest barrier that prevents our warriors and their families from seeking treatment is stigma. Stigma is deadly, toxic and hazardous.

The book *Why People Die by Suicide* by Dr. Thomas Joiner helps us to identify three emotional elements a potential suicide victim may be feeling — perceived or real. As human beings we all want to belong. Quite often someone contemplating suicide may feel they don't belong or may feel invisible or alone. They may see themselves as a burden to their friends and family. And they are often desensitized to violence, pain and injury — virtual or real — that was once seen as abnormal.

We owe our warriors, veterans and their families our very best. If you are worried about someone who is demonstrating some of the warning signs and think

he/she may be contemplating suicide, take action by expressing your concern and asking if he/she is feeling hopeless or suicidal. If so, reach out for professional help immediately, and escort him/her to safety.

By acknowledging and being aware of the risks and resources available we can assist those we know as well as others who take courage from our example.

If you are in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or visit <http://www.suicidepreventionlifeline.org/>.

If you would like more information on psychological health and traumatic brain injury, please contact the DCoE Outreach Center toll-free at 866-966-1020, by e-mail at resources@dcoeoutreach.org or via livechat at www.realwarriors.net. We are eager to get your feedback to continuously improve our ability to serve you.

All together now.

Brigadier General
Loree K. Sutton, MC, USA


Director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury 

DCoE Staff Deploy in Support of DoD Missions Overseas (continued from page 1)

lating DCoE's work directly into practice in the field, and in doing so will further advance the quality of care service members receive. They will then also be able to bring their new knowledge of how these practices are implemented in the field back to DCoE to further refine

and improve the best practices that DCoE supports.

Addressing psychological health concerns while deployed is an integral element in maximizing the operational performance of service members, and

also helps them to proactively drive resilience. DCoE salutes Robinson, Stone and Wilson for their commitment to helping warriors achieve these goals while deployed — when high quality care can be the most critical. 

Understanding the Link Between Stress and Substance Dependence

Through the years, numerous studies from the Department of Veterans Affairs (VA), Substance Abuse and Mental Health Services Administration (SAMHSA) and others that show a link between service members who experience stressful events during training or while deployed and later dependence upon alcohol, tobacco or other substances to help them cope with a traumatic event.

Although experiencing a traumatic event or expressing difficulty in coping with a traumatic event does not automatically lead to substance dependence, it is imperative that all of us show support for those who may need care or treatment.

What is substance dependence?

Substance dependence is defined as a pattern of use that includes three or more of the following in a 12-month period:

1. Using more of the substance (alcohol, tobacco, etc.) to get the same effect, or having less of an effect from taking the same amount of the substance.
2. Experiencing withdrawal if substance use is stopped.


3. Difficulty controlling the amount of the substance used.
4. Having a hard time cutting down or stopping use.
5. Spending a lot of time trying to get the substance, using the substance or getting over the effects of use.
6. Giving up important activities or responsibilities because of substance use.
7. Continuing to use substances despite knowing that it is harmful to do so.

How do I help a loved one who is coping with substance dependence?

Overcoming substance dependence can be a challenging process filled with high and low points along the way. Service members or military family members may find themselves becoming discouraged after repeated attempts to help themselves or a loved one. The best way to support a loved one exhibiting symptoms of substance dependence is to focus on the person, not the addiction — stay positive and reach out for help. Some tips for helping your loved one include:

DO	
1.	Offer sympathy and support
2.	Actively listen to their concerns
3.	Acknowledge concerning behaviors
4.	Seek expert advice
5.	Consult others “in recovery”
6.	Assist with chosen form of treatment
DO NOT	
1.	Panic or offer pity
2.	Offer monetary assistance
3.	Judge morally
4.	Set unrealistic goals
5.	Cut off dialogue
6.	Influence treatment

As service members and military families cope with the challenges of deployment, including psychological health and substance dependence concerns, it is important to remember that reaching out does make a difference. Several resources are provided at the end of this newsletter in the “Tools You Can Use” section for easy reference.

It is never too late to ask for help, and having the strength to seek treatment can mean the difference between a fulfilled life and coping with long-term psychological and physical challenges. 

DCoE Director Addresses Psychological Health During Webinar Presentations to Military Pathways and TAPS



Brig. Gen. Loree K. Sutton, director of DCoE, spoke to the current psychological health concerns that our service members, veterans and military families are coping with during presentations to Military Pathways and the Tragedy As-

sistance Program for Survivors (TAPS) this month.

During both presentations, Brig. Gen. Sutton discussed the programs and activities — such as DCoE’s recently launched Real Warriors Campaign — being led by DoD to combat the stigma associated with seeking treatment for psychological health concerns.

To date, more than 500 service members, their families and other interested

parties have accessed the Military Pathways webinar and nearly 400 health care professionals and leaders who support military service members and their families have accessed the TAPS webinar.

“We expected around 100 live viewers and instead received 300,” said Elizabeth Sisto, program coordinator for Military Pathways. “People are continuing to download the presentation from

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our Web site, so clearly people will continue to view it and have access to such a wonderful resource.”

Military Pathways, fully funded by Force Health Protection and Readiness, Office of the Assistant Secretary of Defense, Health Affairs, offers service personnel and their families the opportunity to take anonymous, mental health and alcohol use self-assessments online at

<http://militarymentalhealth.org> via the phone at 1-877-877-3647 and through special events held at installations. After completing a self-assessment, individuals receive referral information including services provided by TRICARE, Military OneSource and Vet Centers.

TAPS (www.taps.org) provides ongoing emotional help, hope and healing to all who are grieving the death of a loved

one in military service to America, regardless of relationship to the deceased, geography or circumstance of the death. The program provides peer-based support, crisis care, casualty casework assistance and grief and trauma resources.

To watch Brig. Gen. Sutton’s webinars with Military Pathways and TAPS, visit the DCoE Web site at www.dcoe.health.mil.

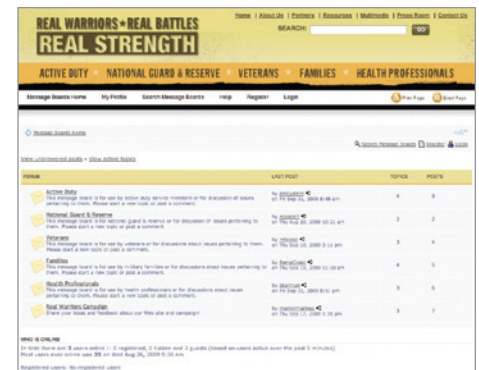
Real Warriors Campaign Web Site Offers New Resources to Service Members, Families

In September, the Real Warriors Campaign Web site, www.realwarriors.net, launched two new tools for reaching service members, veterans, military families and health professionals.

September marked the first edition of the Real Warriors Campaign E-mail Update, which is sent to a list of nearly 800 subscribers. The monthly newsletter highlights new content, features, awards and upcoming events related to the Real Warriors Campaign and its Web site. Visit www.realwarriors.net/emailupdates to have the Real Warriors

Campaign E-mail Update sent to your inbox on a monthly basis. To see the first edition, visit www.realwarriors.net/emailupdate/september09.html.

The Real Warriors Campaign Message Board, the newest interactive feature on the Real Warriors Campaign Web site, also launched in September. By using the message boards at www.realwarriors.net/forum, service members, veterans, military families and health professionals can connect with one another and share news, information and opinions on psychological health and



traumatic brain injury concerns. Join the conversation at www.realwarriors.net/forum.

DCoE and DVBIC Host Consensus Conference on Cognitive Rehabilitation for Mild Traumatic Brain Injury, New Standardized Approach Recognized



On September 9, 2009, the Clinical Proponency Steering Committee within DoD approved the clinical guidance document, “Cognitive Rehabilitation for Mild Traumatic Brain Injury.” This guidance was drafted by attendees of a two-day Cognitive Rehabilitation

Consensus Conference, for use within current existing DoD cognitive rehabilitation programs with emphasis on standardizing the outcome metrics to improve data collection.

In April, 50 DoD, VA, civilian rehabilitation and academia subject matter experts — including representatives from each of the services, the National Guard, Reserve and Special Operations — attended the conference in Crystal City, Va. Sponsored by DCoE and Defense Veterans Brain Injury Cen-


ter (DVBIC), attendees met to discuss cognitive rehabilitation of mild traumatic brain injury (mTBI).

The consensus conference resulted in the groundbreaking clinical guidance document “Cognitive Rehabilitation in Mild Traumatic Brain injury,” which presents a standardized approach to addressing assessments, interventions and outcomes for service members exhibiting persistent cognitive symptoms three or more months after experienc-

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ing an mTBI. The guidelines set forth by the consensus conference will help educate health care professionals about cognitive rehabilitation and will provide recommendations on evidence-based interventions.

DCoE, DVBIC and the services will work to disseminate the clinical guidance document throughout the military and health care communities.

For additional information or a copy of the guidelines, please contact LCDR Tara Cozzarelli at 301-295-8366 or tara.cozzarelli@tma.osd.mil. 

DCoE, Center for the Study of Traumatic Stress (CSTS) Earn Awards for Exemplary Work

Public Relations Society of America Thoth Awards, Sept. 2009

For Real Warriors Campaign press kit and PSAs

On Sept. 24, the Public Relations Society of America (PRSA) awarded DCoE's Real Warriors Campaign the Thoth Award for the campaign's press kits. The campaign's public service announcements also received a PRSA Certificate of Excellence. The Real Warriors Campaign is a public education initiative designed to combat the stigma associated with seeking treatment for psychological health and TBI concerns (www.realwarriors.net). PRSA's Thoth Awards recognize the most outstanding, strategic public relations programs and components developed and produced in the Greater Washington area.



Interactive Media Award, Sept. 2009

For "Family Connections" Web site produced with Sesame Workshop

In collaboration with Sesame Workshop, DCoE helped launch an interactive Web site for warriors and their families called "Family Connections" (www.SesameStreetFamilyConnections.org), which helps children cope with the deployment cycle, and allows families to stay in touch through messages, artwork, photos and video clips. In

September 2009, "Family Connections" won the Interactive Media Award for Best-in-Class in children's Web sites.

American Graphic Design Award, Sept. 2009

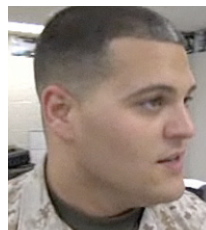
For the 2008 CSTS Annual Report

The CSTS 2008 Annual Report earned the American Graphic Design Award, presented by Graphic Design USA. The report was developed under the guidance of CSTS Associate Director Nancy Vineburgh, who oversees the CSTS Office of Public Education and Preparedness.

Telly Awards, May 2009

For Real Warriors Campaign video profiles

The Real Warriors Campaign's video profiles were recognized in May 2009 when the powerful profile of Marine Sgt. Josh Hopper, who told of his experience coping with and seeking treatment for post-traumatic stress disorder, was recognized as an Online Video Bronze Winner by the Telly Awards, which honor the best video productions for television, film and the Web. A 60-second public service announcement based on Sgt. Hopper's profile was also recognized as an Online Video Bronze Winner.



Communicator Award of Distinction, May 2009


For DCoE Style Guide

The DCoE style guide drives quality assurance in every communication and ensures that fully accurate information is disseminated regarding military psychological health and traumatic brain injury. This document won a Communicator Award of Distinction, which represents the leading international awards program honoring creative excellence for communications professionals.



CINE Golden Eagle Award, Spring 2009

For youth programming produced with Sesame Workshop

In partnership with DCoE, Sesame Workshop launched a series of two DVD programs, "When Parents Are Deployed" and "Coming Home: Military Families Cope With Change," to help young children cope with the challenges of the deployment cycle. "When Parents Are Deployed" described the three stages of transition for families experiencing deployment and "Coming Home: Military Families Cope With Change" shared inspirational stories of military families experiencing physical and psychological injury. Each won the prestigious CINE Golden Eagle Award, which celebrates excellence in film, media and the media arts. 

For Service Members, Coping with Combat Stress Key In Reintegration

All people — military and civilian alike — cope with psychologically challenging situations. In addition to standard life stresses, our warriors have added stresses such as what they see and experience during training or while deployed, long periods of separation from their families, difficulty communicating with loved ones back home while separated and living in austere environments.


Although there is no guaranteed way for service members to protect themselves or their fellow unit members from the cumulative experiences of deployment, there are ways for warriors to build resilience and show support for their fellow service members while deployed or as they reintegrate, including:

- Reaching out to someone: If you or someone you know is coping with the challenges of combat stress, talk to him or her about what's going on. Creating a network of support helps build resilience and strength within the entire unit.
- Supporting physical well being: Maintaining or returning to a daily routine of healthy eating and exercise helps to control those aspects of life that you can, so that stress doesn't pile up.
- Maintaining psychological health: Remember that combat stress is common among all ranks, services and genders.
 - When you can, talk to someone — a buddy, a commander or a health care professional — about what you are going through.



U.S. Army Sgt. Michael Horrace of Apache Troop, 3rd Squadron, 89th Cavalry 4th Brigade Combat Team, 10th Mountain Division, listens to a convoy briefing at Forward Operating Base Loyalty, Beladiyat, eastern Baghdad, Iraq, Dec. 14, 2008. (U.S. Army photo by Staff Sgt. James Selesnick/Released)

- If you have a buddy or loved one who may be coping with combat stress, let him or her know that you are there to lend support.

For more information about the signs and symptoms of combat stress, please visit <http://www.realwarriors.net/active/combatstress/overview.php>. 

TOOLS YOU CAN USE

More useful links are available at www.dcoe.health.mil under Resources

Resources for Health Professionals

- Deployment Health Clinical Center's Post-Deployment Health Toolbox <http://www.pdhealth.mil/guidelines/toolbox.asp>
- TAPS <http://taps.org/caregivers.aspx>
- Department of Veterans Affairs' Veterans Health Initiative <http://www.publichealth.va.gov/vethealthinitiative/>

Substance Dependence Resources

- SAMHSA 24-hour Help Line, 1-800-662-HELP (1-800-662-4357)
- National Institutes of Health Medline Plus <http://www.nlm.nih.gov/medlineplus/substanceabuseproblems.html>
- DCoE Outreach Center www.dcoe.health.mil
Toll-free 24-hour help line: 866-966-1020
E-mail: resources@dcoeoutreach.org

National Suicide Prevention Lifeline

- <http://www.suicidepreventionlifeline.org/>
- 1-800-273-TALK (8255)



DCoE In Action is a publication of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). Please send us your comments on this newsletter and story ideas to dcoemedia@tma.osd.mil. Our mailing address is 1401 Wilson Blvd., Suite 400, Arlington, VA 22209. Phone: (877) 291-3263.

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