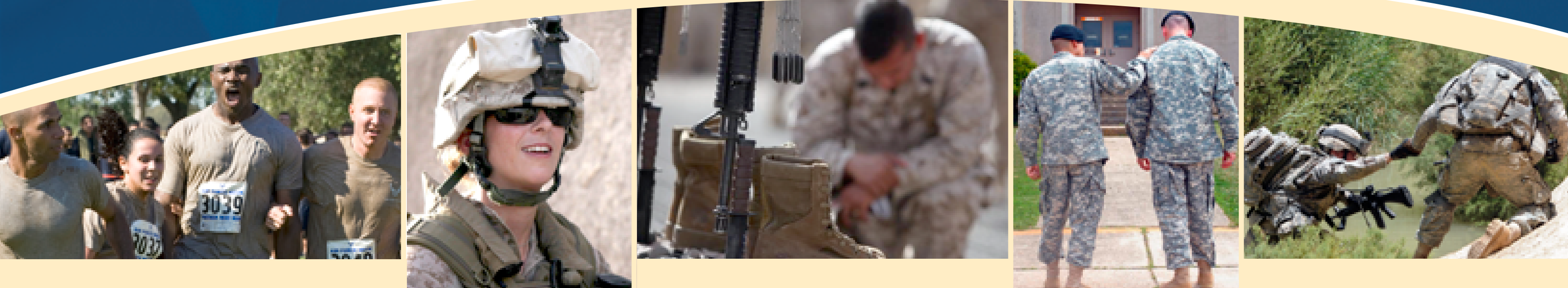
DCoE in Action

Vol. 3/No. 9 | September 2010



Along with DoD, VA, the services and the community, DCoE recognizes September as Suicide Prevention Awareness Month. While we work on suicide prevention efforts throughout the year, this month offers us the opportunity to highlight and provide valuable information to those who need it most.

DoD Releases Report on Suicide Prevention

The Department of Defense (DoD) Task Force on the Prevention of Suicide submitted a report to the secretary of defense Aug. 23 in response to the rising number of suicides that have plagued our nation's armed forces in recent years. The U.S. Army released their report in July, which showed a dramatic increase in suicides since 2004, and the Marine Corps has also reported a steady increase in suicides. Both services have borne the brunt of the conflicts in Iraq and Afghanistan with soldiers and Marines seeing two or more deployments on average. The report, mandated by Congress through the National Defense Authorization Act (NDAA), will be reviewed by the secretary of defense and ultimately submitted to Congress for review.

The task force, made up of 14 members divided among department and civilian personnel, spent a total of 12 months researching suicide across all the services to "make recommendations regarding a comprehensive policy designed to prevent suicide by members of the armed forces." Additionally the task force assessment measured:

- Suicide prevention and educational programs
- Military occupation specialties and whether certain career paths present more risk above others
- Risk and trend factors of military suicide
- Process and procedures associated with suicide investigations

The task force visited 19 military installations meeting with all services at every career level during a one-year period while simultaneously visiting clinicians and health facilities at each installation.

The results of the report outlined 13 foundational recommendations the committee asserts will significantly alter the increasing suicide rate within the military. The recommendations are as follows:

1. Create a "Suicide Prevention Policy Division" at the Office of the Secretary of Defense for Personnel and Readiness (USD) (P&R) to standardize policies and procedures with regard to resiliency, mental fitness, life skills and suicide prevention. The office will provide standardization, integration of best practices, general oversight, serve as a change agent, and establish an ongoing external review group of non-DoD experts to assess progress. Furthermore, this office will provide guidance from which the services can design and implement their own individual suicide prevention programs.

Continued on top of page 3

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DCoE in Action
Vol. 3/No. 9 | September 2010

Welcome Message from Cmdr. Janet Hawkins

USPHS Cmdr. Janet Hawkins, Prevention Branch Chief, Resilience and Prevention Directorate

September is a month of possibilities and remembrance. For more than 100 years, we have honored "the American dream" on the first Monday in September — Labor Day, "a tribute to the contributions workers have made to the strength prosperity and well-being of our country."

On September 11th we remember those killed during the terrorist attacks on our nation. We honor those who are fighting our nation's wars and recognize their sacrifices and the sacrifices of those who support them.

During September we also take the time to focus on one of our most dangerous enemies, one that threatens our strength and well-being as a nation — suicide. We must protect ourselves and those around us, not only in September, but every day of the year. We need to be aware of those in our lives who may need a little extra attention, a little extra care.

September gives us the opportunity to collectively address suicide prevention. As the chair of the Suicide Prevention and Risk Reduction Committee (SPARRC), I am proud to have the opportunity to lead a military and civilian collaborative effort to examine military suicide, standardize reporting and develop suicide prevention initiatives with experts in the field. You'll find more information on SPARRC and its initiatives in this edition.

Those of us who have lost someone to suicide, have had suicidal thoughts, or have had someone in our lives contemplate suicide know the pain and powerless feeling surrounding this sensitive topic. It's not an easy topic to discuss; however, the willingness to talk openly about suicide is critical.

Part of the dialogue can be as simple as asking someone about their day, paying attention to their actions and not necessarily their words, listening to your gut. If you think someone is in pain and needs your support, it is likely that they do, even if they say they are "fine."

If you are worried about someone who is demonstrating some of the warning signs and think they may be contemplating suicide, take action by expressing your concern and asking if they are feeling hopeless or suicidal. If so, reach out for professional help immediately and escort them to safety.

If you are in crisis or know someone who is, please call the National Suicide Prevention Lifeline at 800-273-TALK (8255) or visit www.suicidepreventionlifeline.org.

While there isn't one key factor in preventing suicide, being aware of the signs, recognizing life experiences that put those we love at risk, and fostering an atmosphere for help-seeking behaviors is a good place to start. By acknowledging and being aware of the risks and available resources, we can assist those we care about.

If you would like more information, please contact the DCoE Outreach Center toll-free at 866-966-1020, by e-mail at resources@dcoeoutreach.org or via live chat.

Visit our website at www.dcoe.health.mil, our page on Facebook at www.facebook.com/DCoEpage or the Real Warriors Campaign at www.realwarriors.net to share resources and to be a part of the conversation.

The 2011 VA/DoD Suicide Prevention Conference is scheduled for March 14–17, 2011 in Boston, Mass. For details, contact Jami Trusty at Jami.Trusty@va.gov.

USPHS Cmdr. Janet Hawkins,
Prevention Branch Chief, Resilience and Prevention Directorate

> "We honor those who are fighting our nation's wars and recognize their sacrifices and the sacrifices of those who support them."

DCoE in Action

Vol. 3/No. 9 | September 2010

DoD Releases Report On Suicide Prevention

(continued from page 1)

Secretary of Defense Robert M. Gates gives remarks at the National Press Club in Washington, D.C., September 10, 2010, and announces the acceleration of efforts to respond to the national and preventable public health issue of suicide. | DoD photo by U.S. Air Force Master Sgt. Jerry Morrison

2. Keep DoD leadership accountable at all levels for ensuring a positive command climate that promotes "help-seeking" behavior among servicemembers, along with their well-being and total fitness. A significant focus on developing better tools to assist commanders in suicide prevention must be undertaken.

3. Reduce stress on the force. The pace of operations in today's military exceeds the ability of servicemembers to be restored to their previous state of readiness. There is a supply and demand mismatch that creates a cumulative negative impact on the force. Reduce stress by ensuring the quantity and quality of dwell time, which allows for individual restoration as the force is reconstituted over and over again. This will allow servicemembers to re-establish relationships and connectedness.

4. Focus efforts on servicemember well-being and total fitness of the mind, body and spirit. Develop life skills and resiliency to increase protective factors and decrease risk factors. This is the pinnacle of primary prevention.

5. Develop a comprehensive stigma reduction campaign plan that confronts the issue on multiple fronts to encourage help-seeking behavior and normalizes the care of hidden wounds incurred by servicemembers.

6. Strengthen strategic messaging to enhance positive communications that encourage behaviors and outcomes desired rather than highlighting the negative messaging about today's challenges.

7. Develop skills-based training in all aspects of suicide prevention. Education and awareness about suicide prevention is adequate, but skills-based training is insufficient, especially among buddies, family members, first-line supervisors, clergy and psychological health care personnel.

8. Incorporate evaluations in all suicide prevention programs to determine the effectiveness of each program in obtaining its intended outcome.

9. Coordinate and leverage the strengths of installation and local community support services for both active and reserve component servicemembers. Community health and access to quality, competent services are essential to suicide prevention.

10. Ensure continuity and management of quality psychological health care, especially while in transition periods to ensure a seamless transfer of awareness and treatment as servicemembers change locations.

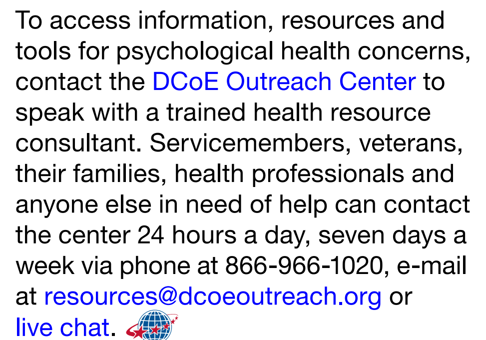
11. Mature and expand the DoD Suicide Event Report as the main surveillance method to inform future suicide prevention efforts. Further standardize data collection processes. Robust surveillance will produce data that allows DoD to anticipate and avoid future occurrences of that event before the individual or population reaches a crisis point.

12. Standardize suicide investigations and expand focus to learn about the last hours, days and weeks preceding a suicide or attempted suicide. Pattern suicide investigations on aviation accident safety investigation procedures and use that process as a model to develop a standardized suicide investigation process.

13. Support and fund ongoing DoD suicide prevention research to enhance our knowledge and inform future suicide prevention efforts and incorporate evidence-based solutions.

"This is a step in the right direction for those who are serving in the military. The findings are essential to providing the necessary resources for those who are experiencing psychological stress in life and need help in overcoming suicidal behaviors," said Lt. Col. Christopher Robinson, DCoE senior executive director for psychological health.

To access information, resources and tools for psychological health concerns, contact the DCoE Outreach Center to speak with a trained health resource consultant. Servicemembers, veterans, their families, health professionals and anyone else in need of help can contact the center 24 hours a day, seven days a week via phone at 866-966-1020, e-mail at resources@dcoeoutreach.org or live chat.



DCoE in Action

Vol. 3/No. 9 | September 2010

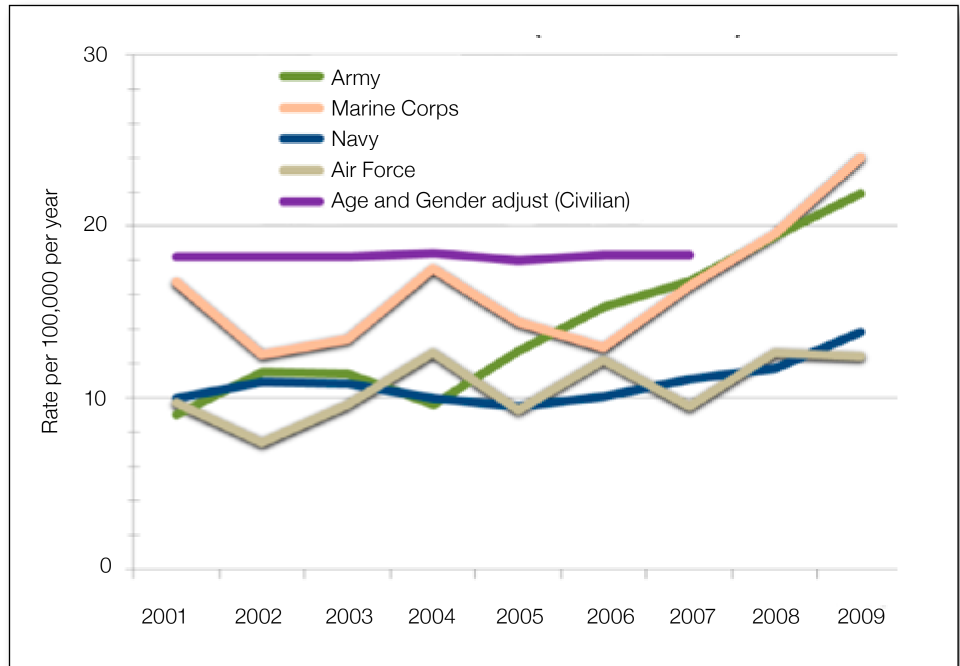
Army Review Produces Recommendations and Optimism

In July, the Army released a 15-month study entitled Health Promotion, Risk Reduction and Suicide Prevention Report. The report was an endeavor to better understand at-risk behavior for suicide and ultimately how to take preventive measures to reduce the number of suicides in the Army. Key findings within the report identify gaps in current policies, processes and programs related to high-risk behavior and abandonment of existing Army standards. Additional findings point to an increase in behavior such as illicit drug use, lapses in surveillance of high-risk behavior and degraded accountability of disciplinary, administrative and reporting processes.

"We've often said that the Army is a reflection of society, but we have soldiers today who are experiencing a lifetime of stress during their first six years of service," said Army Vice Chief of Staff Gen. Peter Chiarelli. "Continued focus on mentoring and training our leaders and service providers is key to fixing these problems."

By the numbers, the rate of soldier suicides has risen in each of the past five years. In fiscal year 2009, 160 soldiers took their lives, with an additional 1,700 suicide attempts. Soldiers without deployment experience or with one deployment accounted for 79 percent of Army suicides. Of the more than 250 recommendations from the report, many proposals have already been implemented, such as the establishment of health promotion councils at each installation, expanding psychological health screenings, and recruiting additional psychological health care counselors.

As the Army continues to search for new information on causes of suicide and effective practices to prevent them, it has taken several proactive steps. Last year, the Army launched the Comprehensive Soldier Fitness program to teach soldiers how to cope with stress. Additionally, the Army created 72 positions for chaplains who are often on the front lines of suicide prevention.



Service Suicide Rates (CY 2001–2009) | Figure from Health Promotion, Risk Reduction and Suicide Prevention Report, page 36.

Dispelling stereotypes that are often associated with psychological health conditions is one of the main hurdles in getting assistance for those in need. According to the report, "stigma remains a problem in the military, but there is evidence that the current anti-stigma communications campaign is improving perceptions."

DCoE's Real Warriors Campaign is one such campaign. Using multimedia and a public education platform, Real Warriors is designed to combat stigma associated with seeking psychological help and encourages servicemembers, veterans and families to use psychological health resources available to them.

"Soldiers are trained to be tough, to not admit weakness," said Lt. Col. Christopher Robinson, DCoE senior executive director for psychological health. "What we need to support, as a military and society, is that psychological heath is just as important as physical health. Servicemembers are well trained to defeat a physical enemy but need more training in fighting the psychological enemy."

Several organizations within the Defense Department are working to bring awareness to this complex subject. The U.S. Army recognizes September as Suicide Prevention Month and offers targeted messaging focused on educating all servicemembers about the potential risk factors and signs of suicidal behavior.

For more suicide prevention information and links to service-specific resources and programs, visit www.dcoe.health.mil.

DCoE in Action
Vol. 3/No. 9 | September 2010

Tragedy Assistance Program for Survivors and a Determined Military Widow Answer the Call to Duty

Written by Jill Harrington LaMorie, Director, Professional Education, TAPS

The death of a loved one by suicide has a rippling impact upon those bereaved in its wake. For each person who loses his or her life to suicide, estimates are that six people close to the deceased are directly affected, according to the American Association of Suicidology. Military families and loved ones who reach out to Tragedy Assistance Program for Survivors (TAPS) are profoundly affected both emotionally and physically.

"I thought my life was over when my husband took his own life. I felt alone, confused and isolated," said Kim Ruocco. "I didn't know anyone [who] experienced this kind of loss. I was ashamed, angry and too devastated to look for help."

Ruocco's husband, Maj. John F. Ruocco, a decorated Marine Corps Cobra pilot died by suicide in February 2005, months after returning home from a deployment to Iraq. Maj. Ruocco flew more than 70 combat missions in support of the First Marine Expeditionary Force. Ruocco eventually turned to TAPS for help dealing with her loss.

TAPS provides comprehensive services and programs including peer-based emotional support, case work assistance, crisis intervention and grief and trauma resources. Services are provided 24/7 for anyone who has experienced the loss of a military loved one, regardless of the relationship to the deceased or the circumstances of the death. TAPS has assisted more than 30,000 surviving family members, casualty officers and caregivers.

"TAPS carried me through those first years by offering a multitude of support. I am now using my strength gathered over time with the constant, loving care of TAPS to help others," said Ruocco.

Marine Corps Maj. John Ruocco poses for a picture with his wife, Kim, and children, in November 2004. Photo courtesy of TAPS

With the rise of suicides in the military since the conflicts in Iraq and Afghanistan began, TAPS has seen an increase in the number of military families and survivors seeking grief and trauma peer-support services. The majority of these survivors experience the stigma associated with military suicides both from the military and civilian communities, which leaves them hesitant to seek help at first. Without necessary support systems, some survivors are left alone to struggle with the death of a loved one and may become vulnerable to suicide themselves. TAPS works to ensure that survivors are given the opportunity to grieve appropriately and have a healthy support system within that process.

> "I thought my life was over when my husband took his own life. I felt alone, confused and isolated."

Since her husband's death, Ruocco has transformed her pain into a living testament of hope for others affected by military suicide, as well as servicemembers who may be experiencing suicidal behaviors. She has shared her story with thousands of servicemembers across the nation to encourage help-seeking behavior in the military culture. By sharing her story, she hopes others will be inspired to come forward and seek help.

Continued on top of page 6

DCoE in Action

Vol. 3/No. 9 | September 2010

Tragedy Assistance Program for Survivors and a Determined Military Widow Answer the Call to Duty

(continued from page 6)

Ruocco, who holds a master's degree in social work, helped to create TAPS' Suicide Support and Education Program and currently serves as the program's director. The program provides direct support services to survivors who are in immediate need of grief and crisis care, as well as those living with suicide loss. With the help of peer-to-peer mentors, those affected by suicide are given emotional care and support throughout the grieving process. Peers are able to build bridges of trust and share mutual feelings, which is especially helpful because of the unique aspects of military life and culture.

"I was crushed in my grief," said Mary Gallagher, a peer mentor with TAPS. "After my husband took his own life in 2006 while experiencing PTSD upon returning from Iraq, I felt as if each breath and moment was too difficult to bear. I felt alone until Kim Ruocco and TAPS reached out to me and came into my life."

The health of servicemembers and their families matter. After the flag is folded and the day turns to dusk, the suicide of a military servicemember profoundly affects all those they loved and left behind. The TAPS community of military suicide-loss survivors is helping to teach others to heal. It is through the power of peer support that TAPS has harnessed the strength, courage and resilience of survivors to reach out to one another to prevent suicide in military families, and to share in the commonality of their grief.

One of the greatest assets TAPS has provided to both the survivor and the military community is its postvention services. TAPS provides several events throughout the year including camps for children who have experienced the loss of a loved one who served in the armed forces. Check out their events page to find out how you can get involved.

For more information about TAPS' support services and resources, please call 800-959-TAPS (8277) or visit www.taps.org.

Have you seen the latest Real Warriors Campaign profile?

Photo courtesy of Real Warriors Campaign

U.S. Army Capt. Joshua Mantz deployed to Iraq from October 2006 to January 2008. While on patrol, a sniper shot and severely wounded Mantz and killed his comrade.

Although a devastating event, Mantz experienced no long-term psychological trauma which he credits to the preventive psychological health care he received while hospitalized for his physical injuries.

"…everybody experiences emotional distress," said Mantz. "Everybody has a breaking point, and the best way to prevent serious problems from occurring is to talk about it early and often and to get help early and often. There's nothing wrong with doing that."

Check out Mantz's profile on the Real Warriors Campaign website and while there, watch other inspiring stories of servicemembers who have coped with psychological and physical injuries and continued successful military and civilian careers.

REAL WARRIORS ★ REAL BATTLES
REAL STRENGTH

REAL WARRIORS ★ REAL BATTLES
REAL STRENGTH
REAL WARRIORS ★ REAL BATTLES
REAL STRENGTH

DCoE in Action

Vol. 3/No. 9 | September 2010

SPARRC stands for the Suicide Prevention and Risk Reduction Committee and provides a forum for the Departments of Defense and Veterans Affairs to partner and coordinate suicide prevention and risk reduction efforts.

DCoE chairs the committee. Members include suicide prevention program managers from each service and representatives from the National Guard Bureau, Reserve Affairs, VA, Office of Armed Forces Medical Examiner, National Center for Telehealth and Technology, Substance Abuse and Mental Health Services Administration and others.

SPARRC is also a valuable venue for collaboration and resource sharing. Information is disseminated by committee members to their respective stakeholders, including servicemembers, families, health care providers and those in the field of psychological health research. For more information on SPARRC's initiatives, click here.

U.S. Air Force photo illustration by Airman 1st Class Corey Hook

Coping After a Suicide

Grief after a Suicide

While no one can tell you how to feel, the loss of a loved one by suicide is often shocking, painful and unexpected. The grief that accompanies loss can be intense, complex and long term.

Grieving is a unique process which each person will experience in his or her own way and at his or her own pace. There is no standard time frame for the grieving process. It generally does not follow a linear path and may not always move in a forward direction.

Common Emotions in Grief

Abandonment	Hopelessness
Anger	Loneliness
Anxiety	Numbness
Confusion	Pain
Denial	Rejection
Depression	Sadness
Despair	Self-blame
Disbelief	Shame
Guilt	Shock
Helplessness	Stress

Coping Suggestions

While each person's grief is unique, we have compiled a list of coping suggestions for you based on the experiences of others who have lost a loved one to suicide.

1. Take things one day at a time.
2. Know you can survive; you may not think so, but you can.
3. Consider seeking professional help.
4. It is okay to not understand "why" it happened; suicide may be difficult to understand and we often are left with unanswered questions.
5. Know you may feel overwhelmed by the intensity of your emotions but that all your feelings are normal.
6. Find a good listener with whom to share. Call someone if you need to talk.
7. Don't be afraid to cry.
8. Give yourself time to heal.
9. Remember, the choice was not yours. No one has complete influence on another's life.
10. Expect setbacks. If emotions return, you may only be experiencing a remnant of grief.
11. If possible, delay major decisions.
12. Be patient with yourself and others who may not understand.
13. Avoid people who want to tell you what or how to feel.
14. Call on your personal faith to help you through.
15. It is okay to laugh; it may even be healing.
16. Accept your questions, anger, guilt or other feelings until you can let them go.
17. Letting go doesn't mean forgetting.

Visit the Defense Centers of Excellence (DCoE) Outreach Center at www.dcoe.health.mil or contact them directly at 866-966-1020 or resources@dcoeoutreach.org

Information has been adapted from the "American Association of Suicidology and Beyond Surviving: Suggestions for Survivors" by Iris M. Bolton.

DCoE in Action
Vol. 3/No. 9 | September 2010

Center for Deployment Psychology Trains Clinicians to Help Reduce Suicide in the Military

Written by Paula Domenici, Ph.D., CDP Division of Training Programs

In recent years, the number of military suicides has been on the rise. The Department of Defense and the individual services have placed increasing attention on issues of suicide awareness and prevention.

The Center for Deployment Psychology (CDP), a DCoE component center, offers as part of its courses and workshops, a module focused on the topic of suicide prevention and the role that health care professionals play in limiting this problem. With Dr. Marjan Holloway, an expert on suicide and suicide prevention and a colleague at the Uniformed Services University (USU), CDP staff created a comprehensive training module for military and civilian providers based on evidence-based suicide risk assessment, prevention and treatment strategies.

The suicide prevention module is incorporated into CDP's two-week courses for military providers and one-week courses for civilian providers. The principal goals of this module are to raise clinicians' awareness of the importance of assessing risk for suicide and to train them to effectively reduce suicide risk in the active-duty, reserve and veteran populations.

U.S. Air Force photo by Senior Airman Wes Carter

> "The principal goals of this module are to raise clinicians' awareness of the importance of assessing risk for suicide and to train them to effectively reduce suicide risk in the active-duty, reserve and veteran populations."

Areas Addressed in the CDP's Suicide Prevention Module

Within the suicide prevention module, CDP trainers review general and military-specific warning signs and risk markers associated with suicidality that clinicians should be alert to. According to a 2009 Journal of Mental Health Counseling article on suicide behavior and prevention efforts, some signs are:

- Relationship problems
- Unexplained mood changes or depression
- Feelings of disgrace, isolation or hopelessness
- Financial, legal or job performance problems
- Alcohol use or abuse

The CDP suicide prevention module provides clinicians with a means of conceptualizing suicide and suicide risk using a model developed by Dr. Thomas Joiner, an internationally recognized suicide expert. This model focuses on identifying specific factors that may converge in certain servicemembers to shift them into an active suicide mode or state and result in a suicide attempt. Factors that appear particularly important are a thwarted sense of belongingness, perceived burdensomeness and the capability to kill oneself.

Another key element incorporated in the suicide module is emphasizing the importance of developing and implementing a safety plan with a potentially suicidal patient. A safety plan is a written

Continued on top of page 9

DCoE in Action

Vol. 3/No. 9 | September 2010

Center for Deployment Psychology Trains Clinicians to Understand Suicidal Behavior

(continued from page 8)

step-by-step action guide that the patient and therapist develop listing thoughts, feelings, behaviors and triggers that fuel suicidal thoughts, as well as specific coping strategies and emergency numbers the patient can use if suicidal thoughts are activated. In contrast to a safety contract, which is simply a written agreement that the patient will not harm themselves, safety plans have considerable research support for their role in preventing suicide.

CDP trainers also discuss general and military-specific protective factors that may help to keep patients from committing suicide. According to the 2009 Journal of Mental Health Counseling article, these include the vital role of leaders, buddies, community support, unit cohesion, effective-problem solving and access to support services. The CDP suicide prevention module includes discussions on how to assess and promote these and other strengths when treating servicemembers at risk for suicide.

"CDP instructors encourage audience members to explore their own thoughts about treating suicidal patients to identify any that may interfere with good care."

CDP instructors encourage audience members to explore their own thoughts about treating suicidal patients to identify any that may interfere with good care. Through this approach, we are able to normalize common viewpoints about the difficult work of treating suicidal patients and help the group to generate more helpful and balanced ways of thinking about these challenges.

Although the suicide prevention modules delivered in both the two-week and one-week courses cover many of the same areas, the version offered to military providers teaches specific strategies for managing suicidal individuals in-theater and discusses the pros and cons of evacuating a suicidal servicemember out of a combat zone. In contrast, the version presented in the one-week course places more emphasis on managing suicidal servicemembers after deployment.

Through its suicide prevention module, the CDP strives to provide clinicians with a "toolbox" of skills and ideas to more competently prevent suicide in servicemembers.

"These training modules represent our contribution to the efforts being made throughout the Department of Defense to prevent, and hopefully eliminate, suicides among our servicemembers and veterans," said Dr. David Riggs, CDP's executive director.

Learn more about CDP and its portfolio of training opportunities at: http://deploymentpsych.org.

'A Creed *for* a Comrade'

"A Creed for a Comrade" was created by DCoE as a way to encourage servicemembers to take action on behalf of those who need help. Whether from a professional or from a friend, it's crucial to seek help when experiencing a tough time. While the message is timeless and can apply to any issue a person may be struggling with, this creed was developed to help bring particular awareness to suicide prevention.

Watch the video or view a PDF version of the creed.

DCoE in Action

Vol. 3/No. 9 | September 2010

Tools You Can Use

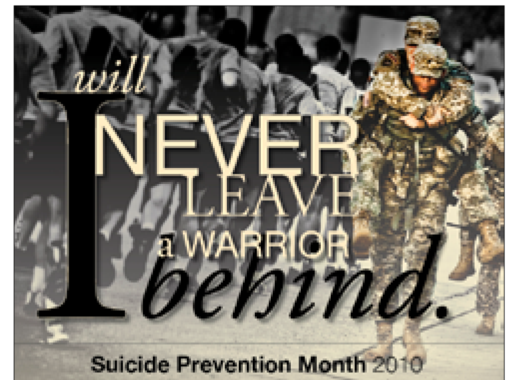
Additional links are available at www.dcoe.health.mil under “Resources”

Resources for Servicemembers and Families

Tragedy Assistance Program for Survivors (TAPS)

www.taps.org

TAPS has been helping those affected by suicide since 1994, operating under the mission to provide comfort and support to anyone who has or is grieving the loss of a loved one in the military. Through comprehensive services and programs, TAPS provides peer-based emotional support, case work assistance, crisis intervention, and grief and trauma resources.



MilitaryOneSource.com

www.militaryonesource.com

A resource provided by the Department of Defense for military members, spouses and their families. Crisis counseling is available 24/7 by phone in addition to online resources about violence and trauma, substance abuse, casualty and loss, and survivor/widow burdens.

WorkingMinds.org

http://workingminds.org

Working Minds provides tools and networks to workplaces to assist with suicide prevention, intervention, and postvention with three strategies: establish a workplace suicide prevention network; provide state-of-the art training; and change the culture of suicide in the workplace.

Service Specific Resources on Suicide

Air Force

Army

Coast Guard

Marine Corps

Navy

National Guard

Check out the DCoE website for more information on suicide prevention.

An information sheet on DCoE and DoD suicide prevention efforts can be found here.

Please email us your comments and story ideas to dcoemedia@tma.osd.mil.

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: 877-291-3263.

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