

Military TBI Case Management Quarterly Newsletter

TBI Case Management Community of Interest

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Quarterly Highlight

The Clearinghouse Outreach and Advocacy Directorate

Mission: To provide relevant information, tools and resources for warriors, families, leaders, clinicians and the community that empowers them, supports them and strengthens their resilience, recovery and reintegration.



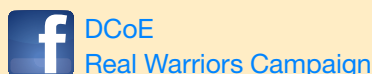
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About the Quarterly Newsletter

The Military TBI Case Management Quarterly Newsletter is published by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). The quarterly newsletter is intended for case managers and other providers who support warriors with traumatic brain injury (TBI) and their families. Additionally, this quarterly newsletter is not intended to make more work for anyone, but to offer a means to share ideas, best practices and resources among the military TBI case management community.”

The content will speak to the very best of TBI case management with the hopes of identifying and sharing best practices across the military.

Content suggestions, thoughts and ideas for future editions of quarterly newsletter can be sent to Susan.Kennedy.CTR@tma.osd.mil.



DCoE Outreach Center: Available 24/7 | 866-966-1020 | resources@dcoeoutreach.org | www.dcoe.health.mil/24-7help.aspx

2345 Crystal Drive | Crystal Park 4, Suite 120 | Arlington, Virginia 22202 | 877-291-3263
1335 East West Highway | 9th Floor, Suite 640 | Silver Spring, Maryland 20910 | 301-295-3257

www.dcoe.health.mil

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Letter from the Editor

Happy New Year to all TBI Case Management Colleagues!

Response to the first Military TBI Case Management Quarterly Newsletter was overwhelmingly positive. Thank you to all who responded. I truly appreciate all of the wonderful comments and ideas. We started the Military TBI Community of Interest (COI) with about 204 points of contact (POC) on the distribution list. When the second email-blast was sent on the 16th of November, the number of people on our list had grown to more than 1,100. As of mid-December, the list was well past 1,200 POC's! My deepest thanks to those who are forwarding this publication and email blasts to their colleagues. Your efforts in helping us move the COI forward are very much appreciated. Let me also welcome aboard the newest member of our COI — The Federal Recovery Care Coordination Program Care Coordinators — *welcome!*

As we start this New Year, I look forward to hearing from more of the military case management community. Some of the projects I am working on for the coming year include:

- Working with the National Center for Telehealth & Technology (T2) to develop an on-line resource directory tailored for TBI case managers
- Presentation on case management of concussion/mTBI at the Armed Forces Public Health Conference in March 2011
- Dissemination of a guidance document for case management of concussion/mild TBI. This document will also have a quick two-page summary version available, and both will be downloadable at no cost from the DCoE website
- Developing a webinar to disseminate the Case Management for Concussion/mTBI Guidance Document

As some of you know, I visited several military treatment facilities and sought input from those of you with your “boots on the ground” for the Case Management for Concussion/mild TBI Guidance Document. I listened to many suggestions, concerns and challenges. All of your input was extremely valuable, appreciated and relevant to putting the guidance document together. My sincerest thanks to those at DCoE, Fort Bragg, Camp Lejeune, Walter Reed Army Medical Center, National Naval Medical Center and the Defense and Veterans Brain Injury Center (DVBIC) who helped with the survey, gave input and persevered through the many reviews and edits.

To each of you, welcome to the Military TBI Case Management Community of Interest. I wish everyone a happy and safe New Year.*

Sue Kennedy, RN BSN CCM

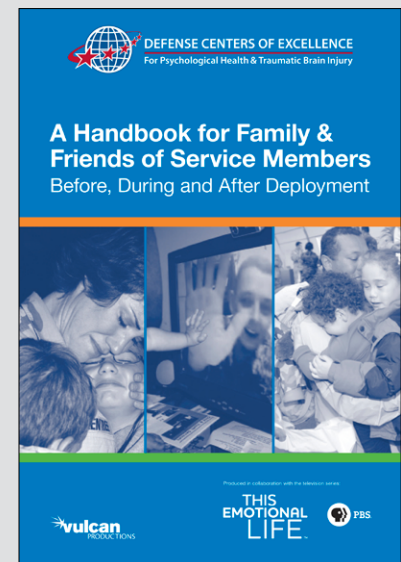
Corrections

On the last page of the Fall issue, the DVBIC pie-chart legend had “mTBI” listed twice. The correct legend should have read “penetrating injuries” next to the green rectangle in the legend. Our appreciation to the service member from Lackland AFB, who alerted us to the error.

Hot Off the Press

'A Handbook for Family & Friends of Service Members Before, During and After Deployment'

D^{CoE} collaborated with Public Broadcasting Service (PBS) and Vulcan Productions to produce a handbook for military families. Created as a companion to the PBS series “This Emotional Life,” “A Handbook for Family & Friends of Service Members” covers a variety of topics to help service members and their families develop skills to become more resilient throughout the deployment process.



Free copies of the handbook can be ordered on the [Real Warriors Campaign website](#). The handbooks and shipping are free of charge. For more information about the Real Warriors Campaign, visit the [website](#).

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Quarterly Highlight

The Clearinghouse Outreach and Advocacy Directorate

(continued from page 1)

Goals and Objectives

- Disseminate useful information about Psychological Health (PH) and Traumatic Brain Injury (TBI) that will benefit warriors, veterans and families.
- Disseminate information of relevance to multiple target audiences.
- Actively engage with warriors, families, caregivers, clinicians, researchers, leaders, educators, support organizations and treatment resources to connect, share, collaborate and coordinate to serve the needs of warrior families.
- Engage network resources to proactively identify concerns regarding the receipt, delivery and navigation of care for wounded warriors as well as to assist in the identification and mobilization of those resources that best address those concerns.

Outreach Center
24/7



call
866-966-1020

email
resources@dcoeoutreach.org

chat
www.dcoe.health.mil/24-7help.aspx

24/7 Outreach Center

The Clearing Outreach and Advocacy directorate (COA) includes The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) Outreach Center, which is staffed 24-hours a day, seven days a week, by trained professional health resource consultants with expertise in PH and TBI. Information can be provided by phone, online chat or email and is provided free of charge. More information on the DCoE Outreach Center can be found at [here](#) or call anytime 866-966-1020.

Presentations and Exhibitions

COA has attended 32 conferences since January 2010, reaching more than 42,000 military/PH/TBI stakeholders. In addition to attending and exhibiting at conferences, COA also conducts presentations on behalf of DCoE to increase awareness of its products and service offerings. For example, Dr. O'Donnell, COA, conducted a presentation on DCoE's Real Warriors Campaign and other outreach activities at the AMSUS Conference in Phoenix this past November.



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COA also established the Trauma Spectrum Conference series, an annual conference hosted by the Department of Defense, the Department of Veterans Affairs and the National Institutes of Health. The Third Annual Trauma Spectrum Conference was held Dec. 7 – 8, 2010, with the theme “Emerging Research on Polytrauma, Recovery and Reintegration of Service Members, Veterans and their Families.”

Development of a Resource Library

The Resource Library is a searchable, online repository of informational resources on PH and TBI that was developed to support service members, veterans and families contacting the Outreach Center for assistance. This year COA expanded the library to include approximately 1,000 resource entries, adding online subscriptions to “PscARTICLES” and other key peer-reviewed journals.

‘Brain Injury Professional Magazine’

DCoE contributed seven articles to the October 2010 edition of “Brain Injury Professional Magazine,” [available at the DCoE website](#). Of particular interest to case managers (CM) are the articles titled: “Resilience Related to TBI in the Military: An Overview;” “Conceptualizing Combat-Related Polytrauma and Rehabilitation: A Focus on Community Reintegration;” and “New Guide for Caregivers of Service Members and Veterans.”

DCoE’s Free Monthly Webinar Series

COA produced 11 monthly webinars in 2010 (all archived on the [DCoE website](#)), including “Family Support Strategies and Techniques;” “Reintegration Programs: Case Studies of Successful State Reintegration Programs;” and “Reintegration: Adjusting to Life at Home After Deployment.”

Leadership

Dr. Lolita T. O’Donnell, RN, Ph.D.

Dr. Lolita T. O’Donnell is the acting director of the DCoE Clearinghouse, Outreach and Advocacy Directorate (COA).

Among her many accomplishments, Dr. O’Donnell authored a two-part article entitled “Experiences of Nurses as they Transition to Hospital Case Management: Implications for Organizational Ethics.” Abstracts of the articles can be found at www.nursingcenter.com go to “Journals” and select “Professional Case Management,” select May/June 2007 and July/August 2007.

The Way Ahead

TBI and Co-occurring disorders toolkit

COA will help disseminate the forthcoming Co-occurring Conditions Toolkit, which is being jointly developed by DCoE’s Traumatic Brain Injury Clinical Standards of Care Directorate and Psychological Health Clinical Standards of Care Directorate. The toolkit will assist primary care providers with assessing and managing patients with co-occurring traumatic brain injury and psychological health disorders.

2011 Monthly Webinar Series

The upcoming 2011 webinars will largely be clinically focused. A schedule of 2011 topics is available at the [DCoE website](#). Topics include “Mild Traumatic Brain Injury and Co-occurring Psychological Health Disorders: Focus on Mild Traumatic Brain Injury with Co-occurring Psychological Health Disorders Toolkit” in March; and “Indirect Neurotrauma: The Impact of War on Children” in April.

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Update

The National Intrepid Center of Excellence



The National Intrepid Center of Excellence (NICoE) is a new state-of-the-art facility dedicated to advancing the treatment, research and diagnosis of complex combat-related traumatic brain injury (TBI) and psychological health (PH) conditions. The NICoE is located at Naval Support Activity Bethesda, home of the National Naval Medical Center, which will become the new Walter Reed National Military Medical Center in September 2011.

The mission of the NICoE is to be the leader in advancing world-class psychological health and traumatic brain injury treatment, research and education. The NICoE is unique as it will provide an interdisciplinary team assessment in a holistic, patient and family-centered environment combined with the high tech diagnostic capability, treatment planning and long-term follow up for service members with combat-related TBI and PH conditions.

The primary patient population of the NICoE is active duty service members with TBI and PH conditions who are not responding to conventional therapy. After being referred to the NICoE by their provider, patients come to the center for up to three weeks, with their families, where they will stay in a dedicated Fisher House on the Bethesda campus. Following the patient's stay at the NICoE, they will return to their duty station and referring military treatment facility with a personalized treatment plan. While the NICoE will follow-up with all patients and providers once the patient returns home, the center's ultimate goal is to help those eligible service members return to active duty.

For more information, please visit:

www.dcoe.health.mil/ComponentCenters/NICoE.aspx
www.facebook.com/NationalIntrepidCenterofExcellence

24/7 Call Center: 800-966-1020

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Digging Deeper into DCoE The Defense and Veterans Brain Injury Center

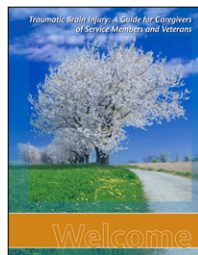
About DVBIC

The Defense and Veteran's Brain Injury Center (DVBIC) — originally known as the Defense and Veteran's Head Injury Program (DVHIP) — was created in 1992 by Congress during the Persian Gulf War to integrate specialized traumatic brain injury care, research and education across military and veteran medical care systems. DVBIC is the primary TBI operational component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE).

The DVBIC Mission is to serve active duty military, their beneficiaries, and veterans with TBIs through state-of-the-art clinical care, innovative clinical research initiatives and educational programs.

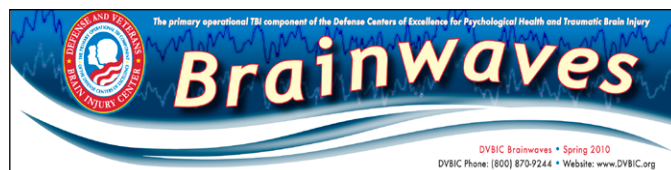
In 2008, DVBIC's mission expanded to include force health protection and management. This includes the Department of Defense (DoD) programs such as:

- TBI Surveillance
- TBI Registry
- Pre-deployment neuro-cognitive testing
- [Family Caregiver Curriculum for Moderate to Severe TBI download](#)
- 15 year longitudinal study of TBI
- Independent study of automated neuro-cognitive tests



DVBIC Newsletter: Brainwaves

Of particular interest and help to TBI case managers and other providers is DVBIC's "Brainwaves," a [free download](#).



The Regional Care Coordination Program

The DVBIC Regional Care Coordination Program serves to identify, track and follow-up with active duty service members including guardsmen, reservists, and veterans who were injured while serving in support of Operation Enduring Freedom and Operation Iraqi Freedom, and are symptomatic subsequent to a diagnosis of mild, moderate, severe, or penetrating TBI. Families and caregivers of these warriors are also provided support through the program. There are currently 13 regions across the continental United States (see attached map).

- Regional Care Coordinators (RCC) are comprised of nurses, social workers and counselors who have additional expertise and experience with TBI. RCCs serve in a consultative capacity to other case management/care coordination systems of care within the DoD and the VA.
- RCCs provide outreach and networking to the DoD, VA and civilian healthcare systems within their geographic region in order to maintain a repository of TBI-specific services and resources.
- RCCs monitor the care continuum for TBI to include potential rehabilitation needs, education, advocacy and support to service members with TBI and their families from injury, to return to duty and/or re-entry into the community, to ensure the service member and/or family are connected with appropriate TBI services and resources as close as possible to their home.
- RCCs provide follow-up at designated intervals to document symptoms, issues and treatment to be able to connect the service member and/or family to appropriate TBI services and resources within DoD, VA and civilian healthcare systems as close as possible to their home. Follow-up monitors not only the physical and cognitive problems related to TBI, but also substance use, relationship problems, readjustment after deployment and other areas shown to be important for follow-up in a patient who has sustained a TBI. This provides a functional outcomes picture of quality of life issues related to home, work and social environments.

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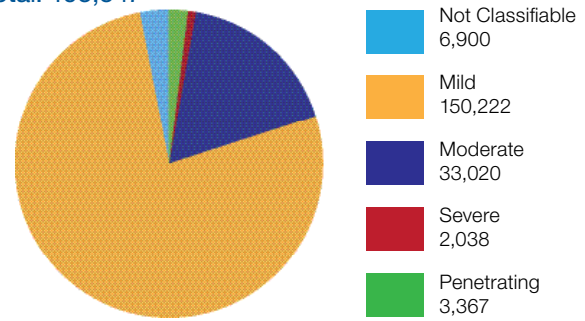
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- The RCC program also identifies barriers and/or gaps in service delivery across the continuum for service members with symptomatic TBI and provides guidance to leadership within the DoD and the VA.
- Each RCC is paired with a Regional Education Coordinator (REC) who provides a variety of educational materials and programs to providers, service members and their families who are affected by TBI.

Below are the current regions served by the RCC program: military treatment facility case managers are encouraged to work closely with the DVBIC RCC assigned to their region and refer any TBI cases they receive to the DVBIC RCC program to ensure service delivery and oversight. Contact your REC to refer service members to the educational

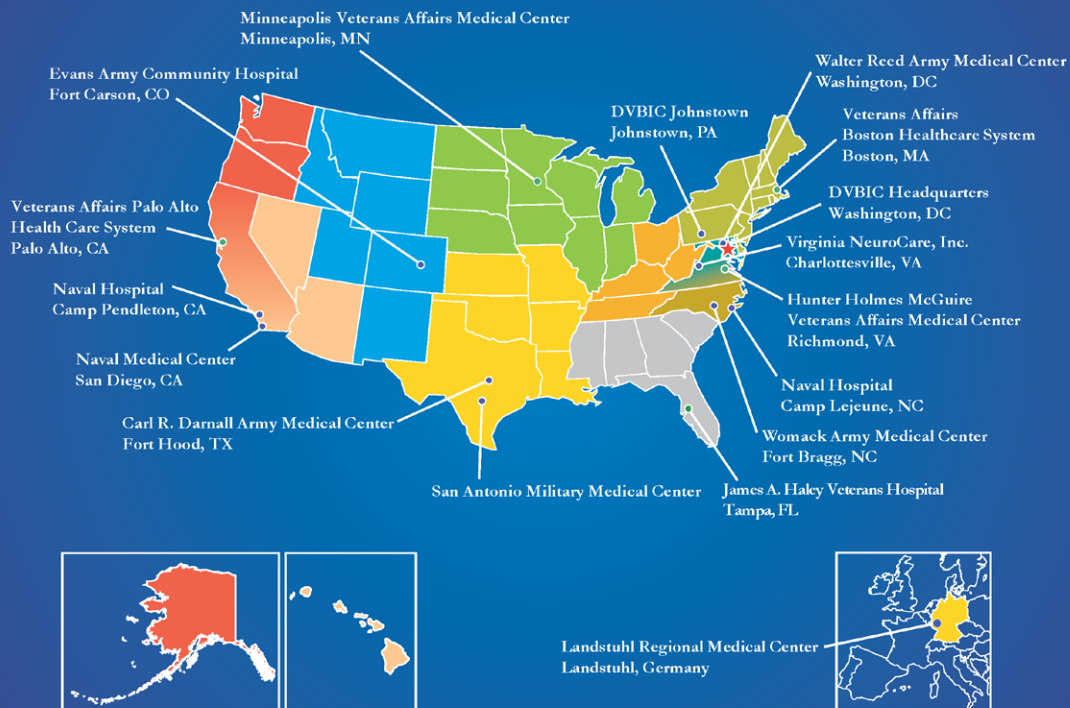
Department of Defense Numbers for Traumatic Brain Injury 2000 – 2010Q3

Total: 195,547



programs and events that are provided. To find the most up to date information about locations of this program, click [here](#).

TBI Regional Care Coordinator/Education Coordinator Catchment Area and Contact information



To find a point of contact in your region, please visit
www.DVBIC.org or call 800-870-9244



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Spotlight

Excellence in Case Management

Improving Processes to Assist Identification of Wounded Warriors

The Military TBI Case Management Community of Interest recognizes Ms. Donna Anderson, RN BSN CCM

Ms. Anderson is the AD/Wounded Warrior Program Manager as well as Nurse Consultant Case Manager at Keesler Air Force Base.

Ms. Anderson identified a gap, investigated the process and developed a proactive method to ensure early identification of wounded warriors. Her process has been selected as one out of three Performance Strategic Initiatives that is being sent to Air Staff. Ms. Anderson developed a slide deck describing the process. Well Done!



Case Management Society of America

About

Check out the news at the Case Management Society of America's (CMSA) website: www.cmsa.org

You'll find everything from an acuity tool to a free webinar on emerging information technology.

Be sure to look out for their new member magazine "CMSA Today" coming in 2011. If you are certified or interested in certification you should check out the new revised 2010 Case Management Standards of Practice [here](#).

CMSA Seeks Nominees

- Case Management Society of America (CMSA) is seeking nominations for the 2011 Case Manager of the Year Award. Nominate an individual whose notable contributions and exceptional dedication have provided a positive vision for the future of case managers. For more information, please visit the [website](#) and click on "CMOY" (Case Manager of the Year) award entries accepted until February 14, 2011.
- CMSA Award of Service Excellence: Presented to a practicing case manager (CM) who exemplifies the essence of CM - innovation, creativity, collaboration, and resourcefulness. Go to the [website](#) and click on "AOSE."

Check out the CMSA website for more information on case management awards, education, events and much more.



CHECK THESE OUT RESOURCES

New Resources

'inTransition'

DCoE oversees "inTransition," a program to assist service members requiring behavioral health treatment and going through a transition in the health care system, such as a change in duty, status or location. inTransition's mission is to support continuity of care for the service member during such a transition. A transition support coach provides guidance on healthy living while motivating the service member to connect with a treatment provider post-transition. The coach also assists the service member to connect to their gaining provider or assists them in connecting with a provider if they do not already have one.

You can download official documentations [here](#).

Referral Process

Providers should make a referral to the program when becoming aware of a transition involving their patient. Documentation is required in the service member's record indicating the referral was made. If a referral is not made, documentation is required justifying why a referral was not necessary.

Service members, providers and case or care managers can call to refer a service member to the program.

Contact Information

Join the listserv at intransition@tma.osd.mil.

Visit the [website](#).

Call inside the US: 800-424-7877.

Outside the US toll free: 800-424-4685 (DSN)
or collect: 314-387-4700.



The *inTransition* Program:

Support for service members
receiving mental health treatment

inTransition
COACHING • CONNECTING • EMPOWERING

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Online Resources

Air Force

[Air Force Wounded Warrior Website](#)

Information on benefits like the Traumatic Injury Protection Under Service members' Group Life Insurance (TSGLI) program, transition assistance, "Sentinels of Freedom" scholarships to help severely wounded veterans become self-sufficient and much more!

Army

[U.S. Army Wounded Warrior Program](#)

e-mail: AW2@conus.army.mil

Phone: 800-237-1336 (CONUS)

Phone: 312-221-8186 (Overseas)

This program offers support and advice to its members and their families. Service begins during treatment and continues until the service member/veteran returns to active duty or a civilian community. Information on federal, state and private benefit systems, educational, employment, legal and medical resources.

Navy/Marine

[Safe Harbor](#)

E-mail: safeharbor@navy.mil

24/7 Phone number: 877-746-8563

Safe Harbor is a non-medical case management service for all severely wounded, ill and injured (SWII) sailors and their families. This service is also provided on an as-needed basis for any high risk non-severely wounded, ill, or injured sailor. Safe Harbor provides support and assistance to sailors through recovery, rehabilitation and reintegration. It also provides a lifetime of care.

DCoE 'afterdeployment.org'

Interactive anonymous website where service members or their families can get information on traumatic brain injury and psychological health symptoms — like sleep problems and memory issues — and users can take self assessments and receive guidance if they are having problems in these areas.

DVBIC www.Brainline.org

Web magazine providing a range of information from TBI basics to the latest advances. Sign up [here](#) for "BrainLine Newsletter."

The Center for the Study of Traumatic Stress

Mission

The Center for the Study of Traumatic Stress (CSTS) is one of the nation's oldest and most highly regarded, academic-based organizations dedicated to advancing trauma-informed knowledge, leadership and methodologies. The center's work addresses a wide scope of trauma exposure from the consequences of combat, operations other than war, terrorism, natural and human-made disasters and public health threats. CSTS is a part of our nation's federal medical school, Uniformed Services University of the Health Sciences (USUHS) and its department of psychiatry, as well as a component center of DCoE.

There are two new resource offerings by CSTS that are of interest to case managers, part of an ongoing series called "Courage to Care" started in 2004. The two newest courses in the series are: "Courage to Care Asking for Help: Providers" and "Courage to Care Asking for Help: Families" Both are located on the CSTS website with other "Courage to Care" resources [here](#).

If you have a resource you would like us to feature or add to the up and coming TBI Case Management resource directory, just send Sue an e-mail at susan.kennedy.ctr@tma.osd.mil.

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Continuing Education

Mild Traumatic Brain Injury Case Studies: “Case Study #2: Assessing the Individual with Persistent Symptoms”

Description

A series of 12 modules utilizing actual patient vignettes to assist health care professionals to understand mild traumatic brain injury (mTBI) to include screening, diagnosis and management of symptoms in the non-deployed setting. One free CEU/CME offered per course! Please note that psychologist (APA) CEU/CME credits will be available June 2012.

Online Access

To access the mTBI web-based case studies on MHS Learn:

For DoD health care professionals

1. Go to <https://mhslearn.csd.disa.mil>.
2. Select MHS Staff Training.
3. Login using your username and password if you are a previously registered MHS Learn user (if not already registered, you must do so to access the course).
4. Click “Mild Traumatic Brain Injury Web-Based Case Studies” or “Traumatic Brain Injury Education Modules” under Browse Catalog or type ‘dcoe tbi’ under the Search Catalog field.
5. Click the course title to access training.
6. Click the Enroll button then the Play button to launch course.
7. The course test and associated survey must be completed prior to receiving a CEU/CME certificate.
8. Once the course test is successfully passed and survey completed, you may access the CEU/CME certificate from the MHS Learn Homepage, under the Profile tab.
9. Click the Transcripts tab to access the certificate of completion.
10. Click the certificate icon associated with the course title to print the certificate of completion.

For civilian health care professionals

1. Go to www.health.mil.
2. Select the “Education & Training” tab at the top.
3. Click one of the two “Civilian Provider Education” links.
4. Click on the “Civilian Provider Education Portal” link to login to the Civilian Provider Portal.
5. Login with your username and password if you

are already a registered MHS Learn user (if not already registered, select “Click Here to Register”).

6. Click “Mild Traumatic Brain Injury Web-Based Case Studies” or “Traumatic Brain Injury Education Modules” under Browse Catalog or type ‘dcoe tbi’ under the Search Catalog field.
7. Click the course title to access training.
8. Click the Enroll button then the Play button to launch course.
9. The course test and associated survey must be completed prior to receiving a CEU/CME certificate.
10. Once the course test is successfully passed and survey completed, you may access the CEU/CME certificate from the MHS Learn Homepage, under the Profile tab in the upper right-hand side.
11. Click on the Transcripts tab to access the certificate of completion.
12. Click the certificate icon associated with the course title to print the certificate of completion.

For questions related to MHS Learn or difficulty accessing the course, please contact the MHS Learn Service Desk at: 800-600-9332.

For more information about the web-based case studies contact:

Lt. Cmdr. Tara A. Cozzarelli
301-295-8366 (Comm), 295-8366 (DSN)
E-mail: Tara.Cozzarelli@tma.osd.mil.

Coming Soon

Case Study #3: Use, Administration and Interpretation of the MACE

Case Study #4: Assessing the Individual with Headache

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Upcoming Conferences

3rd Annual Warrior Resilience Conference: Total Force Fitness

February 7 – 8, 2011

Hyatt Regency Crystal City

Arlington, VA

Register now for DCoE's Third Annual Warrior Resilience Conference and listen to keynote speaker Chairman of the Joint Chiefs of Staff Adm. Mike Mullen discuss Total Force Fitness, a joint strategic initiative and resilience cornerstone for achieving multidimensional and holistic fitness for service members.

Download Conference Brochure [here](#).

Click [here](#) to register.



2011 DOD/VA Annual Suicide Prevention Conference

All the Way Home: Preventing Suicide Among Service Members and Veterans

14 – 17 March 2011

8:00 a.m. – 5:30 p.m.

Hynes Convention Center

900 Boylston Street

Boston, MA

Conference Registration

DoD and other non-VA participants can register [here](#). For more information, please e-mail [Jami Trusty](#).

Federal Interagency Conference on Traumatic Brain Injury

June 13 – 15, 2011

Washington Hilton

1919 Connecticut Avenue NW

Washington, DC

<http://tbi-interagency-conference.org/>

The Third Federal Interagency Conference will feature outstanding speakers and symposia on a wide variety of topics within several broad themes

- Effective Practices for Community Integration
- Seminal Advances in TBI Research
- The Promise of Technology

Yellow Ribbon Reintegration Program

Pre-deployment, during deployment and post deployment events can be found on the [event calendar](#).

Did you know?

There are state by state and regional event coordinator contacts for the Yellow Ribbon Reintegration Program? Information regarding contact information for coordinators can be found [here](#).



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Information for the Guard and Reserve

Several resources currently available for guardsmen and reservists can be found on the DCoE [website](#).

Here are some examples of the listings available:

- [Post-Deployment Wellness](#)
- [Rural Health and Human Services Information](#)
- [National Suicide Prevention Lifeline](#)
If you or a loved one is in immediate danger of hurting yourself or others, immediately contact: 800-273-TALK (8255)
- [Real Warriors Campaign](#)
- [Helping National Guard and Reserve Reenter the Workplace](#)
- [Success in the Workplace for Service Members Living with PTSD and TBI](#)

Questions from the Field

Caring for the Case Manager as a Caregiver

Q: In the last few weeks, several calls have been received from case managers looking for guidance on care for the caregiver — in this case, the care giver being the case manager.

This question was posed to Dr. Sushma Jani, and Cathy Stuart, who are both assigned to the Psychological Health Clinical Standards of Care Directorate at DCoE. Below are their respective answers:

A: *Response from:* Catherine M. Stuart APRN-BC, CNS, FPMH-NP

At this past year's Military Health Service (MHS) conference, a speaker quoted Victor Frankl as saying, "that which is to give light must endure burning."

While it is true that the empathic nature of military case managers across the MHS is a strong attribute, it can also lead to undoing. Seasoned case managers become seasoned by the recognition of signs of compassion fatigue and overwork, and then identifying ways to mitigate those symptoms. A myriad of signs include irritability, decrease in performance and job satisfaction, isolation and apathy. There may be secondary trauma related to managing the care of severely wounded warriors or hearing similar war stories again and again. The seasoned case manager can offer sound counsel to those who are becoming undone by the job. There are

strategies like letting go and remembering who the patient is. It's important to remind ourselves and colleagues that we are not superhuman, nor are we rescuers or enablers. We increase awareness and utilize strategies for good population health, one patient at a time; recognizing that when self care deficits have been resolved, the primary responsibility of the patient's health belongs to the patient. We keep things in perspective, asking ourselves when we cannot go another extra mile, what is the worst thing that could happen if I don't do this, and then measuring its impact together with the probability of it actually happening. It becomes easier to let go, or at least wait until we are rested.

Seasoned case managers and leaders are responsible to our younger colleagues for supporting the novice or busy case managers by first and foremost appreciating them. Being there to listen, share experiences and offer feedback are

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some of many ways to build and maintain resiliency among case management staff; keeping the light of their good works shining without burning out.

Excerpt Response from: Dr. Sushma Jani:

“Sometimes we may feel undervalued, say, inundated with making appointments and arranging referrals and wonder — is this what I went to school

for all those years? Feelings like this can lead to job dissatisfaction and frustration — but does it have to be this way?”

Dr. Jani describes a way of “reframing” our thoughts as a way to view what we may feel is a negative, as something that is positive. One example:

Thought (CM Burnout)	Feelings	View	Cognitive Reframe	View of Self, World or Future	New Feeling
There are too many cases. I can't do it all.	Overwhelmed	Negative View of Self	Right now, I can make that call for him	“Yes, I can! (Positive self action)	Good, I was helpful in my own little way.

“Self realization that yes, there may be too many cases, but that even one phone call on behalf of a patient makes an impact, it is not wasted, it is moving forward, it is reframing that negative thought and feeling into a reality that is positive for both you and the patient,” said Jani.

Coming Up in the Spring 2011 Issue

Quarterly Highlight

March is Brain Injury Awareness Month

We are seeking short articles about what your facility did to recognize this month and promote brain injury awareness, so it can be shared with the rest of the TBI Case Management Community of Interest

Questions from the Field

Case Management Recognition

If you have information about resources you would like to share with our case management colleagues, please feel free to e-mail me at Susan.Kennedy.CTR@tma.osd.mil.

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