



## Telehealth Integration Plan: Coordinating the Care Continuum

Nearly 40 policy analysts, strategy planners, psychological health providers, technology experts and subject matter experts came to Tacoma, Washington, on October 21-23, 2009, to share and coordinate the complexities of delivering psychological and TBI health care to all service members, veterans and their families, regardless of the beneficiary's location.

The Telehealth Integration Plan (TIP) meeting, sponsored by the National Center for Telehealth and Technology (T2) located at Fort Lewis, Washington, and Defense Centers of Excellence, brought together thought leaders so action steps for the swift delivery of telehealth services could be detailed. The goal of the meeting was to promote enhanced access, screening and treatment of psychological health concerns and traumatic brain injury (TBI), through the integration of appropriate telehealth services.

Gregory Gahm, Ph. D., director of the National Center for Telehealth and Technology, said he is looking for "the best fit of emerging technologies to reach our nation's warriors, veterans and their families." Common themes for the TIP meeting were actionable solutions; integrated networks; continuity and coordination; roles and responsibilities; and consistent and continuous action.



*TIP Meeting Workgroup - T2's Dr. Tim Reardon with Iraq In-Theater Surgeon General, Army COL Dallas Homas*

For two and a half days, these thought leaders rolled up their sleeves to address policy, infrastructure, technology and programmatic challenges for PH/mTBI telehealth services. As Kathy Quinkert, Special Assistant to General Peter Chiarelli, Vice Chief of Staff for the Army, put it, "We have a bunch of puzzle pieces on the table. Our job now is to figure out what to do with them."

In addition, the representatives of the Services, Reserve Component and National Guard Bureau attending the TIP meeting provided essential feedback about challenges and solutions for real-world implementation.

During the TIP meeting, attention was placed on three distinct sets of needs:

**1. In Theater** – Focused on the unique environments of the deployed service

members including intra-theater telehealth services. Specific emphasis was placed on TBI and uniformity of communication/documentation across theaters and across Services.

**2. Transitional** – Focused on service members 60 days prior to deployment and 180 days after deployment. Families were considered in transition during their loved one's deployment.

**3. Sustainment** – Focused on solutions driven by the benefits gained through continuity of care. Rural and remote outreach is seen as a priority for telehealth.

The Telehealth Integration Plan meeting was an important beginning in clarifying roles and action steps required to meet various needs across a spectrum of services. With that in mind, TIP attendees put together a Telehealth Integration Plan Task Matrix. This matrix not only identifies tasks, but areas of consensus on the broad topic of

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## From the Director: Theater of War



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

For many of our warriors, “coming home” is not the end of war—far from it.

Leaving the battlefield far behind, the battle often continues after deployment—in hearts and minds, relationships and communities. Families and loved ones often find themselves fighting a battle, too, striving to understand and support the person they care for after a life changing experience that the service member may not want to remember, let alone talk about.

Killing in combat, witnessing or participating in atrocities, losing beloved buddies, caring for injured service members and civilians, coming home to a strained or even fractured marriage, experiencing “survivor’s guilt,” witnessing the death of innocent civilians, craving the adrenaline surge of the deployed environment are timeless challenges known to warriors of all ages—past, present and future.

Helping our warriors and their families recover from invisible wounds is a sacred responsibility. Healing and finding meaning in one’s pain need not occur only in a doctor’s office.

To that end, DCoE is sponsoring a revolutionary initiative that addresses the timeless experiences of combat. The “Theater of War” presents staged readings of ancient Greek plays as a catalyst for interactive town hall discussions about the challenges faced by combat veterans and their families today.

With a rotating cast of high profile actors, the performances consist of straight readings of selected scenes from Sophocles’ plays, *Ajax* and *Philoctetes*, without costumes, sets or staging. Each performance is followed by a discussion with the audience, led by a panel of members of the local mili-


tary community, including caregivers and family members.

The “Theater of War” provides our warriors, veterans and their loved ones an open forum to share their stories and harness the power and the promise of recovery in the most poignant manner possible. The lessons, gained through time, courage, patience, prayer and fellowship, will help clear the path home for our warriors throughout the ages.

The opportunity to reflect on physical and emotional injury; death and life-threatening experiences; stigma; grief and loss; supportive relationships and the timeless relevance of these lessons in prolonged combat can be a catalyst for the healing process. Hope must prevail—we are NOT alone.

One hundred performances are being planned over the next twelve months for military communities in the U.S. and Europe. Performance dates and locations are at <http://www.theater-of-war.com>.

All together now.

Loree K. Sutton, M.D.  
Brigadier General, MC, USA  
Director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury 

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telehealth. This matrix is currently being coordinated among representative groups and senior leaders.


The bottom line is that innovative solutions are required for immediate implementation. T2 Director Gahm stated, “The Telehealth Integration Plan is truly a Joint effort.”

### About T2

The National Center for Telehealth and Technology (T2) is committed to operating a comprehensive program that develops, evaluates, researches, standardizes and deploys new and existing technologies for psychological health (PH) and traumatic brain injury (TBI).

T2 serves as the principal resource for the Department of Defense for the

application of technology to the areas of PH and TBI.

T2’s vision is to apply technology to improve the lives of our nation’s warriors, veterans and their families by improving access to and use of tested interventions to prevent, treat and mitigate the adverse psychological health and TBI sequelae of war. 

## Real Warriors Campaign Launches New PSAs to Combat Psychological Health Stigma

On October 13, 2009, the Real Warriors Campaign launched four new public service announcements (PSAs) to help combat the stigma associated with seeking treatment for psychological health concerns and traumatic brain injury. In addition to being posted on the Real Warriors Campaign Web site, the PSAs will also air on DoD and civilian media nationwide and overseas.



Army Reservist Staff Sgt. Megan Krause, Real Warriors PSA

“Every deployment is unique and impacts our service members in different ways,” said DCoE Director Brig. Gen. Sutton, M.D. “No one returns home the same way they left. These PSAs are an important part of tearing down the stigma that can keep our warriors from seeking the psychological health care they need to maintain resilience.”

The new spots highlight the stories of U.S. Army Major Jeff Hall and Army

Reservist Staff Sgt. Megan Krause, who are sharing their stories of seeking and receiving psychological health care while continuing to maintain successful military and civilian careers.

By sharing their experiences, Hall and Krause hope to encourage their fellow service members to seek the support they need and deserve with these simple messages:

- You are not alone. Not all wounds are visible.
- Everyone experiences psychological stress during deployment and talking about it helps.
- Reaching out is a sign of strength.
- Treatments, tools and resources are available to strengthen resilience and assist in recovery and reintegration.

Currently based at Fort Polk in Louisiana, Hall is an Observer Controller at the Joint Readiness Training Center. In this role, he is a senior trainer for units preparing for deployment in support of Operation Iraqi Freedom and Operation Enduring Freedom.

Krause is the non-commissioned officer in charge of the Medical Treatment Section, U.S. Army Reserve 365th Engineering Battalion, which is based

in Schuylkill Haven, Pennsylvania. She also brings her passion for helping fellow service members and veterans to her civilian work as a public relations consultant through her collaboration with America’s Heroes at Work project, a U.S. Department of Labor employer education campaign.

“Seeking treatment is a sign of strength,” Dr. Sonja Batten, DCoE deputy director, said. “By stepping forward to tell their stories, our Real Warriors are demonstrating that you can reach out for psychological health care and still have a successful, fulfilling career.”

For more information about the Real Warriors Campaign, please visit [www.realwarriors.net](http://www.realwarriors.net).



Army Major Jeff Hall, Real Warriors PSA

**REAL WARRIORS ★ REAL BATTLES**

**REAL STRENGTH**

Discover real stories of courage in the battle against combat stress.

**866-966-1020**

**[www.realwarriors.net](http://www.realwarriors.net)**

## Conference Offered Line Leaders Opportunity to Learn How to Increase Warrior Resilience

A keynote address from the Chairman of the Joint Chiefs of Staff Adm. Mike Mullen, scenes from celebrated director Bryan Doerries' "Theater of War," and a panel discussion featuring real warriors discussing their own experiences seeking psychological health care were all a part of DCoE's Warrior Resilience Conference II: Full Operational Capability, which took place November 3-4, 2009 in Norfolk, Virginia.



More than 400 line leaders, clinicians, care providers and experts from around the United States gathered to learn principles and practices to increase resilience for mind, body and spirit. These tools are designed to strengthen the warrior and unit to adapt and thrive in periods of high intensity and continuous operations, and thus promote resilience.

Attendees listened to presentations on topics ranging from, "Family, Friends and Love" to "Post-traumatic Growth" to "Warrior Resilience and Thriving in OIF: History and Application in Multi-National Corps – Iraq (MNC-I)."

Panel discussions provided opportunities for those in attendance to add additional insight, share information and discuss the important role of unit leadership in reducing stigma and encouraging service members to seek assistance for psychologi-

cal health concerns. Throughout the conference, service members were encouraged to share their personal experiences with issues such as post-traumatic stress disorder (PTSD), stigma and the impact of resilience programs.

"This conference is vital to ensuring our line leaders are armed with the latest resources to keep our warriors psychologically, spiritually and physically fit on the battlefield and on the home front," said DCoE Director Brig. Gen. Loree K. Sutton, M.D., who made opening remarks.

A new feature of this year's conference was an audience response system, which allowed continual feedback from attendees regarding content of presentations. The feedback enabled speakers to immediately target content based on audience input.

Staff Sgt. Megan Krause, an Army Reserve medic who has served in Iraq and Afghanistan, spoke to the audience about her experiences with post-traumatic stress disorder (PTSD). Krause decided to participate in DCoE's Real Warriors Campaign after seeking help for her PTSD.

"What I hope to do is take what was a really horrible experience and turn it into a positive experience for other veterans and service members who may be struggling and don't necessarily see the light at the end of the tunnel," she said.

Adm. Mike Mullen, Chairman of the Joint Chiefs of Staff addressed the audience on day two of the conference. Mullen called for better coordination of services between the general public, DoD and the VA and


urged for the leadership of mental health providers, stating they should propose programs that have measurable results.

Navy Rear Adm. Karen Flaherty, director of the Navy's Nurse Corps and deputy chief of the Bureau of Medicine's wounded, ill and injured section was also a conference keynote speaker.



Flaherty discussed the importance of service members being resilient and mental health professionals understanding what contributes to personal resilience, emphasizing that line leaders are as responsible for the positive mental health of their warriors as for their physical health.

Four amazing actors of stage and screen, including Academy Award nominee David Strathairn, performed in Bryan Doerries' "Theater of War," which includes readings from ancient Greek texts depicting the psychological health struggles of ancient warriors. This unique production reminds audiences that warriors have been experiencing war-related stress for centuries.

Maj. Todd Yosick, chief, Operational Resilience Division for DCoE, commented that the conference "...served as a springboard for enhancing collaboration and sustaining resilience efforts across the Department of Defense." 

## Theater of War

A special performance of "Theater of War" was held as a part of the Department of Veterans Affairs (VA) & Department of Defense (DoD) Mental Health Summit at the end of October. "Theater of War," directed by Bryan Doerries and produced by Phyllis Kauffman, presents dramatic readings from two of Sophocles' plays, *Ajax* and *Philoctetes*. Both pieces depict the psychological and physical wounds that warriors faced in ancient Greek times, timelessly reflecting on themes of anger, depression and sense of identity.



"Theater of War" is performed in a town hall setting. The set is very simple, no costumes or back drop, just a stage with four performers seated at a table with the director. But even with such basic staging, the actors deftly bring the audience back to ancient Greece through their moving performances. Each performance is followed by a panel

discussion and audience participation through questions and comments. The goal is to facilitate active conversation between the audience and an expert panel about the challenges faced by service members, veterans, families and caregivers, while reducing the stigma of psychological health issues resulting from combat by demonstrating their existence throughout history.


This special performance opened with remarks from DCoE Director Brig. Gen. Loree K. Sutton, M.D., Deputy Secretary of the Department of Veterans Affairs W. Scott Gould, and Ms. Ellen Embrey, performing the duties of the Assistant Secretary of Defense for Health Affairs.

Actors in the dramatic reading included Adam Driver, Academy Award nominee Terrence Howard, Elizabeth Marvel and Academy Award nominee David Strathairn.

The expert panel included military service members, a family member and members of the spiritual and medical communities:

- Col. Charles Engel, director of the Deployment Health Clinical Center
- A. Keith Ethridge, director of the VA's National Chaplain Center
- Saralyn Mark, MD and military spouse of an Iraq War veteran
- Sgt. Maj. Rose Matthews, Army National Guard
- Master Sgt. Creed McCaslin, United States Army

"Theater of War" has been performed in front of varying audiences from service members and line leaders to clinicians and the general public. The performances and panel discussions never fail to draw out lively and emotional audience participation and open dialogue.

DCoE recently awarded funding to "Theater of War" to produce theatrical performances and town hall discussions to military and veteran communities across the country. This innovative approach will continue to encourage discussion, and combat the stigma on the psychological health issues that warriors are facing today. 

## Leadership Spotlight - Dr. Greg Gahm

Greg Gahm, Ph.D., is the director of the National Center for Telehealth & Technology (T2), a component center of DCoE. In this role, Dr. Gahm assists the Department of Defense (DoD) with staying at the forefront of technology application and integration to the practice of psychological health (PH) and traumatic brain injury (TBI).

As a clinical neuropsychologist and researcher, Dr. Gahm brings over 20 years of experience in military behavioral health, research and technology. Prior to joining DCoE, Dr. Gahm served as the chair of the Psychology Department

at Madigan Army Medical Center (MAMC) at Fort Lewis, Washington, where he supervised more than 100 personnel in three training programs. Gahm helped create multiple innovative programs recognized nationally as best practices. He is a pioneer in the assessment of new technologies in DoD, including automated assessments, screening, clinical business processes, virtual reality and telehealth.

Gahm cultivates a can-do culture at T2 where technology for PH/TBI is researched, developed, evaluated, co-

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COL (Ret.) Gregory A. Gahm, Ph.D. Director, National Center for Telehealth and Technology (T2)

## Leadership Spotlight - Dr. Greg Gahm

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ordinated and deployed. Some examples of current projects under Gahm's leadership include:

**Mobile Technologies** – The popularity and practicality of cell phones has T2 exploring ways cell phone technology can be used for PH/TBI care. Concepts include SMS “texting” protocols, mobile enabled Websites and iPhone/Smart Phone applications.

**Virtual Worlds (VW)** – T2 is investigating how Virtual Worlds (VW) technology - computer 3D modeling of environments, buildings, objects and avatars - might improve access to PH/TBI care. VW holds the possibility for telehealth and expert consultation at a distance; reducing stigma through anonymous access and educational opportunities; and improvement to quality of care

through VW clinical consultation and services.

### Telehealth Integration Plan (TIP)

Through the integration of appropriate telehealth services, T2 is leading a joint effort to enhance access, screening and treatment of PH/TBI to all service members and their families, regardless of the beneficiary's location. To learn more about T2 projects, programs and resources, visit [www.T2Health.org](http://www.T2Health.org).

## TOOLS YOU CAN USE

More useful links are available at [www.dcoe.health.mil](http://www.dcoe.health.mil) under Resources

### Resources for Health Professionals

- **National Center for Telehealth and Technology**  
<http://www.t2health.org/>
- **Defense and Veterans Brain Injury Center**  
<http://www.dvbic.org/>
- **National Center for PTSD**  
<http://www.ptsd.va.gov/>

### Support for Service Members and Families

- **TRICARE Assistance Program (TRIAP)**  
<http://www.tricare.mil/>
- **Real Warriors Campaign**  
<http://www.realwarriors.net>
- **Theater of War**  
<http://www.theater-of-war.com/>

November was medical technology month for the Military Health System. Take a look at the following articles about virtual reality therapy for wounded warriors and an automated assessment tool that aids in the diagnosis of TBI.

- **Virtual Tech Makes Recovery a Reality at Walter Reed**  
<http://www.health.mil/Press/Release.aspx?ID=958>
- **Assessment Tool Helps Traumatic Brain Injury Diagnosis**  
<http://www.health.mil/Press/Release.aspx?ID=1010>

