DCoE in Action

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Winter Safety Tips

One of the most exciting things about the approaching winter season is the range of fun outdoor activities that come along with the season, such as skiing, ice skating, sledding and snowboarding. In terms of winter safety, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) would like to remind everyone to take some simple precautions when enjoying winter sports, as well as during everyday life, in order to reduce the possibility of sustaining a head injury during these activities. Neurologist, Dr. James Kelly, director of the National Intrepid Center of Excellence (NICoE), currently being constructed on the campus of the National Naval Medical Center in Bethesda, Maryland, has a few tips to help ensure that everyone has a safe and enjoyable winter season.

We are all aware of the need to wear a helmet when riding a bike or motorcycle, but some winter activities present just as much, if not more, risk for head injuries. Studies have shown that wearing a helmet can prevent or reduce the severity of a head injury during skiing and snowboarding, as well as other activities, like in-line skating and ice hockey. Recent research has shown that the use of a helmet reduces the incidence of any head injury by 30 to 50 percent.

Children are at the greatest risk of head injury from skiing or snowboarding. "Parents should always supervise young children and ensure they wear a safety-approved helmet during these activities," advises Dr. Kelly. Helmets should be comfortable, well fitted and come with snug straps to prevent movement.

Skiers and snowboarders should utilize slopes that fit their ability and experience. Inexperienced skiers and those with young children should avoid crowded slopes and areas with trees and other obstacles.

The National Ski Areas Association (NSAA) endorses these seven steps of "Your Responsibility Code," cautioning skiers and snowboarders to:

1. Always stay in control
2. Remember that people ahead of you have the right of way
3. Stop in a safe place for you and others
4. When starting downhill or merging, look uphill and yield
5. Use devices to help prevent runaway equipment
6. Observe signs and warnings, and keep off closed trails
7. Know how to use the lifts safely

When ice skating, adults should check the ice before children venture onto any lakes, ponds or rivers. Ice should be smooth and at least 10 cm (about 4 inches) thick. Dr. Kelly warns skaters to never skate alone or near open water, to skate in the same direction as the crowd and to avoid darting or racing. Hockey helmets should be safety approved, and children should wear face masks.

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www.dcoe.health.mil

From the Director: The Virtual World

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

Today's generation of Warriors live in a virtual world that is often more real to them than the experiences of daily life. They have the ability to communicate with one or several hundred "friends" with the click of a button, with little to no face-to-face human interaction and have unlimited access to information 24/7.

To this end, DCoE has created several online resources for our Warriors, Veterans and their loved ones. These tools are available 365 days a year and are especially important during the holiday season. Please encourage your family, friends, coworkers, and those in your community to share this news with Warriors, Veterans and their loved ones. Giving the greatest gift of all—Hope.

1. **The Real Warriors** campaign, "Real Warriors, Real Battles, Real Strength," seeks to eliminate the stigma often associated with reaching out for help for concerns related to the invisible wounds of war, www.realwarriors.net.

2. **The DCoE Outreach Center** is a 24/7 call center staffed by health consultants to provide answers, tools, tips and resources about psychological health and traumatic brain injury. The Outreach Center can be reached toll-free at 866-966-1020, via e-mail at resources@dcoeoutreach.org or through online chat at www.dcoe.health.mil/24-7help.aspx.

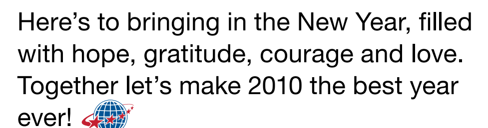
3. **DCoE and Sesame Workshop** developed the "Sesame Street Family Connections" interactive web tool, which helps Warriors and their Families stay connected and share in a safe and nurturing place, joined by their special Sesame Street friends, http://www.sesamestreetfamilyconnections.org/login/. Also available for free download on iTunes in English and Spanish are two programs, "When Parents Are Deployed," describing the transition families go through when experiencing pre-deployment, deployment and homecoming. The second program, "Coming Home: Military Families Cope with Change," shares inspirational stories of military families.

4. **DCoE's National Center for Telehealth and Technology's (T2)** Web site www.afterdeployment.org features post-deployment tools and self-assessments for Warriors, Veterans and their Families. T2 is developing mobile phone applications that will include mobile access to self-care and resource information found on www.afterdeployment.org along with regular dissemination of information via text messages.

In addition to existing online resources, DCoE is developing a revolutionary next-generation outreach solution called SimCoach. By leveraging artificial intelligence, voice recognition, videogame and avatar interaction technologies, SimCoach will provide Warriors with private, virtual access to psychological health and traumatic brain injury resources. Stay tuned - we will keep you informed of progress as this pioneering tool becomes a reality.

Meanwhile, let's take time to catch our breath while celebrating our respective holiday traditions with family and friends… Please join us in a moment of silence in honor of all who have sacrificed and who continue to do so, on behalf of our Nation.

Here's to bringing in the New Year, filled with hope, gratitude, courage and love. Together let's make 2010 the best year ever!



All together now ~

Loree K. Sutton, M.D.
Brigadier General, MC, USA

DCoE Component Center Opens New Satellite Location

The Center for Deployment Psychology (CDP) has expanded its reach by stationing a deployment behavioral health psychologist (DBHP) at the Naval Medical Center Portsmouth (NMCP) in Portsmouth, Virginia. The creation of this position is another step forward for CDP, which is headquartered at the Uniformed Services University in Bethesda, Maryland. While CDP's primary mission is to provide training about deployment-related psychology for both military and civilian behavioral health workers, CDP also provides direct psychological care for military members and families.

The center addresses its mission through a "hub and spoke" system, with DBHP "spokes," who train mental health providers and provide treatment to service members, placed at 11 military medical centers across the country and the Bethesda "hub" designing and operating training programs. The system efficiently provides both training and direct service.

The DBHP in Portsmouth will work with NMCP's psychology internship program to train mental health providers in empirically-based treatment of deployment-related concerns. DBHPs are chiefly responsible for providing evidence-based training and education for accredited military psychology internship programs. They also provide treatment directly to service members, and many of the DBHPs are prior-service themselves. The new spoke at Portsmouth is just one element of CDP's effort to expand its role in enhancing and providing direct mental health care for military members in need of assistance.

"We are always excited to expand our reach, and the opportunity to provide training to NMCP's psychology interns as well as provide psychological care to service members in Portsmouth is an important opportunity for all of us," said Dr. William Brim, a clinical health psychologist and deputy director of CDP, who explained that the new position at NMCP expands CDP's role as a trainer of several thousand individuals per year on matters related to military concerns. "We look forward to working closely with NMCP to further develop our strong training and clinical programs."

CDP's "hub" in Bethesda designs and operates three models of training programs with a wide reach. The first model is a two-week training program in Bethesda, designed to educate a wide spectrum of both licensed behavioral health care providers and interns active in deployment cycle support.

The second program model is a one-week training course that travels to national locations on a bi-monthly basis and is designed for civilian mental health workers who work with service members and veterans. The third model offers several "stand-alone" mobile workshops; these are typically two-day events and serve clinicians who need a shorter course. All training programs feature specific training on evidence-based practices designed to address both acute and chronic concerns frequently experienced by military personnel.

More information on CDP personnel, locations, training and events can be found at www.deploymentpsych.org.

Winter Safety Tips

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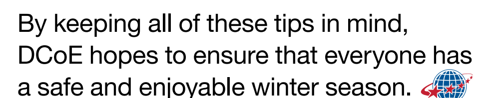
Sledding can also pose a risk of head injury, as sleds can often reach dangerously high speeds on steep slopes. It is important to always remain in control while sledding, stay clear from roads and motor vehicles and avoid sledding in crowded areas. Sledding feet first or sitting up, instead of lying down head-first, may prevent head injuries. Dr. Kelly also encourages everyone to wear a helmet while sledding and use steerable sleds, not snow disks or inner tubes. Sled slopes should be free of obstructions like trees or fences, be covered in snow not ice, not be too steep (slope of less than 30º) and end with a flat runoff.

By keeping all of these tips in mind, DCoE hopes to ensure that everyone has a safe and enjoyable winter season.



DCoE Releases Clinical Recommendations to Address Driving Following a Traumatic Brain Injury

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) is sharing the resource, "Driving Following Traumatic Brain Injury: Clinical Recommendations," with health care professionals within the Military Health System and its federal and civilian colleagues. The guidance was drafted by attendees of the one-day "Driving Evaluations after TBI Conference" hosted by DCoE. A first of its kind, this resource provides clinical recommendations, where none have previously existed, for the evaluation of fitness to drive following a traumatic brain injury (TBI).

Health care providers are often presented with the challenging task of assessing and making a recommendation as to whether a patient is medically fit to drive. The "Driving Following Traumatic Brain Injury: Clinical Recommendations" guideline offers recommendations on accomplishing an evaluation and encourages health care providers to make the consideration of driving ability and safety part of their routine clinical assessment of TBI patients. Additionally, this resource serves as a tool to increase awareness among clinicians that driving can be a potential public safety issue for some TBI patients.

DCoE convened a small steering committee to discuss the issue of driving behaviors following TBI after the Army's Proponency Office for Rehabilitation and Reintegration expressed concerns related to service members' driving behaviors. The steering committee recommended the "Driving Evaluations after TBI Conference" that was held in July, 2009. The conference was attended by approximately 30 subject matter experts from the Department of Defense (DoD), the Department of Veterans Affairs (VA), the National Institute on Disability and Rehabilitation Research (NIDRR), civilian rehabilitation centers and academia.

Safe operation of a motor vehicle is a complex interaction of various functions and abilities that an individual possesses. A TBI can disrupt the interaction between these functions and abilities. Depending upon the severity, a TBI can adversely impact driving by causing physical impairments as well as impairments that may affect awareness, understanding, comprehension and/or judgment.

"Until now, clear guidance has not been set as to when clinicians should send TBI patients for further evaluation for fitness to drive. In addition, driving behaviors that are crucial in a combat setting may be deleterious in a civilian, non battlefield setting."

"Driving Following Traumatic Brain Injury: Clinical Recommendations" separates the driving evaluation into two components: driving screening and driving assessment. The purpose of the initial screening process is to assist with identifying those individuals who may require a more time-intensive

and costly driving assessment. The full driving assessment is a more thorough and comprehensive evaluation of an individual's fitness, or ability to drive, and may be best reserved for those individuals whose driving screening results raise concerns.

The intention of an evaluation of fitness to drive is not to prevent individuals from driving, but rather to ensure that those who have sufficiently recovered from a TBI have the opportunity to safely drive in accordance with federal and state guidelines.

"This document will be an important resource for all clinicians treating patients with traumatic brain injuries," said Kathy Helmick, DCoE's interim senior executive director for TBI. "Until now, clear guidance has not been set as to when clinicians should send TBI patients for further evaluation for fitness to drive. In addition, driving behaviors that are crucial in a combat setting may be deleterious in a civilian, non battlefield setting. This document is a step that will help keep drivers, passengers and pedestrians safer."

For additional information or a copy of the guideline, please contact LCDR Tara Cozzarelli at (301) 295-8366 or e-mail Tara.Cozzarelli@tma.osd.mil.

DCoE Collaborates with NFL Sports Medicine Experts

The Defense and Veterans Brain Injury Center (DVBIC), a component center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), has been working closely with sports medicine experts over the past few years, sharing information and research about the management of mild traumatic brain injury (TBI), also known as concussion. Referred to as a "signature injury" of the Global War on Terror, traumatic brain injuries have gained increasing prominence in the military community because of the impact of exposure to improvised explosive device (IED) blasts during combat. Brain injuries are also a concern for those in the sports community, as a blow or jolt to the head on the field can result in a player experiencing a mild TBI. Collaboration between DCoE and the sports medicine community has resulted in useful research findings and important public education for both fields.

DVBIC's collaboration with the National Football League (NFL) is an example of the value that can arise from top experts across fields exchanging information. For instance, ideas for better advances in helmet design for service members have been the result of collaborations between DVBIC, the Department of Defense (DoD) and the NFL.*

These organizations have been working together since 2008 on best practices for handling mild TBI, an occupational hazard shared by both football players and service members. Participants from the Department of Veterans Affairs, the DoD and representatives from across the Services met at a conference to discuss and explore a wide variety of clinical and scientific aspects of mild TBI.

"We have been able to really proceed in a meaningful way in this collaborative framework," said Dr. Michael Jaffee, an Air Force Colonel and director of DVBIC who serves as the DoD representative on the NFL Mild TBI Committee. "The advances that military medicine has made have been applicable and relevant to civilian medicine, and the advances that sports medicine has made, we've also tried to apply to military medicine."

Reviewing neuropathology studies from the recurrent concussions of NFL players and other athletes have shown interesting findings that help to identify the importance of the management of recurrent concussions. The contrast between concussions resulting from sports and blasts sustained in theater is helping experts to better understand that there are differences between explosive blasts and traditional athletic injuries at the brain level, said Jaffee. Similar to the training the DoD conducts with medics and corpsmen, there have been preliminary discussions between the DoD and the NFL about developing joint training with athletic trainers focusing on the acute management of these injuries.

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Leadership Spotlight - Dr. David Riggs

Dr. David Riggs calls himself an empiricist at heart, one who relies on observation and analysis in making decisions. Riggs is no stranger to identifying key problems and developing solutions with a creative and open-minded approach. He believes in the value of striving to identify the second and third consequences to a decision, noting "an idea that seems a perfectly fine solution to the problem at hand can create more problems than it solves if it is not thoroughly examined." He puts his talents to use as the director of the Center for Deployment Psychology (CDP), charged with setting the overall direction of the center, responsible for strategic planning, administration, training and education services.

As a clinical psychologist, Riggs has worked extensively in settings that combine clinical, research and training responsibilities. Prior to joining DCoE, Riggs served as a clinical research psychologist at the Center for the Treatment and Study of Anxiety at the University of Pennsylvania.

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Dr. David Riggs, Director, Center for Deployment Psychology (CDP)

Global Video Tele-Conference Highlights the Work of Military Chaplains

The Defense Centers of Excellence for Psychological Health & Tramautic Brain Injury (DCoE) reached new audiences at its monthly Video Tele-Conference (VTC) that focused on military chaplains. With over 100 participants and an additional dozen VTC locations, the session titled, "The Ministry Team: Challenges, Coping Strategies, and Resource Support," was a great success.

Military chaplains, chaplain's assistants and religious program specialists play a unique role in the continuum of care of service members, serving as confidants, spiritual guides and counselors to members of the Armed Forces. Since they are often seen as a source of comfort and encouragement, chaplains are able to provide additional support for the psychological health needs of service members.

The VTC opened with a welcome from Brig. Gen. Loree K. Sutton, M.D., director of DCoE, who set the tone on the importance of chaplains to the well-being of service members' mind, body and spirit.

Chaplain Thomas E. Preston, executive director of the Armed Forces Chaplains Board, introduced the panel by of participants stating, "Not since World War II have chaplains spent so much time in the combat theater."

The speakers, with broad, cross-service representation included:

Chaplain Michael Coffey and team members, of the Multi-National Force-Iraq Chaplain's Office, presenting directly from Baghdad, Iraq, shared their experiences confronting challenges in theater.

Chaplain Bradley Thom, of the Chief of Chaplains Office, and RPC Parrish Walker, of the Marine Corps, presented on coping strategies, training and personal support used to prevent compassion fatigue.

Chaplain David Moran, of the Chief of Chaplains Office, Chaplain David Scheider, of the U.S. Army and Chaplain Lance Sneath, of the Family Life Chaplain Training Center, spoke on the need of care for the caregiver.

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Leadership Spotlight - Dr. David Riggs
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His work there focused on the development, evaluation and dissemination of treatments for posttraumatic stress disorder (PTSD) and other anxiety disorders, as well as the impact of psychological disorders on the families of those directly affected.

CDP trains military and civilian behavioral health professionals to provide the high quality care necessary to address the deployment-related psychological health needs of military personnel and their families. Riggs says the aspect of his work that truly makes him proudest is when providers who have completed one of CDP's training workshops share their stories about how they were able to use the skills they learned at CDP to successfully treat service members. "Particularly satisfying are times when these stories come from deployed military providers who are able to use these skills to successfully treat service members in theater and return them to duty with their units."

As a leader, Riggs leads by example. "I'm willing to step in, roll up my sleeves and work alongside the rest of the team." When tackling problems, Riggs values bringing together different perspectives, and encourages his team to do the same when creating solutions for long-lasting and positive impact. Some examples of current projects under Riggs' leadership include:

Expansion of training workshops – CDP is continually in the process of identifying topics and developing new workshops to add to those already offered by the center.

Development of provider support services – CDP is working to develop an effective means for providing ongoing consultation and support to providers who have already gone through one of their training workshops.

Development of online teaching and training modules and tools for providers – CDP is increasing its online training programs to target areas where individuals are unlikely to have ready access to military or veterans' medical services.

Riggs confesses to be an avid college basketball fan who enjoys spending time with his family, reading, cooking and scuba diving.

To learn more about CDP projects, programs and resources, visit www.deploymentpsych.org.

DCoE Collaborates with NFL Sports Medicine Experts

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Whether from a blow, jolt or blast to the head, the primary issue for both the DoD and the NFL is safety. When is it safe for a football player to return to the game or for a service member to return to combat once having experienced a head injury? "If someone hasn't yet fully recovered from a concussion and they are subjected to another one, the damage can be more significant, and this is a paramount concern for both DoD and the NFL," said Jaffee.

"The advances that military medicine has made have been applicable and relevant to civilian medicine, and the advances that sports medicine has made, we've also tried to apply to military medicine."

"Both military service members and athletes are inclined to withhold information about a potential brain injury because they are serious about what they do," said neurologist, Dr. James Kelly. Dr. Kelly serves as the director of the National Intrepid Center of Excellence (NICoe), an outpatient clinic that is being designed for service members experiencing mild TBI and psychological health issues. NICoE is currently being constructed on the campus of the National Naval Medical Center in Bethesda, Maryland. "For the athletes, they want to get back on the field and for the service members, they want to get back to combat or return to active duty." Proper management of individuals affected with brain injuries is critical, as multiple concussions or multiple exposures to blasts can result in an individual being at risk for lingering problems later.

The NFL has been supportive of DoD's development of public service announcements that urge service members to recognize the signs and symptoms of concussions and seek help. The announcements often feature professional NFL players.

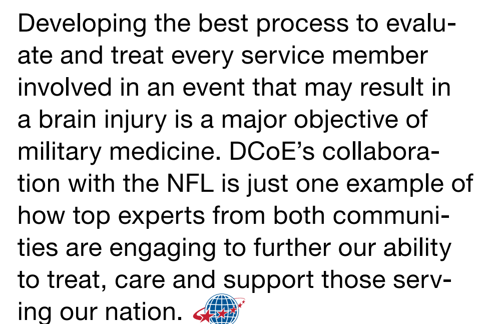
In addition, the informational exchanges between military and sports medicine experts have made substantial advances in the prevention, evaluation and treatment of mild TBI.

"Both military service members and athletes are inclined to withhold information about a potential brain injury because they are serious about what they do. For the athletes, they want to get back on the field and for the service members, they want to get back to combat or return to active duty."

DVBIC has collaborated with a broad array of experts to develop clinical practice guidelines for the acute management of concussion/mild TBI in the deployed setting. Since the first draft in 2006, the guidelines have been revisited and updated annually. Currently, the 2009 revision looks to transform the guidelines from a voluntary-based approach to an incident-based approach so that service members will be screened regardless of whether or not they think they sustained an injury.

The Military Acute Concussion Evaluation (MACE), a screening tool available to clinicians in theater to assist with diagnosing and treating TBI, was developed using research studies from the sports injury literature and medicine. This important cognitive tool, developed through sports concussion research, is another example of how sports medicine and military medicine have been able to collaborate and exchange information.

Developing the best process to evaluate and treat every service member involved in an event that may result in a brain injury is a major objective of military medicine. DCoE's collaboration with the NFL is just one example of how top experts from both communities are engaging to further our ability to treat, care and support those serving our nation.



Global Video Tele-Conference Connects over 100 Military Chaplains

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Chaplain David L. Carr and Chaplain John Tillery, both of the U.S. Air Force, provided information on resources available to the ministry team, related to risk and resiliency for both pre-exposure preparation and caregiver reintegration retreats.

Presenters and participants provided dynamic conversation on how to help reduce psychological stressors and prevent compassion fatigue among ministry team members, and how to help service members at the times they need it most. A special appearance by retired Army General Fred Franks concluded the session, as he provided encouragement moving forward.

Future global VTCs will change format, becoming webinars to enable more people to join and participate. Next month's topic will focus on Support for Family Caregivers and will be held on January 28th. Visit dcoe.health.mil for details and registration.

TOOLS YOU CAN USE

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

Resources for Health Professionals

- **Center for Deployment Psychology (CDP)**
  http://www.deploymentpsych.org/
- **CDP's Training Workshops**
  http://www.deploymentpsych.org/training.html
- **Sports vs. Military Concussion**
  http://www.dvbic.org/TBI---The-Military/Sports-vs--Military-Concussions.aspx/

Support for Service Members and Families

- **The National Ski Areas Association (NSAA)**
  http://www.nsaa.org/nsaa/home/
- **KidsHealth Head Injuries**
  Winter Safety: Advice for Parents and Kids
  http://www.cps.ca/caringforkids/keepkidssafe/WinterSafety.htm
- **NIH: Interactive TBI Tutorial**
  http://www.nlm.nih.gov/medlineplus/tutorials/traumaticbraininjury/htm/lesson.htm
- **Understanding Brain Injury - A Guide for the Family**
  Frequently Asked Questions about Traumatic Brain Injury (TBI) and Employment
  http://library.ncrtm.org/pdf/321/026.pdf

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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