



Military TBI Case Management Quarterly Newsletter

TBI Case Management Community of Interest

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Quarterly Highlight

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury's "TBI Clinical Standards of Care Directorate"

Mission: To develop state of the science clinical standards to maximize recovery and functioning, and to provide guidance and support in the implementation of clinical tools for the benefit of all those who sustain traumatic brain injuries (TBI) in the service of our country.



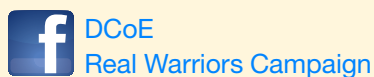
DCoE Photo by Kelley Stennett Executive Assistant for TBI CSoC

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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 intended 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 the quarterly newsletter can be sent to Susan.Kennedy.CTR@tma.osd.mil.



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TBI Case Management Community of Interest

Letter from the Editor

Dear Military TBI Case Management Community of Interest colleagues:

Happy spring! Spring is my favorite season of the year. As much as I enjoy the holidays that winter brings, I am not a fan of shoveling snow, or for that matter, raking leaves in the fall. For me, spring is renewal. Watching the garden come alive, full of colorful blossoms and sweet scents, is energizing after months of being inside.

Spring officially started in March, which was National Brain Injury Awareness Month. As you may have seen, there were several TBI awareness programs across the Military Health System, which disseminated valuable information regarding the seriousness of TBI and the population of affected service members and their families we serve.

By the end of this spring, DoD will have identified more than 200,000 cases of TBI among our service members since the year 2000. Our mission, to support and care for those who have served our country and now must recover from the effects of TBI, is far from over. Please take time, my fellow case management caregivers, to renew yourself. Taking time to renew your strength, vibrancy, creativity and energy means you are then able to continue to give of yourself to those who need your help the most: our wounded warriors and their families.

Activities that spark that feeling of renewed energy and purpose are as different for me as they are for each of you. It could be reading a poem, listening to music or just about anything — but taking the time to actually do them is sometimes the hardest part. In last quarter's issue, Dr. Sushma Jani talked about reframing how we think about a given situation to create a positive outlook. Sometimes I think we need to reframe our ideas about how we think about ourselves. Do we think of ourselves as special, wonderful, creative? Or do we think of ourselves as someone who gets up, goes to work, comes home, sleeps, gets up ... etc. Do you think you are worthy of a little "me-time?" We urge family caregivers, on a daily basis, to make sure they schedule time for themselves so they don't burn out: good advice! The activities of National Brain Injury Awareness Month taught us many things. Take time to reflect on lessons learned. Are you ready for what comes next?

Remember: spring is a time of renewal. Please take time to renew yourself so we can continue to do our mission successfully.

All together now,

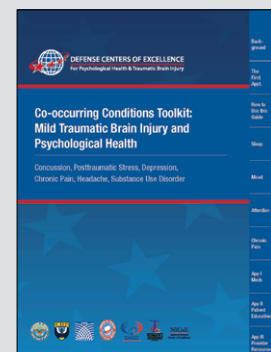
Sue Kennedy, RN BSN CCM

Hot Off the Press

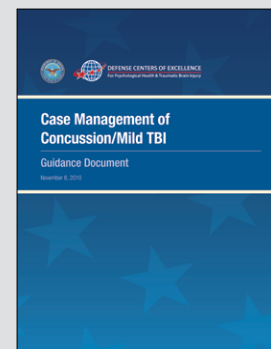
There are two new guidance documents posted on the DCoE website: www.dcoe.health.mil/ForHealthPros/TBIInformation.aspx.

See detailed description in the "Quarterly Highlight" section on [page 5](#).

Co-occurring Conditions Toolkit: Mild Traumatic Brain Injury and Psychological Health



Case Management for Concussion/Mild TBI Guidance Document



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Quarterly Highlight

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury's "TBI Clinical Standards of Care Directorate"

(continued from page 1)

Director

Cmdr. Michael Handrigan is an emergency medicine physician who joined the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) as director of the Traumatic Brain Injury Clinical Standards of Care directorate in December 2010. His most recent post was at the US Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response. Among his many accomplishments, Cmdr. Handrigan served as the director for the Emergency Care Coordination Center, chair of the Council for Emergency Medical Care and chair of the Federal Education and Training Interagency Group. Cmdr. Handrigan also served as a Lieutenant Colonel in the United States Army Medical Corp and is currently a Commander with the U.S. Public Health Service. Cmdr. Handrigan has published several articles in the Journal of Emergency Medicine, Shock; The Journal of Trauma and multiple other professional journals.

Deputy Director

Col. Stephen Sharp is a pediatric neurologist who joined DCoE as the deputy director of the TBI Clinical Standards of Care directorate in June 2010. Col. Sharp is an active duty officer in the U.S. Air Force. Col. Sharp received his medical degree from Loma Linda University in California and his neurology training at the University of North Carolina, Chapel Hill. His past military experience includes chief of child neurology at Keesler Medical Center, deputy flight commander for pediatric flights and associate director of neurology education, department of neurology at USUHS.

Directorate Staff

Division Chiefs

Lt. Cmdr. Tara Cozzarelli is a former Navy RN with experience in psychiatric nursing. She is currently serving as the division chief, Dissemination, for the TBI Clinical Standards of Care directorate. Lt. Cmdr. Cozzarelli's team is responsible for the oversight of production and dissemination of the

many products produced by the TBI directorate, as well as development of the current and future TBI web-based case studies available on MHS learn.

Executive Assistants

Ms. Sandra Page and **Ms. Kelly Stennett**

Neuro-Psychologist

Dr. Dorothy Kaplan has 30 years of clinical practice as a neuro-psychologist in academic, rehabilitation and private practice to include 14 years at the National Rehabilitation Hospital (NRH). She has authored publications and presentations on topics such as neuropsychological evaluations, treatment of substance abuse in TBI and comorbid emotional and behavioral disorders that accompany TBI.

Dissemination and Clinical Guideline Support

Ms. Kim Henderson and **Ms. Jessica Arias**

RN Case Management Consultant

Ms. Sue Kennedy, RN BSN CCM has 29 years of nursing experience including clinical experience in ER, trauma, ICU and home health, 17 years in case management (CM), and has been a certified CM since 1996. Ms. Kennedy came to DCoE in November 2009 as part of the clinical consultative division. She is the editor of the Military TBI Case Management Quarterly Newsletter and facilitated the development of the recently issued Case Management for Concussion/mTBI Guidance Document.

Clinical Practice Guidelines Staff

Cmdr. Kathy Grudzien is a Navy RN from the National Naval Medical Center in Bethesda. Cmdr. Grudzien was the department head of the inpatient TBI unit at NNMC. This unit, which started construction three years ago, saw its first patients in 2009. Cmdr. Grudzien is also a clinical nurse specialist in medical-surgical nursing with 27 years in the military, including six years in the Army as a medic and 21 years with the Navy where she obtained her RN credentials.

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Directorate Overview

The Traumatic Brain Injury Clinical Standards of Care directorate develops clear and concise TBI clinical standards of care including clinical tools, algorithms for care, identification of best practices and clinical practice guidelines to help optimize care. The directorate also disseminates clinical standards of care and evaluates TBI programs and TBI care throughout the DoD.

Goals and Objectives

- Develop comprehensive and universal clinical practice guidelines (CPGs) in areas that lack accepted professional clinical standards of TBI care
- Evaluate the perceived gap in dissemination and implementation of existing Department of Defense (DoD) accepted TBI guidelines
- Create a robust evaluative component to the clinical standards of care to include tracking of patient outcomes as well as barriers to usage of clinical tools
- Plan for operational and resource limitations in the delivery of TBI clinical care in austere environments as well as in rural and underserved areas (i.e., careful consideration of guard and reserve components)

Directorate Divisions

Clinical Practice Guidelines is an interdisciplinary team, which develops practice guidelines for the treatment of TBI in the Military Health System (MHS). After completion of a scientific review, clinical guidelines are classified by an evidence rating to provide clear direction to the MHS, ensuring state of the science clinical care. This division is under the leadership of Capt. Carol Konchan, USPHS.

Dissemination and Implementation is an interdisciplinary team, which disseminates clinical practice guidelines to the treatment facilities in the DoD. This directorate incorporates multiple modalities of training to ensure proper understanding and utilization of these guidelines. This division is under the leadership of Lt. Cmdr. Tara Cozzarelli, USPHS.

Consultation is an interdisciplinary team, which assesses the treatment of TBI throughout MHS. The team identifies outcome measures, tracks patient outcomes and assesses compliance with the standards. This information is then utilized to further improve TBI clinical practice guidelines. Case management is one of the key areas of focus for this division. Ms. Sue Kennedy leads this effort.

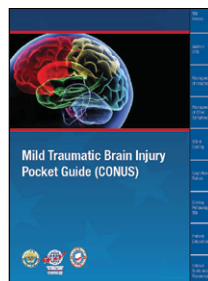
Team Accomplishments

(to view online or for a free download of the following products, go to www.dcoe.health.mil/ForHealthPros/TBIInformation.aspx.)



Co-Occurring Disorders Toolkit Mild Traumatic Brain Injury and Psychological Health

This toolkit is the result of a consensus conference held in June 2009 by the Department of Veterans Affairs (VA) and the reviewed literature and consensus opinions from subject matter experts (SME's) from the VA and the DoD. The toolkit addresses areas that may be contradictory between multiple clinical practice guidelines (CPG's) currently in use for diagnoses such as concussion, post-traumatic stress disorder (PTSD), chronic opioid therapy (COT), depression and substance use disorder (SUD). To order hard copies of the "Co-occurring Conditions Toolkit: Mild Traumatic Brain Injury and Psychological Health," contact DVBIC at info@dvbic.org or call 800-870-9244.

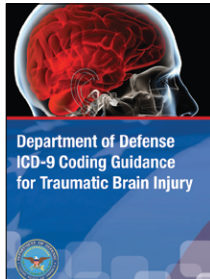


Mild Traumatic Brain Injury Clinical Pocket Guide

This pocket guide is a quick yet informative reference, to help treat service members and veterans who show symptoms of a mild TBI. It offers state-of-the-art management for concussions in a unified manner across the Military Health System. With more than 20,000 in print, this resource is a popular request.

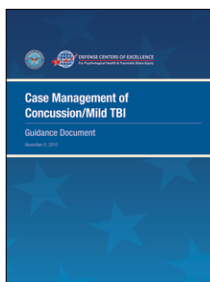
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Department of Defense ICD-9 Coding Guidance for Traumatic Brain Injury Pocket Card

ICD-9 codes for TBI are designed to document and track diagnosis of a service member who has been treated or is in the process of being treated for a TBI. These codes allow health care providers to keep track of a particular kind of behavior during a period of time even if a service member changes installations. To order hard copies of the Mild TBI Pocket Guide or ICD-9 Coding Guide Pocket Card, contact DVBIC at info@dvbic.org or call 800-870-9244.



Case Management of Concussion/Mild TBI

This document is based on national case management processes and is to be used with the VA and DoD CPG for Concussion/Mild Traumatic Brain Injury. Hard copies will be made available at several conferences where DCoE is in attendance, or you can download both the full document and/or the two-page summary at: <http://goo.gl/DBhyp>.

Fact sheets and guidance documents can be downloaded free at www.dcoe.health.mil/ForHealthPros/TBIInformation.aspx.

- Driving following Traumatic Brain Injury — Clinical Recommendations
- Driving following Traumatic Brain Injury (Summary)
- DoD and VA Driver Rehabilitation Sites
- Traumatic Brain Injury Care in the Department of Defense
- Cognitive Rehabilitation Clinical Guidance Fact Sheet
- Department of Defense Coding Guidance for Traumatic Brain Injury Fact Sheet
- Fact Sheet summarizing the VA/DoD Evidenced Based Clinical Practice Guidelines for Management of Concussion/Mild Traumatic Brain Injury
- Tips for Civilian Health Care Professionals
- Case Management of Concussion/Mild TBI (Summary)
- VA/DoD Management of Concussion/Mild Traumatic Brain Injury
- VA/DoD Management of Concussion/Mild Traumatic Brain Injury (Summary)
- Clinical Guidance for Evaluation and Management of Concussion/mTBI — Acute/Subacute (CONUS)
- DCoE & DVBIC Cognitive Rehabilitation Report

Additional Resources and Product Information is available at www.dcoe.health.mil/ForHealthPros/TBIInformation.aspx.

March 2011 Brain Injury Awareness Month Activities

During the month of March, National Brain Injury Awareness Month, the TBI Clinical Standards of Care directorate participated in several activities to promote brain injury awareness and care. Activities included presentations given at the Armed Forces Public Health Conference, a webinar titled “Mild TBI and Co-occurring Disorders,” release of the mild TBI and Co-occur-

ring Conditions Toolkit, and a media roundtable which included representatives from Defense and Veterans Brain Injury Center (DVBIC), the National Intrepid Center of Excellence (NICoE) and Force Health Protection and Readiness. Cmdr. Handrigan presented information at the TBI Conference entitled “New Biopharmaceutical Approaches.”

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The Way Ahead

In the months to come, the TBI Clinical Standards of Care directorate has many more projects in the works to further the mission. Among these are a partnership with the National Center for Telehealth and Technology (T2) to develop an online resource directory for TBI case managers and continuing to grow the Military TBI Case Management Community of Interest. In addition, work

is being done to provide guidance and information on vestibular dysfunction, TBI prevention, neuro-endocrine sequelae of TBI, visual dysfunction, headache management and cognitive rehabilitation issues. Case management will be participating in a work group with DVBIC, VA and service branch staff to develop a case management track for the annual DVBIC training conference.

NICoE Update

The NICoE Referral Process — How to Refer a Patient to the National Intrepid Center of Excellence

NICoE's Objectives

- Implement a 2-3 week interdisciplinary diagnostic and treatment plan for patients with complex mTBI and psychological health issues, including those who are not responding to conventional therapy
- Collaboratively validate, disseminate and teach next-generation solutions concerning the complex constellation of TBI and psychological health conditions
- Develop methods for early identification, intervention and treatment of TBI

Profile of Service Members Seen

- Active duty desiring to remain mission-capable, Reserve Component on active duty
- Mild to moderate TBI and/or psychological health issues
- Exhibits persistent symptoms
- No active/untreated substance dependence
- Capable of participating



Photo courtesy of National Intrepid Center of Excellence

in intensive outpatient level of care*

NICoE Patients: Difficult Diagnoses, Problematic Dispositions

NICoE Patients come with a variety of difficult diagnoses and problematic dispositions.

PTSD

Patients diagnosed with PTSD may have flashbacks, avoidance

behaviors, hypervigilance, nightmares and re-experiencing of the situation that initiated these issues.

TBI

Patients diagnosed with TBI may be experiencing cognitive deficits, irritability, insomnia, depression, fatigue, anxiety, headache, sensitivity to light or noise, nausea and vomiting, vision problems or dizziness.

* Able to perform all ADLs; independently obtain and or provide for their own food, transportation and conduct their own financial affairs; not a danger to self or others; not in need of services requiring a level of nursing care or medical monitoring higher than what can safely be provided in an outpatient setting.



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There may also be issues with polypharmacy and pain.

Collaborative, Patient Centered Evaluation and Assessment

The assessment process at NICoE takes 2-3 weeks. The assessment is done in a multi-disciplinary approach including an internist who is the team leader, a psychiatrist, clinical pharmacist, family therapist, neuro-psychologist, ophthalmologist, art therapist, audiologist, nutritionist, chaplain, speech pathologist, physical therapist, neurologist, occupational therapist and radiologist. Together the team develops a comprehensive diagnosis and proposed treatment plan.

Core Assessments Include

- Physical Examination
Neurological Examination
- Psychiatric Examination
Neuro-Psychological Testing
- Vestibular / Audiology Testing
Neuro-Ophthalmology Testing
- Electrophysiological Testing
Sleep Evaluation
- Integrative Medicine
(Complementary and Alternative Medicine)
- Psychological Health Evaluation
Nutrition Evaluation
- Speech testing
Neuro-imaging Evaluation
- Physical Rehab Evaluation
Computer Assisted Rehabilitation
- Family Evaluations
Vocational Screen
- Spirituality Consultation
Pharmaceutical Evaluation
- Substance Use Assessment

Major Diagnostic and Rehabilitation Equipment

State of the art diagnostic and rehabilitation equipment at NICoE includes:

- Magneto-Encephalography (MEG) Scanner
- Positron Emission Tomography with Computed Tomography (PET/CT)
- MRI (3-T)/Functional MRI
- Diffusion Tensor Imaging (DTI)
- CAREN (Computer Assisted Rehabilitation Environment) system
- Trans-cranial Doppler Ultrasound

The Patient Referral Process

1. Complete the two-page patient referral form (see below)
2. Fax to NICoE Continuity Services at (301) 319-3700
3. You should be contacted within 24 hours to discuss next steps

To obtain hard copies of the referral forms please email a request to nicoe@med.navy.mil or call the DCoE Outreach Center at 866-966-1020.

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Spotlight

Defense and Veterans Brain Injury Center's Regional Educational Coordination Program



The Defense and Veterans Brain Injury Center (DVBIC) was founded on three pillars: clinical care and standards, research, and education. DVBIC devotes significant resources to its mission of providing education on the prevention, treatment and rehabilitation of traumatic brain injury (TBI).

The Regional Education Coordinators (RECs) network includes staff at eight military treatment facilities, four Veterans Affairs (VA) Polytrauma centers and two civilian sites. RECs serve their own site as well as an assigned geographic region.

The RECs network offers educational programs on TBI and conducts outreach to service members (active component, guard and reserve), veterans, families, health care providers and community groups. RECs also coordinate TBI education programs presented by DVBIC clinical and research staff. In addition, the RECs have a core set of objectives. Each site and region has unique needs, so the RECs tailor their activities and programs accordingly.

The RECs program held many educational offerings during National Brain Injury Awareness Month; here is just a sampling:

- Fort Carson: REC Robin Winger recorded an interview on concussion and DVBIC resources with local radio stations KILO and KRXP. The stations played the interviews throughout March. Winger has recorded these interviews for the past three years and they've traditionally generated a high volume of calls from veterans.
- Landstuhl, Germany: REC Karen Williams coordinated a program of six brief concussion presentations, held March 29 – 31, to 150 fourth-grade students at Vogelweh Elementary School in Kaiserslautern. The sessions, presented by a neurology nurse practitioner, TBI nurse educator and a TBI team member wearing military protective gear, covered the brain's function by using a brain safety demonstration

with an "egg-drop" display (with and without a helmet) and the proper fitting of a helmet.

- Palo Alto/Camp Lejeune: REC Jill Storms of the Palo Alto Veterans Administration and Deborah Waun of Camp Lejeune ran community college workshops on TBI this month. Waun's was held on March 9 at Coastal Carolina Community College in Jacksonville, N.C., and Storms' on March 18 at the Palo Alto VA facility — in partnership with the War Related Illness and Injury Study Center.
- Fort Bragg: REC Kathy Bell was involved in several activities including a 5K Walk/Run, informational displays at Womack Army Medical Center, a presentation by Dr. Alan Finkel (DVBIC) and a bicycle helmet drawing.
- Tampa VA: REC Brent Concklin coordinated an open house at the James A. Haley VA in Tampa, Fla. and had educational booths at the VA Clinic in New Port Richey and Zephyrhills, Fla.
- San Antonio Military Medical Center: RECs Maren Cullen and Toni McCall coordinated a Yellow Ribbon event in New Orleans and had an exhibit booth at the National Guard Association of Texas, informational display at Brooke Army Medical Center, and a resource table at the Alamo Head Injury Association conference.
- Richmond, Va.: REC Randy Gross conducted a TBI presentation in Hampton, Va. and hosted an informational display at the Armed Forces Public Health Conference, also in Hampton.
- DVBIC Johnstown TBI Rehabilitation Program: REC Melodee Hursey exhibited at the Meeting the Needs of Returning Military Service Members Symposium for Primary Care & Mental Health Professionals, and conducted a presentation and exhibit at the Brain Injury Association in Conn.



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- Naval Medical Center San Diego, Marine Corps Base Camp Pendleton: REC Michelle Plata coordinated a display at the 63rd RSC Yellow Ribbon event in San Diego and held a special guest lecture by Michael McCrea, PhD, ABPP at Camp Pendleton, Calif., titled “From Gridiron to Battlefield: A Scientific Update on Mild Traumatic Brain Injury.”
- DVBIC Charlottesville: REC Pam Sjolinder continues to work with the Department of the Army, The Judge Advocate General’s

Legal Center and School in Charlottesville in developing permanent displays of DVBIC materials in service member common areas as well as prominent public areas, and displayed at the 88th RSC Yellow Ribbon in Minneapolis. Congratulations and many thanks to all of the RECs for their excellent work promoting TBI awareness for March 2011 and year-round!

To learn more about awareness-raising activities across the DVBIC network, visit www.DVBIC.org.

Deployment Health Clinical Center

By Lynn Albrecht, Information and Design and Management Officer



Overview

The U.S. Department of Defense Deployment Health Clinical Center (DHCC) provides care for returning service members, conducts health service research, and serves as a resource center for the continuous improvement of military health care through education and outreach. The center offers a comprehensive, tri-service outpatient program for returning service members who experience post-deployment health concerns. DHCC works with patients, their families and their doctors to improve health care, find answers, and enhance the quality of life for personnel returning from deployments.

Process

DHCC offers a three-pronged strategy of direct health service delivery, provider education and outreach, and clinical and services research.

Specialized Care Programs

- Each three-week program consists of small group and individual support from a multidisciplinary team of medical specialists.
- Track I is the nation’s only specialized care program for service members who experience persistent physically disabling post-deployment symptoms in spite of appropriate medical treatment.
- Track II offers cognitive-behavioral therapy, stress management and relapse prevention follow-up to treat service members with persistent

post-traumatic stress disorder (PTSD), trauma spectrum symptoms, or difficulties re-adjusting to life following recent deployments. Track II is designed to help service members understand and manage their symptoms in order to prevent or reduce depression, and other co-morbid conditions that contribute to high utilization of health care services. Participants have access to referral sources within the Walter Reed Army Medical Center system.

Provider Education and Outreach

- DHCC annually sponsors a deployment healthcare track within the Force Health Protection Conference, the largest public health conference conducted within the Army Medical Department.
- As a public service, DHCC publishes a daily online newsletter, the Deployment Health News. The newsletter covers health issues related to military service, deployments, homeland security, and the Global War on Terrorism.
- The website, PDHealth.mil, assists clinicians in the delivery of post-deployment health care.
- DoD’s Deployment Health Clinical Training Series, clinical training modules, provide comprehensive training on the DoD/ VA Post-Deployment Health Clinical Practice Guideline (PDH-CPG), the VA/ DoD Clinical Practice Guideline for Management



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of Medically Unexplained Symptoms (MUS): Chronic Pain and Fatigue and the VA/DoD Clinical Practice Guideline for Management of Major Depressive Disorder in Adults and five other clinical training modules.

- DHCC provides briefings, brochures, CDs and other outreach materials and training information for health care providers, support personnel, service members and their families.
- The PDH-CPG Desk Reference Toolbox contains Provider Reference Pocket Cards on the PDH-CPG and supporting guidelines on certain specific deployment-related health concerns including medically unexplained symptoms, depression, PTSD, and on the deployment health assessment process as well as reference and training CDs.

Clinical & Services Research

- DHCC's research supports the center's clinical, scientific, and policy goals, including a wide range of projects designed to scientifically evaluate health services delivery for post-deployment medical concerns. Funding for current projects

come from the National Institute of Mental Health, the Department of Defense, the DoD Deployment Related Medical Research Program and the Department of Veterans Affairs.

- The research team consists of personnel with expertise in the social and behavioral sciences, general medicine, psychiatry, epidemiology, statistics, demography, risk communication and administrative personnel.

Benefits

- DHCC fosters a trusting partnership between military men and women, veterans, their families, and their health care providers to ensure the highest quality care for those who make sacrifices in the world's most hazardous workplace.
- The PDH-CPG Desk Reference Toolbox assists primary care providers in integrating the PDH-CPG into their practices, providing a high standard of care to patients who present with deployment-related health concerns.

For more information about DHCC, please visit: www.pdhealth.mil.

Continuing Education Conferences

Federal Interagency Conference on Traumatic Brain Injury

Date: June 13 – 15, 2011
Location: Washington, DC
Washington Hilton
1919 Connecticut Ave NW
Washington, DC 20009

www.tbi-interagency-conference.org

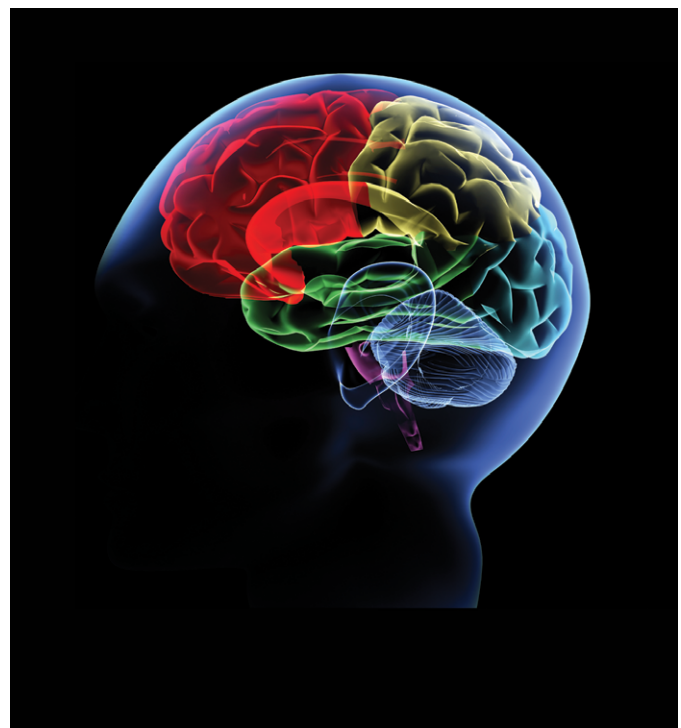
CMSA 21st Annual Conference & Expo

Date: June 14 – 17, 2011
Location: San Antonio, TX
Henry B. Gonzalez Convention Center

Events held in conjunction with CMSA's Annual Conference and Expo 1-Day Air Force Conference (Sunday) and 1.5 Day MHS Conference (Monday and Tuesday)

MHS Conference Dates: June 12 – 14

For more information, visit www.cmsa.org/conference/tabid/570/default.aspx.



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Traumatic Brain Injury Grand Rounds 2011

Presented by the Southern Regional Medical Command, Brooke Army Medical Center and the Veteran's Health Administration Employee Education System

All TBI Grand Rounds will take place at 1200 hours CST in the BAMC 4th floor auditorium on the 2nd Tuesday of each month and can be available by video teleconference (VTC). Selected archived Grand Rounds programs are available on MHS Learn <https://mhslearn.csd.disa.mil>. New programs are uploaded quarterly.

For more information or to sign up for VTC viewing, please contact:

Department of Defense Contact

Ms. Elizabeth Espinoza

Phone: 210-916-8694

Email: elizabeth.espinoza@amedd.army.mil

U.S. Department of Veterans Affairs Contact

Mr. Shawn Deitering

Phone: 612-467-3871

Email: shawn.deitering@va.gov

Continuing education units are routinely available for nurses, doctors, psychologists and social workers. Selected courses may offer credit for additional specialties.

www.ees-learning.net

Date	Topic	Speaker(s)
8 March 2011	Psychopharmacology for Mild Traumatic Brain Injury and Post Traumatic Stress Disorder	Thomas McAllister, MD
12 April 2011	Pseudo-Science and the Treatment of Mild Traumatic Brain Injury	Stuart Yablon, MD
10 May 2011	Rehabilitation of Executive Functions	Anthony Chen, MD, PhD
14 June 2011	Six Myths about Post-Traumatic Stress Disorder	Capt. Paul Hammer, MD, Director DCoE
12 July 2011	Epidemiology and Risk Communication in Mild Traumatic Brain Injury	Aaron Schneiderman, PhD

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

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Continuing Education

Web-based Case Studies: 'Case Study #3: Use, Administration and Interpretation of the MACE' and 'Case Study #4: Assessing the Individual with Headache'

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 web-based case studies contact:

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

Upcoming Web-based Case Studies

- #5: mTBI, Sleep Disturbance and Fatigue
- #6: ICD-9 Coding Guidance

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2011 DCoE Monthly Webinar Schedule

DCoE's monthly webinars provide information and facilitate discussion on a variety of topics related to psychological health and traumatic brain injury (TBI). Each month features a different topic with presentations by subject matter experts followed by an interactive discussion period. Resources and reference materials related to the topic are provided each month and are available online. All speakers' presentations are archived on the [monthly webinar](#) section of the DCoE website.

April

Supporting Military Children in School Settings

May

Operational Stress and In-Theater Care

June

Anatomical/Physiological Changes Secondary to Post-Traumatic Stress Disorder

July

Reintegrative Medicine: Focusing on Family and Clinical Perspective, and Adaptation Following Incident

August

Post-Traumatic Stress Disorder and Natural Disasters

September

Neuropathophysiology of Mild TBI

October

Generational Post-Traumatic Stress Disorder and Post-Traumatic Growth

November

Holidays Apart from Family

December

No event

APRIL						
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Information for the Guard and Reserve

Have you checked out the official website of the National Guard? Visit www.ng.mil.

The website has a wide variety of information for those in the National Guard. Current news items, links to the Army and Air National Guard as well as all other service branches and the VA are listed. Information on educational opportunities, employment and local guardsmen outreach activities are readily available. Resources for suicide prevention and links to social networking sites are also on the site.

For the reserve component there is a direct link to the Office of the Assistant Secretary of Defense for Reserve Affairs at <http://ra.defense.gov> that has information about income replacement, family readiness, health benefits through Tricare and many other links including to the Yellow Ribbon Program: www.yellowribbon.mil.

May 2011 Yellow Ribbon Program Events *(partial list)*

90-day Post-deployment Events

May 1

Bangor, Maine and Little Rock, Ark.

May 7

Kapolei, Hawaii



30-day Post-deployment Events

May 7

Tucson, Ariz.; Hartford, Conn.; Sacramento, Calif; Birmingham, Ala.; Lenoir City, Tenn.; and Garden Grove, Calif.

60-day Post-deployment Events

May 7

Birmingham, Ala.; Pearl City, Hawaii; and Portsmouth, N.H.

There are pre-deployment and during-deployment events throughout the spring and summer months. To see the calendars of events, go to: www.jointservicesupport.org/Events/CalendarView.aspx.

Questions from the Field

Q: How do I go about getting certified as a case manager?

A: Per DTM-08-033 regarding case management in the military, certification is recommended on a national level. The military does not specify which national certifying body should be used. There are many courses offering case management “certificates” for a few weeks of online course-work but this is not the same as national level certification.

National programs recognize that not only is formal education important, but practical experience is crucial. Most national programs

require 2 years of full-time practical experience in case management, or at least 1 year if under the direct supervision of a certified case manager.

Short certificate programs are fine for those who want an introduction to case management, or perhaps intense learning in a particular area of case management, and many give CEU’s that might be used for continuing education credit for the national certification levels. However, a short “certificate” program on its own will not fulfill the qualifications needed to sit for a national level exam. Please be

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aware: short “certificate” programs, while they may be informative educational and even preparatory in nature for the national exams, are generally not the same as national level certifications.

When considering which of the national level certifications is best for you, here are some things to keep in mind:

- Credentials and history of the certifying organization
- Who is eligible for certification (i.e., only licensed professionals or can anybody take the test?)
- Criteria for eligibility (education, areas worked in, CEUs, formal or informal education)
- Renewal requirements
- Costs vs. benefit to my career: is the cost (average is about \$350.00 for the exam) worth it to my career?

- Relevancy to the work you are doing: Is the certification for hospital, outpatient, worker’s comp or some other kind of case management?

Here are links to three national case management certifying entities found on the internet. There may be others and the following list does not constitute endorsement or preference of one over the other:

Commission for Case Management Certification

www.ccmcertification.org

American Case Management Association

www.acmaweb.org

American Nurses Credentialing Center

www.nursecredentialing.org/NurseSpecialties/CaseManagement.aspx

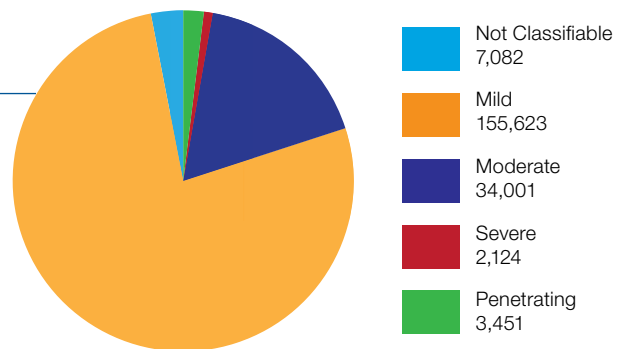
The Latest TBI Numbers

as of 4th quarter 2010

Department of Defense Numbers for Traumatic Brain Injury 2000 – 2010Q4

Total: 202,281

Source: Armed Forces Health Surveillance Center Numbers for 2000 – 2010 Q4, as of 17 Feb 2011



Coming Up in the Summer 2011 Issue

- **Preview:** 5th Annual TBI Military Training Conference
- **Update:** NICoE
- **Update:** Case Management TBI Resource online locator tool “T2WRL”

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

“Military TBI Case Management Quarterly Newsletter” is a publication of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. Our mailing address is 2345 Crystal Drive, Crystal Park 4, Suite 120, Arlington, VA 22202. Phone: 877-291-3263.

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