



# Military TBI Case Management Quarterly Newsletter

## TBI Case Management Community of Interest

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“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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### Quarterly Highlight

## The Education Directorate

**Introducing:** The Education directorate of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

The Education directorate’s mission is to assess training and educational needs in order to identify and promote effective instructional material for stakeholders resulting in improved knowledge and practice of psychological health and traumatic brain injury (TBI) care. Our stakeholders include: course and/or curriculum

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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 [TBICM.Newsletter@tma.osd.mil](mailto:TBICM.Newsletter@tma.osd.mil).



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## Letter from the Editor

Greetings to all Military TBI Case Management colleagues!

By the time this goes to print, Memorial Day 2011 will have come and gone, as well as the 4th of July. Memorial Day, originally called “Decoration Day” is the national day of remembrance for those who have died in our nation’s service. Memorial Day was officially proclaimed on May 5, 1868 by General John Logan, the national commander of the Grand Army of the Republic.

The holiday was first observed on May 30, 1868 when flowers were placed on both Union and Confederate graves at Arlington National Cemetery. The 4th of July, or Independence Day, is celebrated to commemorate the signing of the Declaration of Independence. So much has changed in the way wounded military and their families are cared for since the days of the Revolutionary War to the current OEF/OIF conflicts.

As I think about the many services provided to service members today, I can’t help but wonder about who was there to help the families through their grief process during the Revolutionary War, or help the wounded from the War of 1812 adapt to their “new normal”? Who was there to inform wounded soldiers who were 50 feet from a cannon ball explosion, confused with pounding headaches, that most likely these symptoms would resolve in time and get better?

The 18th and 19th centuries didn’t have cognitive rehabilitation or, for the most part, anything that would resemble a hospital as we know it today. Modern nursing, as we know it, did not exist during those times, much less case management. It wasn’t until the late 1800’s that Florence Nightingale followed Britain’s example in setting up standards and formalizing education for nurses; and not until the early 1900’s did some nurses leave the hospital environment and venture into the community. In a very short time, historically speaking, case management was born and has evolved into a specialty all of its own. As well-educated case management staff, we have the power of science behind much of what we do, with common sense and compassion mixed in and an ever-open eye to improving what may be the current theme in best practices. In reflecting on these two national holidays, it becomes clear that we have come far.

The United States of America has made a conscious determination to do our best for our service members affected by TBI and other injuries. The inclusion of TBI case management by the military acknowledges the unique expertise of case managers in supporting our service members and ensuring they get the services and support needed to recover and return to duty whenever possible.

National holidays bring a sense of pride in our country, in those who have served over time and those who are still serving. Military TBI case managers are part of this pride in a very real, professional and compassionate way.

All together now,

*Sue Kennedy, RN BSN CCM*

**P.S.** Please note we have a new e-mail address for this newsletter! Please e-mail me your thoughts, article suggestions or questions to: [TBICM.Newsletter@tma.osd.mil](mailto:TBICM.Newsletter@tma.osd.mil)

You are also welcome to call Monday through Friday 0800-1630 EST 301-295-8367. I look forward to hearing from you!

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### The Education Directorate

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developers, program managers, instructors and training evaluation staff.

Within this role, the Education directorate is responsible for:

- Identifying and promoting psychological health and TBI training and education programs
- Coordinating the establishment of guidelines for psychological health and TBI training, and education programs
- Assessing the impact of psychological health and TBI training, and education programs
- Influencing the development of educational standards and doctrine related to psychological health and TBI

The directorate consists of highly educated, talented and diverse staff. Here are some very abbreviated biographies:

#### Director

**Mr. Carlton Drew** currently serves as the director of the Education directorate. Before assuming this position, Drew was the assistant director for learning and development, Washington Headquarters Services. In this capacity he managed training and education, course and competency development, resource management and an online learning management system for the Office of the Secretary of Defense, Defense Agencies and DoD Field Activities. His prior position was distance learning branch chief for the Customs and Border Protection Agency (Department of Homeland Security) where he received the Commissioner's Award for Innovation. Mr. Drew holds a Master of Science in information systems technology from The George Washington University and a Master of Science in health administration from Central Michigan University.

#### Deputy Director

**Army Lt. Col. Philip Holcombe** currently serves as the deputy director of the Education directorate. Holcombe earned his bachelor's degree at John Brown University, Arkansas, and his doctoral degree at the California School of Professional Psychology, Fresno. He completed a fellowship in general clinical psychology with child emphasis at Tripler Army Medical Center (TMAC). Prior to DCoE, Lt. Col. Holcombe served as the director of training and national training coordinator, Army psychology training programs, among others, while at TMAC. He has deployed to Iraq as an Army psychologist.

LTC Holcombe's many awards include the Meritorious Service Medal and Army Commendation Medal.

#### Division Chief

**Lt. Cmdr. Nicole Cyriaque** currently serves as the division chief for the knowledge management division. Prior to DCoE she served as an assistant program management officer, social work case manager at the Department of Homeland Security's Division of Immigration Health Services. Cyriaque holds a master's degree in social work from New York University and is a licensed clinical social worker.

#### Research Analyst

**Ms. Rabia Mir** is the research analyst for the directorate. She participates in strategic planning, coordination of curricula, management of the internship program, completion of reporting requirements, preparation of reports and other documents and training materials. Ms. Mir holds both a bachelor's (cum laude) and a master's degree in public health, health communication and social marketing from The George Washington University.

**Ms. Tracey Linegar Taylor** is a psychological health subject matter expert in the Education directorate. She identifies the best methods of delivery of TBI and psychological health training/education for

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mental health care providers, families, war fighters and communities. Prior to serving at DCoE, Ms. Taylor had a highly decorated military career and retired as an Army Lt. Col. in 2008. She has had two combat tours of duty in Iraq during Operation Iraqi Freedom and is a member of the Order of Military Medical Merit. Ms. Taylor holds a Master's of Science degree in psychiatric-mental health nursing from the University of Maryland at Baltimore (UMAB).

**Dr. Darlene Powell Garlington** is a licensed clinical psychologist, certified school psychologist and media psychologist, who specializes in providing services to military families. She currently serves as a consultant to the directorate. Dr. Garlington has been an associate professor at Hampton University in Hampton, Va. and an adjunct professor at Wesleyan University in Connecticut.

## Executive Assistants

**Mr. Stanford M. Owens** joined DCoE as a senior executive assistant. Prior to DCoE, Mr. Owens spent 26 years with the U.S. Marine Corps in numerous roles focused primarily on military recruiting.

**Marcus T. Morgan** is a senior executive assistant supporting the director and deputy director for education. He came to DCoE from the outpatient, PH-TBI department, National Naval Medical Center, Bethesda, Md.

## Helpful Resources from the Education Directorate

### Training Effectiveness Toolkit

This series of guidelines and fact sheets is based on best practices in the ADDIE model (Assess, Design, Develop, Implement and Evaluate) that is widely used in the world of training and development. The documents provide recommendations to develop a standardized and measureable approach to training design, delivery and continuous improvement through appropriate evaluation. This product is downloadable for free at the DCoE website and can be a valued asset in developing a wide variety of training and educational programs.

### Course Assessment and Analysis

The Course Analysis Tool (CAT) provides a systematic method for collecting course information along with tips and techniques that can be used to improve a course. This tool can be applied to a wide array of programs and courses.

### Provider Training

The DCoE website features a Web-based interactive training calendar for evidence-based practices (EBP) for psychological health and TBI training across the services. The calendar can be accessed at <http://www.dcoe.health.mil/TrainingCalendar.aspx>.

### Guidelines for Training Providers in Evidence-Based Practices for PTSD

In collaboration with the Center for Deployment Psychology, DCoE developed guidance for mental health provider training for the treatment of post-traumatic stress disorder and acute stress disorder.

### Training Video for the mTBI and Psychological Health Co-occurring Conditions Toolkit

This product was created to assist primary care providers within the continental United States in managing patients with co-existing symptoms of a mTBI and psychological health condition.

### Leadership Training

DCoE developed a series of training presentations for DoD line leadership in 2010 to provide them with an awareness of the challenges and available resources of PH/TBI. These presentations will be shared with DoD joint training programs in order to incorporate psychological health/TBI signs, symptoms and resources through existing curriculum and training programs.

### Joint Professional Military Education Executive Leadership Overview of Psychological Health and TBI

This project provides the most current and basic information from DCoE and its component centers on psychological health problems and traumatic brain injury.

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## Integrated Mental Health Strategy

The Education directorate is the lead on strategic action 17; Helping family members to identify mental health needs in service members and veterans. This initiative will provide education to family members to help them recognize when service members and veterans need help for mental health problems and how to seek such help.

## Resource Guide of Literature for Military Children

This at-a-glance resource guide was built out of a research paper on the availability of resources to educate military children about adverse changes in a parent's cognitive or emotional status as a result of military deployment. The guide is for parents and adults who work with the children of military service members. To date more than 60,000 downloads have been recorded. To receive a copy: <http://www.dcoe.health.mil/ForHealthPros/Resources.aspx>

## Future Education Directorate Projects

- Development of instructor/student training manuals that can be used individually or in a variety of combinations in support of clinical practice guidelines developed by the DoD/VA Evidence-Based Working Group
- Medical Enlisted Training Command – collaboration with DCoE's Psychological Health Clinical
- Standards of Care directorate and Research and Prevention directorate to integrate resilience training into their curriculum
- Education fact sheets on common therapies for psychological health conditions, stigma reduction and TBI
- MOU for DCoE/MHS Learn/VA – The purpose of this memorandum of understanding (MOU) is to establish a partnership between the Department of Veterans Affairs (VA), Military

Health System (MHS) Learn and DCoE for psychological health and TBI regarding:

1. Sharing and/or reviewing PH/TBI content
  2. Offering continuing education units for educational activities
  3. Tracking trends associated with training effectiveness
- Podcasts of psychological health and TBI scientific journal articles, which will be available from the DCoE website or available for download to a mobile device

For additional information on the Education directorate or its products, please contact: (301) 295-8427 or go to [www.dcoe.health.mil](http://www.dcoe.health.mil)

The directorate also welcomes feedback at their new email address: [DcoE.Education@tma.osd.mil](mailto:DcoE.Education@tma.osd.mil)

Link to many of the Education directorate products at: <http://www.dcoe.health.mil/Training/TrainingToolkitsResources.aspx>



U.S. Marine Corps photo by Lance Cpl. Reece E. Lodder

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## Spotlight

### TBI Care at Landstuhl: The Synapse Program

by Dr. Kendra L. Wagers, rehabilitation psychologist, Landstuhl Regional Medical Center, research coordinator, Neurology/Traumatic Brain Injury Program



Staff Photo: AFNEWS photojournalist Donald Scott Wagers

#### Landstuhl Regional Medical Center Intensive TBI Program

Traumatic Brain Injury has been called the signature injury of more than nine years of combat. Many of our service members have been repeatedly exposed to events that have the potential of causing a brain injury. More than one million military personnel have deployed since 2001 in support of Operation Enduring Freedom (OEF) in Afghanistan or Operation Iraqi Freedom (OIF) in Iraq. Current deployment operations have involved service members in ground combat and hazardous security duty. Traumatic brain injury (TBI) has been the most prevalent injury among warfighters during Operation New Dawn (OND), the name of operations in Iraq since September 1, 2010, OIF and OEF. These injuries are a result of contact with enemy forces or weapon systems such as mortars, improvised explosive devices (IEDs) and rocket-propelled grenades (RPG). Head impacts from accidents caused by enemy action, equipment failure or other factors have also contributed. Deployment therefore could include being exposed to gun shots, blast exposure and other significant potential TBI-generating events. Given the significant length of the war, and repeated deployments of service members to dangerous duty assignments downrange, there is an increased risk of exposure to possible TBI events as well as the risk of increased symptom sequelae from repeat exposures. To help, Landstuhl Regional Medical Center has developed an intensive rehabilitation program called the Synapse Program.



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An intensive rehabilitation program, the Synapse Program focuses on providing care to service members who experience TBI. This interdisciplinary team approach was developed as a response to the dynamic nature of potential TBI events service members could experience. Service members at war are particularly at risk of TBI resulting from combat blast injury, which is usually characterized as resulting from primary blast effects (e.g., exposure to over pressurization wave from blast), secondary (e.g., impact from blast, debris), tertiary (e.g., impact after displacement), or quaternary (e.g., burns, inhalation of toxins, hypoxia, psychological effects). Such blast effects can produce profound traumatic injuries in the brain, including damage to parts of the brain that make vision possible, affect auditory processing, impact balance and coordination, impair cognitive functioning and /or impede occupational performance. Our team of clinicians works to collaborate and individualize care for our service members, to educate them on the recovery from injury and foster greater understanding of what they can do to protect themselves.

Landstuhl Regional Medical Center's Synapse Program has a strong clinical team consisting of three TBI neurology providers, a clinical psychologist, a TBI optometrist, an audiologist, two physical therapists, two speech therapists, an occupational therapist, a rehabilitation psychologist and several nurse case managers. The entire team evaluates service members experiencing TBI and determines if intensive services would support the service member in his/her return to full duty. Providers often collaborate on care, evaluating the patient in an integrated service delivery environment to maximize therapeutic gain. The intensive program at Landstuhl is individually developed to meet a service member's unique symptom presentation and can be a few weeks or up to eight weeks long as appropriate. The team also works closely with command to review job function and performance and tailor treatment

towards addressing specific job capacities each service member may need to function within their military occupational speciality (MOS). Follow up services and treatment plans are developed at discharge and can often be implemented via telemedicine, home therapy programs or with local providers at the patient's home base. A vital component to our discharge and follow up plan is educating service members and their support system on engaging in their own recovery and considering all the factors in their lives that influence a positive course of rehabilitation.

A positive course of recovery from brain injury begins and ends with education. Education and outreach to command is not only an integral part of the intensive program, it frames service delivery. Every component of the intensive program emphasizes the importance of a holistic and dynamic recovery process. As Dr. Sushma Jani wrote in a previous article for this newsletter, "Re-framing how we think about an issue to create a positive outlook can be a vital part of recovery. Developing awareness, understanding and education on the expected course of recovery from brain injury creates empowerment. Empowerment is how we build function, create a sense of normalcy and develop self efficacy. Efficacy powers us towards our goals."

The goal of the Synapse Program is to offer a comprehensive intensive TBI program that complements the TBI care throughout the European theater. The program works closely with TBI providers to coordinate care, disseminate educational resources and foster recovery. The program's mission is to not ameliorate symptoms but foster understanding and recovery. If you would like to learn more about the program, please feel free to contact Dr. Kendra Jorgensen-Wagers, rehabilitation psychologist and clinical team lead at [k.jorgensen-wagers@amedd.army.mil](mailto:k.jorgensen-wagers@amedd.army.mil) or via DSN at (314) 590-5601.

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## Spotlight

### TBI Care Giver Curriculum by the Defense and Veteran's Brain Injury Center (DVBIC)

by Shealyn Holt, Family Caregiver Coordinator, DVBIC

The Traumatic Brain Injury Family Caregiver Panel was established under the National Defense Authorization Act of 2007, Section 744. The panel has a legislative mandate to develop a coordinated, uniform and consistent training curriculum to be used in instructing family members how to provide care and assistance to members and former members of the armed forces with moderate, severe or penetrating traumatic brain injuries. The guide is organized into four modules and provides information on basic anatomy and physiology of a traumatic brain injury, the possible effects of TBI, guidance on symptom management, the needs of family caregivers and an overview of the military and veteran health and benefits systems. The guide is available both in print and on the web at [www.traumatic-braininjuryatoz.org](http://www.traumatic-braininjuryatoz.org).

Families can receive a print version of the guide through DoD and VA providers who have been trained by DVBIC. Training assures that the guide is conveyed in a manner that supports and does not

overwhelm families and provides education on the content to promote its use at appropriate intervals during the recovery process. Should you have any questions regarding the audience or distribution of the guide, please contact Ms. Shealyn Holt, Family Caregiver Coordinator, at [Sholt@dvbic.org](mailto:Sholt@dvbic.org) or at (240) 778-4103.



### mTBI Pocket Guide

Now available for download on some cell phones!

Smartphones, with Android operating systems, can download the app from their cell phones at no charge!

Click [here](#) for more information



### Co-occurring Tool Kit Video

DCoE announces the release of the Co-occurring Conditions Toolkit training video. This video walks providers through how to use the toolkit.

[To download the video](#)

[To download the Co-occurring Conditions Toolkit](#)



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## Update

### The National Intrepid Center of Excellence (NICoE)

by Sue Kennedy, RN BSN CCM



Photo courtesy of NICoE

**The National Intrepid Center of Excellence (NICoE)**, located on the campus of the National Naval Medical Center in Bethesda, Md., continues to accept qualifying service members for comprehensive assessment and treatment planning for mild traumatic brain injury with persistent post concussive symptoms. I have actually visited the NICoE and found the center to be nothing less than extraordinary. There are many state of the art diagnostic and clinical and research areas such as the sleep lab, the Computer-Assisted Rehabilitation Environment (CAREN) machine and even an indoor rifle range. Much attention was also paid to the families that frequently accompany the service members undergoing treatment. There are several comfortable rest areas, an entire arts and crafts room for kids, another room for families to gather and comfortable living spaces with kitchens and tables that give it a very homey atmosphere. There is even a big pool table, several flat screen televisions and a music room with a grand piano. Apartments are set up so that activities of daily living can be done in a real home setting.

The NICoE also has its own dedicated Fisher House nearby with a shuttle to bring the service member and family back and forth as needed. There is a playground and plenty of outdoor space for the kids to stretch and run. Every effort has been made to make this a warm, welcoming and positive experience for both service member and family.

Recovery from TBI is a challenge for the patient, family and providers. The NICoE, a gift from the American people to our military, meets that challenge in a truly incredible way.

To make a referral for a service member, you can call 1-866-966-1020 or fax the referral form to 301-319-3700. If you have questions, you can now email NICoE directly, at [nicoe@med.navy.mil](mailto:nicoe@med.navy.mil). To download a referral form, go to: <http://www.dcoe.health.mil/ComponentCenters/NICoE/PatientReferralForm.aspx>



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## Continuing Education

### Web-Based Case Studies

1. Diagnosing Mild Traumatic Brain Injury
2. Assessing the Individual with Persistent Symptoms
3. Use, Administration and Interpretation of the MACE
4. Assessing the Individual with Persistent Headaches

For Department of Veteran's Affairs employees, Web-based case study #1 is now available on the VA Learning Management System (LMS)

### Where to Find Web-Based Case Studies

Case studies 1 through 4 are available on MHS Learn! To access the mild TBI web-based case studies on MHS Learn [click here](#) or see directions below:

#### 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 **"Enroll"** then **"Play"** 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](http://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 **"Enroll"** then **"Play"** 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. Please note that psychologist (APA) CEU/CME credits will be available June 2012.

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## Upcoming Events and Conferences

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### North American Brain Injury Society (NABIS)

Annual NABIS Clinical and Legal Brain  
Injury Conference

**14 September 2012**

**New Orleans, La.**

Government non-profit registration is \$795

Organization: North American Brain Injury Society

Click [here](#) for more information.

### Brain Injury Association of America

**Multiple low-cost webinars (\$50-\$65)** on topics  
such as Adolescent TBI, Vocational Implications  
of TBI and Long-Term Consequences of TBI and  
much more can be found at the [BIAA's website](#).

### 4th Annual Trauma Spectrum Disorders Conference

**7-8 December 2011** (*save the date—more to come!*)

**NIH, Bethesda, Md.**

### DVBIC 5th Annual TBI Military Training Conference

**22-24 August 2011**

**Gaylord National Resort and Convention Center  
National Harbor, Md.** (DC metro area)

Held annually in Washington, DC since 2007,  
this event is hosted by the Defense and Veterans  
Brain Injury Center for invited DoD/VA health  
care providers, who treat service members and  
veterans, and care for families that experience  
traumatic brain injury.

For further information, please direct inquiries to  
DVBIC Headquarters using our [Contact Us](#) form.

### [www.Brainline.org Events](#)

Webinar: Neuro-rehabilitation of TBI  
in Children

**17 August 2011**

**Organization:** Brain Trauma Foundation

**Cost \$49.95**

**Time: 1200-1300 EST**

Click [here](#) to register.

### Brain Injury Association of Canada Annual Conference

**24-26 August 2011**

**Charlottetown, PEI, Canada**

Click [here](#) for more information.

### BIAMI Annual Conference

**22-23 September 2011**

**Organization:** Brain Injury Association of Michigan

Click [here](#) for more information

### 30th Annual NAHC Meeting and Exposition

**1-5 October 2011**

**Las Vegas, Nev.**

**Organization:** National Association for Home  
Care and Hospice

Click [here](#) for more information.

### Annual State of the States in Head Injury Meeting/Conference

**4 October 2011**

**Kansas City, Mo.**

**Organization:** National Association of State  
Head Injury Administrators

Click [here](#) for more information.

### Global Veteran's Career Expo

**10 am to 4pm at the Intrepid Space Museum**

**6-7 November 2011**

**New York, N.Y.**

**Organization:** Hire Disability Solutions, LLC  
[www.beahero-hireahero.com](#)

For more info call (800) 1238-5373

or email: [info@hireds.com](mailto:info@hireds.com)

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### The 15th Annual Eat A Peach Challenge Bike Ride!



Have fun and get great exercise while supporting TBI awareness!

The Brain Injury Association of Maryland (BIAM) presents the 15th Annual Eat A Peach Challenge Bike Ride on Saturday, August 13, 2011. Updated and improved 12, 33, 40, 67, and 100-mile routes start and end at the Peach Festival at the Carroll County Agricultural Center in Westminster, Md. and wind their way through Carroll and Frederick counties. This is a fully-supported ride with support and gear vehicles, as well as staffed rest stops on all routes.

Get a team together and have a great day, enjoy some peach cobbler, peach pie, and a peach sundae to raise money for a good cause!

Online registration is available at [www.charmcityrun.com](http://www.charmcityrun.com), or for more information, contact (410)448-2924, [info@biamd.org](mailto:info@biamd.org) or visit [www.biamd.org](http://www.biamd.org) to download a registration brochure. BIAM is also looking for volunteers to help on August 13th Contact BIAM at (410)448-2924 or [info@biamd.org](mailto:info@biamd.org) for more information.

### 6th Annual Brain Injury Awareness Event

Event and Scarecrow Classic 5K Run and 1 Mile Walk **October 30th, 2011**, or the very first “Walk for a Thought” awareness event on **October 15, 2011** at Purdue Stadium in Salisbury Md. For more information go to [www.BIAMD.org](http://www.BIAMD.org)



## For the Guard and Reserve: Project Yellow Ribbon Events

### Project YES!: A Partner with the Yellow Ribbon Program

Project YES! (Youth Extension Service) was launched in December 2010. This project was designed to reach out to younger family members during deployments and separations.

Project YES! is fully mobile and able to reach out to families even if they do not live near a military installation. This project is made possible through a DoD and United States Department of Agriculture partnership. To find out more about Project YES! go to <http://militaryfamilies.extension.org/yes-intern-program>

Pre-deployment, deployment and post-deployment events are listed on the [calendar](#). Signed Yellow Ribbon Program DoDI and the 2011 Yellow Ribbon Report to Congress are now available for [download](#).



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### Question from the Field

Have you  
checked out

**Afterdeployment.org** lately?



[Afterdeployment.org](http://Afterdeployment.org), a product of DCoE's component center, the National Center for Telehealth & Technology (T2) has a wealth of information about TBI and psychological health issues from PTSD to sleep, anger and more. Service members can anonymously self assess and make decisions about getting help if needed.

Last fall a new section was rolled out for providers: the [afterdeployment.org](http://afterdeployment.org) provider portal. This portal now gives guidance to TBI and psychological health care providers regarding the informational programs on the website. There are also webinars and CEU's, a complete listing of clinical practice guidelines including mTBI, and much more. Additionally, there are apps to download on your smartphone, iPhone and Android phones. Providers such as TBI and psychological health case managers, nurses, physicians, psychologists and more will find this an extremely informative, useful tool. Way to go T2!

### In the Next Issue

**Celebrate National Case Management Week!**

We are looking for submissions/articles to highlight military TBI case managers. Submission deadline is 1 September 2011.

**Quarterly Highlight:** Defense Centers of Excellence Research directorate

**NICoE after 1 year**

To submit an article, new resource or question using e-mail, please use our new e-mail address, [TBICM.Newsletter@tma.osd.mil](mailto:TBICM.Newsletter@tma.osd.mil)



### Something for all TBI Case Managers to remember!

#### Traumatic Servicemembers' Group Life Insurance (TSGLI)

Helping Heroes in Times of Need

This is a program under the Department of Defense to implement traumatic injury protection insurance under the Servicemembers' Group Life Insurance (SGLI) program.

**TSGLI Coverage:** Service members eligible for SGLI coverage are insured for traumatic injury protection up to \$100,000 unless they decline SGLI coverage. TSGLI is not disability compensation and has no effect on entitlement for compensation and pension benefits provided by the Department of Veterans Affairs or disability benefits provided by the Department of Defense. For more information on TSGLI, contact the service branch on the TSGLI contact information card, or go to: [www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm](http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm) or [www.insurance.va.gov](http://www.insurance.va.gov)

#### TSGLI Contact Information

**Army**

(800) 237-1336 or [www.tsqli.army.mil](http://www.tsqli.army.mil)

**Marine Corps**

(877) 216-0825 or (703) 432-9277

Email POC: [T-SGLI@USMC.MIL](mailto:T-SGLI@USMC.MIL)

**Navy**

(800) 368-3202 or (901) 874-2501

**Air Force**

(800) 433-0048

**Coast Guard**

(202) 493-1931

**USPHS**

(800) 419-1473

General Information, Claim Forms and more info for all services: [www.insurance.va.gov](http://www.insurance.va.gov), (800) 419-1473 or [www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm](http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm)