



# DCoE In Action

NOV/DEC 2008

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## From the Director

**G**reetings from Team DCoE! I cannot thank you enough for your tremendous support and involvement during this past year as we have built our team and stood up operations to launch the following endeavors:

- Serve as DoD's open front door for all concerns related to psychological health and TBI.
- Accelerate the development of next generation solutions for use by today's warriors and their loved ones,
- Build the team with military and community leaders to transform our culture and eradicate stigma.
- Sustain excellence across the entire continuum of care — resilience, recovery and reintegration.

For as much progress has been achieved, let me be clear, we have a long way before us on this journey... The time for patience has passed... the relentless urgency of NOW is upon us... to foster real talk, develop real tools and all in real time... friend.

Together, we must communicate, collaborate and coordinate our efforts to keep

hope on the horizon and our eyes on the prize — the health and well-being of our warriors and their loved ones... Although the adversity of combat affects everyone, most will successfully adapt over a period of several weeks or a result of their experience, demonstrating the capacity for resilience and growth, despite hardship and struggle. Resilience results from relevant knowledge, realistic training, social support and personal discipline.

Claiming this strength takes courage — to talk about your experiences with trusted buddies, loved ones and leaders — and to get back-up reinforcement if your best efforts need more firepower... We've got tools for you and your loved ones — check out [www.afterdeployment.org](http://www.afterdeployment.org) — getting support is an act of courage and strength... We're all in this together.

Happy Holidays, gang — our best is yet to come... See y'all in 2009!

Brig. Gen. Loree K. Sutton  
DCoE Director



**DEFENSE CENTERS  
OF EXCELLENCE**

For Psychological Health  
& Traumatic Brain Injury

<http://www.dcoe.health.mil>

## Center for the Study of Traumatic Stress at Cutting Edge for Research and Education



From front-left: Robert Ursano, M.D., director of the Center for the Study of Traumatic Stress (CSTS), and the CSTS staff.

**D**CoE is proud to collaborate with several DoD agencies as component centers. Over the first several issues of DCoE in Action, we are highlighting each one. This month, we feature the Center for the Study of Traumatic Stress.

The Center for the Study of Traumatic Stress (CSTS) is headed by Robert J. Ursano, M.D. Dr. Ursano is Professor of Psychiatry and Neuroscience and Chairman of the Department of Psychiatry at the Uniformed Services University of the Health Sciences, Bethesda, Maryland. CSTS provides cutting-edge research, education and consultation on the impact of trauma-inducing events, such as combat, terrorism, natural and human-made disasters, and threats to public health. Established in 1987 in response to DoD concerns over psychological consequences of trauma, CSTS has since become a national leader in military psychiatry and disaster response.

As a part of the Department of Psychiatry of the Uniformed Services University of the Health Sciences (USU), CSTS works to: improve treatment of traumatic stress disorders through incorporation of new neuroscience research; improve trauma-related education for military and civilian physicians and for USU medical students; and enhance military health and health policy.

The center is at the forefront of neuroscience research, addressing trauma-related exposures. Achievements in that area are making a significant difference in the lives of warriors and their families. For example, CSTS neuroscientists have discovered two new critical paths in the neurobiology of posttraumatic stress disorder (PTSD) that may lead to new treatments and diagnostic tools.

CSTS creates new lines of communication among leading academics, experts and medical leadership to better address challenges in trauma care, such

as the impact of combat injury on military healthcare providers, service members, their families and children. The center has also mobilized resources to examine the apparently rising prevalence of deployment-related health risks such as family violence, child maltreatment and neglect.

Finally, CSTS supports extensive educational outreach for both the healthcare community and for warriors and their families. Center scientists have also authored definitive, military-oriented textbooks on trauma. These include the first *Textbook of Disaster Psychiatry*; hundreds of scholarly articles and publications on the impact of trauma affecting military and civilian populations; and presentations to stakeholders within DoD, the health and public health community, academia and industry.

Center resources and products for specific military populations include: the *Courage to Care*, *Resources for Recovery*, *Joining Forces* and *Joining Families* newsletters; plus an Internet-based campaign titled *Helping, Learning, Caring* for Army Community Support leadership.

To learn more about CSTS and to access educational materials, go to: [www.cstsonline.org](http://www.cstsonline.org).

## An Update To Guidelines: Deployment Clinical Practice for Mild Traumatic Brain Injury (Also Known as Concussion)

**A** coalition of military medical experts in trauma and related fields - including sports medicine - has released new and simplified clinical practice guidelines (CPG) for concussion, otherwise known as mild traumatic brain injury (mTBI).

The updated *Deployed CPG for Mild TBI or Concussion* has been simplified with development of practice algorithms for front-line medics and corpsmen, providers at level-2 and -3 facilities to include initial management as well as comprehensive evaluation and treatment strategies to include specialists at level-3 combat support hospitals. Additional improvements

include the use of exertional testing (exercise stress testing) for evaluation in return-to-duty determinations.

The new *Deployed CPG* has recently undergone coordination within the Joint Staff, Combatant Commands, and Service Components, and has been approved and posted on JPTA (Joint Patient Tracking Application) for use in-theater. The TBI staff at DCoE is planning a trip into theater in the coming months to provide training and evaluate usage.

Drawing upon expertise from the sports medicine field, the Military Acute Concussion Evaluation (MACE) tool has also been developed by the Defense and Veterans Brain Injury Center (DVBIC)

to evaluate for concussion, and was used extensively in-theater during 2007.

At the request of surgeons from the Multi-National Coalition Iraq (MNC-I), U.S. Central Command (USCENTCOM), and the Joint Chiefs of Staff, the DVBIC and DCoE teamed in late July 2008 to once again bring together civilian sports and military subject matter experts to revise and update the guidelines.

*Deployed CPG* was first published in December 2006, after the DVBIC sponsored a consensus conference and brought together subject matter expertise to address the need for CPG for mild traumatic brain injury or concussion.

## afterdeployment.org

When warriors and their families need help, they have a new place to turn: [afterdeployment.org](http://afterdeployment.org) (AD).

After deployment, service members may experience adjustment problems. Some are uncomfortable seeking in-person consultation, but they still need - and deserve - psychological support.

Using simple and private interaction, including self-assessments with feedback and recommendations, AD addresses the post-deployment psychological health issues of warriors and their families. A dozen online programs offer support for concerns including depression and stress, relationships, difficulties at work, anger management, sleep problems, alcohol and drugs, and more. Other specialized programs include spirituality, living with physical injuries, and maintaining balance among competing interests in daily life.

AD also provides a program for helping children deal with deployment and separation.

AD is designed for active duty service members, veterans and their families, but it is available to anyone and may

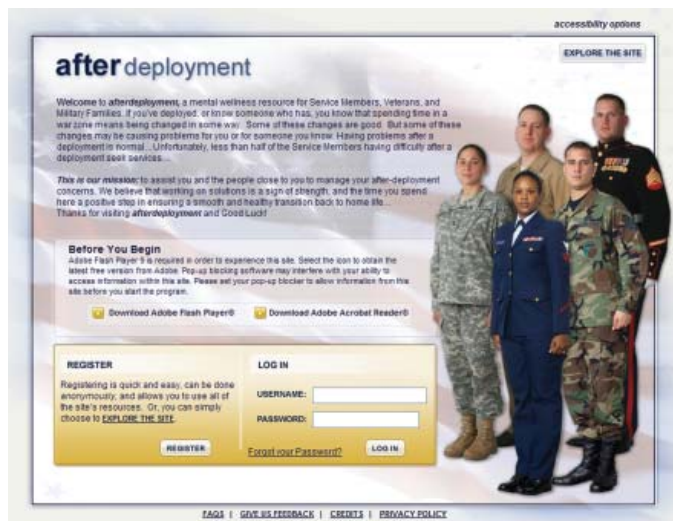
be accessed anonymously. Members of National Guard and Reserve units and their families may find AD particularly useful, since many of these individuals may be distant from a military treatment facility, or living in areas with inadequate numbers of providers familiar with military-related adjustment concerns.

AD is expected to have wide appeal to both military and civilian mental health and primary care providers, and serves as an additional referral resource for case managers reviewing deployment-related questionnaires. The Web-based resource could also serve as a provider-training vehicle.

AD is a congressionally mandated pilot program and a core project of DCoE. It is led by the Telehealth and Technology Center (T2), located at Madigan Army Medical Center

(MAMC). Project collaborators include staff from the VA's National Centers for PTSD in Massachusetts, California, and Hawaii; the Center for Deployment Psychology; and other military organizations.

AD went online on Aug. 5, 2008, and content is being added daily. More than 1,000 users have registered so far. For more information or to use the site, visit [www.afterdeployment.org](http://www.afterdeployment.org).



## A Chance to Learn: Educational Opportunities Through the Center for Deployment Psychology (CDP)

The Center for Deployment Psychology (CDP) is helping military and civilian health care providers deliver improved care to warriors and their families. In sessions around the nation, CDP faculty members are providing short-, medium- and long-term conferences and workshops for professional education.

The primary program is an intensive, two-week course titled "Topics in Deployment Psychology." The session is offered from four to six times per year at the Uniformed Services University of the Health Sciences (USU) in Bethesda, Md. The two-week course covers key topics in military behavioral health, including combat deployment stress and provision of care, posttraumatic stress disorder (PTSD), behavioral health care for traumatic brain injury (TBI) and other

severe injuries, and the impact of combat deployments on military families.

The course is limited to 40 participants and is open to all mental health providers, with preference given to those currently caring for service members and their families.

Other courses include multi-day workshops on effective approaches to PTSD, such as prolonged exposure therapy and cognitive processing therapy. Workshops are typically held in conjunction with military treatment facilities, and participation is limited to providers at or near that facility. Workshops that are open to broader audiences are announced on the CDP website.

CDP staff members provide seminars and lectures throughout the country

either as part of larger conferences and workshops or in response to specific requests. In addition, CDP personnel are available to provide education seminars and training workshops on deployment-related topics to specific audiences. If you have an interest in having CDP conduct a workshop or seminar, please contact the center with your request.

For registration or more information, or to discuss planning a CDP workshop or seminar, visit [deploymentpsych.org](http://deploymentpsych.org), call 301-295-4140, or email [cdp@usuhs.mil](mailto:cdp@usuhs.mil). The mailing address is Center for Deployment Psychology, Uniformed Services University of the Health Sciences, Department of Medical and Clinical Psychology, 4301 Jones Bridge Rd., Bldg. 53-104, Bethesda, MD 20814-4799.

Defense Centers of Excellence  
for Psychological Health  
& Traumatic Brain Injury  
1401 Wilson Blvd., Suite 400  
Arlington, VA 22209

OFFICIAL BUSINESS

## DCoE Vision

*Fulfilling  
America's commitment  
to all who  
support and defend  
our nation's freedom*

## DCoE Mission

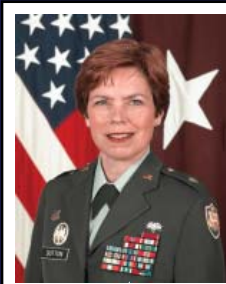
To maximize opportunities  
for warriors and families  
to thrive through a  
collaborative global network  
promoting resilience,  
recovery, and reintegration  
for psychological health and  
traumatic brain injury.

### Tools You Can Use

We are collecting "tools you can use" to feature in each newsletter. A more complete and growing collection is available in our online, Team DCoE "toolkit" (Resources) — [www.dcoe.health.mil](http://www.dcoe.health.mil)

The Following Resources are for Warriors, Families, Military Leaders, and Clinicians

- TBI Resource - Brainline: [www.brainline.org](http://www.brainline.org)
- Transition Assistance Resource - TurboTap: [www.transitionassistanceprogram.tpp](http://www.transitionassistanceprogram.tpp)
- Family Caregiver Alliance - National Center on Caregiving: [www.caregiving.org/](http://www.caregiving.org/)
- National Resource Directorate: [www.nationalresourcedirectory.org](http://www.nationalresourcedirectory.org)
- Armed Forces Information Service: [www.defenselink.mil/hom/news\\_products.html](http://www.defenselink.mil/hom/news_products.html)
- Military Treatment Facility Locator: [www.tricare.mil/mtf/](http://www.tricare.mil/mtf/)
- Deployment Health Clinical Center: [www.pdhealth.mil](http://www.pdhealth.mil)



#### **Brig. Gen. Loree K. Sutton**

Special Assistant to the  
Assistant Secretary of  
Defense (Health Affairs)  
and Director,  
DCoE for Psychological Health  
& Traumatic Brain Injury

**DCoE In Action** is a publication of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE).

We are committed to delivering the most relevant, useful and timely news on psychological health and traumatic brain injury and, as such, ask for your input and feedback on how to best accomplish this and improve our newsletter. Please [send your input and feedback](mailto:dcoemedia@tma.osd.mil) to our editor at [dcoemedia@tma.osd.mil](mailto:dcoemedia@tma.osd.mil).

Our mailing address is 1401 Wilson Blvd., Suite 400, Arlington, VA 22209. Phone: (877) 291-3263.

Please come visit us on the web at <http://www.dcoe.health.mil>.



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