

# DCoE in *Action*

VOL 3/No. 2 | February 2010



## A Caregiving Society

The United States is transitioning to a caregiving society. More than 50 million people are currently providing care to another family member.<sup>1</sup> In most cases, this responsibility is taken on in addition to careers and existing family responsibilities and often results in physical and/or emotional tolls for those shouldering the extra role. As the American population continues to age, this number is expected to increase.

***“There are only four kinds of people in the world—those who have been caregivers, those who currently are caregivers, those who will be caregivers and those who need caregivers.”***  
— former first lady  
***Rosalynn Carter***

Time, or lack thereof, can cause additional strain on caregivers — this added responsibility accounts for an average of nearly 19 hours per week — and leaves less time for these individuals to focus on their own health and well-being. Fortunately, many resources exist to assist caregivers with their needs.

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) recently hosted a webinar titled: *Support for Family Caregivers*. The webinar provided a perspective on the demands faced by family caregivers of service members and addressed the systemic policy and programmatic responses to help meet their needs. Key presenters at the webinar included: Barbara Cohoon, deputy director of Government Relations for the National Military Family Association and Meg Campbell-Kotler, manager of the Office of Education for the [Defense and Veterans Brain Injury Center \(DVBIC\)](#).

*Continued on top of page 4*



**DEFENSE CENTERS  
OF EXCELLENCE**

For Psychological Health  
& Traumatic Brain Injury

[www.dcoe.health.mil](http://www.dcoe.health.mil)



The role of a caregiver in today's society can take many identities. Caregivers may be a physician, counselor, parent, spouse, daughter, son, brother, sister, relative or friend; and their responsibilities to those they care for can range from full-time live-in care to part-time

assistance. Although titles and responsibilities vary, the emotional strain and stress that stem from this role is common across this varied group of individuals.

Many caregivers are not trained for the roles they acquire, as most instances that lead to caregiving are sudden and/or unexpected. Thus, they may not be fully prepared to deal with the physical and emotional strains the job comes with. It has been shown that family caregivers experiencing extreme stress have been shown to age prematurely, and this stress can take as much as 10 years off of a family caregiver's life.<sup>2</sup> A study published two years ago by the University of Georgia, found that military spouses caring for survivors of trauma are twice as likely to develop PTSD as members of the general population.<sup>3</sup>

## A Message from the Director



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

Many of us watched this year's Super Bowl and saw two teams playing for the title to claim they're the "best of the best" in the NFL. Some saw it as an opportunity for a city to reclaim its soul. Others saw it as an opportunity to watch skilled athletes do what they do best—play football. Personally, I saw it as an opportunity to raise awareness about concussion and challenge the culture of 'shaking it off and driving on.'

A traumatic brain injury (TBI) is any blow, jolt or trauma to the head that disrupts the normal function of the

brain. Common causes of TBI include motor vehicle crashes, falls and sport injuries. For Warriors serving in combat zones, the leading cause is blast and its associated effects to include exposure to the blast wave and potential injury from flying debris or fragments.

Common symptoms of a concussion or mild TBI can range from headaches, dizziness, nausea, fatigue, forgetfulness, vision problems, and amnesia. The effects of a concussion may last a few days to several months but typically resolve rapidly. Early intervention is critical in minimizing these effects. If left untreated, these symptoms may be compounded by depression, anxiety and other sequelae.

***“Common symptoms of a concussion or mild TBI can range from headaches, dizziness, nausea, fatigue, forgetfulness, vision problems, and amnesia. The effects of a concussion may last a few days to several months but typically resolve rapidly.”***

Former NFL players including Eric Hipple of the Detroit Lions, Rocky Bleier and Reggie Harrison of the Pittsburgh Steelers, and Mike Ditka of the Chicago Bears joined together along with others at Super Bowl XLIV to help raise awareness regarding traumatic brain injuries on and off the football field.

There are a multitude of resources available to learn more about TBI diagnosis, treatment, and the resources available to Warriors, Veterans and their Families. I encourage you to visit our component center, The Defense and Veterans Brain Injury Center (DVBIC) Web site at [www.dvbic.org/](http://www.dvbic.org/), sign up for the Brainwaves Newsletter and share this information with others.

DoD welcomes the opportunity to team up with the NFL and other sports leagues to change the culture to protect all athletes and Service members from concussion and maximize recovery for those who have sustained one. With spring training comes March: Brain Injury Awareness Month. Stay tuned for more information...

All together now ~

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

***There are a multitude of resources available to learn more about TBI diagnosis and treatment.***

## Lt. Col. Mary Carlisle, Real Warriors Campaign

Last month at the 2010 Military Health System (MHS) Conference, Brig. Gen. Loree K. Sutton, director of the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury \(DCoE\)](#), unveiled a new Real Warriors Campaign profile of [Air Force Lt. Col. Mary Carlisle](#).



Lt. Col. Mary Carlisle

Sponsored by DCoE, the Real Warriors Campaign is a multimedia public education initiative designed to combat stigma associated with reaching out for help with psychological health concerns and traumatic brain injury (TBI).

Carlisle, a critical care nurse, is participating in the campaign because she hopes that her profile, and the other video profiles and PSAs at [www.realwarriors.net](http://www.realwarriors.net) will inspire fellow caregivers and service members to reach

### REAL WARRIORS ★ REAL BATTLES REAL STRENGTH

out for the care they need. “Real Warrior profiles like Carlisle’s demonstrate to Service members, Veterans, and families that the unseen wounds of war are real; resources are available; treatment works; and sooner is better,” said Sutton.

“Before I deployed, I thought, I’m a critical care nurse; there’s nothing I can’t handle,” Carlisle said. “But that quickly changed.”


The casualties that Carlisle saw daily as a critical care nurse serving at the intensive care unit at the Air Force Theater Hospital in Balad, Iraq, took a toll on her psychological health. Carlisle began to exhibit signs and symptoms of post-traumatic stress disorder (PTSD). “I started to isolate myself, and I was very, very angry, and I couldn’t figure out why,” she said.

After returning home, Carlisle saw footage of her rotation at Balad Air Base, which brought to her awareness many of the challenges she had been coping with since her reintegration. “I actually thought I might have PTSD,” she said, “but I didn’t necessarily think that I needed to seek treatment.”

Like many service members, Carlisle was concerned that seeking treatment might negatively impact her career. However, seeing the [Real Warriors Campaign profile of then-Maj. Iwona Blackledge](#), who was speaking out about her own experiences coping with PTSD, gave Carlisle the strength to reach out for the care she needed.

“I realized that I can’t be an effective leader, if I’m not taking care of myself first,” Carlisle said.

Both Carlisle and Blackledge continue to be successful leaders in the Air Force. Carlisle was recently selected to be the Surgical Operations Squadron Commander at Misawa Air Base, Japan. Since the filming of her public service announcement, Blackledge has been promoted to the rank of lieutenant colonel.

If you or a loved one is coping with a psychological health concern or TBI, please visit [www.realwarriors.net](http://www.realwarriors.net). The campaign Web site provides practical articles and resources, including a live chat function that connects visitors with specially trained health consultants, and message boards for visitors to engage with one another directly. You can also follow the campaign online through its [social networking tools](#). 

## DCoE Bloggers Address Common Family Member Issues

Throughout the month of February, the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury’s \(DCoE\)](#) Cmdr. Brenda Gearhart, a licensed clinical social worker who has taught relationship classes, contributed a series of posts on the [DCoE blog](#) that tackle the rewarding and often challenging issues of building and maintaining relationships aptly called “Couple Tidbits.”

Military couples often face unique stresses in addition to those experienced by their civilian counterparts, including deployments, reunions, frequent moves, and injuries, both visible and invisible. Those in a committed relationship with someone in the military know they must be prepared for:

- Spending lots of time away from their partners
- Handling finances alone
- Seeing less of their families
- Moving often
- Being a part of military culture

*Continued on top of page 5*

## A Caregiving Society (continued from page 1)

Ms. Cohoon monitors issues relevant to the quality of life of families in the uniformed services and represents the association at briefings and other meetings. She also currently serves on the Military Coalition's Veterans Affairs and Health Care Committees as a member of the Department of Defense's (DoD) Uniform Formulary Beneficiary Advisory Panel and was appointed to the DoD Defense Health Board's TBI Family Caregivers Panel, Health Care Delivery Subcommittee, and the TBI Subcommittee. During her presentation, Ms. Cohoon provided updates on the latest legislation being drafted to support and compensate the roles and responsibilities of caregivers. [Click here](#) for a complete outline of her presentation.

Ms. Campbell-Kotler provided a preview of the Family Caregiver Curriculum she and her team at DVBC are currently developing, titled: *A Caregivers Journey*.

This resource is comprised of four elements:

### **Module 1: Introduction to Traumatic Brain Injury (TBI)**

Providing general information about

the structure and function of the brain and how a TBI can affect the way the brain functions, the focus of this module helps caregivers understand the changes they may see in an individual who has sustained a TBI.

### **Module 2: Understanding the Effects of TBI and What You Can Do to Help**

This module consists of more detailed information describing the possible physical, cognitive, communication, behavioral and emotional effects that may result from a TBI. It introduces the VA Polytrauma System of Care, the treatment team, the rehabilitation team, the caregiver's role on the team and how he/she can help support the service member/veteran during rehabilitation. Finally, it provides strategies for helping the service member/veteran with a moderate or severe TBI to manage his/her challenges and eventual return to duty or life in the community.

### **Module 3: Becoming a Family Caregiver for a Service Member/Veteran with TBI**


Providing support and information for family caregivers of service members/veterans with TBI to help make care giving

easier, this module focuses on social support, self-care and offers tips to help the caregiver get organized. The information contained offers guidance in a number of areas including: Becoming an Advocate, Taking Care of Yourself, Addressing Family Issues, Planning for the Future and Finding Meaning in Caregiving.

### **Module 4: Navigating DoD and VA Services and Benefits**

This module intends to make the process of obtaining support easier for the caregiver by providing information on many of the services and benefits available to the service member/veteran and his/her family. It explains commonly-used services and benefits, eligibility requirements and the process for obtaining disability ratings from DoD and VA —an important key to obtaining many services and benefits.

The Family Caregiver Curriculum is undergoing approval by the Defense Health Board and is expected to be available to the public later this year.

For more information and a list of resources available to caregivers, visit the DCoE web site. 

## Suicide Prevention Resource Center: A National Resource for a National Imperative

The [Suicide Prevention Resource Center \(SPRC\)](#) hosted an important breakout session at the 2010 Suicide Prevention Conference titled: *Suicide Prevention: A National Resource for a National Imperative*.

Founded in 2002, the Suicide Prevention Research Center is the only feder-

ally funded suicide prevention resource center. Born out of a need to move suicide prevention into the public health arena, SPRC approaches suicide as a preventable public health problem and looks to create a national dialogue in which suicide is viewed as a pivotal issue that needs to be taken seriously because it affects all demographics.

*Continued on bottom of page 7*



## DCoE Bloggers Address Common Family Member Issues (continued from page 3)

In Gearhart's posts, she offers tips and techniques to help military couples communicate better. Check out her posts:

- **Expectations and Reality:** helps couples manage expectations and work on operating from the same page
- **Listening Skills:** provide techniques for couples to practice being truly good listeners with one another
- **Dealing with Conflict:** helps couples better manage arguments with one another so they can productively resolve conflicts


- **Learn to be More Loving:** suggests things couples can do to keep romance alive

In addition, another DCoE contributor, Dr. James Bender, tackled the topic of changes one may see in a family member when he or she comes home from a deployment, in his February post of "Frontline Psych with Doc Bender." The goal of the post is to help military families recognize and cope with issues that may arise after a deployment.

You can find these and additional posts under the "Families" category of the blog.

Stay tuned-in to the [DCoE Blog](#) and give us your thoughts and feedback by leaving comments.



Follow these links to sign up for [DCoE RSS Feeds](#) and [E-mail updates](#). 

## Leadership Spotlight: Captain Gail Hamilton

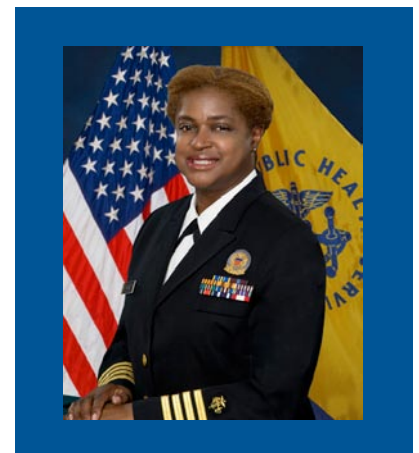
Capt. Gail Hamilton has served 18 years as a United States Public Health Service Officer (USPHS) and brings over 30 years of experience in the development, implementation and evaluation of health and human service programs at the local, state and federal level to the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury \(DCoE\)](#). Capt. Hamilton currently serves as the interim director of DCoE's [Training and Education Directorate](#), charged with overseeing the directorate's educational and training programs, along with the development and dissemination of instructional materials and activities related to psychological health and traumatic brain injury.

Throughout Capt. Hamilton's career, she has focused on the science and art of preventing disease, prolonging life and promoting health. "Each day I think about the impact that we will have on the lives of those who put themselves in harm's way for our freedom," said Capt. Hamilton. "With a son and daughter in the Armed Forces, I am reminded that they, as well as the other sons and daughters, are depending on us to succeed in our mission."

Prior to joining DCoE, Capt. Hamilton held several integral positions at the USPHS, including senior program management officer in the [Office of the Assistant Secretary for Preparedness and Response](#), as well as Senior Public Health Analyst in the [Health Resources and Services Administration \(HRSA\)](#). At HRSA, she served as project officer for a number of programs for the Bureau of Primary Health Care, the Maternal and Child Health Bureau, and the Bureau of Health Professions.

The Training and Education directorate is designed to support psychological health promotion and traumatic brain injury outcomes for service members and their families. By assessing the training and educational needs of varied audiences, the directorate identifies and develops effective programs to meet those needs.

As a leader, Capt. Hamilton is known for having an ability to bring people to the table to collaborate on ideas, designs and implementation for innovative programs. She values every member of her team. "I believe that everyone has something positive to bring to the table,



Capt. Gail Hamilton, Interim Director, Training and Education

and I'm always interested in listening," said Capt. Hamilton.

Under Capt. Hamilton's leadership, the directorate has posted a [training calendar](#) that identifies training opportunities for health care providers to receive training in evidence-based treatment for PTSD. This system increases efficiency and access to vital opportunities across the DoD.

To learn more about upcoming training opportunities, conferences or monthly webinars, visit [www.dcoe.health.mil/training.aspx](http://www.dcoe.health.mil/training.aspx). 

## Harnessing New Media and Social Media to Prevent Suicide

The 2010 Suicide Prevention Conference hosted a lively and informative breakout session titled: *Harnessing New and Social Media to Prevent Suicide*. The goal of the conversation was to understand how social media can serve as an additional tool to prevent suicide.

Panel speakers Eileen Zeller, MPH, [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#); Kenneth Norton, LICSW, [National Alliance on Mental Illness \(NAMI\)](#) and Ashleah Bechtel, [Army National Guard](#) began the discussion with a simple question:

What is meant by social media?

The term “social media” is defined as an online set of tools that allows anyone with basic computer skills to tell his or her stories using the internet in order to create a shared community experience both online and in-person.

Popular online social media can take many forms including: blogs, videos, photo sharing, social networks and wikis.

Shared online communities are comprised of a group of people with common interests who connect online to: learn, play, work, organize and socialize. Online communities like those focused on suicide prevention can galvanize large or small groups of survivors, friends, families, researchers and educators locally or around the globe into a unified conversation. This collaboration can serve to share important information and create supportive relationships.

The concept behind social media is proving to be a relevant tool and not a passing fad.

Recent statistics show that online users actively seek health information that is relevant to these suicide prevention efforts.

- Over 8 million online users seek health information daily, and half of those people are searching for information for a friend or family member

- 23% of internet users are searching for mental health information
- 35% of adults have profiles on social networking sites

Recent examples of online suicide prevention efforts were also highlighted. The most prominent example of suicide prevention was the case of a [British teenager who was saved by a friend on Facebook](#) when he threatened suicide. Other examples supported an understanding of how social media can create a community where users take care of each other.

As social media continues to move more and more into the mainstream, so can the conversation on novel efforts at suicide prevention.

Visit the following DCoE social media sites at the addresses below:

[www.facebook.com/DCoEpage](http://www.facebook.com/DCoEpage)

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

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



facebook



YouTube

Broadcast Yourself™



LinkedIn



WIKIPEDIA  
The Free Encyclopedia



twitter



NING



flickr


## Caregiver Tips\*

TBI can alter the lives of the entire family, and caring for some individuals with TBI can be a long-term, even lifetime, commitment. For that reason, learning to manage the stress that may accompany this new role and finding meaning in becoming a caregiver is important. Taking care of yourself emotionally and physically lays the foundation for this journey.



Although in some cases it may seem difficult or impossible, especially early on after the injury, the following tips can be helpful:

- Reward yourself periodically with short breaks
- Exercise to help relieve stress, improve sleep, reduce depression and increase your energy level
- Get plenty of sleep whenever possible
- Do not be afraid to ask for help
- Remember to take advantage of the resources available to you, such as family and friends offering help, local support groups, and web-based support networks
- Take time to be alone and clear your head

- Make a to-do list of tasks and put them in order of importance... this can reduce feelings of being overwhelmed and help others to help you
- Talk about your feelings to family and friends
- Do not isolate yourself
- Realize that feelings of sadness and frustration are normal
- Do not hesitate to seek medical care; it's just as important for you to stay healthy
- If it's right for you, use prayer, meditation, and other types of spiritual support
- Try relaxation activities such as yoga, warm baths, reading, listening to music, or just spending time with friends 

*\*Content produced and provided by the Center of Excellence for Medical Multimedia, Office of the Air Force Surgeon General.*

## Suicide Prevention Resource Center: A National Resource for a National Imperative (continued from page 4)


### Important Suicide Facts

- Every 15 minutes, another life is lost to suicide
- For every two deaths by homicide in the U.S., there are three deaths from suicide
- Suicide takes the lives of more than 30,000 Americans every year
- Between 1952 and 1995, the incidence of suicide among adolescents and young adults nearly tripled

The Suicide Prevention Resource Center works to provide prevention support,

training and informational resources for a diverse audience that includes: the general public, health and human service professionals, community leaders, researchers, survivors, advocates and policymakers. Supported by the U.S. Department of Health and Human Services' [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#), the Suicide Prevention Resource Center develops programs, interventions and policies to prevent suicide at the national, tribal, state, territorial, campus and community levels.

The [Suicide Prevention Resource Center website](#) provides information that covers a wide array of free information that is easily downloadable including: prevention support, best practices for suicide prevention programs and practices, a training institute, online library, tool-kits, research information and a free e-newsletter called *The Spark*.

Supporting a national strategy, the Suicide Prevention Resource Center works to bring groups and individuals together to work side by side in the ongoing battle to prevent suicide. 

## TOOLS YOU CAN USE

Additional links are available at [www.dcoe.health.mil](http://www.dcoe.health.mil) under “Resources”

### Resources for Service Members and Families

- **Military OneSource**

<http://www.militaryonesource.com>

This site provides confidential support for Active Duty, Reserve and Guard members and their immediate families anytime and anywhere worldwide. Resource assistance and referral service available 24/7 through toll-free telephone number: 800-342-9647.

- **Caregiving and TBI: What You Need to Know**

[http://www.brainline.org/webcasts/2-What\\_You\\_Need\\_to\\_Know/webcast2.html](http://www.brainline.org/webcasts/2-What_You_Need_to_Know/webcast2.html)

This is the second in a series of webcasts on traumatic brain injury, hosted by Doris McMillon. It offers ideas and strategies for people caring for a loved one with TBI.

- **BRAINLINE.ORG**

<http://www.brainline.org/>

BrainLine.org is a national multimedia project offering information and resources about preventing, treating and living with TBI. BrainLine.org is a service of WETA, the public TV and radio station in Washington, DC and is funded by the Defense and Veterans Brain Injury Center through a contract with the Henry M. Jackson Foundation.

### DCoE is now on Facebook

Join our Fan Page at [www.facebook.com/DCoEpage](http://www.facebook.com/DCoEpage)

### DCoE Blog is Being Revamped

Be sure to check out the DCoE Blog for improved reader friendliness. In addition to a more streamlined design, the blog now features:

- A topic category section to help direct you towards posts relevant to your interests
- Multimedia
- Comment functionality
- Special guest contributors

Keep your eyes on the [DCoE Blog](#). In the coming months, you'll find more changes to improve your visiting experience.

### DCoE Annual Report

DCoE's first-ever Annual Report is now available online at <http://www.dcoe.health.mil/WhatWeDo.aspx>. It describes in detail DCoE's first two years of purpose and progress, including its accomplishments in standardizing the quality of treatments for psychological health and traumatic brain injury for our Nation's warriors.



DCoE In Action is a publication of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). Please send us your comments on this newsletter and story ideas to [dcoemedia@tma.osd.mil](mailto:dcoemedia@tma.osd.mil). Our mailing address is 1401 Wilson Blvd., Suite 400, Arlington, VA 22209. Phone: (877) 291-3263.

*Views expressed are not necessarily those of the Department of Defense.*

<sup>1</sup> Source: U.S. Department of Health and Human Services, Informal Caregiving: Compassion in Action.

[http://www.thefamilycaregiver.org/who\\_are\\_family\\_caregivers/care\\_giving\\_statistics.cfm](http://www.thefamilycaregiver.org/who_are_family_caregivers/care_giving_statistics.cfm)

<sup>2</sup> Elissa S. Epel, Dept of Psychiatry, Univ of Calif, SF, et al, from the Proceedings of the National Academy of Sciences, Dec 7, 2004, Vol 101, No. 49.

<sup>3</sup> (<http://www.blogcatalog.com/blog/ptsd-combat-winning-the-war-within/ae593242b7471ee7587f02ae09f5996d>)

