

# DCoE *in* Action

Vol. 4 No. 1 ★ January 2011

## Responsible Recovery: Promoting Healthy Lifestyles

commentary

news

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news you can use



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Dr. Michael E. Kilpatrick

Like many of you, it's hard for me to believe we are well into January 2011. What's even harder for me to believe is that I've been at DCoE as the interim director for four months and my time here is almost over. I know Capt. Paul Hammer is looking forward to joining you and I will leave with a sense of satisfaction and pride in all we've accomplished in these few short months. Together we have helped DCoE continue to grow into its role of leadership and integration in psychological health and traumatic brain injury (TBI). I have been a part of DCoE and now DCoE will always be a part of me.

The focus of this month's newsletter, living a healthy lifestyle, means so many positive things. Obviously, we encourage everyone to make healthy choices and take those steps necessary to improve their quality of life, but there is much more to it than that. It's also about personal responsibility and choices, about

making the right choices for you and your family.

DCoE has played a pivotal role in helping servicemen and women dealing with psychological health concerns and TBI achieve a healthy lifestyle, in some cases reclaiming the lifestyle they lost, and in other cases creating a new normal. The development of clinical standards of care and directive-type memorandums has created baselines for our service members and their families – they now know what to expect and where to go to get assistance. This is a huge, significant achievement. Our service members expect us to be as dedicated to them as they are to our nation.

The DCoE responsibility to integrate all aspects of psychological health and TBI across the military health system means we must focus on our mission to assess, validate, oversee and facilitate prevention, resilience, identification, treatment, outreach, rehabilitation and reintegration programs. Our warriors and their families deserve nothing less.

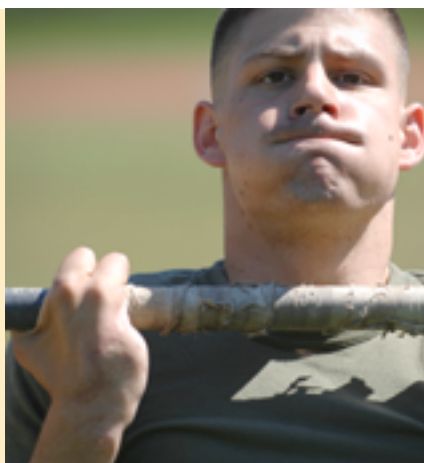
As I depart, I am confident the key leadership and staff are prepared to guide DoD in leading the nation in preventing, treating and rehabilitating TBI and psychological health issues. Remember, the only constant is change, and with transition there are always new opportunities for success. Meet every challenge with the same courage and enthusiasm our warriors show on the battlefield.

Capt. Hammer, welcome aboard.

Dr. Michael E. Kilpatrick,  
DCoE Director (Interim)

### Marine Pushes, Pulls to Maximize Recovery

(Right) Pull-ups are harder for Marine Staff Sgt. Daniel Kachmar since two of his right fingers were amputated after a bomb blast in Iraq in 2005. Kachmar didn't lose the fingers immediately, but later elected to have them amputated to increase his mobility. The homemade bomb left Kachmar fighting for his life and his career. He chose to stay on active duty and now works with the Wounded Warrior Regiment Headquarters at Marine Corps Base Quantico, Va., helping other combat wounded. (Cover) Kachmar does push ups at a field near the regiment. DoD photo by Fred. W. Baker III



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Blog



# Record Number of Professionals Attend Third Annual Trauma Spectrum Conference

—Robyn Mincher, DCoE Communications

The Defense Centers of Excellence, the National Institutes of Health and the Department of Veterans Affairs co-hosted the Third Annual Trauma Spectrum Conference Dec. 7 – 8, 2010. The event brought together professionals working to improve the psychological health of service members with polytrauma — a medical term used to describe patients with multiple traumatic injuries. The conference unveiled foremost research focused on polytrauma and its impact on the military community, while furthering recovery and reintegration resources available to service members, veterans and their families.

The conference commenced with a keynote address by Dr. Elaine Peskind, research professor with Friends of Alzheimer's and director of Clinical Research and Mental Health Services at the University of Washington. She presented research showing a potential relationship between multiple concussive events/mild traumatic brain injury and late-life emerging neurodegenerative disorders such as Alzheimer's disease.

The first reintegration breakout session proved to be a popular meeting among attendees. The session covered psychological health effects of deployment on the significant others of service members and veterans and gender concerns related to polytrauma. In speaking about the differences between female and male service members with polytrauma, Dr. Sally Haskell, associate professor of medicine at Yale School of Medicine, pointed out two interesting findings through her ongoing studies, mainly that chronic pain and major depression were more common in female service members.

During a panel discussion, [Army Maj. Ed Pulido](#), a volunteer with the [Real Warriors Campaign](#), shared his personal story of combating PTSD and the importance of seeking treatment as soon as possible.

"What you're [psychological health experts] doing for me and others is truly remarkable," he said in his speech. "You're making sure no one is left behind on the battlefield."

The second day of the conference explored the reintegration challenges facing veterans of Operations Enduring Freedom and Iraqi Freedom along with their families. The discussion focused on military members living in towns that have little to no access to psychological health care and encouraged the development of community-based programs to provide these service members with appropriate resources.

Dr. Joseph Bleiberg, director for the Center for Cognitive Neuroscience and director of psychology at Braintree Hospital, spoke about a unique program called "Combat2College"



Dr. Vivian W. Pinn, associate director for research on woman's health at the National Institutes of Health (NIH) delivers opening remarks at the Third Annual Trauma Spectrum Conference Dec. 7, 2010.


which provides psychological health resources to veterans enrolled in school.

"We want college to be a therapeutic community that promotes, rather than prevents healing," he said.

The program aims to remove stigmas associated with psychological health concerns while providing appropriate clinical needs and encouraging comradery with peers.

The final session of the conference profiled "Smart Home," a new, high-tech project providing assistance in transitional living for service members and veterans experiencing PTSD and traumatic brain injury. The five apartments in the project's community are outfitted with light-emitting diode screens and tracking devices that monitor service members' activities. The screens provide step-by-step guidance on tasks and other items to help veterans reintegrate back into their daily routines.

The conference received positive feedback from attendees.

"Of the two million service members who have deployed to Iraq and Afghanistan, many are returning home with complex, multiple injuries requiring integration and coordination of many interdisciplinary medical services and teams," said Jacob Gadd, deputy director for health care at the American Legion. "This conference helped identify innovative polytrauma-related research, treatment and challenges to improve future delivery of health care for our returning service members." 

# New White Paper Highlights Benefits of Peer Support

Robyn Mincher, DCoE Communications

When joining the military, a service member discovers they have become part of a team. “You’re indoctrinated into a unit and integrated into something essentially bigger than yourself,” said Dr. Mark Bates, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury’s (DCoE) director of Resilience and Prevention directorate.

With the upcoming release of DCoE’s white paper entitled, “Identification of Best Practices in Peer Support,” DCoE is looking to make the military team concept a pivotal part of managing psychological health by stressing the importance of peer-to-peer support.

The white paper is one of 11 papers DCoE plans to release to address a wide variety of topics focused on post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). The white paper raises awareness for the need of a support network for service members that include not only family members, but those serving alongside them. It details supporting research for peer-to-peer treatment and provides a comprehensive review of 13 related programs both in the United States and overseas. The paper outlines three areas for applying peer support in the military, which include combat and operational stress, suicide prevention and recovery.

“There is an enormous amount of research in favor of social support and unit cohesion,” said Dr. Monique Moore, a DCoE clinical research psychologist. “High-quality social support can act as a buffer against PTSD and can enhance continued good performance during times of high operational stress.”

The efforts to spread peer-to-peer awareness stem from the success of two



U.S. Marine Corps photo by Lance Cpl. David Nygren

comparable programs. Police Organization Providing Peer Assistance is a volunteer peer support network that provides a confidential, safe and supportive environment for New York City police officers.

Trauma Risk Management (TRiM) is another peer-led system that selects and trains non-medical personnel in the British military on the basics of trauma psychology and the principles of post-incident management. Once trained, these personnel are then embedded in military units to help ensure the psychological needs of service members are successfully managed.

“We reviewed the programs and put together a summary that military leaders and program managers can use to determine best principles and practices,” said Bates.


Maj. Todd Yosick, deputy director of DCoE’s Resilience and Prevention directorate, traveled to England to learn more about the TRiM program.

“The leadership empowerment was

“The efforts to spread peer-to-peer awareness stem from the success of two comparable programs.”

very appealing with the TRiM model,” he said. “TRiM looks at peer support as a key component in managing the psychological health of deployed service members immediately following a potentially traumatic event.”

While peer-to-peer support programs haven’t been at the forefront of psychological health management, the release of DCoE’s white paper supports the development and use of these programs in the future.

“Developing programs that focus on different ways for service members to build relationships among their peers is an ideal area to advance psychological health management,” Yosick stated. “We want service members to have confidence in using the best approach when they see that something is not right with one of their peers.” 

# DCoE Develops New Family Resource

## Guide helps parents understand the challenges children face when parents deploy

— Joe Hendrix, *DCoE Communications*

**T**he Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury's (DCoE) Training and Education directorate's mission is to create effective instructional materials for providers to improve their knowledge of psychological health and traumatic brain injury (TBI).

During the past several months, the directorate has participated in initiatives to support universities, develop training content, manage training courses and assist professionals and program managers.

The directorate's most notable recent accomplishment was its presentation entitled "Trends In Military Children's Literature: Gaps In Neuroscience Education and Deployment," which was delivered at the [Society for Neuroscience's](#) 40th annual meeting last November in San Diego, Calif. The meeting attracted 31,500 attendees from 81 countries.

The society is a nonprofit membership organization of scientists and physicians who study the brain and nervous system. Although the presentations at the conference spanned all aspects of brain structure and function, there was a special emphasis on psychological health conditions.

According to Carlton Drew, director of DCoE's Training and Education directorate, presenting at this conference "was a significant event for our organization because it raised awareness




U.S. Air Force photo/Staff Sgt. Bennie J. Davis III

of adverse changes in a parent's cognitive or emotional status as a result of deployment," he said.

To focus on psychological health, the directorate developed a resource guide entitled, "Literature for the Children of Military Service Members." The guide helps parents and providers understand the challenges children undergo during deployments. In April, the directorate together with DCoE's Clearinghouse, Outreach and Advocacy directorate, will host a webinar focusing on military children in school settings. The webinar will review Department of Defense school initiatives and programs that improve access, reduce stigma and promote resilience for service members and their children.

"Our directorate will continue to raise awareness throughout various communities so we can develop solutions and improve the outcomes for service members and their families. There is no greater time for these actions as we continue to address the impact of the invisible wounds of war."

Learn more about DCoE's Training and Education directorate [here](#). 

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*feature*

During the month of January, Military Health System recognizes **HEALTHY LIFESTYLES** to promote living a physically, mentally, socially and spiritually fulfilling life.

For more information click [here](#).



# HEALTHY LIFESTYLES MONTH

Resilience ★ Recovery ★ Reintegration

# The Proactive Patient: Taking Charge for Successful Recovery

Robyn Mincher, DCoE Communications

Army Maj. Ed Pulido, a volunteer with the [Real Warriors Campaign](#), underwent a leg amputation after being exposed to an improvised explosive device blast while serving in Iraq. Throughout his recovery, he underwent tremendous psychological and physical challenges. During his speech at the Third Annual Trauma Spectrum Conference, he spoke of acclimating back into his life after experiencing post-traumatic stress disorder (PTSD) and offered advice to service members and those in the military community.

“[Recovery] is about getting back to the daily run of your life and contributing, knowing that at home you’re living healthy.” Pulido points out it is crucial that service members are proactive about seeking help in adjusting back into their daily lives, especially those experiencing PTSD and traumatic brain injury (TBI).

How do service members take it upon themselves to first identify the issue, choose the best method of treatment, and while in treatment, effectively communicate with counselors and doctors to monitor their progress? In recognizing that there might be a psychological health concern, the key, according to mental health experts, is to seek help as soon as possible.

“If your tooth aches, you usually go to a dentist as soon as you can. It is no different for these conditions,” said Dr. Eric Carbone, interim director of the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury’s](#) (DCoE) [Psychological Health Clinical Standards of Care](#) directorate. “Some PTSD symptoms can get worse over time. A service member should understand that these are treatable conditions that warrant prompt attention.”

In seeking the best method for healing, service members can test out a variety of options to choose one that best fits their own preferences and treatment goals.

“Treatment for PTSD, as with many health concerns, is not ‘one size fits all,’” said Carbone. “Service members should freely ask questions of their providers about treatment options. This will help them to develop a good plan in collaboration with their provider and to know what to expect during treatment.”

Certain factors can help determine the preferred treatment method, including what resources are readily available, the provider’s level of experience and the absence or presence of other concerns.


“If a service member feels that treatment isn’t going in the right direction or simply isn’t working, he or she should openly discuss the concerns with his or her provider so adjustments to treatment can be made.”

Open communication with treating counselors and physicians is critical to recovery. “Talking with the therapist about the process of therapy, including hopes and apprehensions, will help make the therapy successful,” said Carbone. “If a service member feels that treatment isn’t going in the right direction or simply isn’t working, he or she should openly discuss the concerns with his or her provider so adjustments to treatment can be made.”



Photo by Defense Imagery

Psychologists agree the key is to proactively self-monitor behavioral changes. The [National Center for Telehealth and Technology](#) (T2), a DCoE component center, recently developed and released a tool called the [T2 Mood Tracker](#). The Android mobile application allows users to self-monitor, track and reference their emotional state over a period of days, weeks and months.

“Therapists and physicians often have to rely on patient recall. Research has shown that information collected after the fact, especially about mood, tends to be inaccurate,” said Dr. Perry Bosmajian, a T2 psychologist. “This application can help the provider improve the quality of the treatments for the patient. The best record of an experience is when it’s recorded at the time and place it happens.” 

# Army Leader Says Family Involvement ‘Key’ to Successful Reintegration

Master Sgt. Jennifer Yancey

**A**rmy Vice Chief of Staff [Gen. Peter W. Chiarelli](#) recently visited Fort Stewart, Ga., to discuss reintegration efforts with soldiers. While there, he stressed the Army’s role in meeting soldiers’ behavioral health needs and the importance of family member involvement during their reintegration.

With many Army units now returning from Iraq, the Army’s second in command wanted to see how prepared the service is for reintegration challenges.

Chiarelli is completely focused on the Army meeting soldiers’ behavioral health needs, including conducting behavioral health screenings of at-risk soldiers and ensuring “that there is a system in place when they return so that the screening continues,” he said. “Additionally, those who may have not been identified while deployed can receive the same care.

“That’s what I’m seeing that soldiers need most, besides being reunited with their families,” he continued.

Family members also require assistance during their soldiers’ reintegration. Chiarelli noted that their involvement is “a key and integral piece” to this process, and he encourages family members to participate whenever they can.

“When family members are made part of the process, and they make a determination to participate, I think that is a very positive thing for the family as a whole,” he explained.

The Army has continually developed its reintegration process since 2003 in order to benefit its soldiers.

“It’s really important, working with an Army that’s been at war for 10 years,” Chiarelli stated. “Their medical and behavioral health needs are greater today than they’ve ever been.”

The general also noted differences in reintegration programs for active-duty soldiers compared to those in the reserve. For example, reserve soldiers received only five days to reintegrate while active-duty troops received 10.

“Closer to the 10-day model is where all soldiers need to be,” Chiarelli said.

Unlike their active-duty counterparts, he added, reserve soldiers must undergo demobilization at an installation far from their families, a process which can occur during weekends and federal holidays.

“Active-duty soldiers have an advantage because their families are there with them,” Chiarelli said.

Once a plane lands with returning service members, active-duty soldiers complete paperwork and are released to their families for up to 48 hours.

“We have to be willing to spend a few more days with reserve soldiers to ensure the proper physical and behavioral health checks are made and that they receive the proper treatment they need, no matter what it might be,” Chiarelli said.

Chiarelli also discussed the possibility of a virtual behavioral health program with a network of psychologists and psychiatrists who would conduct initial screenings of returning soldiers. Those needing care would be referred to behavioral health care professionals.

[See REINTEGRATION on Page 7](#)

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feature



U.S. Army photo by Christopher Rich

# Nominate a Hero



## hero spotlight

We know that there are many people who work hard to make a difference in the lives of military families. We want to recognize them — but we need your help. Each month, “DCoE in Action” will spotlight a service member, veteran, family or community member who, by their efforts and support related to psychological health and/or TBI concerns, are viewed as heroes.

If you know someone who you think would be a great candidate, we want to hear from you. [Click here](#) to submit your nominee and tell us why you think he or she should be spotlighted and what makes them a hero to you and others.

We can't wait to learn about the heroes in your lives and thank you for your continued support!

REINTEGRATION from Page 6

Additionally, Chiarelli indicated that the Army may move away from the post-deployment survey to an actual 30 to 40-minute evaluation by certified behavioral health care specialists. Many of the reintegration concerns soldiers experience occur between 90 to 180 days after the tour is finished.

“The sooner you address these problems, the better off you are,” he said.

The Army recently began sending psychologists on deployments with soldiers to help identify concerns before they return home.


Dr. James Bender, a licensed psychologist and DCoE subject matter expert, spent a year in Iraq as a brigade psychologist for the Fort Hood-based 4th Brigade Combat Team, 1st Cavalry Division out of Texas. According to Bender, reintegration now starts well before a soldier returns home.

“I met with soldiers while we were still in Iraq to educate them about the stress and effects of redeployment,” he said. “I tell them it is normal to have anxiety, to have a nightmare, or worry how their kids might respond to them differently, but if problems continue to persist, they need to speak up and tell someone.”

The ultimate goal is to eliminate stigmas associated with seeking behavioral health care.

“If you had a problem, you would seek the necessary help you need for that problem,” Chiarelli said. “Behavioral health issues are no different.”

Chiarelli said leaders can help remove potential stigma by setting the kind of command climate ensuring soldiers get help.

“It’s not a crime,” he said. “There’s no shame in after three, four, or five deployments, as many of our soldiers have had, for them to reach out for help and get the help they need.” 

*Joe Hendrix, DCoE Communications, contributed to this article.*



# 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.

## January

Peer-to-Peer Support Model Program

## February

Compassion Fatigue

## March

Mild TBI and Co-occurring Psychological Health Disorders: Focus on Mild TBI with Co-occurring Psychological Health Disorders Toolkit

## April

Indirect Neurotrauma: The Impact of War on Children

## 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

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U.S. Navy photo by Mass Communication Specialist 3rd Class Sarah E. Bitter

## Emergency Family Assistance Guidelines

Directive-Type Memorandum 10-023, "Emergency Family Assistance," was published on Dec. 10, 2010, to provide uniform guidelines to the Defense Department, components for developing installation-level plans for emergency family assistance. These plans ensure DoD personnel and their families have access to supportive services in the event of an all-hazards incident. To read the full policy click [here](#).

## New Web-Based Case Study Available

The second mild traumatic brain injury (TBI) web-based case study, "Assessing the Individual with Persistent Symptoms," is now available for health care professionals. The Departments of Defense and Veterans Affairs have teamed up to create a series of 12 web-based case studies featuring mild TBI. The third study, "Use, Administration and Interpretation of the MACE," will be released later this month.

You can access the studies by visiting the [MHS Learn](#) page, or if you are a civilian provider, you can access the case studies through the [MHS Learn Civilian Provider Education](#) page. One free continuing education unit is offered per course.

## MHS Conference Jan. 24 – 27, 2011

The 2011 Military Health System (MHS) Conference will focus on sharing knowledge and achieving breakthrough performance in health care delivery, research, education and training.

The conference includes an expanded exhibit hall featuring agency and commercial exhibitors whose products and programs are aligned with the MHS mission.

For more information or to register for the conference click [here](#).

## Third Annual Warrior Resilience Conference Feb. 7 – 8, 2011

The theme of this year's conference will be "Total Force Fitness," an initiative of the Chairman of the Joint Chiefs of Staff outlined in Health-of-the-Force Guidance 2009-2010. Seats are filling up, so register soon. To learn more or to register, click [here](#).

**Mood Tracker** National Center for Telehealth and Technology (T2), a DCoE component center, developed a FREE smart phone mobile application that makes it easier for service members and veterans to track their emotional health after deployments. For more details, click [here](#).

## 'When Families Grieve' receives CINE Golden Eagle Award

DCoE is happy to announce that Sesame Workshop's latest phase of the [Talk, Listen, Connect](#) initiative, "When Families Grieve," which DCoE helped develop, has received the [CINE Golden Eagle Award](#) for high quality production in Children's Programs. DCoE would like to offer our congratulations to Sesame Workshop and thank them for their hard work and dedication to the emotional health of our nation's military.

**Additional links are available on our website.**

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