DCoE *in* Action

Vol. 4 No. 5 ★ May 2011

Mental Health Awareness Month

Raising Awareness While Supporting Psychological Health of Service Members, Veterans, Families

Scan this code with a QR reader on your smart phone to access previous issues.

message from the director

Hammer

Sometimes we have a tendency to throw around the term "psychological health" like loose change. May is Mental Health Awareness Month, so it is good to take this time to clarify what we are talking about when we use the terms mental health and psychological health.

The term psychological health was developed because mental health often had a more clinical or medical connotation to it. We talk about mental health care, mental health clinics, mental illness, screening for mental diseases and so on. When you get right down to it, mental health is "the absence of significant distress or impairment due to mental illness." But we want to encourage and promote so much more than that.

Psychological health is more than just the absence of a mental illness. Think of it as the overall wellness in mind, body and spirit. Taking care of our psychological health is no different than taking care of any other aspect of health including physical health. There are many basic things we can all do such as:

- Getting enough sleep
- Eating right and exercising
- Taking care of your basic physical and emotional needs
- Staying connected socially
- Stopping to assess how things are going in life
- Managing the stressors in your life

Many of these tips may seem like common sense, but when faced with challenging life situations these things are often the first things that get neglected. It is important to maintain your situational awareness of your internal as well as external demands and to reach out to others when you need a little extra help.

When psychological health is neglected and mental health concerns arise, it is natural to deny there's anything wrong. Sometimes the last person to recognize symptoms is the one who needs help, so it's important for us to recognize symptoms in our friends, our loved ones or ourselves and to say something. Some signs of distress could include:

- Drinking more heavily than normal
- Agitation or anger
- Withdrawing from families and friends
- Difficulty concentrating
- Sadness or depression

Whether you are a service member, family member, veteran, caregiver, friend, health care provider or concerned coworker, it is important for all of us to be aware of our own well-being and that of others. If you are unsure of how to approach someone in need, or want help for yourself, there are numerous resources available across all services and in the private sector.

I encourage you to visit the DCoE website, the Real Warriors campaign and Military OneSource to learn more about these issues and the resources available.

You can also call or email the DCoE 24/7 Outreach Center toll-free at 866-966-1020 or resources@dcoeoutreach.org for more information or if you are in immediate need.

DCoE in Action

Vol. 4 No. 5 ★ May 2011

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U.S. Air Force Senior Airman Danielle Robles, from the Paktia Provincial Reconstruction Team, provides security during an engineering mission in Rabat, Afghanistan, Nov. 7, 2010. The team facilitates the Afghan government's ability to provide public services and development projects with the goal of weakening insurgent influence. U.S. Air Force photo by Staff Sgt. Barry Loo

DCoE
Real Warriors Campaign

DCoE
Real Warriors Campaign

DCoE
Blog

Summit Seeks Transparency, Best Practices in Warrior Care

Jayne Davis, *Strategic Communications*

U.S. Navy photo by Mass Communication Specialist 1st Class Jennifer A. Villalovos

U.S. Navy photo by Petty Officer 1st Class Molly A. Burgess

"There is simply no one-size-fits-all care-giving solution, and change requires care, compassion and an innovative view to modify the status quo."

— Linda Kreter, advocate for family caregivers of service members and veterans and speaker on the Family Resilience Working Group panel at the 2011 Wounded Warrior Care Coordination Summit

Care, compassion and innovative views were on display at the Wounded Warrior Care Coordination Summit March 28 – 31, 2011, at The National Conference Center in Leesburg, Va. There, representatives from the government and military services joined with care coordinators, service members, families and private sector partners to consider, discuss and report promising practices to the Defense Department.

During the week-long event, George Lamb, acting outreach and dissemination division chief and social work consultant for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, participated in the best practices working group. He said that an overarching goal of the department is to standardize the level of recovery care coordination for wounded warriors and their families among the services, and in doing so, help reduce the fear of the unknown.

"When you don't know what to expect from recovery, you can't plan for your future," said Lamb. "Wounded warriors and their families need to know what's next and that's what we need to discuss."

Focused on the summit's purpose to organize recovery care efforts, subject matter experts complemented discussions on education and employment, collaboration between the care coordination programs at the Defense Department and Department of Veterans Affairs, best practices within recovery care coordination, and wounded warrior family resilience.

Among many ideas and pitfalls discussed, the exchange highlighted a potential challenge: how to adapt outstanding practices that work in one branch of the military services to another?

"Some of the current best practices are service specific," said Lamb. "We have to figure out how to make these practices appear seamless so that our service members benefit, regardless of their service affiliation or where they transition to."

In addition to the collective energy and shared mindset the summit invoked, a best practices report, with actionable recommendations, is scheduled for implementation by the end of 2011.

For more details from the summit, and information on wounded warriors, please see the wounded warrior care blog.

Awareness Day Brings Focus to Children's Mental Health

Jayne Davis, *Strategic Communications*

Positive mental health development in children is the foundation of Substance Abuse and Mental Health Services Administration's (SAMHSA) vigorous campaign to increase awareness of children's mental health concerns.

SAMHSA will showcase the subject in national and local venues May 3, 2011, marking the sixth annual National Children's Mental Health Awareness Day. Each year, the event grows in scope and visibility through the support of organizations that work year-round to promote awareness of children's mental health concerns. In 2010, more than 11,000 youths participated with nearly 1,000 community organization partners.

The focus this year is on resilience. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), a collaborating organization for the annual awareness day, supports building resilience and recently featured resources to help military children and families cope with a variety of concerns in the April 2011 issue of "DCoE in Action." The DCoE website offers more information related to children, military families and psychological health concerns through its blog and its webinar series. DCoE's April webinar, "Supporting Military Children in School Settings," addressed the effects of deployment on children.

U.S. Army photo by Ashley Fowler

Communities around the country will hold a variety of awareness day events tailored to the needs of their residents. The American Art Therapy Association will kick off the national event in Washington, D.C. with an exhibit at the prestigious Shakespeare Theatre-Harman Center for the Arts to display artwork created by children dealing with trauma. The evening program is dedicated to youth who have experienced trauma, exhibited resilience and used art to help them in the recovery process. View the live webcast from 7 p.m. to 9 p.m. (EST) May 3, 2011. For complete coverage on the event, please visit SAMHSA's website.

Beyond Awareness Day

SAMHSA recently released, "Leading Change: A Plan for SAMHSA's Roles and Actions 2011 – 2014," that seeks to capitalize on advances in the nation's behavioral health care system. The strategy paper details eight initiatives that identify the organization's goals and priorities for the next four years.

"The strategic initiatives paper provides a clear road map for SAMHSA's immediate and longer term priorities for reaching our essential public health mission," said SAMHSA Administrator Pamela S. Hyde.

The initiatives paper was developed to evolve as conditions and needs warrant. Download a copy of the strategy paper from SAMHSA's website.

Resources Help Service Members Understand PTSD-Related Depression

Robyn Mincher, *Strategic Communications*

Depression is more than feeling "blue"

"Clinical depression is different than feeling unhappy or being sad," said Dr. Vladimir Nacev, clinical psychologist with the Resilience and Prevention directorate at Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). "When depression reaches a point that it begins to interfere with daily functioning, work performance or interpersonal relationships, it crosses the line and becomes a clinical concern."

Depression can be successfully treated.

"Clinical depression is one of the more common mental disorders," said Nacev. "Fortunately, depression is treatable with a variety of therapies."

U.S. Army photo by Sgt. 1st Class Kristina Scott

Throughout May, DCoE is raising awareness about PTSD-related depression in the military community in support of Mental Health Awareness Month. The organization offers resources that help define this complex psychological health concern, self-assess for symptoms of depression and highlight treatment options for those seeking help.

The six-session workshop featured on afterdeployment.org is an instructive program that offers information about psychological health concerns, identification of physical and behavioral signs and symptoms and management techniques. The workshop helps service members learn to use cognitive behavioral therapy exercises to build resilience, and describes symptoms an individual can detect either in their own behavior, or in someone they think may be depressed.

"Those who are clinically depressed often isolate themselves and lose interest in daily activities. Some experience significant weight loss or gain, insomnia or excessive sleeping, and lack of energy. Inability to concentrate, feelings of worthlessness or excessive guilt, and recurrent thoughts of death or suicide are also common," said Nacev. "Those who are significantly depressed may also experience feelings of helplessness and hopelessness."

Department of Veterans Affairs National Center for PTSD and National Center for Telehealth and Technology (T2), a DCoE component center, worked together to develop a state-of-the-art smartphone application that helps service members and veterans monitor their psychological health — right from the palms of their hands. The PTSD Coach iPhone app is a self-assessment tool that service members and veterans can use to identify and track symptoms, learn coping skills and find immediate support from services like the Veterans Crisis Line.

"It's very important that service members continually monitor and assess themselves when coping with PTSD and/or depression. This will help them better understand their situation and know when to seek assistance and professional help, sooner rather than later. Early detection is critical for successful outcomes," said Nacev.

When seeking out help for depression, service members and veterans can access a wealth of treatment resources offered by the Real Warriors campaign. The campaign website lists practices for coping with depression (such as journal writing), connects veterans with community-based counseling facilities called Vet Centers, lists resources for reintegration and treatment for members of the National Guard and reserves, and details five steps a veteran can take to support PTSD treatment.

The campaign also highlights suicide prevention tools for active-duty service members, strategies for managing stress and lists the possible causes of depression, symptoms and treatment.

Center for Deployment Psychology Details Eight Symptoms of Depression

Robyn Mincher, *Strategic Communications*

When Capt. Adrian Veseth-Nelson came home from his deployment to Iraq, what he wanted to do most was drive — fast!

"I had very high anxiety and horrible road rage," he said. "In Iraq, we dominated the roads. Those are the rules that kept us alive. When you learn rules in combat, they are very difficult to unlearn, even once you have returned from a deployment and everyone says you are supposed to return to normal."

What Veseth-Nelson didn't know at the time was that this behavior was a result of post-traumatic stress disorder (PTSD).

"Service members may engage in high-risk behavior when they're back at home — trying to achieve the high they may have experienced in a warzone — and it makes sense, especially when they are on high alert for months at a time while deployed," said Dr. Paula Domenici, head of the division of training programs for the Center for Deployment Psychology (CDP), a component center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). "What providers need to look for is when a service member's risky behavior oversteps boundaries, becomes problematic and when it lingers beyond the reintegration phase."

Complex PTSD-related psychological health concerns, like depression, don't just have one or two telltale symptoms. A simple, effective strategy providers can use to identify depression involves asking a series of specific questions along with the mnemonic "SIGECAPS" screening tool. Service members are asked questions about changes in sleep, interests, mood, guilt, energy, concentration, appetite, psychomotor changes and if they have suicidal thoughts.

According to Domenici, providers should focus on the details surrounding depression symptoms. She offered the following examples for each of the eight SIGECAPS symptoms:

Sleep: Check if the individual says they're sleeping a lot more and staying in bed, having trouble falling asleep, or have disruptive sleep — especially if the individual would normally describe themselves as a pretty good sleeper.

Interests (decreased) and/or depressed mood: The individual may say they don't find pleasure in things they used to enjoy. Providers may call this anhedonia. For men and women in uniform, this could mean they no longer have an interest in hanging out with their buddies, keeping physically fit or they disregard their family. A person with depressed mood may describe feeling that nothing matters, crying spells when they aren't usually emotional, or feeling empty inside.

U.S. Navy photo by Petty Officer 2nd Class Todd Frantom

Guilt: This is a particularly common feeling among service members. They may convey self-blame by saying they were a coward compared to their wartime buddies, that they don't deserve to be a soldier, or that everything that happened was their fault. Look for a deep feeling of worthlessness or anything excessive or irrational.

Energy: They might describe being tired more than usual, feeling fatigued nearly every day when they were formerly energetic people. This energy decrease may be emotional rather than physiological, as they may lack motivation because of depression.

Concentration: Look for the inability to focus and stay on task on a daily basis. Sometimes this can appear as indecisiveness since they feel stuck and can't make choices.

Appetite: An individual isn't purposely dieting yet they are losing weight; they have lost their appetite or simply have no interest in food since taste doesn't matter to them. Alternatively, there could be weight gain if they overeat to self soothe and then become lethargic. There could be significant changes in weight for the individual.

Psychomotor changes: A service member may appear to move in slow motion. When they walk, their pace is slower and they might shuffle a bit. Psychomotor agitation, a restless state where someone might be more fidgety, may also be present.

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Suicidal thoughts: Providers should take a direct approach when identifying this symptom.

"As a provider, it can be best to be direct and just ask the question 'Do you wish to die?' or 'Do you have plans to harm yourself?'," said Domenici. "There is a difference between an individual thinking about this in a passive sense and an individual who says they have a weapon armed and loaded at home. It's good to assess both lines of thought, and the urgency would lie in helping those who are thinking about suicide proactively."

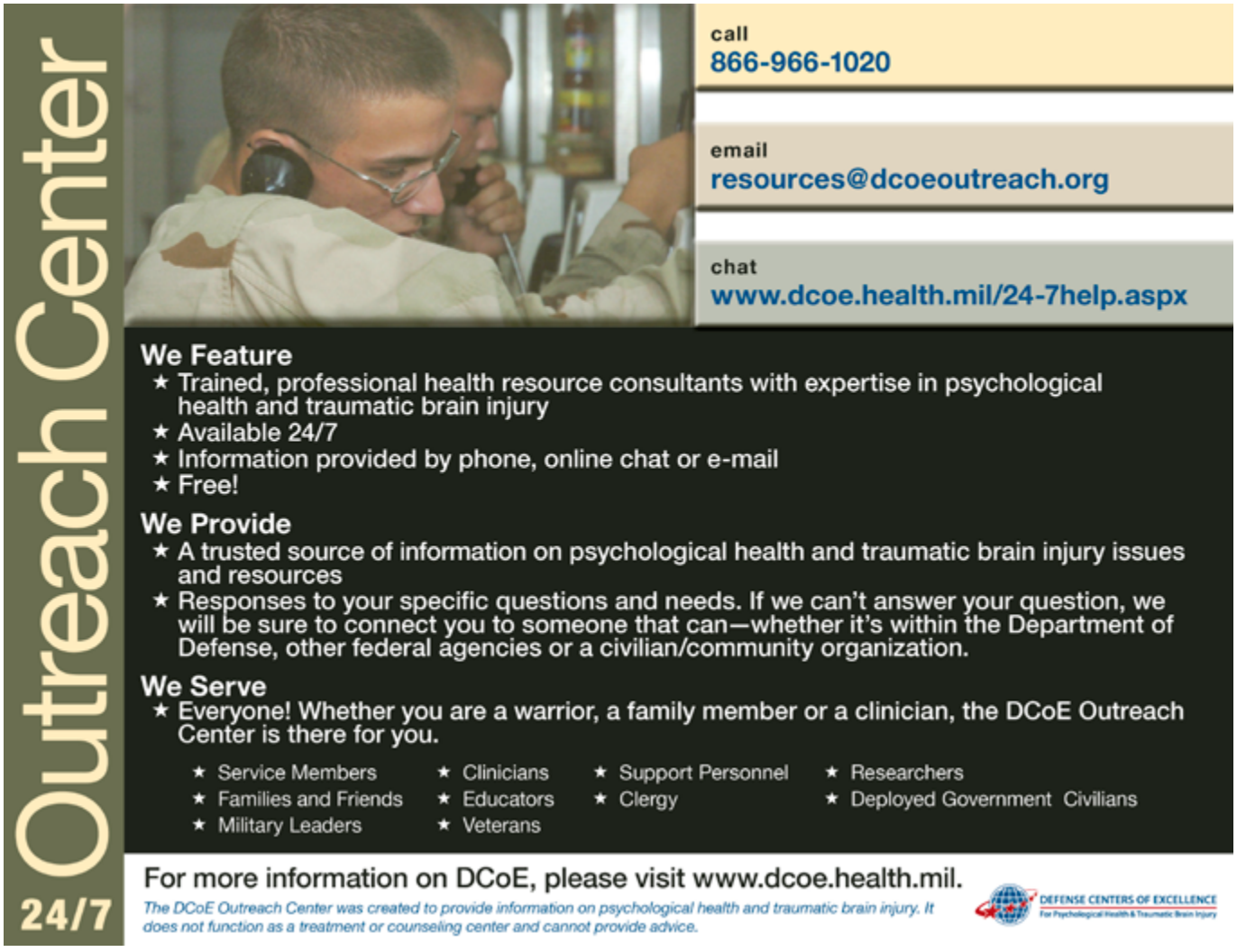
According to Domenici, providers should first identify a service member's decreased interest or depressed mood in order to meet the diagnosing criteria for major depressive disorder — if an individual has five or more of the depression symptoms for at least two weeks, or if there's a significant change in personality, they should be treated immediately.

If you, or someone you know, are experiencing these symptoms of depression, DCoE is here to help. Call, email or live chat with the DCoE Outreach Center, a 24/7 trusted source of information on psychological health care issues.

DCoE Resources for Diagnosing Depression

The Major Depressive Disorder Toolkit is a compilation of paper-based tools, brochures, cards and booklets, designed to help primary care providers effectively implement the major depressive disorder clinical practice guideline.

CDP offers training for military and civilian providers on all areas of service member psychological health, including depression. From June 7 to 16, the center will offer, "Topics in Deployment Psychology," an in-depth training program for military providers on deployment issues facing service members, their families and providers. The center also offers free online courses, covering a variety of topics on psychological health in the military community for providers.



"It's not a sign of weakness to ask for help: It's a sign of personal strength."

— One Marine's Story of Coping with PTSD

Robyn Mincher, *Strategic Communications*

Although Hector Medina, a retired Marine staff sergeant, was no longer on the battlefield, he found himself still "walking his post."

"At night, I walked around my house checking that all the doors and windows were secured and was on the lookout for strange noises," he said. "I got startled by thunder or fireworks — I don't enjoy loud noises anymore."

Medina was experiencing hypervigilance, an enhanced state of increased awareness of the surrounding environment, as a result of post-traumatic stress disorder (PTSD).

During the seasoned veteran's second deployment to Iraq with the Marine Aircraft Group 26, he faced intense warfare.

"My unit was exposed in one degree or another to constant mental duress," said Medina. "Our lives never were the same when we returned home."

Once Medina redeployed, he noticed he was emotionally disconnected, or as he described it, "numb."

"I had a hard time connecting with my loved ones. My social circle practically shrank to zero. I became a recluse," he said. "I just felt a great sense of guilt for leaving, knowing that my fellow Marines were out there in Iraq."

Medina's PTSD didn't stem from a physical injury, nor was it a result of an isolated incident from his time in Iraq. His psychological health concerns, like many returning veterans, were aftereffects of his entire experience while deployed in a combat setting. Once he noticed that his mood was bordering along violent, he knew he had to seek help.

"My mood changed and I was afraid that my life was spiraling out of control. I was constantly arguing with my wife and lost my temper at the drop of a hat," he said. "I went to the mental health department at Quantico and saw a flyer."

The flyer was for the Specialized Care Program at the Deployment Health Clinical Center (DHCC), a component center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). The three-week program trains veterans and service members to cope with psychological health concerns after deployment. It consists of group therapy and one-on-one sessions that promote healthy life practices, such as yoga nidra and mind-body relaxation techniques, cognitive therapy and peer support.

Medina signed up.

"Group therapy was a healing experience because, for once, I did not feel like I was the only one feeling the way I felt. I was able to open up and unload some of the burden I have been carrying with me all this time," Medina said. "The yoga classes were terrific, because they helped me relax and heal myself."

The program taught Medina tools to manage his PTSD, and "understand my symptoms, myself and helped my family understand me."

Medina, now a principal administrator for Marine Corps Enterprise Information Technology Services Operations Center, attributes the DHCC program, and his proactive approach to treatment, as key factors to his reintegration and successful management of PTSD.

"I worked with a great team. The treatment I had at DHCC has helped in my new environment," he said. "I am glad I took this step. I now realize that it was not a sign of weakness to ask for help. Talking about this helps the healing process and also gives hope to people who are currently dealing with the same issues that I dealt with upon my return from deployment."

Photo courtesy of Hector Medina

Defense Department Looks at Gender Differences in Rates of Depression, PTSD

Jayne Davis, *Strategic Communications*

Separations, injuries, sexual trauma or divorce can be significant stressors for anyone. Add war and serving in a military environment to the list and these significant stressors become complex challenges; concerns that many service members share, yet react to differently.

Research suggests that women service members who served in Iraq or Afghanistan show greater rates of depression and post-traumatic stress disorder (PTSD) than their male counterparts. Gender differences in the way women service members perceive and respond to psychological stressors compared to men, and the rates in which women experience psychological health concerns in the military are a current topic of discussion, but more research is needed to explain these differences.

From government and academic studies conducted during the past two decades, evidence shows that women in the military and civilian population are twice as likely as men to be diagnosed with PTSD or depression.

"People might easily conclude from these studies that women are inherently more susceptible to developing psychological health concerns, but there could be a variety of other issues that might account for the gender disparities we typically see," said Dr. Colanda Cato, a licensed clinical psychologist who has spent the better part of the past 15 years lending her expertise to the military.

Cato, currently the interpersonal violence prevention program manager for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury's Resilience and Prevention directorate, said that some of the research will look at potential family factors that may explain why women are more likely to express symptoms than men.

"The multiple family roles women play while in service, as well as their willingness to verbally express what they are experiencing psychologically, may contribute to diagnostic disparities between men and women," said Cato. "There may be increased concerns among women about family life and family functioning during deployment. To the extent those issues are present, studies show that women are more likely to develop PTSD than men who show similar concerns, despite the fact that men had greater combat exposure and a greater number of deployments."

According to Cato, sexual violence is a significant precursor to PTSD — for military women, the problem may be compounded. According to the National Center for PTSD,

U.S. Army photo by Sam Shore

women are more likely to experience sexual assault than men, and women in the military are at higher risk for exposure to sexual assault.

There are often barriers to getting help for psychological health concerns like stigma, perceived or real. For many service members, more so for men, a simple request might carry the weight of being perceived as weak or less competent. Cato explained that overcoming these barriers sooner, rather than later, can affect a person's overall recovery.

"Early intervention is a critical component to preventing long-term psychological health concerns and significant impairment in functioning," said Cato.

Beyond self-imposed barriers, institutions and society may pose additional barriers to seeking help. Workplaces may explicitly support getting help through specific policies but fail to properly follow through, unintentionally creating an atmosphere of indifference instead of acceptance. More education is needed to help society view help-seeking behaviors as normal reactions to stressful events.

The Defense Department joined the discussion in an ac-

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Center for the Study of Traumatic Stress Teaches Families about Depression

Robyn Mincher, *Strategic Communications*

"I realized that if I didn't have the kind of family I had, that I might not have made it through this and gotten better."

— Marine Staff Sgt. Josh Hopper, a real warrior who overcame post-deployment post-traumatic stress disorder

U.S. Navy photo by Mass Communication Specialist 1st Class Julie Matyascik

A military family can be the foundation of support for service members and veterans, especially when they are coping with psychological health concerns, such as depression. Yet what happens when those family members have their own psychological health concerns?

"The military community is possibly more at risk for depression because of the unique stressors they experience: extended and repeated deployments, single parenting, the potential for serious injury including loss of life, and reestablishing post-deployment relationships," said Nancy Vineburgh, director of the Office of Public Education and Preparedness at the Center for the Study of Traumatic Stress (CSTS), a component center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE).

Through CSTS's "Courage to Care" series, the center offers resources for military families to educate them about psychological health concerns, like depression, and ways a family can develop and stay resilient through potential challenges.

The guide "What Families Need to Know about Depression," lists symptoms of depression for all ages of military family members and gives tips to help families talk more effectively about depression with health care providers, family and friends.

"While loss of interest and a persistent 'sad' mood are common among all ages, other symptoms of depression differ depending on a person's age," said Vineburgh. "Adolescents may start dropping grades in school or have negative thoughts about their future. Adults may have decreased energy or feelings of guilt. "

The guide "Impact of Invisible Injuries: Helping Your Family and Children" lists what parents can do to help their children cope with the stresses of deployments, such as joining an organized sports team or community-based program and monitoring changes in their emotional state.

"These challenges can all contribute to changes in mood and thoughts," said Vineburgh. "When changes in emotions persist and begin to affect one's ability to function day to day, depression may be present."

When the challenges of a military lifestyle manifest as a psychological health concern like depression, the center encourages family members to speak up and ask for help. The guide, "Asking for Help: Do you know how?" was created to support people who are thinking of reaching out.

If a family member is diagnosed with depression, communication and support are significant factors for staying resilient.

"Conversation, encouragement, observation of behavior and a general understanding of depression will help a family stay strong while on the road to recovery," said Vineburgh.

BICEPS Model, Leader Support Mitigates Combat Stress

Robyn Mincher, *Strategic Communications*

Dr. James Bender is a former Army psychologist who deployed to Iraq as the brigade psychologist for the 1st Cavalry Division's 4th Brigade Combat Team out of Fort Hood, Texas. During his deployment, he traveled through Southern Iraq, from Basra to Baghdad and many spots in between. Bender now works for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) and writes a monthly post for the DCoE Blog on mental health concerns related to deployment and being in the military.

U.S. Army photo by Spc. Richard W. Jones Jr.

Situations on the battlefield can affect a service member's senses — immensely. It's common for them to see the strange surroundings and fighting-induced haze scattered across a warzone; smell the acrid smoke of lingering gunfire; and feel the harsh rays of the desert sun as they perform security patrols — daily. Even after experiencing these intense sensory triggers, it was the sound of war that brought many service members to Dr. James Bender, an Army psychologist deployed to Iraq, to talk about concerns with their psychological health.

"Many of the guys found it hard to cope with the jarring 'pop-pop' of their M-4 rifle," said Bender, now a subject matter expert with Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). "I helped them calm down by explaining how their bodies were reacting to these events and then I encouraged them to practice deep breathing exercises."

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During his time in Iraq, from June 2008 to June 2009, Bender oversaw the psychological health of 3,500 troops. He used the "BICEPS" model to treat combat stress. This approach uses six components to help in recovery: brevity, immediacy, centrality, expectancy, proximity and simplicity. Providers use this guide to help offer immediate care, prevent mental health misconceptions and deliver treatment while giving service members tools to cope and stay resilient in wartime situations.

The first component, brevity, encourages brief, efficient treatment.

"This treatment normally lasts less than 72 hours, instead of a more drawn-out approach which could last weeks or even months," Bender said.

Immediacy and centrality are focused on urgent treatment while trying to keep the service member within their unit, at their current location.

Combat Stress Resources

DCoE has a wealth of resources for providers that address combat stress.

- The Center for the Study of Traumatic Stress, a DCoE component center, offers an information sheet called "Health Care Providers: Sustaining Psychological Well-Being," which features strategies for mitigating psychological health concerns.
- Real Warriors campaign guideline "Combat Stress: A Natural Result of Heavy Mental and Emotional Work," lists thought processes and emotional and physical symptoms indicating combat stress.
- The Deployment Health Clinical Center, another DCoE component center, offers a guide for providers on combat/operational stress, including policies and directives, training materials and other resources.

"Street-level leadership and peers can be remarkable at detecting mental health concerns because they can detect personality changes among people in their unit," said Bender.

"Right when the concern is evident, providers will stabilize the situation," said Bender. "We want to keep service members with their team — not 'quarantine' a psychological concern away from their group as if it were contagious."

Expectancy and proximity aim to reinforce the idea that the service member with a psychological concern is not "sick" and that their reactions should pass. Also, by treating the individual where they are and not moving them, situational triggers can be addressed and people in their unit can offer support. "Treating service members where they're stationed gives them the chance to cope with what is causing the concerns instead of avoiding it," said Bender.

The last component, simplicity, encourages the use of simple treatment methods, like rest and relaxation.

"Our soldiers are often sleep deprived, which can lead to psychological changes," said Bender. "Sometimes I tell them a good meal and a shower is an order. Their only 'job' for the next eight hours is to sleep."

Air Force Col. Christopher Robinson, DCoE deputy director psychological health, was also deployed as a mental health care provider and helped service members cope with combat stress on the battlefield.

"I saw a lot of people who were simply having normal reactions to traumatic experiences, also known as combat operational stress reactions, but who thought something more serious was wrong with them because they had never experienced those types of feelings," said Robinson. "We also saw service members with more serious issues, like post-traumatic stress disorder, thoughts of suicide, and/or feeling very angry. In spite of all the different issues I saw there, I am happy to say that we were able to work closely with the troops and get them back to their units."

While deployed, Bender identified line leaders as a powerful resource. "Street-level leadership and peers can be remarkable at detecting mental health concerns because they can detect personality changes among people in their unit," said Bender. "In a way, they're more qualified because they know an individual solider better than I might. This awareness is invaluable, because leaders act as gatekeepers when a service member needs a referral to a higher level of care and when they're ready to go back into combat."

hero spotlight

Cheryl Lynch

name
Cheryl Lynch

organization
American Veterans with Brain Injuries

position
Founder

hobbies
Making home-made wine

Eleven years ago, Cheryl Lynch's son sustained a severe traumatic brain injury (TBI) while training with the 82nd Airborne Division in France. Civilian TBI support groups didn't meet the needs of Lynch's military family so she set out to find other families like hers.

"It was a welcomed relief to connect with them," said Lynch. "I was determined to find more options and a better life for my son."

Those connections evolved into advocacy and eventually into American Veterans with Brain Injuries, a resource warehouse and venue for service members, veterans, families and caregivers who seek information and support to help manage TBIs.

The nonprofit organization provides a free medical alert dog tag for medical personnel, and a TBI wallet card for friends, family or other individuals to promote a quick assessment.

"It's sometimes difficult for veterans with TBI to explain their behaviors to others," said Lynch. "The card eases their anxieties."

Lynch and her husband live in Pensacola, Fla., and manage the nonprofit site while she cares full time for her son. "It's not about me," said Lynch. "I gain as much from [my involvement] as the families that I help."

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tive way by launching a three-year, joint project with the Department of Veterans Affairs called the Integrated Mental Health Strategy, which is aimed at examining potential gender-specific needs, identifying gaps in services and creating solutions to address those needs. Additionally, the primary advisory committee to the Defense Department on women in the services recommended in its 2010 report that the department undertake more gender-related research on PTSD. The committee also plans to focus on sexual assault resources for service women in 2011.

Cato, who presented at a recent quarterly committee meeting said, "It's understandable that there is frustration about not having immediate answers, but taking the necessary steps to examine gender-specific disparities and the appropriate resources necessary to provide quality services to those in uniform is definitely warranted."

Check out the following DCoE resources for more information on the topic:

- Special Considerations for Women Veterans
- VA's Changing Mission: Research Focusing on Families and Caregivers of Veterans with Trauma
- Women in the Military: Insights for Interventions
- Women's Trauma Recovery Program

U.S. Air Force photo by David Terry

Guidance for Mental Health Provider Training

The Soldiers Project gives service members, members of the National Guard and reserve and veterans access to free licensed psychological health providers to help cope with deployment stressors.

Major Depressive Disorder Toolkit

The Major Depressive Disorder Toolkit is a compilation of paper-based tools, brochures, cards and booklets designed to help primary care providers effectively implement the major depressive disorder clinical practice guideline. The kit helps providers screen for major depressive disorder, ensure an accurate diagnosis, manage symptoms and refer patients to specialists.

A Mobile 'Coach' for PTSD

In collaboration with the VA's National Center for PTSD, National Center for Telehealth and Technology (T2) developed a smartphone application that includes self-assessment of PTSD symptoms, coping skills and assistance in finding immediate support when needed.

Save the Date

DCoE Monthly Webinar

May 26, 2011
1 – 2:30 p.m. (EST)

Join us as we discuss operational stress and in-theater care.

Combat and operational stress is the anticipated reaction of service members who have been exposed to stressful events. The DCoE May Webinar "Operational Stress and In-Theater Care" will offer best practices for understanding and treating combat and operational stress and techniques for care providers as well as for service members experiencing operational stress.

To register for this event, email: DCoE.MonthlyWebinar@tma.osd.mil.

DCoE Outreach Center

24/7 Help: 866-966-1020
www.dcoe.health.mil/24-7help.aspx

The DCoE Outreach Center is staffed with qualified health resource consultants who provide comprehensive information, resources and tools about concerns related to psychological health and traumatic brain injury to service members, veterans, families, health professionals and civilians 24 hours a day, seven days a week.

U.S. Air Force photo by Tech. Sgt. DeNoris Mickle

Additional links are available on our website.

www.dcoe.health.mil/ForHealthPros/Resources.aspx

Resilience ★ Recovery ★ Reintegration