

THE CONTINUUM

A QUARTERLY NEWSLETTER FOR WOUNDED, ILL, AND INJURED SERVICE MEMBERS, CARE COORDINATORS, FAMILIES AND MILITARY CAREGIVERS



Genette Burgess (center) spends time with her husband Dan and children 9-year-old Kaylee and 10-year-old Gracie at the Warrior and Family Support Center. The family often goes to the WFSC to relax between Dan's medical appointments. "The Warrior and Family Support Center is a great place to interact with people," Ganette said.

DASD WELCOME LETTER

Mr. James A. Rodriguez
Deputy Assistant Secretary of Defense, Office of Warrior Care Policy, OSD



Since its inception, the Office of Warrior Care Policy has remained dedicated to its mission of proactively supporting our nation's wounded, ill, and injured Service members through their recovery and reintegration or transition to civilian life. As the needs of our Service members change and expand, we adjust in order to meet them, and are committed to taking on new challenges as they arise. Caring for our nation's wounded, ill, and injured Service members—

as well as their families and caregivers—will never lose importance, and doing so remains a national priority.

As a retired Marine who has served in several overseas operations during which I had the honor to serve with some of our nation's most dedicated men and women, the mission of the Office of Warrior Care Policy hits close to home. I have seen first-hand what our Service men and women experience as they recover from physical and invisible wounds, and how their families and loved ones are impacted during their reintegration back into their unit or transition into the civilian community. Now, as the Deputy Assistant Secretary of Defense for Warrior Care Policy, I will continue to be a champion for the wounded, ill, and injured, sharing their stories, advocating for their needs, and impacting their care through the policies and programs offered through the Office of Warrior Care Policy.

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As you read this newsletter you'll learn how DoD provides wounded, ill, and injured Service members, their families, and their caregivers with comprehensive recovery coordination and disability evaluation services—support needed during both wartime and peacetime. The programs supported by our office assist the wounded, ill, and injured—providing educational, employment, and internship opportunities as well as through recreational activities. Operation Warfighter is an internship program placing active duty Service members at federal agencies where they can expand the skills they already have and gain new ones in preparation for transition into their next career. The Education and Employment Initiative enhances the professional skills and experience of recovering Service members by preparing them for private sector employment, while the Military Adaptive Sports Program provides physical and cognitive activities and our new Caregiver Support Initiative provides resources for Service members and their families. These, and other important initiatives, are designed to support the needs of our nation's heroes.

There is no measure too small when it comes to demonstrating our appreciation for the service and sacrifices of our country's wounded, ill, and injured. It is a privilege to come to work every day and develop policy and programs that will improve Service members' and their families' quality of life. While it would be preferred to have a nation free of wounded, ill, and injured Service members, history tells us that is not possible. Therefore, we must continue to build comprehensive policies and programs to assist in the recovery, rehabilitation, and transition of our Service members when they return from the battlefield. ■

DoD, VA TEAM UP TO IMPROVE eBENEFITS BY MIGRATING NATIONAL RESOURCE DIRECTORY

By Office of Warrior Care Policy

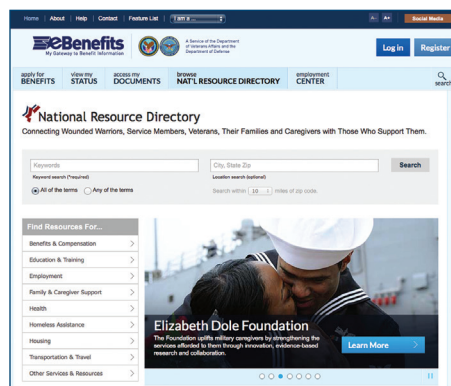
The Department of Defense has collaborated with the Departments of Veterans Affairs and Labor to integrate the National Resource Directory (NRD) into eBenefits to improve access to health care, benefits information and services for wounded, ill, and injured Service members, veterans, their families, and military caregivers.

The enhanced self-service capabilities and resources will improve access to information and assistance.

The NRD on eBenefits still offers access to more than 16,000 resources that have met quality assurance criteria to ensure that every program and organization listed is acting in good faith and making a positive difference for wounded, ill, and injured Service members, veterans, their family members, and military caregivers. Every resource is vetted prior to being listed and re-checked on an annual basis to ensure it is still compliant with the NRD Participation Policy.

Though most of the functionality of the NRD remains unchanged after the integration, some search functions are a little different. A short, narrated YouTube video provides step-by-step instructions for using the NRD on eBenefits. In addition, existing NRD profiles were not transferred as part of this integration. Users who are eligible for a DS Logon can create an eBenefits profile, or use their existing eBenefits profile to access additional NRD functionality. Despite these slight differences, the majority of the NRD's previous capabilities are still available, allowing the NRD to continue to address the needs of wounded, ill, and injured Service members, veterans, family members, and military caregivers by providing direct access to resources.

Integrating the NRD into eBenefits is just one step the Veterans Benefits Administration is taking to improve access to health care and benefits for Service members, Veterans and families. eBenefits users can also now seamlessly access MyPay with single sign on and order prescription refill, secure messaging with physician and view medical appointments through the MyHealtheVet Blue Button.



For instructions on using the NRD on eBenefits, view the instructional YouTube video at <http://youtu.be/tkM7HCzvLuQ>.

For more information, go to <https://www.ebenefits.va.gov> or call VA's toll-free number at 1-877-222-VETS (8387) or email the NRD at infonrd.osd@mail.mil. ■

STRATEGIES TO MAINTAIN POSITIVE HEALTH

By Dr. Darlene Powell Garlington, DHCC Clinical Psychologist



Positive mental health is a state of well-being in which we realize our abilities, cope with life's normal stresses, and work regularly and productively. Familiarity with stress management skills and maintaining a healthy lifestyle can help you reduce depression, prevent a progression to posttraumatic stress disorder (PTSD), and may also reduce the chances of diminished work performance, obesity and injury.

Focusing on mental health involves an awareness of all the domains of Total Force Fitness: spiritual, psychological, behavioral, social, physical, nutritional, medical and environmental. This means approaching your health as an integrated system, rather than one or more separate parts. Further, it's important to know that positive mental health isn't just the absence of mental disorders. It also includes:

- Being comfortable with yourself
- Feeling good about yourself
- Being able to meet the demands of life
- Being able to express emotion in healthy ways
- Being able to cope with the stresses of life

So, how do we maintain positive mental health? One way is to understand the connections between your physical health, emotional health and psychological health.

Research shows that our attitude affects our brain, body and emotions. So, a positive attitude should be part of our everyday wellness practice. Easier said than done, right? Here are a few examples of how you can make a big difference in maintaining positive mental health.

1. Help-Seeking Behavior

Strong family relationships are vital to overall health. There will inevitably be times when stress, adversity or trauma negatively affects you and during these difficult times, you should seek support and guidance from family, friends or others inside or outside of your support circle. Sharing your challenges and problems with someone else can lead to greater insight. You may think, "How can a therapist understand my spouse and our relationship?" Actually, an outside person can often offer a valuable perspective that can only be gained through objectivity.

Both the Deployment Health Clinical Center and Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury websites provide helpful information and resources on post-deployment adjustment, PTSD, depression, anxiety and other mental health issues for service members and families.

2. Physical Health

Maintaining physical health means employing preventive practices including good nutrition, exercise, sleep, and regular medical and dental check-ups. Each is important on its own, but positive improvements are even more powerful when they're combined. Like an attentive gardener, you must know the correct ways to feed and maintain your body so that it can thrive.

A body that receives the right nutrition and exercise can sustain the mind through times of extreme stress. Adopt healthy eating habits such as eating more fresh fruits and vegetables and adding more whole grains into your diet. Exercise has

many psychological and emotional benefits too; it has been shown to reduce anxiety and stress. So, try to incorporate some formal physical activity (walking, aerobic or a mix of aerobic and muscle strengthening activities) for 30-60 minutes three times a week to help improve your overall health.

3. Spiritual Health

As spiritual human beings, we're all on our own life journeys to discover and actualize our purpose, potential and passion (the three Ps of successful living). This applies to our family life, community and work environment.

- **Purpose:** Find what gives your life meaning and purpose
- **Potential:** Actualize your gifts, talents and abilities to the fullest
- **Passion:** Experience excitement and reward in what you do and have a sense of fulfillment

Spiritual health has to do with our spirituality—beliefs and values that give us that sense of purpose. Nurturing your spirit along with your mind and body brings about a balance that encourages healthy lifestyle choices, which reduces overall stress.

The beginning of the year is a great time to commit to changes in your life. Don't make the mistake of thinking that a few extra dead lifts in the gym or miles on the treadmill are going to be all the change you need. Effective change that will lead to optimal physical and mental health must be comprehensive. Be well!

Darlene Powell Garlington, Ph.D., is a licensed clinical psychologist who specializes in providing services to military members. She is a contractor with Deployment Health Clinical Center, a Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury center.

Article sourced from: Defense Centers of Excellence ■

HELPING CHILDREN UNDERSTAND YOUR BRAIN INJURY

By DCoE Blog Staff



Photo courtesy of: www.ourmilitarykids.org

This blog post by Dr. Pam Murphy, a licensed psychologist at the National Center for Telehealth and Technology, was originally posted on the center's afterdeployment Blog.

Traumatic brain injuries (TBI) are increasingly recognized as a significant medical condition, both in the military and our country as a whole. For example, if you watched the football playoffs, you probably heard TBI-related terms such as “concussion,” “head injury” and “extra caution” mentioned several times. If you’re recovering from TBI, you know first-hand some of the challenges this medical

To help answer some of those questions, take a look at two new resources for both kids and parents who are coping with traumatic brain injury. For tweens and teens, the “Tough Topics” series on Military Kids Connect features a graphic novel to help kids learn about TBI and videos of military kids talking about how their family changed because of their parent’s injury. Consider having a family night to watch the videos together with your older children and teens. Ask your child which video they liked the best—their choice may offer a clue about their own thoughts and feelings. Even if you don’t share these resources with your kids, you may find these accounts personally helpful as you view your injury through the eyes of a child.

The second online resource offers advice for a parent with TBI and other physical or emotional challenges. As described in the “Parenting with Emotional and Physical Challenges” module from Parenting for Service Members and Veterans, probably the single best thing you can do as a parent with TBI is to find ways to openly talk with your children about the impact of your condition on them and your family.

Regardless of the resources you explore, remember your children are on the same road to recovery as you.

Article sourced from: *Defense Centers of Excellence* ■

Children want to help make things better, but often feel helpless and don’t know what they can do.

condition can cause. If you’re a parent; however, what you may not have considered is that your children are coping with the challenges of your TBI, too.

Any medical condition or illness of a parent is scary for a child. Children worry whether their parent will be OK or even die. They also wonder if they’re somehow responsible for making their parent get hurt or ill (as illogical as that may seem to an adult). Children want to help make things better, but often feel helpless and don’t know what they can do. Coping with a brain injury adds another layer of confusion and uncertainty: “Why is Daddy acting different?” “How come you keep forgetting to pick me up from practice?” “What do you mean you need to lie down? You just got up!”



Improvised explosive device blasts remain one of the most terrifying experiences for Soldiers. Even those emerging with seemingly minor injuries could be at risk for what is being called the war’s ‘signature injury’: Mild Traumatic Brain Injury.
Photo courtesy of: www.ourmilitarykids.org

WARRIOR GAMES, INVICTUS GAMES SHOWCASE BENEFITS OF ADAPTIVE SPORTS

By Office of Warrior Care Policy



Athletes compete during the Warrior Games in Colorado Springs, Colorado in May, 2013. Photo courtesy of: FootStomp

Started in 2010 as an adaptive sports competition for wounded, ill, and injured Service members and veterans, the annual Warrior Games has grown into a large scale competitive event representing the culmination of ongoing adaptive sports training and athletic rehabilitation for wounded, ill, and injured Service members and veteran athletes. This year's Warrior Games event will take place from 28 September through 4 October 2014 in Colorado Springs, Colo., with events to be held at the Olympic Training Center, Fort Carson, and Garry Berry Stadium.

The Army, Marine Corps, Navy, and Air Force, as well as U.S. Special Operations Command (USSOCOM), will each have teams represented, with a total of approximately 200 athletes expected to participate in this year's event. Throughout the spring, the Military Services and USSOCOM held trials around the country to determine which athletes will participate in this year's Games. Eligible athletes are drawn proportionately from each Service and USSOCOM based on their level of ability and athletic skill. These athletes will participate

in seven adaptive sports as part of the Warrior Games competition: cycling, wheelchair basketball, sitting volleyball, archery, shooting, track and field, and swimming. Each Service also nominates competitors for the Ultimate Champion award, a competition in which athletes participate in five individual events, scored on a point scale, with the trophy going to the competitor with the most points.

Many athletes prepare for the Warrior Games by participating in structured camps, clinics, and daily adaptive sports activities, which are coordinated around the country and the world through the Office of Warrior Care Policy's Military Adaptive Sports Program (MASP). Whether or not participation leads to competitive events such as the Warrior Games, adaptive sports and athletic reconditioning play a key role in recovery and rehabilitation for wounded, ill, and injured Service members and veterans, exposing them to opportunities for physical fitness and activity, and introducing them to sports and other activities they may not have participated in—or even heard of—before their wound, illness, or injury.

After attending the 2013 Warrior Games, Prince Harry was inspired to host a similar event in the United Kingdom called the Invictus Games. These Games will be held from 10–14 September 2014 under the oversight of The Royal Foundation of The Duke and Duchess of Cambridge and Prince Harry. Events will take place across the Queen Elizabeth Olympic Park, site of the 2012 London Olympic Games, with athletes participating in track and field, archery, wheelchair basketball,

cycling, indoor rowing, wheelchair rugby, swimming, powerlifting and sitting volleyball.

The United States will be one of 14 invited nations participating in the Invictus Games. The U.S. Team will consist of 103 wounded, ill, and injured Service member and veteran athletes, and four alternates from the Services and USSOCOM. To reinforce the adaptive sports program's goal of inclusiveness, participating athletes are either new to adaptive sports, or have never participated in a competitive event. The Invictus Games kicked off 30 May 2014 with a reception at the British Embassy, which was attended by wounded, ill, and injured Service members representing the United States at the games.

To follow the action live for both the Invictus Games and the Warrior Games, stay tuned to WCP social media, including the Warrior Care blog, www.WarriorCare.mil, and Facebook page, [Facebook.com/WarriorCare](https://www.facebook.com/WarriorCare), as well as the hashtags, #WarriorGames, #WarriorGames2014 on the @WarriorCare Twitter account. ■



British Armed Forces Cpt. Dave Henson (L) and Prince Harry participate in the Opening Ceremony for the Warrior Games at the Olympic Training Center in Colorado Springs, Colorado on May 11, 2013. Photo courtesy of: FootStomp

ART THERAPY MAY PROVIDE HEALING FOR SERVICE MEMBERS

By Diana Moon, DCoE Public Affairs



Michelle Sterkowicz, Supervisory Arts Specialist, shows Soldiers from the Warrior Transition Unit how to use the pottery wheel during Resiliency through Art class Oct. 23 at the Vicenza Family and MWR Arts and Crafts Center. Photo courtesy of: Joyce Costello; army.mil

At first glance, there isn't an obvious connection between the military and the arts—at least that was my impression before I attended the second “National Summit: Arts, Health and Well-being Across the Military Continuum,” part of the National Initiative for Arts and Health in the Military. There, I learned that art therapy is gaining recognition as a healing exercise for service members with psychological health concerns and traumatic brain injury.

Listening to a presenter from the Smith Center for Healing and the Arts, I started to understand how the arts can contribute to well-being. The hard work of rehabilitation and recovery is softened by the enjoyment of the medium and the departure from physical and mental challenges it provides. Working on a painting or writing your thoughts down in a poem creates an outlet for self-expression that may reduce stress and reveal newfound skills and ways of communicating with the world around you.

It was interesting hearing the first-hand experiences of therapists from their sessions with service members. They agreed that the intense emotion and memory of trauma, often difficult for many service members to convey in words, may be more easily expressed through

visual art, music, dance or poetry. For example, an art therapist working with a service member who has posttraumatic stress disorder (PTSD) may combine drawing and collage activities with cognitive behavioral therapy to help their patient reframe negative thinking and reduce stress. It's like talking through creating, whether the medium is a canvas, a drum, or a poem.

“Many of the experiences associated with art...are important components of the warrior's journey back home, and back to wholeness.”

*Dr. Mark Bates
Asso. Director, Deployment Health Clinical Center Population Health*

“Many of the experiences associated with art, such as improved access to emotions, connections with others and sense of purpose and meaning, are important components of the warrior's journey back home, and back to wholeness,” explained Dr. Mark Bates, Deployment Health Clinical Center (DHCC) population health associate director.

Bates and Dr. Marina Khusid, DHCC chief medical officer of integrative medicine, participated in a panel discussion on the importance of psychological resilience to the health outcomes of service members, and how art therapy might be applied in treatment.

“Group music therapy was effective for PTSD patients who were not responding to cognitive behavioral therapy,” said Khusid about findings between traditional treatment and working with music.

Following the keynote address and the first two morning panels, I had the opportunity to watch a performance by Exit12 Dance Company. Exit12 is co-founded by Roman Baca, a U.S. Marine veteran who deployed to Iraq from 2005

to 2006. Prior to his service, he was a ballet dancer. Battling his own experiences with PTSD after returning home, he found that choreography helped him express his feelings and experiences related to his deployment. Baca has since choreographed several works relating to the military and from his own war experiences. This particular performance entitled, “Conflict(ed),” dealt with contrasts between the

military and Middle East. I found it to be an emotionally provocative piece, as dancers in military fatigues and Middle Eastern garb danced separately, then together, but never really united.

In addition to supporting creative arts engagement programs, Walter Reed National Military Medical Center, which hosted the summit, and organizations like National Endowment for the Arts, are developing clinical research to evaluate the potential health benefits of creative arts therapy interventions for service members.

An important lesson I learned from this experience is that health care is more than just treating illness with medicine. It's about a multi-faceted approach to promote well-being, and from what was shared at the summit, something the arts may have an important role in as well.

Learn more about the use of arts in the military, at <http://bit.ly/ArtsInMilitary>.

Article sourced from: Defense Centers of Excellence ■

TELEHEALTH THERAPY STACKS UP WHEN COMPARED TO STANDARD CARE

By DCoE Blog Staff

This blog post by Dr. Jae Osenbach, psychometrician and mobile health subject matter expert, National Center for Telehealth and Technology, was originally posted on the center's Mobile Health Blog.

My colleagues and I recently published a meta-analysis comparing synchronous telehealth therapy to standard care for the reduction of depression symptoms. Telehealth describes the use of technology to connect patients and providers separated by distance and time. Synchronous telehealth therapy uses videoconferencing or teleconferencing to conduct therapy with patients.

Standard care, on the other hand, may involve non-telehealth approaches such as face-to-face

regular (non-telehealth) care for reducing depression symptoms. This is good because it shows that in the “effects of the treatment,” it doesn’t matter if a patient sees a provider via telephone, video or in-person.

Additionally, we compared the effects of telehealth treatment individually to face-to-face therapy and care-as-usual. There were no differences between telehealth and face-to-face therapy but there was a significantly higher effectiveness for telehealth treatment than care-as-usual. Other researchers have published similar examinations of synchronous telehealth therapy compared to non-telehealth therapy for reduction of post-traumatic stress disorder symptoms and found comparable results.

[Telehealth] reduces the burden of travel time to appointments and delay in care.

therapy where patients meet routinely in an office setting with a psychologist, social worker or other specialist. Care-as-usual is an industry term meaning no specific therapy is involved but providers offer prescriptions for medicines, resources and recommendations (phone numbers for help lines, websites and books).

We specifically looked at synchronous telehealth because it’s a growing trend in care for those in rural areas with limited access to providers and for those who may fear the stigma associated with receiving psychotherapy. We found no statistically significant differences between the effectiveness of synchronous telehealth therapy and

tying into the telehealth therapy trend, another colleague at T2 looked into the usability and feasibility of doing synchronous telehealth therapy over FaceTime (Apple’s version of Skype) with active duty Service members, and their reactions were mostly positive. The Service members didn’t mind the small screen size or holding the phone to video chat. This is great news for providers who want to check out the possibility of administering therapy using technologies such as Skype or FaceTime.

As telehealth technologies continue to rapidly advance, more patients may demand access to health care professionals via telehealth

methods. Not only does treatment via telehealth technologies provide health care services to those in rural or hard-to-reach communities, it also reduces the burden of travel time to appointments and delay in care. Further, providers who use telehealth have greatly reduced costs (no office requirement, easier access to patients, easier management of irregular hours, etc.). But, many insurance companies don’t yet reimburse health care professionals for telehealth therapy with their patients. So, before you jump on the telehealth bandwagon, check with your insurance company.

For more information about telehealth and how you can put it into practice, check out the telehealth programs featured on the T2 website at www.t2.health.mil, and connect with T2 via its Mobile Health Blog, Facebook or on Twitter for more on telehealth and mobile technology supporting psychological health and traumatic brain injury care.

Article sourced from: Defense Centers of Excellence ■



Photo courtesy of: www.t2.health.mil

UNDERSTANDING THE DISABILITY EVALUATION PROCESS

A Guide to the Physical Evaluation Board (PEB)

By Office of Warrior Care Policy



Photo Courtesy of: www.woundedwarriorregiment.org

Our last newsletter outlined the Integrated Disability Evaluation System (IDES) Medical Evaluation Board (MEB) stage, in which DoD physicians determine whether a wounded, ill, or injured Service member meets Service medical retention standards. This article explores the Physical Evaluation Board (PEB) stage.

No one joins the military anticipating they'll incur an injury or illness that could potentially end their military career. However, should you find yourself in this situation, DoD and VA have partnered to fairly evaluate the severity of your condition and compensate you as quickly as possible, as well as ensure you understand the full range of medical care and disability benefits available to you as you transition back into the civilian community.

If you meet medical retention standards, the MEB returns you to duty; otherwise, it refers your case to a PEB, comprised of line and medical officers, to determine whether you are fit for continued service. First, an Informal PEB

reviews your medical records, narrative summary of your medical conditions, and commander's statement on how your medical condition(s) impacts your duty performance to determine whether your medical condition(s) prevents you from performing your military duties without endangering yourself or others.

If the Informal PEB determines you are fit, you will be returned to duty. If determined unfit, a VA disability rating officer develops a rating for each of your service-connected disabilities. DoD and VA use this rating(s) to establish the amount of your disability benefits. U.S. law establishes different rules for application of VA and DoD disability ratings. The law requires DoD to only consider disabilities that cause or contribute to your unfitness for military service when calculating your DoD disability rating. The laws that govern VA benefits require them to consider all service-connected

disabilities in their ratings. So, if you have a disability that doesn't cause or contribute to your unfitness, but was found to be related to your military service, your VA rating may be higher than your DoD rating.

APPEALS

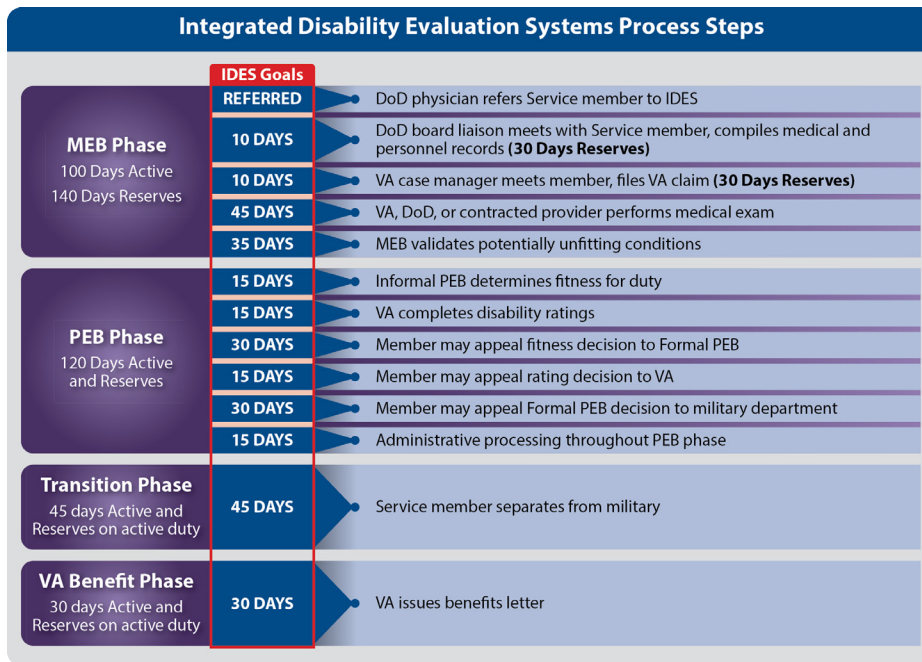
You have the right to appeal your PEB determination. A PEB Liaison Officer (PEBLO) will help you understand the appeal process. You also have the right to have military counsel assist you at no cost, or hire an attorney at your own expense. During your appeal, you can provide the appeal board additional medical or personnel records and have witnesses testify on your behalf. If your appeal is denied and you are still separated or retired, you may petition your Service's Board for Correction of Military (or Navy) Records.

PEB OUTCOMES

There are five possible PEB outcomes:

1. **Return to Duty.** If the PEB determines you are fit for continued military service, you will be returned to duty. However, the VA will keep your disability claim file and you may apply for VA benefits after you leave active duty.
2. **Separate without Benefits.** The PEB determined the cause of your medical condition(s) was not in the line of duty, as it was incurred while absent without leave (AWOL), or as the result of intentional misconduct or negligence. This is also true for injuries and illness incurred by National Guard or Reserve members when they are not in an active or reserve duty status. In these situations, you may be found unfit but separated without disability benefits. Also, if your disability

Continued on page 9



resulted from a medical problem is determined to have occurred prior to entering military service and was not aggravated by your service, you may also be separated without disability benefits.

3. Separate with Severance Pay.

If you are unfit and your overall DoD disability rating is less than 30%, you will be separated and awarded disability severance pay based on your pay grade and years of service.

4. Transfer to the Permanent Disability Retirement List (PDRL).

If you are unfit and your disabilities result in a DoD disability rating of 30% or higher or you have over 20 years of service, and your condition is stable, you will be permanently retired. This provides you with disability retirement pay and all other benefits of regular military retirement.

5. Transfer to the Temporary Disability Retirement List (TDRL).

If you are unfit and your disabilities make you eligible for permanent disability retirement, but are not considered stable enough to make a final decision, you will be

temporarily retired, up to a maximum of 5 years. Every 18 months, your military department will ask you to undergo an examination to determine whether your condition has stabilized. Temporary retirement benefits are the same as those who are permanently retired. If, during those 5 years, your condition improves and stabilizes so that you are fit for duty, your Service will offer you the opportunity to return to duty. If you choose not to, you will be separated and may receive severance pay. If your condition stabilizes but doesn't meet retention standards, you will be permanently retired with full retirement benefits.

No one joins the military anticipating they'll incur an injury or illness that could potentially end their military career. However, should you find yourself in this situation, DoD and VA have partnered to fairly evaluate the severity of your condition and compensate you as quickly as possible, as well as ensure you understand the full range of medical care and disability benefits available to you as you transition back into the civilian community. ■

WARRIOR CARE POLICY IS EMBRACING TECHNOLOGY THROUGH eLEARNING

By Barbara Wilson, Office of Warrior Care Policy



The term eLearning covers a wide array of instructional design strategies, and is a term traditionally used to include all learning that is performed with the use or support of technology. Clark and Mayer (2011) define eLearning as "instruction delivered on a digital device such as a computer or mobile device that is intended to support learning." (p. 8). One of the most significant benefits of utilizing eLearning is that it enables transfer of skills and knowledge to participants over a larger geographic area.

By establishing an eLearning capability, Warrior Care Policy (WCP) will be able to reach a much larger audience, without the cost associated with bringing learners and instructors to one centralized location each time sustainment training needs to be conducted. The training can be taken at the convenience of the learner.

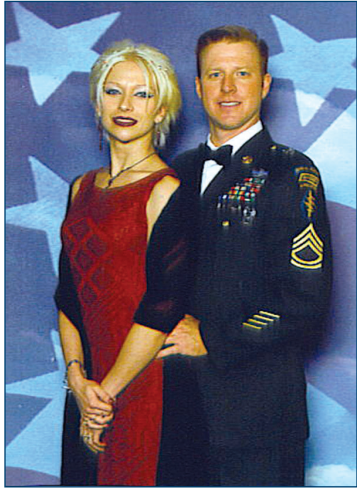
A great example of the benefit of eLearning is the recent Military Caregiver PEER Forum training that was delivered on an eLearning platform. Care Coordinators were able to log on to the WCP Learning Management System (LMS) and take the training without leaving their home station. It was also extremely beneficial to WCP as we were able to see when Care Coordinators completed the training in real time.

WCP will continue to use a blended learning methodology supported by an eLearning capability that is available and accessible by all Care Coordinators across the Services and the globe.

In the words of Albert Einstein, "Never regard study as a duty, but as the enviable opportunity to learn." ■

IN THE SPOTLIGHT: RECOVERY CARE COORDINATOR MICHAEL CROWE

By Office of Warrior Care Policy



RCC Michael Crowe and wife, Wendy Crowe

A life of service is far from unfamiliar to Recovery Care Coordinator (RCC) Michael Crowe. While serving as an 18B U.S. Army Special Forces (Green Berets) Weapons Sergeant, Crowe also served as a caregiver to his wife after a car accident in April 2001 left her fully disabled. As a caregiver, he gained valuable experience that would later help him serve as a Recovery Care Coordinator (RCC) for U.S. Special Operations Command (USSOCOM) Care Coalition Fort Carson / 10th Special Forces Group (SFG(A)), where he now advocates for wounded, ill, and injured Service members.

In June 1990, Crowe began serving in the U.S. Army Special Forces and over the span of 20 years he held many positions, but acting as a caregiver for his wife was a different role all together. After years of wearing multiple hats, Crowe decided to focus solely on his family. He retired in April 2011, but his passion to serve others would eventually lead him back to

the Special Forces, this time serving wounded, ill, and injured Service members as a Regional Coordinator for the Office of Warrior Care Policy's Operation Warfighter (OWF) program.

During this time, he worked tirelessly to help recovering wounded, ill, and injured Service members, secure meaningful federal internships. Crowe also connected many of them to other resources with the help of the USSOCOM Care Coalition RCC. Crowe found it easy to connect with recovering Service members because he understood what they were going through. During his time in the military Crowe had served with many of the recovering Service members, and so he not only considered them to be clients but also his peers.

Crowe built a solid reputation for helping Service members and also established a great rapport with the Command and the RCC. So, in September 2013, when that RCC

“It is an honor and privilege to come back and support my fellow brothers in Special Forces,” said Crowe. “A lot of my clients that I’m working with, I’ve actually served with. I’m reconnecting with my fellow Green Berets that I haven’t seen in years. For me it is a homecoming.”

Crowe has also quickly connected with the spouses of those USSOCOM members, whom in most cases had been thrown into the caregiver role just as he was.

“For most of my adult life, I have lived the life of a caregiver,” he said. “It is a very bumpy road with plenty of ups and downs. Through my trials and tribulations, I am able to advise them and hopefully keep them from making the same mistakes I have made.”

As an RCC, and as a caregiver, every day is a new learning experience for Crowe, no matter how long he has been at it, so he was grateful to attend a recent Recovery Care Coordinator training event

“Through my trials and tribulations, I am able to advise [caregivers] and hopefully keep them from making the same mistakes I have made.”

RCC Michael Crowe

left and there became an immediate need to fill the position, it made sense that Crowe was recruited for the role.

Currently, as an RCC, Crowe's efforts center on ensuring recovering USSOCOM members are receiving what they need from medical care to non-medical support, such as financial counseling and employment assistance.

hosted by the Office of Warrior Care Policy. During the week-long training, attendees learned about the roles and responsibilities of RCCs and other non-medical care managers. They received briefings from agencies, organizations and programs that can assist them in providing resources to the Service members and families they support. They also had the opportunity to

Continued on page 11

hear first-hand experiences from fellow RCCs.

“It is a great refresher and eye opener to some of the things we may not know,” Crowe said. The training taught him that, “I don’t have to know everything; I just need to know where to find the answers.”

As an RCC, Crowe’s goal is to become fully integrated with the 10th SFG(A) as an asset that is available to assist with all aspects of the recovering Service member’s Comprehensive Recovery Plan. But real success for Crowe is measured by being able to connect with the Special Operations Forces at their level.

“I was one of them,” he said. “I was deployed to the same areas; I’ve been there and done that so we can relate. There is in most cases, an instant rapport built that revolves around a common bond and brotherhood.”

Although remaining quite busy juggling his work life and personal life, Crowe seems to manage both quite well, and seems to enjoy it too.

“I had the best job in the Army and it was really hard for me to retire,” said Crowe. “What I was afraid of on the civilian side of the fence was: would I be able to find the same satisfaction? And I’ve been fortunate enough to find it twice.”

For more information about the Recovery Coordination Program, please visit the [Recovery Coordination page on the Warrior Care blog](#). Download the Recovery Coordination Overview to learn more about benefits and processes for both Service members and care providers. ■



RCC Michael Crowe

CARE MANAGERS’ ONLINE COLLABORATION SITE, CO-LAB, AIMS TO SIMPLIFY COORDINATION OF CARE FOR THE WOUNDED, ILL, AND INJURED, VETERANS AND THEIR FAMILIES

By Office of Warrior Care Policy



The Departments of Defense and Veterans Affairs have joined together to create an online collaborative tool for medical and non-medical care managers to work across agencies to better serve our nation’s wounded, ill, and injured Service members, veterans, and their families. As a result, the joint initiative will ensure a smoother transition and better coordination of the care Service members and veterans receive across all stages of recovery, rehabilitation, and reintegration.

The online site, known as the Community of Practice Co-Lab, will provide a forum for care managers to use comprehensive directories to find and connect with each other; learn more about each other’s programs and services; view and work collaboratively on documents; and share and find training and professional development opportunities. The Co-Lab will also serve as an interim solution to share basic client information and enable the electronic exchange of the Lead Coordinator Checklist. The checklist lists the tasks that should occur when wounded, ill, and injured Service members and veterans transition between Lead Coordinators and includes a list of common care-benefits-services categories that should be considered throughout recovery, rehabilitation, and reintegration.

With Phase One of the Co-Lab’s limited roll-out complete, the Interagency Care Coordination Committee, which is responsible for managing the effort, is testing and adjusting the Co-Lab’s usability, editing features, and continuing to input important programs and other valuable resources. The development of the Co-Lab will continue throughout this year and has an anticipated date of completion in the summer of 2015.

Care Managers will be the driving force behind the success of the Co-Lab. The information they share, best practices learned, and connections they make will enable them to do their jobs to better serve the wounded, ill, and injured, veterans, and their families.

If you are a care manager and would like more information on the Co-Lab, please contact CoLab@dha.mil (DoD) or CoLab@va.gov (VA). ■

OFFICE OF WARRIOR CARE POLICY INTRODUCES MILITARY CAREGIVER SUPPORT TEAM

By: Office of Warrior Care Policy



Photo courtesy of: <http://blogs.extension.org/militaryfamilies/2011/09/12/military-family-caregiving/>

Beside many of our wounded, ill, and injured Service members are dedicated and selfless military caregivers. These military caregivers have been thrust into their role without preparation or training. Many have given up careers and other opportunities to be at the side of their recovering Service member. At the Office of Warrior Care Policy (WCP), we believe that the support of military caregivers is just as critical as the care and support of our wounded, ill, and injured Service members.

Many military caregivers report feeling lonely or isolated in their new role, especially as friends and even loved ones can't relate to their experience. Many military caregivers also report that the resources they need are scattered and it can be difficult to determine where to go for different types of assistance. The goal of the Office of Warrior Care Policy's Caregiver Support Team is to address both of these

concerns by creating a "one stop shop" where military caregivers can access the resources they need and connect with each other to share experiences and provide mutual support.

"Caregivers are one of the most critical components of a Service member's successful recovery," said Sandra Mason, Director of the Recovery Coordination Program at the Office of Warrior Care Policy. "Our efforts to support caregivers are based on the feedback and experiences of caregivers themselves, and are tailored to their specific need for access to resources and support from one another."

The first initiative of the WCP Caregiver Support Team included the publication of the Caregiver Resource Directory (CRD), which is available both online at the Warrior Care Blog ([http://](http://warriorcare.dodlive.mil/caregiver-resources/)

The goal of the Office of Warrior Care Policy's Caregiver Support Team is to...[create] a "one stop shop" where military caregivers can access the resources they need.

warriorcare.dodlive.mil/caregiver-resources/) and in print. The CRD provides military caregivers and families access to national resources in categories including career transition and employment, children's needs, financial support, legal assistance and peer support and mentoring. Military caregivers can browse military caregiver fact sheets, guides and tips, and access links to military caregiver events, webinars, and family support and

general resources. As a companion to the CRD, the National Resource Directory (NRD) is an online resource that can be accessed at (nrd.gov). The NRD provides the same categories of support resources, but military caregivers can refine their search to the state and local level.

The second initiative of the WCP Caregiver Support Team includes the launch of a Military Caregiver PEER (Personalized Experiences, Engagement and Resources) Forum, which includes online and in-person interactive conversations.

The Military Caregiver PEER Forums will ensure there are points of contact in select catchment areas that provide direct support to military caregivers. This direct support provides services to bolster support for military caregivers, and provides focused feedback.

"We hope caregivers everywhere will take advantage of all support available, and share their expertise and lessons learned with each other and with us, so we can continue to tailor our programs to their needs," Ms. Mason said. "Just as our wounded, ill, and injured Service members deserve the highest level of care and support, our military caregivers do as well, and that is exactly what we are aiming to provide." ■

FIVE STRATEGIES FOR FINDING PEACE IN THE TURBULENCE OF CAREGIVING

By Corina Notyce, DCoE Public Affairs



Rosemary Rawlins recharging her spirit in her garden.
Photo courtesy of: www.brainline.org; Sherita Sin

*As a caregiver for her husband with traumatic brain injury (TBI), Rosemary Rawlins shares insights garnered through her own experiences along with insights from other caregivers and family members in her blog, *Learning by Accident*, on BrainLine. In this blog post, Rosemary shares five strategies to help you—the caregiver—rest, relax and recharge while caring for someone you love with TBI.*

The human brain takes a long time to heal after trauma, and so it follows that caring for a loved one with brain injury can feel like an eternity. On top of that, outcomes from traumatic brain injury are largely unpredictable. Odd symptoms come and go, personalities, roles, and relationships change, and stress can mount with each passing day. How can a caregiver tap into a sense of peace along the way? Here are a few strategies that worked for me, when I had the sense and presence of mind to use them!

Accept not knowing.

Accept what you know now for what it is, and realize that you cannot change what already happened. You cannot accurately predict what may happen. But you can draw strength and breathe life into today by accepting it as it is without judgment.

Create your own sacred space.

A special chair, a sun porch, or a window seat can be the place you visit when you need to catch your breath. Keep a few favorite items near that space: a sacred statue, your own personal amulets, a framed quote or prayer that soothes you, or even worry beads or a stress ball to grip when you feel combustible. Sometimes, you may need to leave a volatile situation—just walk away (try not to stomp) and visit your safe space. Returning there again and again can direct your thoughts—spiritually—and guide you when you feel a deep sense of anger, anxiety or grief.

Carve out small bits of time to revive.

Make it a daily practice to use whatever small amounts of time you can find during the day to dedicate to yourself. When Hugh was exhausted after his rehab visits, he usually came home, ate and fell asleep for a while. I would go out on the back deck and sit in the sun, read or just take in the spring air and breathe. Using these small windows of time to listen to music, read poetry, stretch or listen to a guided imagery tape for relaxation will give you the energy you need to continue on.

Discover your mantra.

The words we tell ourselves have incredible power over our moods and behavior. Find the words that calm you and repeat them

to yourself throughout the day when you feel anger, fear or frustration spinning out of control. I often said the serenity prayer in my mind. It seems to cover all the bases for TBI caregiving!

Song lyrics work well too ... something short and sweet you can say over and over to yourself instead of the litany of defeat that replays in your mind. Here are two short lyric mantras that might work well: “Let it be” (the Beatles) and “All will be well” (the Gabe Dixon Band).

And don’t forget Norman Vincent Peale’s sage advice: “Change your thoughts and you change your world.”

Understand that your daily routine of providing care is a huge gift.

Recognize that caring for another person you love may be the highest calling you have here on earth. You do matter. The simple things you do, the care you provide, and small gifts you offer—a listening ear, a connecting smile, a gentle touch—will promote healing, give comfort and enrich the life of the ones you love.

Remember Mahatma Gandhi’s words: “There is no way to peace. Peace is the way.”

Do you care for a veteran with TBI? Visit Defense and Veterans Brain Injury Center at dvbic.dcoe.mil, BrainLine Military at brainmilitary.org, and BrainLine at brainline.org to explore resources for caregiving support and help. If you have questions on TBI or would like to be directed to resources in your area, the DCoE Outreach Center is available 24/7. Call 866-966-1020, email resources@dcoeoutreach.org or live online chat.

Article sourced from: Defense Centers of Excellence ■

CELEBRATING EXCEPTIONAL MILITARY KIDS

By Our Military Kids



Our Military Kids (OMK) is a non-profit organization that provides assistance to the children of Reservists and members of the National Guard, as well as the children of all wounded warriors, including assistance with fees for sports, fine arts or tutoring programs. These activities help

nurture and sustain children during a parent's deployment, recovery or rehabilitation.

Each month, OMK names a Military Kid of the Month. Read more about the recent winners!

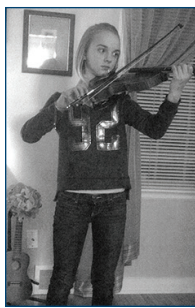


Photo Courtesy of: www.ourmilitarykids.org

Hailey Grove

Hailey is 13 years old and lives in East Rochester, New York. She received a grant to continue her violin lessons while her father was deployed to Afghanistan with the Army National Guard. It was the fourth time her dad had deployed, but his first time as a civilian soldier with the Army National Guard. Hailey began taking violin

lessons at the age of six, and it was important that she continue in her dad's absence. She excels at the instrument and has been playing in a high school Celtic band for the past three years, making her the youngest player in the band's history. She even represented her school in a county-wide music festival.

Aside from the violin, Hailey is incredibly active. She takes advanced math and science classes at school and maintains high grades. She also sings in her school choir and is part of a ski club. In her spare time, she volunteers with the local YMCA and enjoys drawing, painting, and taking photos. She is also bilingual and speaks German, and uses her language skills to act in a local college's bilingual theater performance, having done so for two years in a row. Congratulations, Hailey!



Photo Courtesy of: www.ourmilitarykids.org

Lucas Collier

Lucas is 13 years old and lives in Guntersville, Alabama. He received a grant to take piano lessons while his father was deployed to Afghanistan with the Army

National Guard. Lucas has been taking piano lessons for nearly three years now, but the grant allowed him to take them more frequently, moving his music development along faster than before. At a recent music festival, he earned a superior rating for his performance, which he credits to his music lessons.

When he's not tickling the ivories, Lucas is incredibly active. He is a straight-A student at school and is the senior patrol leader of his Boy Scout troop. That means he gets to plan camp-outs, hikes, and service projects, like volunteering at a local nursing home and collecting winter coats for homeless people. Lucas also volunteers as the leader of his youth group at church, preparing and teaching lessons at Sunday school. He also helped his mom with raking leaves and mowing grass while his dad was deployed. Congratulations, Lucas!



Photo Courtesy of: www.ourmilitarykids.org

Briana Sanders-Easley

Briana is 18 years old and lives in San Antonio, Texas. She received a grant to play on her high school's basketball team because her father is a Wounded Warrior who was injured while serving in Iraq. Her amazing skills on the team earned her recognition as an All Team District player, and she even won two awards for her abilities on the court.

When Briana's father was injured, she stepped into a leadership role in her household while her mother focused on her father's care. As the oldest child, this meant watching over her siblings and helping out where needed. The leadership experience translated to other areas of her life, including the classroom, where Briana maintains a 3.75 GPA. While she and her family have faced many hardships, including homelessness, she credits the Our Military Kids grant for giving her the opportunity to pursue her passion of basketball and the hope of taking her athletic talents to the next level. Congratulations, Briana!

Information courtesy of Our Military Kids website. Visit www.ourmilitarykids.org for more details. ■

MILITARY CAREGIVERS: OUR NATION'S HIDDEN HEROES

By: Office of Warrior Care Policy



Military Caregiver Alona supports her spouse and warrior athlete during the Team Navy Warrior Trials in Norfolk, VA. Photo courtesy of Office of Warrior Care Policy.

Often referred to as “hidden heroes,” military caregivers serve our nation on a daily basis. They provide the type of emotional and physical support to wounded, ill, and injured Service members that has often gone unrecognized. Military caregivers provide the much needed assistance for Service members as they are recovering from wounds, illnesses, or injuries. They can be a family member, friend, fellow Service member, or acquaintance,

she has been by his side every step of the way during his recovery. She, like many others, did not plan to become a military caregiver, but didn't hesitate to step into the role.

Since becoming a military caregiver, Alona spends much of her time taking Jim to weekly medical appointments or finding adaptive conditioning activities in which he can participate. In 2010, Alona and Jim were introduced to the Warrior Games, a series of competitive sporting activities which showcase the resilient spirit of wounded, ill, and injured Service members. Adaptive conditioning activities that are the foundation of the Warrior Games have been instrumental in aiding in Jim's journey to recovery.

“When he's doing adaptive sports, you don't hear any complaints,” says Alona. “Nothing hurts. There's no pain at all.”

For Alona, these activities are not only encouraging for recovering Service members but also for military caregivers. The Warrior Games and other activities have served as a network group for Alona. Her participation in the activities has provided a forum for her to connect with other military caregivers, share best practices and resources for care giving, and more importantly realize that she is not alone as a military caregiver.

“I know it's hard but you're committed to each other,” she says.

Across America, there are millions of military caregivers who serve our nation by caring for wounded, ill, and injured Service members. Many have done it for years with little support and little recognition.

However, with recent talk and reports surrounding the role of care giving, the military caregiver role has started gaining much deserved attention. The challenges daily faced by military caregivers were recently highlighted in the RAND Corporation's report, “Hidden Heroes: America's Military Caregivers.” In it, Senator Elizabeth Dole stated, “5.5 million Americans are caring for ill and wounded soldiers and veterans. To think that so many loved ones have been quietly caring for those who have cared for us with such little support is a wakeup call for the nation.” To tackle these challenges, military and veteran service organizations created an opportunity for military caregivers to receive peer support effort through the Military and Veteran Caregiver Peer Support Network. Highlighted by First Lady Michelle Obama, the network is part of the Elizabeth Dole Foundation's National Coalition for Military Caregivers. Other programs and organizations have also created resources to aid caregivers

“When he's doing adaptive sports, you don't hear any complaints,” says Alona. “Nothing hurts. There's no pain at all.”

who also provide care and assistance to a current or former military Service member.

A mother, wife, and military caregiver for her husband, Alona embodies the essence of a hidden hero. When her spouse, Jim, was medically retired from the Navy in 2010, Alona began her role as a military caregiver shortly thereafter, in 2012, and

Alona attributes other military caregivers for the strength she has, “If they can do this, I can do it.”

While the road to recovery may be challenging, one of the motivating factors for military caregivers like Alona is their commitment to support their loved one no matter the cost.

such as the Caregiver Resource Directory, VA Caregiver Support, “Caregiver Toolbox,” Caregiving 101, and Respite Care Benefits to name a few.

Programs such as these will help ensure caregivers have a network of support to help continue to pave the road to recovery. ■

inFACT

Here are some statistics on the Office of Warrior Care Policy's programs:

Military Adaptive Sports (MASP)



158,000

wounded, ill, and injured Service members participated in 365 structured camps, clinics, and daily activities, including: wheelchair basketball, cycling, track & field, and more since July 2013

Operation Warfighter (OWF)



5,700

wounded, ill, and injured Service members placed in federal internship opportunities since November 2012

Education and Employment Initiative (E2I)



2,600

wounded, ill, and injured Service members matched to education, training, and/or employment opportunities since November 2012

Recovery Care Coordinator Training



694

Recovery Care Coordinators have been trained, to date, and provide support to wounded, ill, and injured Service members

EVENTS CALENDAR

August		September	
14	DCoE: "TBI and ICD-10 Coding" Webinar—1:00 p.m. EST	11	DCoE: "Suicide and TBI" Webinar—1:00 p.m. EST
20	MFLN: "Caregiver Compassion Fatigue" Webinar—11:00 a.m. EST	17	MFLN: "Give Care. Take Care" Webinar—11:00 a.m. EST
28	DCoE: "Empowering Patient Engagement in Care" Webinar—1:00 p.m. EST	25	DCoE: "Supporting Family Members Surviving Suicide" Webinar—1:00 p.m. EST
October		FIND MORE EVENTS Visit http://warriorcare.dodlive.mil under the "Events" section of the main page.	
20-24	Recovery Care Coordinator Training—Alexandria, VA	FIND WEBINAR LINKS http://warriorcare.dodlive.mil/caregiver-resources	
	Veterans Affairs Schedule for Rating Disabilities (VASRD) Training—Arlington, VA		

The Office of Warrior Care Policy hosts and participates in events for our programs such as Operation Warfighter, Education and Employment Initiative, and Military Adaptive Sports Program.

Caregiver Support Team

A one stop shop where military caregivers can access the resources they need. Visit <http://warriorcare.dodlive.mil/caregiver-resources> to browse military caregiver fact sheets, guides and tips, and access links to military caregiver events, webinars, and family support and general resources information.

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