



The primary operational TBI component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

Brainwaves

DVBIC Brainwaves • Summer 2011

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Message From

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From Afghanistan, where I am currently deployed, I was able to deliver a videotaped welcome message to attendees at our national meeting in May. I've since heard many words of praise for what followed at the meeting, especially the interactive format and focus on mission. This year, participants spent much of their time brainstorming ways that DVBIC headquarters and the sites can work together more effectively to better care for our service members. I've been told that the need for this work—for what we do every day—was conveyed especially during talks by veteran Richard Flores, who sustained a TBI in Operation Iraqi Freedom, and by his mother Penny, who has battled to help him find the right diagnosis and care.

As I mentioned across our virtual connection, our work constantly makes a difference to our service members. Just one example is a 20-year-old combat medic I met here in-theater whose platoon was hit by an improvised explosive device (IED), injuring five, including him. This medic knew very well that his fellow soldiers had memorized words from versions A to C of the Military Acute Concussion Evaluation (MACE), so in the true tradition of battlefield improvisation, he wrote five new words for the MACE memory part of cognitive testing with a pen on his arm—while the bullets were flying.

Of course, this is not the official process for new words, but I was nonetheless impressed at this medic's unwavering determination to care for his men and check them out for concussion as best he could. Then there is a young occupational therapist I recently met who has tripled the capacity for service members at her mild TBI (mTBI) reconditioning center; her team is now achieving resolution of symptoms and a return to duty rate over 90 percent based

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Strategies for Restful Sleep After TBI

Getting a good night's sleep can be a big challenge for people with mild TBIs (mTBIs). The problem is often compounded for service members who return from deployments in blast-heavy areas, said retired CAPT Paul Savage, a sleep specialist, at the Restoring Sleep After Deployment Conference, held at the National Intrepid Center of Excellence in March.

"These soldiers are in the 'battle mind,' with or without combat; they're on alert 24/7/365," said Savage at the conference, presented by DVBIC and the Walter Reed Army Medical Center (WRAMC) Traumatic Brain Injury Service. "Anger and emotions are affecting their sleep. Stress levels are maxed out, and they can't stop scanning for danger. They're in a chronic fight-or-flight response, and the sympathetic nervous system is stuck on."



In fact, in a post-deployment Stryker brigade at Fort Lewis in Tacoma, Wash., almost 1,000 soldiers with mTBI (57 percent of the group) reported getting an average of five or fewer hours of sleep nightly at 90 days post-deployment. By comparison, 30 percent of service members in the group without mTBI reported getting five hours or fewer nightly.

As an internal medicine doctor with the TBI Program at Madigan Army Medical Center, Savage has devoted his energies to helping these service members rest easy again.

One technique that shows promise is cognitive-behavioral therapy (CBT)—which emphasizes modifying patterns of behavior and observing and changing negative thoughts.

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For Providers: New Training on Evaluating TBI- and PTSD-Related Disabilities

The Disability Evaluation System has issued a new online course to assist providers with considering the impact of TBIs or post-traumatic stress disorder (PTSD) on service members' ability to perform military duties. Available through the Military Health System learning portal, the course—"Evaluation of Disability Cases"—covers the range of TBI- and PTSD-related decisions that providers must make, using detailed case studies.

In one case scenario, a service member with a previously unrecognized TBI is initially thought to have a personality disorder. The case addresses the need to carefully gather and assess medical evidence and obtain appropriate consultations and testing.

A second case study focuses on a service member diagnosed with PTSD. Participants consider a possible co-existing TBI and review the case record to find evidence to support their diagnosis. The case study offers practice in obtaining and assessing information about the functional impact of the condition on: 1.) the capacity to perform expected military duties, 2.) clinical stability, and 3.) prognosis.

The course is housed at MHS Learn, <https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/home.jsp>, in the main course catalog, "Disability Evaluation System Training." To locate it directly, type "MEB [Medical Evaluation Board] provider" in the search field. The course qualifies learners for continuing medical education credits.

A **traumatic brain injury (TBI)** is caused by a blow/jolt to the head or penetrating head injury that disrupts the normal function of the brain. Not all blows/jolts to the head result in a TBI. TBI severity may range from **mild** (a brief change in mental status or consciousness) to **severe** (an extended period of unconsciousness or amnesia after injury). The terms **concussion** and **mild TBI** are interchangeable.

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on Directive Type Memorandum Clinical Practice Guidelines. Her local hospital commander personally told me what an asset this mTBI center was for standardized and effective TBI care.

I can't go anywhere without folks recognizing DVbic and our tools—and this recognition and reliance on the work of DVbic for DoD/VA TBI issues is truly evident in the call for DVbic Forward, a term created in the report from Gray Team III, the multidisciplinary group that assessed TBI services in-theater this January. The mission of DVbic Forward is to push TBI care, education and research even further, especially in deployment at the point of injury.

That's what I'm working on as part of a task force with these two aims: 1.) improve training for line leaders and medical personnel, and 2.) standardize TBI clinical care across the

"purple" (meaning all medical services) theater of operations here.

It's a big mission with big stakes and challenges. We still need to get better documentation at the point of injury, equip the combat medic and corpsman with the right tools for documentation, and achieve greater than 90 percent pre-deployment training.

Day by day, we're making progress and the rewards are huge. As the director of DVbic, it is an extraordinary honor for me to be a part of battlefield TBI policy, care, training and research. It's really a pivotal moment, with all of our armed forces aligned to better prevent, diagnose and treat TBI like no other time in our nation's history. Let's keep up the good work because these young warfighters, these brave young men and women, deserve nothing less than our very best.

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For instance, in an ongoing study at Madigan, led by Dr. Cynthia Deschenes with Dr. Savage, seven 30- to 60-minute CBT sessions significantly improved how quickly 50 service members with TBI fell asleep, as well as how long they slept, overall.

To extend this sort of help to more returning service members at Madigan, Savage set up a CBT-based sleep workshop there. The sleep-enhancing techniques he teaches include the following:

- **Track your sleep.** Keep a calendar or diary next to your bed in which you record, for example, the time you took any medication, went to bed, fell asleep or woke up.
- **Defend your sleep like you defend the base.** Don't let anything threaten your seven to eight hours.
- **Set bedtimes and wake up times.** The more your body gets into a rhythm, the better it will expect and engage in sleep.
- **Get out of bed if you're not asleep within 30 to 40 minutes.** Go read something dry and boring, joked Savage, such as AR 670-1, the Army regulation on uniforms. But do it elsewhere—bed should be strictly for sleeping.
- **Do things that you must do but you do not want to do.** Clean house or file papers, for

example, and sleep will soon become a more attractive option.

- **Use background noise to calm the startle response.** Turn on a fan or white noise machine to drown out sudden noises that you may be sensitive to post-deployment.

Savage also teaches the "Sniper Concentration Technique" as a means of quieting the battle mind for sleep. The technique involves: 1.) relaxing in a safe place, 2.) focusing on a neutral target, like your breathing, and 3.) practicing it anywhere and everywhere.

Sleep conference organizer Dr. Louis French notes the importance of such sleep-inducing techniques to service members with deployment-related TBI.

"Sleep disturbances are among the most prevalent and disturbing symptoms in this population," says French, DVbic site director at WRAMC. "The sleep disturbances are driven by so many issues—damage to the brain, hypervigilance, bad dreams, the hospital setting, and pain, among others—that interventions need to be broad-based too."

End note: To learn more about the Restoring Sleep After Deployment Conference, including other speakers and presentations, go to <http://www.dvbic.org/Providers/Provider-Training.aspx>.

PHS Officer Assumes Site Leadership at DVbic-Johnstown

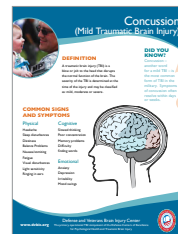


CAPT Carol Konchan, a certified nurse practitioner with the U.S. Public Health Service (USPHS), took the helm as site director of DVbic-Johnstown in April. Before assuming her new position at Johnstown, Konchan was chief of clinical practice guidelines development at DCoE. Previously, she served as a USPHS officer at a number of other organizations, including the National Institute of Neurological Disorders and Stroke and the Health Resources and Services Administration.

With her military background and two children in the Navy and Army, Konchan embraces the chance to bolster comprehensive rehabilitation for service members and veterans with TBI at the Johnstown facility, which includes a 13-bed residential center and a three-bed community home.

"I would like to expand the community home environment here," says Konchan. "This is a real opportunity to reintegrate service members and veterans back into the community and return them to duty."

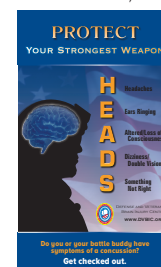
Two New TBI Educational Products Available



This spring, DVbic released a new fact sheet on signs and symptoms of concussion (mild TBI) and a poster that alerts service members to symptoms of concussion.

The fact sheet, intended for all audiences, presents major physical, cognitive and emotional symptoms of concussion, as well as coping and recovery tips. The poster, intended for service members in garrison and in-theater, urges those who have symptoms to "get checked out."

Both the poster and fact sheet can be ordered by emailing info@dvbic.org.



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