

THE CONTINUUM

A QUARTERLY NEWSLETTER FOR CARE COORDINATORS,
FAMILIES AND CAREGIVERS



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Photo courtesy of: www.dvidshub.net

A NOTE ON REHABILITATION

Mrs. Donna K. Seymour

Acting Deputy Assistant Secretary of Defense, Office of Warrior Care Policy, OSD



Welcome to the first edition of our newly expanded Office of Warrior Care Policy newsletter, *The Continuum*. I hope this publication will serve as a valuable resource for you as you support our recovering Service members who are progressing through the continuum of care, from recovery and rehabilitation to return to duty or reintegration into a civilian lifestyle.

This inaugural edition focuses on rehabilitation, including advice and resources for addressing the physical, mental and emotional challenges our recovering Service members and their families might face as they rebuild their lives together.

Though I have only been with the Office of Warrior Care Policy for a short time, I am truly in awe of the things these men and women are able to achieve. I recently returned from the Warrior Games in Colorado Springs, where I saw first-hand the grit, determination, perseverance and contagious positive attitudes our recovering Service members possess. I saw a Marine Corps triple amputee rule the wheelchair basketball court, an Army Colonel with a spinal cord injury claim three gold medals in the pool, and a member of the Navy/Coast Guard

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WARRIOR CARE POLICY

team compete in five sports for the coveted Ultimate Champion award just a year after she suffered a severe head and brain injury.

In addition to the more than 200 warrior athletes who competed at the Warrior Games this year, there are thousands of recovering wounded, ill and injured Service members throughout the world achieving equally remarkable things. I am proud of the work you do to help wounded, ill and injured Service members recover, rehabilitate and excel in their “new normal,” and I am grateful to have each of you as partners in this remarkable work. In the short time I’ve been here, I’ve had the pleasure of meeting some of you, and I look forward to meeting the rest of you over the coming months.

In this edition of *The Continuum*, you will learn more about the resources available to assist recovering Service members through the critical phase of rehabilitation. You will also find valuable tips for taking care of yourself, whatever your role in supporting our Service members might be, and I hope you find these tips valuable enough to share with family members and caregivers who also need our support. ■



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PROMPT HELP FOR BRAIN INJURIES

An article published in 2012 in the Columbus Ledger-Enquirer written by MAJ Christopher Colster of the Martin Army Community Hospital (MACH) Public Affairs Office explores recognizing, treating, tracking and reducing stigma related to TBI and concussions.

Traumatic brain injury (TBI) has been called the “signature wound” of America’s current wars. The rate of combat-related brain injuries in Service members returning from war is higher than in previous conflicts. The U.S. military estimates 144,000-plus Service members in the last decade have suffered from some type of TBI, either as a result of combat operations or by accidents in training.

The medical definition of TBI is a disruption in brain function caused by a blow or jolt to the head, or an injury that penetrates the lining of the brain. Not all blows to the head result in injury.

A Department of Defense study reports more than 30,000 Service members have been diagnosed with TBI since 2000; of these more than 25,000 were diagnosed with mild TBI or concussion.

“TBI is described by many as one of the leading invisible scars of war,” said Col. Timothy Lamb, Fort Benning’s MEDDAC [Medical Department Activity] Commander, “and we have made great progress, but there is still much to do in this area of care. We must be persistent with an aggressive focus of awareness through

The rate of combat-related brain injuries in Service members returning from war is higher than in previous conflicts.

concussion identification, evaluation, education, treatment and continued research. We must continue to develop resilience along with coping skills and encourage help-seeking behavior for our Soldiers and families.”

TBI is classified along a spectrum from mild to severe. Mild TBI, the most common type, is more commonly known as a concussion. A concussion is like having your “bell rung” or being knocked out for a few minutes. A concussion or mild TBI can be difficult to detect, but if identified early is easily treatable and recovery is quick. More severe types of TBI can lead to coma and death.

While explosions are a leading cause of TBI for active-duty military personnel in combat environments, the majority of these are concussions and most Service members do not suffer long-term effects. The leading causes of TBI in non-combat environments are falls, motor vehicle crashes, being struck by an object and assault. Doctors note that the Fort Benning population is especially prone to TBI because of its training mission that includes Modern Army Combatives (www.benning.army.mil/infantry/197th/combatives) and parachute training. Just as in a deployed environment, seeking prompt care early is essential to making a full recovery.

Treating a TBI patient is challenging, said a clinical neuropsychologist. “Each patient presents a study in and of themselves,” said Dr. Marlin Wolf. “It’s like peeling back the layers of an onion, treating symptoms.”

Service members injured in a blast while in combat are likely to have other conditions. For example, the patient may also have combat stress or depression associated with a return from deployment.

“It is very challenging, in these situations, to determine what symptoms are due to the concussion and which symptoms are due to the combat stress or depression,” Wolf said.

TBI can also be caused by multiple traumas, rather than just a single event. In years past, a typical Service member would drive on with the mission after a mild concussion. The Service member would continue to sustain further injuries until they presented for treatment.

Today, specific training is being provided to all Service members for awareness, and to ensure that we have an educated, trained force to provide early recognition, treatment and tracking of concussive injuries in order to protect warrior health. But, Service members are sometimes afraid to seek treatment because they fear being stigmatized or being found “unfit” for duty.

At Fort Benning’s TBI Clinic, 85 percent of Service members treated are fully returned to duty within 90 days.

“Other issues, such as PTSD, depression or family issues present a more complicated problem,” said Dr. Peter Szostak of the TBI Clinic, “and it’s sometimes difficult to determine what is causing what.” TBI symptoms closely mirror those of post-traumatic stress disorder and the two conditions often occur at the same time.

Most traumatic brain injuries are mild and, if treated promptly, result in full recovery with no long-term physical or mental effects. Seeking prompt medical care is important to recovery.

Service members and family members should talk with their primary care physician for evaluation or a referral to the TBI specialty clinic.

For more detailed information, visit the Defense and Veterans Brain Injury Center website at www.dvbic.org.

For more brain injury resources, visit the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, (www.dcoe.health.mil) National Center for Telehealth and Technology mobile apps (www.t2health.org/mobile-apps), or the National Resource Directory (www.nrd.gov). ■

PTSD AWARENESS



Photo courtesy of: www.defenseimagery.mil

hyper-vigilance. Not all Service members or veterans suffer from PTSD as a result of their military service, and those Service members who do experience PTSD are rarely dangerous to themselves or others,

House’s Joining Forces initiative (www.whitehouse.gov/joiningforces), GE’s Get Skills to Work coalition (www.getskillstowork.org), and the US Chamber of Commerce’s Hiring Our Heroes program (www.uschamber.com/hiringourheroes)

PTSD is an anxiety disorder which may occur after experiencing a traumatic event such as combat exposure, physical or sexual assault or a serious accident.

While post-traumatic stress disorder (PTSD) is often associated with Service members and veterans, affecting an estimated 11 to 20 percent of Service members after a deployment, eight percent of the U.S. population at large will be affected by PTSD (www.ptsd.va.gov/public/pages/how-common-is-ptsd) in their lifetime.

PTSD is an anxiety disorder which may occur after experiencing a traumatic event such as combat exposure, physical or sexual assault or a serious accident, and may result in symptoms ranging from chronic sleep problems to irritability and

despite what the stereotypes imply. As President Obama recently noted in his remarks at the National Conference on Mental Health, “the overwhelming majority of people who suffer from mental illnesses are not violent. They will never pose a threat to themselves or others.” (www.whitehouse.gov/the-press-office/2013/06/03/remarks-president-national-conference-mental-health)

PTSD can still impact a Service member’s successful recovery and transition, however, particularly in the area of employment. Many organizations, such as the White

house’s Joining Forces initiative (www.whitehouse.gov/joiningforces), GE’s Get Skills to Work coalition (www.getskillstowork.org), and the US Chamber of Commerce’s Hiring Our Heroes program (www.uschamber.com/hiringourheroes) have made great strides in improving Service member and veteran employment outcomes, but myths and misperceptions about Service members and veterans with PTSD still persist. Campaigns such as the Army’s “Hire a Veteran” (www.wtc.army.mil/employers) have been launched to debunk these myths, and additional information about PTSD is available from sources including the Defense Centers of Excellence (DCoE) (www.dcoe.health.mil) and others.

Another important component of addressing PTSD is to ensure that it is

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properly diagnosed and treated. In his speech, President Obama also noted that “less than 40 percent of people with mental illness receive treatment—less than 40 percent. We wouldn’t accept it if only 40 percent of Americans with cancers got treatment. We wouldn’t accept it if only half of young people with diabetes got help. Why should we accept it when it comes to mental health? It doesn’t make any sense.”

If you are, or know of, a Service member in need of help or treatment, resources from the National Resource Directory (NRD) (www.nrd.gov), the DCoE’s Real Warriors Campaign (www.realwarriors.net), and the Department of Veterans Affairs (VA) National Center for PTSD (www.ptsd.va.gov), are excellent places to start. Remember, if you or someone you know is struggling with PTSD, you are not alone! ■

MILITARY CRISIS HOTLINES: HOW THEY CAN HELP

By Department of Defense Suicide Prevention Office

A person in crisis often needs immediate reassurance and support without having to figure out where to go for help or waiting for a counseling appointment. That’s why a crisis hotline can be an essential resource for someone in emotional distress. With a single call or click of a mouse, he or she can talk or chat confidentially with a person trained to help people in crisis. Crisis counselors help those in crisis get a better understanding of the stressors they are facing and the steps they should take toward feeling better about their current situation or their future outlook.



Military Crisis Line

Active duty, Guard and Reserve Service members, their families and friends stateside, in Korea, and in Europe have 24/7 access to the Military Crisis Line. For free crisis support, those in the U.S. just call 800-273-8255, then press 1. Callers in Europe dial 00800-1273-8255 or DSN 118. Callers in Korea dial DSN 118. This Military Crisis Line, also called the Veterans Crisis Line, a

joint Department of Defense and Department of Veterans Affairs (VA) initiative, is staffed with caring, qualified VA responders who understand the challenges of military life. Many are veterans and Service members themselves. Apart from calling the crisis line, those in crisis can chat online (at www.MilitaryCrisisLine.net) with a crisis line responder or text (to 838255) a responder. For more information, visit the Military Crisis Line website.

Crisis Hotline for Service Members in Afghanistan

A confidential peer support crisis hotline is also available in Afghanistan specifically for Service members struggling with stress from battlefield experiences, relationship issues or other personal problems. Service members can access the Operation Enduring Freedom (OEF) Crisis Hotline by:

- Cellphone, dial 070-113-2000, wait for the tone, then 111
- DSN/NVOIP, dial 111 or 318-421-8218
- Email at oeffcrisishotline@afghan.swa.army.mil

The OEF Crisis Hotline can also be found on Facebook at “OEF Crisis Hotline.”

When to Call a Crisis Hotline

An individual may be in crisis when his or her emotional state is out of balance, or when a difficulty feels intolerable and cannot be resolved by turning towards his or her usual personal resources and coping mechanisms. A crisis can be brought on by any situation or event that causes emotional pain. The result may be confused or suicidal thoughts and feelings of hopelessness, sadness, confusion or panic, or a combination of these. Often a person’s family, significant other or friends will be the first to recognize the signs of crisis. The Military Crisis Line website provides detailed information about potential signs of crisis (www.veteranscrisisline.net/SignsOfCrisis/Identifying.aspx) and enables you to take an anonymous quiz to see whether stress and depression might be affecting you.

If you believe that you, a family member, a significant other or a friend is in crisis, know that there are resources available to support you and your loved ones. These crisis lines can provide immediate support and additional resources to help see you through to a more balanced and healthy outlook. ■

NATIONAL RESOURCE DIRECTORY (NRD)



National Resource Directory

For many Service members and veterans, recovery and rehabilitation can be an overwhelming process that often places additional stress on them and their families. The National Resource Directory, at www.NRD.gov, can be a resource in this sometimes difficult time. The NRD connects wounded warriors, Service members, veterans, their families, and caregivers to programs and services that support them at the national, state and local levels to enhance recovery, rehabilitation and community reintegration.

As part of that effort, the NRD maintains a Rehabilitation folder (www.nrd.gov/health/rehabilitation) that covers six distinct groups of resources: Cognitive Therapy, Physical Therapy, Rehabilitation Facilities, Occupational Therapy, Speech Therapy and Inspirational Recoveries.

To support family members, especially those family members who are acting as caregivers for a loved one, the NRD maintains a Family and Caregiver Support folder (www.nrd.gov/family_and_caregiver_support) that includes resources to support caring for injured Service members and veterans (www.nrd.gov/family_and_caregiver_support/caregiver_support/caring_for_injured_service_members_and_veterans).

All resources listed on the NRD have been carefully researched and reviewed to ensure that the organizations and programs listed are acting in good faith and are providing particular assistance to those in need.

We recognize that every situation is different. There is no one-size-fits-all solution that can guarantee rehabilitation will be an easy or anxiety-free process. There are, however, organizations and people who want to help. The NRD works to find and connect Service members, veterans, and their families to those organizations so they can receive the help they deserve and focus their time where it belongs—on their rehabilitation and recuperation. ■

YOGA

Yoga is an effective alternative therapy for warriors, veterans and families.

Over time, yoga classes have been incorporated into civilian gyms, health centers and holistic therapy locations all over the world. Yoga uses meditation, deep relaxation, stretching and breathing to reduce physical, emotional and mental tension. In the last few years, yoga classes have also been added to the arsenals of many military installations, Warrior Transition Units, Military Treatment Facilities (MTFs) and Veterans Affairs (VA) facilities for Service members, veterans and their family members.

“Many people who have gone through combat stress feel disconnected from themselves and others,” said Robin Carnes, certified iRest meditation and yoga instructor. She has taught yoga and meditation for almost six years for an intensive outpatient program, most recently at Walter Reed National Naval Medical Center. “Yoga means union, bringing together parts as a whole,” she said. “Yoga helps people connect with themselves and others again.”

Yoga serves as a physical and behavioral health fitness routine for strength, flexibility and awareness of the body and mind for active duty Service members. It is also being used to augment more traditional means of care for those suffering from post-traumatic stress disorder (PTSD) or traumatic brain injuries (TBIs). Experts such as psychiatrists, psychologists and researchers have praised yoga’s calming influence and focus on whole-body wellness.

Service members and veterans reported that yoga was useful in keeping them relaxed, thereby allowing them to deal with anxiety caused by traumatic events. In several studies, including, “The Effect of Yoga on Symptoms of Combat Stress in Active Duty Personnel,” study participants noted that yoga helped to reduce those anxieties associated with military service.

The Department of Defense also conducted research at the former Walter Reed Army Medical Center (WRAMC) on the efficacy of Yoga Nidra, an ancient meditative practice. A study of the practice was conducted with Soldiers returning from Iraq and Afghanistan who were experiencing PTSD. The study was led by Richard Miller, PhD, a clinical psychologist, author, researcher, yogic scholar and spiritual teacher. The practice was eventually renamed Integrative Restoration, or iRest.

The research showed that iRest helps heal the various unresolved issues, traumas and wounds that are present in the body and mind, thereby aiding the body and mind in returning to a natural state of functioning.

“Yoga shows people that they can feel peaceful again,” said Carnes. “It is possible. And it is something they can do for themselves.” ■



Photo courtesy of: www.davidshub.net

MILITARY ADAPTIVE SPORTS



Chris Self at the 2013 Warrior Games

Caught in a firefight with escaped prisoners during his fifth deployment to Iraq with the 5th Special Forces Group, Chris Self was shot through both legs but figured it was just another day on the job, not a life-changing moment.

“When I first got shot I thought it was no big deal,” he said. “I mean, it hurt. Don’t get me wrong. But I didn’t think it was too serious.”

In fact, he didn’t think he’d even have to leave Iraq to be treated. But, a nerve in his right leg had been severed, rendering it useless below the knee, and in 2006 Chris went to Portsmouth Naval Hospital to have it amputated.

It was a nerve-racking time, Chris said, but he was never worried about his military career, or what he would do afterwards. In fact, Chris deployed twice more to Iraq after losing his leg, before retiring from the Army in 2013.

While he wasn’t worried about whether or not he would be able to continue his military service, Chris’ physical recovery had its challenges, including a 50-pound weight gain in the hospital. A former triathlete and cycling enthusiast, Chris was introduced to adaptive cycling organizations by another amputee recovering at Walter Reed and he

eventually found himself back on a bike.

“I always had a bad bicycle habit,” Chris said. “I had a lot of bicycle stuff around when I got wounded, and I was afraid I’d have to give it up when I got wounded. It was a team effort

obstacles and it helps put things in perspective. My injury is a stubbed toe compared to what some of these guys and gals deal with. I’m lucky to only be missing part of my leg, that’s for sure.”

Not satisfied with just focusing on

“The activity level and physical fitness help you recover faster than someone who doesn’t do it,” Self says.

to figure out how to make it work now that I had to overcome these obstacles.”

That team consisted of excellent medical care providers, Chris said, but also his “home team” including his wife, Dana, and three children, Jordan, Haley and Reese. “Without their support, I would not be where I am today,” he said.

But, with their support, he was able to overcome every obstacle in his way. Competing at this year’s Warrior Games as a member of the SOCOM team Chris successfully defended his gold medal in the men’s disability cycling category, claiming the top prize for the second year in a row.

For people with lifelong injuries, such as his, “recovery is forever,” Chris said, and participating in adaptive sports, including competing in the Warrior Games, has contributed to that recovery in more ways than one.

“The activity level and physical fitness help you recover faster than someone who doesn’t do it,” he said.

But the psychological benefits of a team environment and a common goal have also played a critical role.

“Especially for the retired guys like me, it gets you back with Soldiers and you get that camaraderie for a short time that you had in the military,” Chris said. “You get to meet other people with the same injuries, and you get to meet people with other injuries and illnesses and

his own recovery, Chris also brings his experience and perspective to bear as an Operation Warfighter (OWF) regional coordinator, assisting other recovering Service members as they plan for their own futures.

“It’s a pretty good job, especially because everything we do positively impacts Service members,” he said. “Their eyes get wide open when they realize all the doors these internships will open.”

Chris was actually first introduced to OWF during his own recovery, but he wasn’t able to participate in an internship before his separation. He said he wishes the program had been more robust back then, but he is making up for it now by spreading the word about the benefit of Federal internships to any and every recovering Service member who will listen.

“It will take their mind off what they can’t do anymore and put their mind on the things they can do,” he said. “It’s not a hard product to sell.” ■

FootStomp.com

Visit footstomp.com to view photo albums of different military adaptive sporting events at the 2013 Warrior Games.

DOD / VA INTEGRATED DISABILITY EVALUATION SYSTEM MEDICAL EVALUATION BOARD PHASE



Photo courtesy of: www.af.mil

In the January 2013 WCP Newsletter, we provided an overview of the “Integrated Disability Evaluation System (IDES).” This edition focuses on the Medical Evaluation Board (MEB) Phase of the IDES process: referral, medical examination, and the MEB determination.

Service members are referred into the IDES when a competent medical authority determines the member has one or more condition(s) suspected of not meeting medical retention standards. While each medical situation can be unique, a Service member is referred at the point of hospitalization or treatment when they appear to have medically stabilized and it can be reasonably determined they are most likely not capable of performing their required military duties. The Military Department should refer a Service member into the IDES within one year of when it appeared the medical condition(s) did not meet medical retention standards, but a referral can be made

The PEBLO serves as the link between the Service member, their Commander, the Department of Veterans Affairs (VA), and the IDES.

earlier if the medical provider determined the member would not be capable of returning to duty within one year. There are some Service members undergoing prolonged periods of treatment, recovery, and rehabilitation lasting beyond one year who have not yet been referred to the IDES. While there are unique circumstances that can delay referral, a provider officially refers a Service member to the IDES in consultation with the Service member’s Commander and on the approval of the Military Treatment Facility MEB convening authority.

Once a Service member is referred into the IDES, one of the most important contacts for the Service member or their legal guardian is the Physical Evaluation Board Liaison Officer (PEBLO). The PEBLO serves as the link between the Service member, their Commander, the Department

of Veterans Affairs (VA), and the IDES. The PEBLO is responsible for counseling and keeping the member and/or guardian informed about the IDES process and possible outcomes, as well as for assembling and monitoring the IDES case file with the Service and VA offices to ensure it is completed in a timely manner. Once referred, the Service member has due process rights and may seek assistance from legal counsel provided by the Military Departments, private counsel retained at their own expense, or from a VA-accredited representative of a service organization recognized by the Secretary of Veterans Affairs to assist them through the MEB and remaining IDES phases. After assembling the case file on the medical condition(s) causing the Service member’s referral, the PEBLO transfers the case to the Veterans Affairs’ Military Service Coordinator (MSC) to begin the medical examination stage.

In the examination stage, the MSC counsels the Service member on the VA actions and disability compensation in the IDES and assists in identifying all of the member’s medical condition(s). Because the IDES provides both Department of Defense and VA disability benefits, a key MSC responsibility is helping Service members identify medical conditions they may claim for the purpose of receiving VA disability compensation. The VA then completes comprehensive examinations on both the condition(s) causing IDES referral as well as any other claimed condition(s) that the Service member believes are disabling and service-connected. Once completed, the MSC sends all VA examinations to the PEBLO who assembles the IDES case file and schedules a Medical Evaluation Board.

The Medical Evaluation Board (MEB) consists of two or three medical officers who evaluate the Service member’s

IDES case file to confirm the appropriate diagnosis and offer their recommendation concerning the member’s ability to meet medical retention standards. An MEB listing a psychiatric diagnosis must include a thorough psychiatric evaluation and one of the MEB members must be a psychiatrist or psychologist with a doctorate degree in psychology. There are two possible outcomes of the MEB. The MEB can, based on the medical evidence, determine the Service member meets retention standards and can be returned to duty and removed from the IDES. Or, if the Service member is found to not meet retention standards, their case file will be forwarded in the IDES to the Physical Evaluation Board to determine their fitness for continued Service. After receiving the MEB’s findings, a Service member can exercise their due process rights and request

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an impartial medical review (IMR) by a physician independent of the MEB, or rebut the findings. The IMR provides the Service member an independent source of review and advice on whether the MEB adequately reflected the complete spectrum of their medical condition(s). The Service member may, on their own or with assistance from counsel, also submit a rebuttal of the MEB recommendation. The MEB must respond to the Service member regarding their rebuttal before the MEB can be finalized.

The IDES MEB phase allows the Services to make an appropriate recommendation regarding members whose medical conditions may prevent them from performing required duties. It is also important that Service members ensure their MEB accurately reflects the status of the medical condition(s) being evaluated to determine their ability to meet retention standards. ■

OWF SUCCESS STORY: CAROLYN FOTA



Lt. Col. (Ret) Carolyn E. Fota was progressing through her career when she was diagnosed with epilepsy, as the result of traumatic brain injury (TBI) sustained while on a humanitarian deployment to Haiti. The career medical service officer also had to grapple with post-traumatic stress disorder (PTSD) and being fitted for hearing aids due to hearing loss. Fota's medical condition required extensive care, treatment and rehabilitation which led to her assignment to the Fort Belvoir Warrior Transition Unit (WTU).

me to the communications team under Michele Finley in November 2012. The entire staff was outstanding. I received training, professional coaching, opportunities to work on some great projects and assignment to a very supportive team. I made friends throughout the organization."

Fota also explained that she gained confidence and was challenged to put into action what she learned from her extensive rehabilitative care. "My goal is to live a very independent life and DTIC really helped me to develop my business, time management, and communication skills

The main objective of OWF is to place Service members in supportive work settings that positively impact their recuperation.

"My life and career took a huge turn in another direction and I thought any possibility for a career would not be open to me. Who would be interested in hiring someone with a history of TBI, PTSD and epilepsy?" Fota said. "But that's when the WTU rehabilitation staff and chain of command, Soldier and Family Assistance Center (SFAC), and Diane Conant, Transition Coordinator, encouraged me to submit my resume to the Operation Warfighter (OWF) Program."

through weekly feedback from the communications team and DTIC leadership. I had a great internship experience at DTIC. I submitted my resume when a program analyst position opened on the DTIC communications team and was hired April 2013."

Today, Carolyn Fota works as a program analyst on the DTIC communications team. ■

Operation Warfighter is a Federal internship program for wounded, ill, and injured Service members. The main objective of OWF is to place Service members in supportive work settings that positively impact their recuperation. The program represents a great opportunity for transitioning Service members to augment their employment readiness by building their resumes, exploring employment interests, developing job skills, benefiting from on-the-job training opportunities, gaining work experience and building self-confidence.

"A lot of government organizations and agencies wanted me to intern with them," Fota said. "I decided to intern with the Defense Technical Information Center (DTIC) at Ft. Belvoir. The DTIC leadership team under Jim Fletcher took a lot of time reviewing my resume, interviewing and assigning



Defense Technical Information Center (DTIC), Ft. Belvoir, VA
 Back Row (Left to Right): Michele Finley, Helen Sherman, Angela Davis, James Fletcher
 Front Row (Left to Right): Sandy Schwalb, Carolyn Fota, Howard Brande, Phyllis Bell

QUARTERLY RCC TRAINING HELPS CARE COORDINATORS 'PUT THE PIECES TOGETHER'



LCDR Brian Hower and Jessica Hower

For the past two years, LCDR Brian Hower has worked closely with Recovery Care Coordinators in his role as the Chief of Community Outreach with the U.S. Special Operation Command's Care Coalition. But there was still a lot he didn't know about these non-medical care coordinators and the role they play in a recovering Service member's transition. Luckily, he was able to put some of the missing pieces together by attending February's quarterly RCC training.

"There's a lot I didn't know that I thought I knew," LCDR Hower said about half-way through the training. "Just the overall role of an RCC, that's a big job. It's hard to write a job description for that."

He was especially glad to learn more about the roles and responsibilities of RCCs and other non-medical case managers in supporting wounded, ill and injured Service members throughout the phases of recovery, rehabilitation and reintegration, and to get more information about agencies, organizations and programs that can assist in providing resources to the Service members and families non-medical case managers support.

"These guys are going through a difficult transition," LCDR Hower said. "It's not just a medical transition, it's a life transition. RCCs can make that a little easier, even if they don't know everything."

And, when an RCC has questions, there are plenty of people to reach out to, thanks to the network of support attendees build with each other during training, said Jessica Hower, LCDR Hower's wife, who also attended the training. Jessica works for a national non-profit called Hope for the Warriors, and provides case management support similar to that provided by RCCs.

"The information I've received from this training will help me meet the changing needs of our wounded Service members and their families," she said, adding that she was anxious to get back to Tampa, Fla. and share the things she learned with her co-workers. "This class has really helped me put the pieces together." ■

TRAINING NOTES

A Good Elevator Speech Can Take You Places

By Barbara Wilson, *Director of Recovery Coordination Program Training*, and Sandra Mason, *Acting Director of Recovery Coordination Program*



Recovery Care Coordinator Training Class, June 2013

It goes without saying that an elevator speech is not just limited to elevators. You can use an effective elevator speech that demonstrates your skills and value in any setting, and the more you use your elevator speech the more opportunities you will have for networking. Networking is essential to forming and maintaining a solid circle of contacts that Care Coordinators or Non-Medical Care Managers can reach out to, with which to coordinate assistance and support for recovering Service members and their families.

As a Care Coordinator, you should be prepared to talk about your role and responsibilities both internally and externally. We sometimes assume that everyone in

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our organization knows who we are and what we do; that is not always the case. RCCs should seek opportunities to meet and talk to colleagues and new coworkers. Don't forget to exchange contact information or business cards and by all means, follow up!

Also remember that establishing a network is only half the battle; your networks of contacts and resources also need to be maintained. Take the time to start a database of contacts that includes names, email addresses and phone numbers, as well as the affiliated agency or services they provide. A comprehensive database or directory is the equivalent of a gold mine or a treasure chest; in other words, it contains a wealth of information that will help you get ahead and stay ahead as you support recovering Service members and families.

By now an RCC might be wondering, "How do I do this on top of all of my other responsibilities?" The better question might be, "How can I afford not to carefully maintain my network?" Think about how long it will take you to remember the person you met on the elevator who works in the Family Support Center, or the person you met at the staff meeting who handles military pay. And when you do finally remember their name, how long will it take you to find their direct number? I am sure that you are starting to see the picture! Just a few extra moments spent maintaining a solid network of resources today will save you hours down the line.

And you can spend those saved hours working directly with Service members and families to help identify and meet their needs, which is your most important responsibility of all. ■



BEST PRACTICES

Content provided by USSOCOM Care Coalition



The United States Special Operations Command (USSOCOM) Care Coalition staff is fortunate to have its own core of subject matter experts serving as Recovery Care Coordinators, including senior retired military officers and enlisted personnel. In fact, our RCCs have more than 750 years' worth of military leadership experience!



Having RCCs with such a high level of military leadership experience is an invaluable asset to the Special Operations Forces (SOF) community, and each RCC executes their responsibilities with a high level of problem-solving skills and success. For example, when a paralyzed SOF recovering Service member required a new procedure not approved by TRICARE, his USSOCOM Care Coalition RCC was able to "break the code" and obtain a TRICARE Management Activity (TMA) waiver that allowed the SOF recovering Service member to have the procedure done, positively impacting the quality of life for the recovering Service member and his family. Based on this RCC's actions, all other USSOCOM Care Coalition RCCs are now able to seek specialized care for the Service members they support. This "best practice" has paid great dividends for population we serve.



Another best practice is that USSOCOM RCCs often inform their Service members of Continuation on Active Duty or COAD. Since the average cost to train a Special Operator is \$1.6 million over the course of their Special Operations Forces (SOF) career, COAD becomes an integral option available to SOF wounded warriors, allowing them to continue using their skills to support the SOF community. Throughout the process of assisting and supporting recovering Service members as they execute their comprehensive plan during the continuum of care, USSOCOM RCCs can help recovering Service members determine whether COAD would be a viable and relevant option for them to meet their needs and accomplish their goals.

The following is a real world example of a COAD request:

While in support of Operation Enduring Freedom, the Service member was injured when he stepped on an IED on a dismounted patrol while clearing a compound with his dog. The Service member was evacuated from theater to Landstuhl Regional Medical Center (LRMC) and then on to Walter Reed Army Medical Center-Bethesda where both of his legs were amputated below the knee. After less than six months at Walter Reed, the Service member returned to Fort Bragg, North Carolina, in time to move with his unit to Eglin, Florida. Although the Service member immediately returned to work, his Medical Evaluation Board process was initiated.

Upon arrival in Florida, the Service member continued with physical therapy, rehabilitation and prosthetic support both on and off base. The Service member is very active in many physical activities, as well as in his community. He still performs airborne jumps with his unit as well as tandem free-fall with friends off duty. Although the Service member is currently undergoing his Medical Evaluation Board, he was recently selected for promotion and plans to remain on active duty. ■

CONTINUING CARE

Photo courtesy of: www.defenseimagery.mil

RESILIENCE

What does it mean?

Resilience is a term that is sometimes misunderstood, but the concept is really quite simple. A common understanding of resilience is an individual's ability to "bounce back" from difficult situations. To understand this idea better, think of a rubber band. When pressure or stress is applied to a rubber band, it stretches. When that pressure or stress goes away, the rubber band resumes its regular shape. Human resilience is a very similar concept. We are stretched, sometimes too thin, when stress and pressure are applied. The goal is to respond well and resume our regular state after we are challenged.

Many different external factors can affect resilience; one of the main internal factors that can affect resilience is positive thinking. For example, if an individual dwells on the negative aspects of a difficult situation they may be less resilient than someone who takes the bad with the good and is able to see the positive outcomes of a difficult situation, or someone who can simply move on from difficult experiences.

Is the ability to be resilient in our genetic makeup?

University of California-Riverside psychology professor, Dr. Sonja Lyubomirsky, says that 50 percent of our happiness or unhappiness can be traced to our genes. From there, 40 percent is in our control through our daily thoughts and actions, and 10 percent is related to



boundaries are obvious, such as a rule that you won't answer phone calls after 7 p.m. unless it's an absolute emergency, or a closed door policy at your office from 8 to 10 a.m. You can, and should, also set emotional boundaries. For example, we know that you truly care and want to help the recovering Service members, families and caregivers you are working with, but you don't have to allow their lives, personal hurdles, or difficulties to affect you in negative ways. You are in control of what energy you allow into your personal, physical, and mental space. If someone is very upset or mad, allow them to feel that and be OK with it. That does not have to affect you; you do not need

You are in control of what energy you allow into your personal physical and mental space.

our life circumstances. Life circumstances can include where we live, how much money we have, our marital status, and how we look.

What this means is that 50 percent of our ability to think positively is related to our genes, 10 percent is related to circumstances (which is not a lot), and 40 percent is up to us! That is actually pretty exciting news. That means we can improve positivity, improve our resilience, and become more content individuals, all of which can help us avoid burn-out.

So now that we know that we can improve our positive thoughts and resilience, how do we do that?

One way to improve resilience is *awareness of your personal space and boundaries*. We can monitor what we allow into our personal space and what we allow to affect us. Boundaries are important. Some

to absorb negative energy. You are a coach—it's important for you to encourage action and results. Empathizing and understanding is critical. Sitting in and lingering on the difficulties or issues will not benefit you or others.

The American Psychological Association has several suggestions on ways to build resilience. First, they say that having *positive relationships* in your life as well as strong support systems may enhance your ability to be resilient. Having someone you know and trust to talk to, vent to, and express fears and anxieties to is important. Ensure this person is a positive influence, someone who will help bring you up when you feel down. The American Psychological Association also emphasizes *taking care of yourself*. Pay attention to your needs and feelings. Engage in activities that you enjoy and that you feel are relaxing. Also, consult with your doctor to find a good exercise plan for you. Being active and exercising can do a lot for your overall

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“As a Recovery Care Coordinator, I know I make a positive impact on Soldiers and their families on a daily basis, which gives me the satisfaction that I make a difference in someone’s life.”

– Randy Voll, Army Reserve Recovery Care Coordinator

health, which will keep your body prepared and strong for when mentally or emotionally challenging situations occur. For example, people tend to get sick when they are feeling stressed because their body is in reaction mode, focused on surviving that particular situation. Understanding risks like this in advance will help you work to avoid them. Your mental and physical health are of key importance—to you, your family, and the Service members you support—so make them a priority.

Experienced RCCs also had suggestions for other methods of relaxing, dealing with stress, staying positive, and increasing resilience. Here is their feedback:

Rafi Grant, Army Reserve Recovery Care Coordinator, offered the following resiliency reflection:

“I had both professional and personal experience in the wounded warrior environment—my husband was wounded in combat while serving in Iraq with the 25ID as a combat engineer. Resiliency and healthy ways of dealing with stress and secondary trauma have become part of my life after his injuries in 2007.



Photo courtesy of: www.dvidshub.net

I learned quickly that in order to be an effective advocate and support for my husband and now in my current job for my assigned Soldiers and their families, I have to be fully functioning. That requires finding healthy ways to deal with the day-to-day struggles, experiences, and stories you hear and see.

I personally find that sports and working out are the most effective ways to deal with stress and bounce back from a difficult day. Sports, in particular endurance sport, work off the overload of stress hormones, increase oxygen intake, and above all, clear my head. Whether it is early or late in the day, I engage in some form of physical activity. Rigorous workout programs such as Insanity or P90X or long runs or swims are my favorites. I also find that regular yoga can improve well-being and mental sanity in an often insane environment by calming the nerves and heart.

Another way of de-stressing and improving resilience I discovered over the years, is spending time with children. I find it amazing how much grown-ups can learn from kids. Children seem to have resiliency figured out by just living in the moment and moving on quickly from a stressful situation. Children also manage in a very magical way to distract from grown-up problems. I personally take a lot of time after work to just hang out with my kids (they are two and seven), having conversations, playing, or doing sports.

Lastly, sharing experiences with people who can relate, other RCCs or Advocates, can work wonders. I have good friends on the job I talk to regularly; they can provide alternative perspectives, feedback, or just an ear to listen.”

Randy Voll, Army Reserve Recovery Care Coordinator, offered the following resiliency reflection:

“I find comfort in the simple philosophy passed on to me that emphasizes, ‘The Soldier has a right to the process

no matter the outcome.' This one statement alone helps me endure the negativity I deal with on a daily basis. As a Recovery Care Coordinator, I know I make a positive impact on Soldiers and their families on a daily basis which gives me the satisfaction that I make a difference in someone's life.

This positive reinforcement enables me to have the stamina, drive and resiliency to continue with my mission despite the obstacles in my path.

I take what I have learned from past cases, experiences and challenges in order to adapt to changing situations and new opportunities, thus enhancing and maintaining my resiliency.

In addition, I maintain my resiliency by indulging in activities where I find comfort such as taking time to go out and be in the woods. I love to hear the woods wake up and find peace in the sights and sounds I find in this environment. The woods always have a sequence of events which happens from a little before the sun rises through early light. These sights, sounds and physical activity comfort and relax me. During the summer months, I enjoy cutting grass as a way to 'get away from it all.' Again, the physical activity and sense of accomplishment goes a long way in easing the stressors of the day.

I attempt every day to look ahead and visualize any obstacles I may confront and plan for them and answer to myself how I will achieve what needs to be done."

As you can see, there are many ways to increase resilience, and each method is highly personal. The point is that you make the effort. You have to decide to take control of your ability to be resilient each and every day. ■

CURRICULUM CORNER



Photo courtesy of:
www.dvidshub.net

Distance Learning Opportunities

Defense Centers of Excellence Courses (DCoE)

To obtain continuing education (CE) credit, you must pre-register. CE credit is available from Saint Louis University, and is limited to health care providers who actively provide psychological health and Traumatic Brain Injury care to active duty Service members, reservists, National Guardsmen, military veterans and/or their families. For more information about registration or CE credit, visit dcoe.health.mil/webinars.

DSM-V: Revisions and Implications

http://www.dcoe.health.mil/Training/Monthly_Webinars.aspx

This DCoE course is available on July 25th, 2013, from 1-2:30 p.m. (EST).

Traumatic Brain Injury 101

http://www.dcoe.health.mil/Training/Monthly_Webinars.aspx

This DCoE course is available on August 15th, 2013, from 1-2:30 p.m. (EST).

Evidence-based Treatment for Depression and Suicidal Behavior

http://www.dcoe.health.mil/Training/Monthly_Webinars.aspx

This DCoE course is available on September 26th, 2013, from 1-2:30 p.m. (EST).

Military Health System Learning Portal

Virtual Grand Rounds

<https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/mhsstaff.jsp#self>

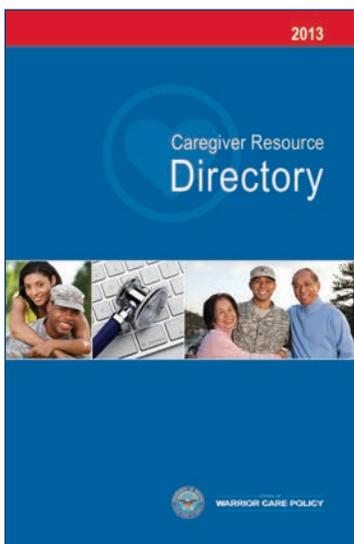
Virtual Grand Rounds is the Military Health System's new continuing education series. This series is a joint effort between the Department of Veterans Affairs, the Employee Education System, Brooke Army Medical Center, Great Plains Regional Command, and Walter Reed National Military Medical Center. This series focuses on researchers and healthcare professionals sharing their experience, observations, and outcomes on an assortment of different topics such as the use of virtual reality to develop rehabilitation techniques for patients suffering from Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD), as well as focusing on amputee mobility and other injuries.

To access this series of trainings select "MHS Learn Catalogs" from the "Browse Catalogs" menu on the left hand side of the webpage referenced above. From there select "Virtual Grand Rounds" from the catalog list.

From there you can select from the list of courses, then click the "Login" button to launch the course and follow the instructions to view.

If you would like to be placed on the DCoE email list to receive notification and registration information for future courses available please email PR-RCP@osd.mil.

HIGHLIGHTS FROM THE CAREGIVER DIRECTORY



The Office of Warrior Care Policy introduced a Caregiver Resource Directory in June 2013, which has the potential to be a game changer for caregivers, empowering them with information about resources intended just for them. The directory's features include:

- ♥ Caregiver perspective and input
- ♥ Nearly 300 different resources
- ♥ A variety of types of resources, including 24/7 helplines (for advice in the middle of the night), caregiver emotional support (connecting with other caregivers), benefit information (seeking disability benefits), children's needs (their needs are important too), rest and recreation (finding the "new normal"), and much more
- ♥ Specific information about government and nonprofit organizations supporting caregivers

While the directory is rich with resources, it is not exhaustive. For instance, the directory includes the most commonly referenced resources for caregivers of wounded warriors, most of them at the national level. Caregivers are encouraged to use the National Resource Directory at www.nrd.gov to find state and local resources.

"One of the challenges of resourcing caregivers is accommodating caregivers across the nation, including beneficiaries such as spouses and children, and non-beneficiaries such as parents and friends," said Sandra Mason, Acting Director of the Recovery Coordination Program. This directory aims to address this challenge by offering a common starting point for everyone. Caregivers are especially encouraged to use this directory to advocate for themselves and their Service members. Without exception, every resource in the directory is aimed at helping caregivers get the help and answers they need!

To request a copy of the Caregiver Resource Directory, please send your request to: The Office of Warrior Care Policy, Attn: Barbara Wilson, 200 Stovall Street, Room 11N01, Alexandria, VA 22332-0800. Please be sure to include your organization's name and address, desired quantity, and a point of contact with email address. If you have any questions concerning this directory, please email info@NRD.gov. ■

CAREGIVER PERSPECTIVE

"You never know how strong you are until being strong is the only choice you have."

—eCaring

A caregiver is the individual who takes care of a wounded, ill, or injured Service member and assists the Service member with their activities of daily living. Caregivers might be required to address both medical and non-medical needs. A caregiver may or may not be a family member and may or may not have experience or education in caregiving. Some caregivers, in fact, might have no idea where to start. For those supporting recovering Service members, insight into the

lives of caregivers is essential. This article features two caregivers, Mrs. Carissa Tourtelot and Mrs. Marsha Mund, who share their struggles, resources, experiences and advice.

Mrs. Tourtelot, who is also a Recovery Care Coordinator (RCC) and a mother, has been a caregiver to her husband for seven years. Mrs. Mund has been a caregiver for four years and is the mother of two. Both women's husbands are considered 100 percent disabled.

Learning to Become a Caregiver

When asked how they learned to become caregivers, Mrs. Tourtelot and Mrs. Mund responded unanimously: *they learned the hard way*. They did not have training or education on how to fulfill the caregiver role, they learned through experience. They emphasized that caregivers must advocate for themselves, their Service members, and their families. Mrs. Tourtelot said that you cannot be afraid to

ask questions or even ask, “What am I not asking you that I need to know?” Personal research is important. Mrs. Mund added that she wanted to become as informed as possible about what her husband was going through, because *knowledge is power*. According to the Department of Veterans Affairs, caregivers who understand their loved one’s condition or illness and know what to expect experience less stress. Additionally, knowing more about possible side effects or behaviors can help caregivers better prepare for unexpected situations. This will be helpful particularly if the Service member is acting in hurtful ways due to their condition. If you are a caregiver to your own spouse, it’s important to keep in mind that you are going to be the best advocate for your family.

Available Resources

As a caregiver, be aware of as many resources as possible and know which ones are your go-to resources. Mrs. Tourtelot suggested that a caregiver become connected with the Family Readiness Office at their location and learn what resources the office can provide. She also recommends looking into the Navy-Marine Corps Relief Society and the Semper Fi Fund for assistance. Mrs. Mund’s advice is to be comfortable with the recovery team, including the medical specialist, the RCC and the Nurse Case Manager, and to ask them lots of questions. The medical and non-medical professionals on the Service member’s team hold a lot of valuable information and can be a great asset to the caregiver.

Other helpful resources are the National Resource Directory, VA Caregiver Support and the RCC, who can help connect caregivers with the resources they need.

Self-Care

Though every caregiver’s experience and journey is unique, many will come to the same realization as Mrs. Tourtelot: her role as a caregiver is life-long. As a spouse, this is not a job that she will retire from or change; she has committed to this 24/7 responsibility for the remainder of her husband’s life. With that being said, it’s important for caregivers to take one day at a time and make time for themselves, as

impossible as that may seem.

It won’t be easy, but there are ways for caregivers to carve out some “me time.” For example, Mrs. Tourtelot tries to take every Wednesday night off. She hires a baby-sitter and makes sure her husband is set for the night and then goes and does something for herself. Some of the activities that help her resilience on those Wednesday nights are going out to dinner with friends, getting a pedicure, or even just going to the grocery store by herself. She said that she makes a very conscious effort to make that time for her to just be in the moment, decompress, and relax.

The Department of Veterans Affairs also recommends focusing on eating well, being physically active, getting enough sleep and seeking preventative health services. These things might sound basic, but it can be easy to forget the basics.

In addition to physical health, mental health is extremely important and may affect physical health.

Caregivers should be sure they have someone to talk to, whether it is a good friend or a mental health professional.

Additional tactics for improving mental health include getting fresh air and doing something active or relaxing, reading a book or listening to music, writing in a journal, or making arrangements to take a day or period of time off at least once a week.

Some caregivers might feel they simply cannot take extended time for themselves, but even little things will help resilience. Mrs. Mund does little things here and there to help her resilience like taking a bubble bath, or going to a local coffee shop close to home with a friend. Whatever the strategy, it is important for the caregiver to be intentional in taking steps for their own mental and physical health.

Caregiver to Caregiver Advice

Mrs. Tourtelot encourages other caregivers to *not lose themselves*. Caregivers should



Photo courtesy of www.davidshub.net

resist the urge to put their needs behind those of others and should *take care of themselves*. Mrs. Tourtelot also urges other caregivers to *ask for help*. She said that it takes a village to care for a recovering Service member and their family. Mrs. Mund’s advice is to take life *one day at a time* and to not look too far ahead. There is no need to become stressed about what may or may not come in the future.

The Department of Veterans Affairs emphasizes the importance of asking for help. Caregivers should not be afraid to delegate. For example, caregivers can make a list of the tasks that need to be accomplished and then ask family, neighbors and friends to help accomplish them.

Mrs. Tourtelot encourages RCCs to become a part of the process by not only checking in with recovering Service members, but with their caregivers as well. Caregivers might provide a different perspective of the way things are going. It is very important to have solid relationships between the caregiver, Recovery Care Coordinator, and the Nurse Case Managers to be able to take care of the Service member in the best way possible.

Most of all, both Mrs. Tourtelot and Mrs. Mund encourage all caregivers, and others supporting recovering Service members, to focus on recovering Service members and families as individuals and to remember, you cannot truly know an individual’s situation unless you have walked in their shoes. ■



Here are some statistics from the National Resource Directory (www.nrd.gov):

100,000+

Avg. site visits per month

300,000+

Avg. page views per month

Top 3 Searches

1. Employment
2. Comp. & Ben.
3. Homeless Assist.

6,000

of Facebook followers

EVENT CALENDAR

E2I/OWF Events

July

17 OWF Outreach Event—
Southeast Region, Ft. Stewart

17 OWF Outreach Event—
Bethesda/Walter Reed
(11 a.m. – 2 p.m.)

August

23 OWF Outreach Event—
Ft. Belvoir (9 a.m. – 12 p.m.)

September

18 OWF Outreach Event—
Bethesda/Walter Reed
(11 a.m. – 2 p.m.)

MASP Events

July

12 Sea Kayaking Clinic—
Ft. Richardson, AK

15--19 Wheelchair Basketball—
Ft. Stewart

15--19 Sitting Volleyball—
Ft. Stewart

Please contact PR-RCP@osd.mil for more information.



800-342-9647
www.militaryonesource.mil

WCP DIRECTORY

Mrs. Donna Seymour

Acting Deputy Assistant Secretary of Defense, WCP:
Donna.seymour@osd.mil

Ms. Sandra Mason

Acting Director, RCP:
Sandra.mason@osd.mil

Mr. Bret Stevens

Director, DES:
Bret.stevens@osd.mil

Ms. Barbara Wilson

Director of Training, RCP:
Barbara.wilson@osd.mil

Mr. Jonathan Morris

Director of Operations, RCP:
Jonathan.a.morris@osd.mil

Ms. Denise Anderson, Contractor

OWF/E2I:
Denise.anderson1.ctr@osd.mil

Mr. Ron Keohane, Contractor

Military Adaptive Sports Program:
rkeohane@afsc.com



@WarriorCare



Warrior Care



warriorcare.dodlive.mil

Executive Editor: Barbara Wilson
Editor: Randi Puckett
Technical Editor: Frances Johnson
Composition and Design:
Lindsay Streeper and David Tufano



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