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Families Get Tools to Assist Injured Loved Ones

By Donna Miles
American Forces Press Service

BETHESDA, Md., Sept. 24, 2010 – Family support is a key factor in the long-term recovery process and success of wounded warriors suffering traumatic brain injuries and other mental health problems, said senior staff members at the National Naval Medical Center here.

The hospital's psychological health and traumatic brain injury team represents the first line of defense in evaluating combat casualties for brain and other mental health injuries.

As they collaborate with their trauma team counterparts to provide a comprehensive assessment and treatment plan, they also work hand in hand with the family members they recognize as critical to the patient's recovery.

"Families are really the key thing, especially parents and spouses," Dr. David Williamson, medical director for the Inpatient Psychological Health and Traumatic Brain Injury program, told American Forces Press Service. "So in our program, we are reaching out to educating and working with and supporting families."

The PHTBI team members, a mix of brain surgeons, psychiatrists, psychologists and other specialists, provides families emotional support to deal with their loved ones' situations.

"As we work with families, our question is, 'How are the families doing? How are they adjusting to having a loved one who is a trauma patient? How is their resilience? How is their level of adjustment?'" Williamson said. "And we support and work with families to make sure they can best support the servicemember."

Education is a big part of that effort. The team's adult education specialist provides family members details about traumatic brain injuries and post-traumatic stress so they can make informed medical decisions on their loved ones' behalf, Williams explained.

This also equips them to raise a red flag if they recognize symptoms requiring health-care intervention. "We begin that process of education very early, and start telling families early on what might happen and if it does, to bring your loved one in to see a mental health provider," he said.

The team also sets the families up with a mental health provider to establish a relationship to build on later, if required.

Valerie Wallace, whose son, Army Sgt. John Barnes, was treated at the National Naval Medical Center for a severe traumatic brain injury suffered during a mortar attack in Iraq, called this

family-centered approach a godsend. She worked closely with the entire PHTBI team as Barnes underwent assessment and treatment, and praised its inclusive approach to treating the complex issues of brain injury. The treatment “has made all the difference in John,” she said.

Navy Vice Adm. (Dr.) Adam M. Robinson Jr., the Navy’s surgeon general, has been a major driver in the military’s renewed focus in putting patients and their families first within its health care program.

“The key to successful medical care is to be focused on the patient and the family – not the provider, not the institution, not the military brass, not anyone else but the patient and the family,” he said. “We have to keep in mind the principle that if we take care of the patient and take care of the family, the rest usually will flow together.”

It’s a commitment he said the military and the nation owe its wounded warriors – not just during their initial care, but into the future.

“We now know this may be a very lengthy, and in some cases, a lifelong process,” he said. “And we, from a military medical perspective, have to be committed to keeping up with these patients and their families.”

Robinson conceded that the military is an institution built on policies and doctrines. “But injuries and family conditions and the needs of patients don’t necessarily follow policy or doctrine,” he said. “They follow the individual and idiosyncratic needs of patients and their families.”

That demands that military health care providers, and the military health care system, be agile and flexible enough to follow with them, Robinson said.

“Our policies and our doctrine should always enhance our patients and their families,” he said. “They should never obstruct or detract from their ability to become whole and to get well.”

Robinson credited the National Naval Medical Center, through its treatment programs for wounded warriors, with helping to set that tone throughout the military.

“The signs are wonderful,” he said. “But the proof of the pudding is in the eating. You need to look at families, look at patients, at outcomes and at how the providers are carrying out their treatments, and that’s how you assess where the focus is.”

(This is the third in a series of four articles about the military’s revolutionary new approaches to treating patients with traumatic brain injuries and post-traumatic stress.)