

The Soldier and Family Voice

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Customers May Not Notice Difference

Compiled by Jerry Harben (abridged)

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With new contracts for provision of TRICARE health benefits beginning implementation this summer, many Army health-care beneficiaries and employees of the Army health-care system probably are wondering how changes will affect them.

“Most changes will not be apparent, except for more effective and efficient delivery of services,” commented LTG James B. Peake, Army Surgeon General and Medical Command commander.

Beneficiaries in Oregon, Washington and northern Idaho are transitioning in June to the new TRICARE West region, and will receive health services and support through its new regional contractor, TriWest Healthcare Alliance Corp. These states constitute the former TRICARE Region 11 area.

Beneficiaries in California, Hawaii and Alaska will become part of TRICARE West on July 1. The remainder of the West Region, and the new TRICARE North and South regions, will complete the transition later this year.

Employees at Madigan Army Medical Center, the large Army hospital at Tacoma, Wash., have not had trouble preparing for the transition, said David Aiken, chief of the human resources branch at Madigan.

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Understanding Codependency

By Ceridian Corp June 7, 2004 (abridged)

“Codependency” has become one of the most popular buzzwords in the field of emotional health, but it can also be one of the most confusing. The term was originally used to describe the support that some people provide for the harmful behavior of family members who are alcoholics or drug addicts. Since then, it has frequently been applied to situations that don’t involve substance abuse. There are many misunderstandings about codependency. Here are some facts.

What is codependency?

There is no precise or universally accepted definition of codependency. Broadly speaking, it refers to the behavior of family members or others who go to great lengths to protect or “cover” for someone who acts in unhealthy ways, such as an alcoholic, drug addict, compulsive gambler, or adult who is physically or emotionally abusive. Codependents often neglect their own needs while enabling addicts to act self-destructively, so some experts prefer to call them “enablers” or “co-addicts.”

Is codependency a disease?

Although sometimes called a “disease,” codependency does not appear in the “Diagnostic and Statistical Manual”, the list of conditions officially recognized by the American Psychiatric Association.

Signs that you may be supporting unhealthy behavior
Unhealthy support often involves dishonesty or a loss of self-respect or causes needless pain or hardship. For example, your spouse may ask you to lie to his manager and say he’s too sick to work when he’s had too much to drink. Or he may demand that you go without necessities so he’ll have money to bet at the racetrack. Agreeing to these requests is what some people call codependency.

If you think you may be codependent, it’s a good idea to get a reality check. Talk to a therapist or other counselor who has experience dealing with the issue that concerns you. Depending on the situation, a professional may recommend individual or couples counseling or family therapy. Or a therapist may suggest that you try a twelve-step program. ☐

Tips on Teaching Your Teenager to Cook

By Ceridian Corp June 7, 2004 (abridged)

When you were growing up, you may have learned how to cook in home economics classes. But many high schools no longer offer “home ec” courses, so if you’d like your teenager to know how to prepare healthy meals for him/herself, you’ll need to teach him a few basics. Summer is a great time to get started. Your teenager may have extra time now to help with family meals, and might enjoy learning how use a barbecue grill or make food for a picnic. Here are some tips on teaching him/her to cook.

If your teenager’s idea of cooking is pushing the “Start” button on the microwave, you’ll want to begin by giving her a few tips on kitchen safety. Show her how to wash fruits and vegetables thoroughly, use knives correctly, turn the handles of pots away from the edge of the stove, and operate the oven and any kitchen appliances she may use. Until you’re confident she’ll follow your instructions, you may want to stay nearby when she cooks so you can check periodically on how things are going.

You can help your teenager get enthusiastic about cooking by letting him make his favorite foods. You might ask him to suggest several of the things he’d most like to know how to cook -- maybe pizza, burgers, waffles, or fruit smoothies -- and begin with those. Mastering the foods he likes best may give him the confidence to move on to other dishes. If he’ll be going to college in the fall, find out what cooking appliances he can have in his dorm so you can also show him a couple of things to make on them.

It’s a good idea to shop with your teenager for the ingredients of the dishes she wants to make. Show her how you compare prices, read labels, and make healthy food choices. When she’s comfortable at the supermarket and in the kitchen, you might give her the responsibility for planning and cooking one or two meals a week for the family, including doing any needed shopping and cleaning up. You can make it easier for her to fix tricky dishes (or cook when you’re not home) by putting the ingredients out beforehand.

Good cooks tend to have one thing in common -- they love preparing and serving meals. Your teenager is more likely to stick with cooking if you look for ways to make your lessons fun. You might take cooking videos out of the library and watch them together, or help him find online recipes or cooking tips or classes. Finally, give him lots praise for his efforts even if they occasionally result in scorched pots or lumpy mashed potatoes. If you tell him about some of your own cooking disasters – and can laugh about them together -- you’ll have a great time in the kitchen no matter what you have for dinner. ☐

Supporting a Friend Through a Breakup

By Ceridian Corp June 7, 2004 (abridged)

The end of a marriage or long-term relationship is hard at any age. It’s difficult to know what to say or do when a good friend is going through a breakup, separation, or divorce and needs your support. How can you be a caring friend during this time?

Experts agree that the end of a relationship is a major loss. It’s normal to feel a range of strong emotions when a relationship ends. Your friend may feel sad, angry, hurt, lonely, in shock, or worried about the future. He or she may have trouble concentrating and may experience feelings of depression.

What your friend needs now is a good and trustworthy listener and friend. She needs to be allowed to grieve and feel sad, and to know that it’s OK to express these emotions in front of you. When you are together, be a good listener and offer support. Refrain from giving advice unless asked. It goes without saying that you should never share your friend’s secrets or personal information with others.

One of the best ways to support a friend through a breakup is to spend time together doing positive things. Spend time outdoors together walking. Make a healthy meal for your friend. Sign up for a massage or a yoga class together. Do something new and different together to help lift your friend’s mood, such as taking a day trip to a place you’ve never visited. Encourage your friend to get enough sleep and to manage feelings of stress by getting regular exercise and making time for family and friends.

You’ll help your friend feel better mentally by being a caring and supportive friend. Remind your friend of his or her great traits, talents, and skills. We could all use a boost, especially during difficult times.

Support from others is what helps us get through the tough times. Encourage your friend to stay connected to others and to call on friends for support. Encourage him to talk with a professional if he is exhibiting signs of depression, seems overwhelmed, or is having difficulty coping with personal or work responsibilities. “A Friend in Need: How to Help When Times Are Tough” by Sol Gordon offers many helpful tips on how to be a good friend.

Make extra efforts to stay in touch with your friend during this time of change. Make regular plans to do things together. You might plan to meet once a week for breakfast or lunch. When making social plans, be sensitive to the fact that your friend may not enjoy being the only single person.

Above all, be patient. It may take several months or even a year or more for your friend to get over a divorce or the breakup of a relationship. ☐

“I haven’t seen any impact in a negative way on the employees,” he said. Not only have Madigan staff been instrumental in designing the procedures for business operations under the new contract, all the staff in the former Region 11 Lead Agent office have transitioned to important jobs either in the TRICARE region offices, the Puget Sound Multi-Service Market Management Office or at Madigan.

“There may be things they have to do differently, processes may change, but from our employees’ point of view it is business as usual – busy!” Aiken added.

Civilian providers working at Madigan on contract also saw little change, as more than 80 percent of contracts were filled with the incumbent, according to Navy Captain Terry J. Moulton, executive director of TRICARE Puget Sound, the Multi-Service Market Management Office for the area.

“There has been very little impact for contract employees,” Moulton said. Beneficiaries also should be reassured that the new TRICARE contracts will improve the benefits they enjoy, according to Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs.

“We are committed to providing our beneficiaries with continuous, uninterrupted access to the high quality of care that they expect from the TRICARE benefit,” said Winkenwerder. “Their health and their satisfaction with their health plan are very important to us.”

The military health system has an integrated team that has been working transition activities for the past year and will monitor the transition to ensure it proceeds smoothly. The region contractors are members of the transition team. Procedures are in place to ensure that claims sent to the former contractor by beneficiary providers, after the start of the new contract, will be automatically forwarded to the new regional claims contractor.

The national health-care information line will be phased out during transition to the new regions. Local health-care information services will be available in some locations and each region contractor will provide an audio library for health information. Beneficiaries seeking local health-care information should contact their TRICARE primary care manager or local military treatment facility for assistance.

For information 24 hours a day, seven days a week, anyone may access on the Internet TRICARE Online at <http://www.tricareonline.com> for health-care information or <http://www.tricare.osd.mil> for benefit information.

A brief summary of some aspects of the new contracts follows:

For those currently enrolled in TRICARE Prime or TRICARE plus at a military medical treatment facility (MTF), the **primary-care manager** (PCM) will not change due to the new contracts. Remember, however, that personnel may be reassigned to support military operations, and this may require a temporary change of PCM.

People currently enrolled to a TRICARE Prime provider in the civilian network may experience a change in providers due to the contract changeover.

Anyone whose current Primary Care Manager does not belong to the new network will be sent a letter explaining transfer to a new provider along with the name of the new PCM. They may, of course, request a change to another provider in the new TRICARE network, as long as the provider is accepting new Prime patients.

NOTE: Correspondence will go to the address currently listed on the Defense Enrollment and Eligibility Reporting System (DEERS), so it is important that beneficiaries ensure that the address listed in DEERS is current.

Babies born to parents in Prime will continue to be automatically covered under Prime for the first 120 days after delivery. The parents must enroll the baby during that period, or the baby will revert to TRICARE Standard once the 120 days is ended.

TRICARE Prime Remote (TPR) programs for active duty service members and family members will not change under the new contract, but TPR providers may change, due to the change in network. All TPR enrollees who are thus affected will receive notification of their new provider by mail from the new contractor.

TRICARE support services will continue to be provided by both the MTFs and at the TRICARE Service Centers (TSCs), although some TSC locations may change. TSCs will continue to provide TRICARE information, enrollment, and claims information. Additionally, they will assist eligible beneficiaries with TRICARE Plus enrollment.

If you are a TRICARE beneficiary under the age of 65, and are not enrolled in TRICARE Prime, you may use either TRICARE Standard or Extra and no enrollment is required for those programs. Both are subject to an annual deductible and a cost-share per service. The **TRICARE Standard** network will not change as a result of the next generation of TRICARE contracts.

TRICARE Extra providers are contracted to provide a discount to the TRICARE Standard rate, and complete claim forms. The TRICARE Extra network will change as new providers are contracted. A TRICARE Service Center or the contractor’s Website can identify new TRICARE Extra providers.

In addition to three regional contracts for health services and support, specific contracts were awarded for: mail-order pharmacy, retiree dental, the uniformed services family health plan and TRICARE global remote overseas. Coming soon will be the new TRICARE dental program for active-duty families.

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When Your Child Says, “ I Have a Tummy Ache.”

By Ceridian Corp June 7, 2004 (abridged)

It isn't always easy to figure out what to do when your toddler or preschooler says, “My tummy hurts.” Children's stomachaches can have many causes ranging from extremely serious to relatively trivial. So you'll want to consider the full range of possibilities when your child says that she has a “tummy ache” or holds her stomach to let you know she's feeling uncomfortable. Before you decide what to do, think about her overall diet and health and any recent experiences that may be contributing to the problem.

Children's stomachaches can occur for a variety of reasons. Some of the more common causes include stress, gas, constipation, gastroenteritis or “stomach flu,” appendicitis, changes in medications, and poor eating habits, including eating too much or eating the wrong foods (such as unripe fruits or foods your child may be allergic to). Colds or other respiratory illnesses can also cause abdominal pain, because the mucus that occurs during these may drip down and irritate the lining of the stomach. A rare but serious cause of stomachaches is lead poisoning, which usually occurs in children living in houses or apartments built before the 1970s.

What to do if your child says, “I have a tummy ache”

First, try to get a better sense of the problem. Ask your child to show or tell you exactly where he feels pain. Or press his abdomen gently in different spots and watch his face as you do. This can give you a sense of how severe the pain is and if it's a generalized ache or if it's sharp and limited to one spot (information that may be helpful to your doctor later on).

Then think about possible causes of the problem. For example, has your child gone for longer than usual without eating? Skipping meals can cause “hunger pangs” in children just as in adults and the ache may go away if your child has a snack. Stomachaches that occur just before your child leaves for preschool (but not at other times) may mean that he's having a problem in school that you'll want to discuss with his teacher.

It's vital to call a doctor if your child's stomachache gets worse over a few hours. Prevents her from standing up or walking, or has occurred along with symptoms such as swelling in the abdomen or groin or changes in bowel or bladder habits -- diarrhea, constipation, pain on urination, or bloody or black bowel movements. You'll also want to call a doctor or go to an emergency room if your child has the signs of appendicitis – which include fever, vomiting, and pain on the right side of the abdomen. If your child gets frequent stomachaches that you can't explain, talk to your pediatrician. You may be able to make a few simple changes in her diet or lifestyle that won't just ease the stomachaches but will lead to much better all-around health. Φ

Tips for Holding a Yard Sale

By Ceridian Corp June 7, 2004 (abridged)

Getting ready - Start sorting items at least two weeks before you plan on holding the sale. Put things in boxes or bags in an out-of-the-way place. Spend the money to place an advertisement in your local paper. You can also make some flyers and post them around your community about a week before. The day of the sale - Make large signs leading the way to your sale, especially if your home is off the beaten path. Hang your signs in areas where there is more traffic and include an address.

Be prepared for early birds. Even if you say “no early birds” in your ad, expect that a few people will show up before the official start time. - Arrange your items according to at least vague categories. Put all kitchen items in one area, clothing in another, and tools in yet another. If your goods are a jumbled mess, buyers won't be able to find things that interest them.

Place big items, such as furniture or appliances, near the street. These will draw the attention of passers-by, enticing them to stop and see what else you have for sale. Make sure you have enough change. You'll need mostly smaller bills. Keep all of your change and profits in a fanny pack strapped around your waist or take turns sitting with a cash box to make sure it's attended at all times. - If you are having a multi-family yard sale, make sure that someone from each household is present at all times to negotiate prices and make decisions about their goods.

Have a supply of grocery bags at hand to bag items that people purchase. Clean and arrange your items as best as possible. Put books and CDs neatly into a box so that the titles can be easily read. Hang clothes on racks or from a fence or porch railing. Bring tables from inside or borrow tables from friends or neighbors to display items. If it's a hot day, place a pitcher of cold water and paper cups on a table and offer a drink to people who stop by the sale. If you are selling electrical items, have an extension cord set up to test them.

Be prepared to negotiate. Many buyers will offer you less than the marked price. If you're willing to bargain, you'll probably sell much more stuff. Φ

GREETINGS

Questions or Comments

If you have any questions or comments related to anything in this newsletter--Email Tony Raimo at anthony.raimo@usarec.army.mil

Don't see something that you would like to see? Let me know!