



Deployment Health Clinical Center Annual Report 2014



DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury



U.S. Army photo

*It is our duty to embrace, care for and help heal those
wounded warriors returning from battle.*

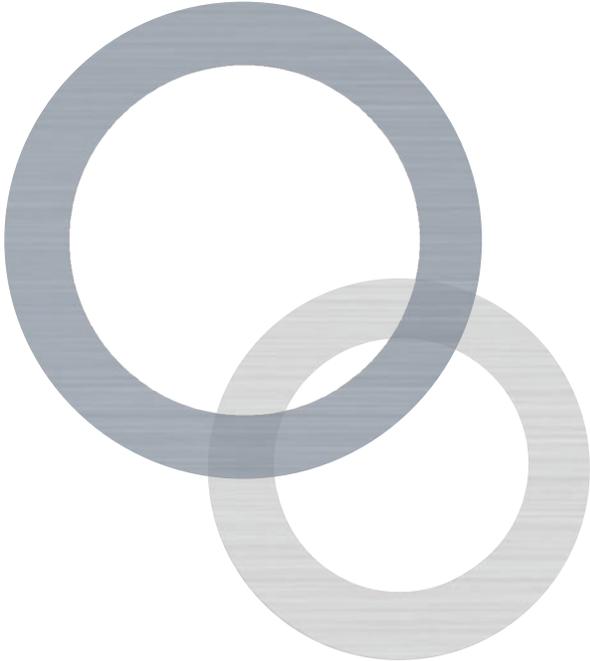
*It is our solemn obligation to honor those
who have given the ultimate sacrifice...*

*and it is part of our oath
to never leave a fallen comrade behind.*

Dan Bullis
Sgt. Maj. USA (Ret.)

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Acknowledgements

The Deployment Health Clinical Center would like to acknowledge and thank these organizations and individuals for their continued support, guidance and collaboration throughout 2014.

Defense Health Board

Defense Suicide Prevention Office

DoD Family Advocacy Program

DoD Health Affairs Office of Women's Health, Ethics and Patient Rights

DoD Sexual Assault Prevention and Response Office

DoD Psychological Health Council

Force Health Protection & Readiness

RAND Corporation

RTI International

Uniformed Services University of the Health Sciences

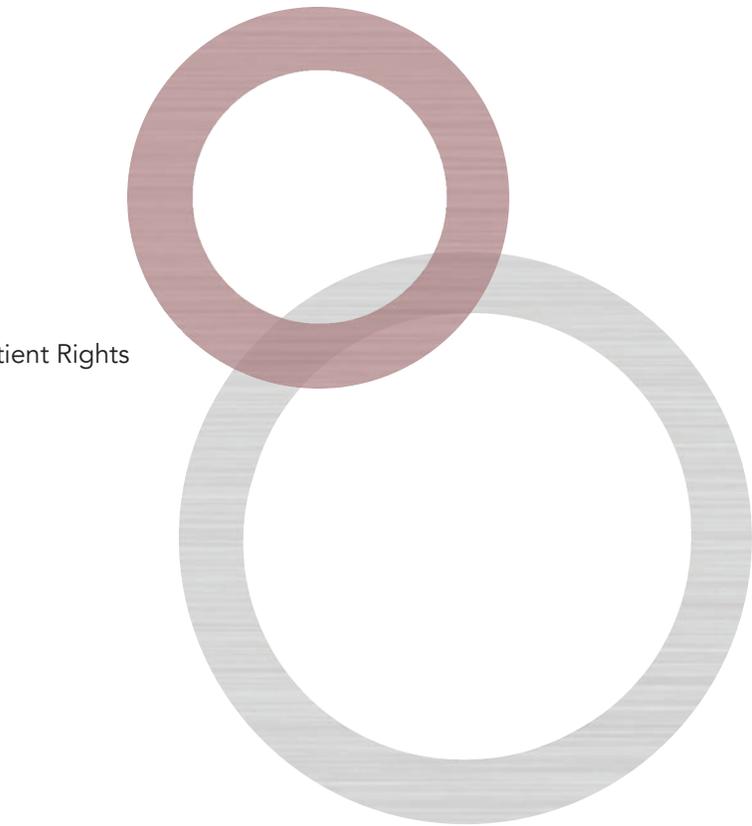
U.S. Army Medical Command

U.S. Army Medical Research and Materiel Command

VA/DoD Evidence Based Work Group

Walter Reed National Military Medical Center

Our soldiers, sailors, airmen, Marines, and their families.



U.S. Army photo by
Spc. Jason A. Young

Introduction

Executive Summary

The Deployment Health Clinical Center (DHCC) was first established in 1995 at the Walter Reed Army Medical Center as the Gulf War Health Center. It was re-established with its current name in 1999 as one of three Department of Defense (DoD) centers of excellence for deployment health. For more than 17 years, DHCC provided direct tertiary care and expert referral care for service members with complex deployment-related health concerns and consultation services for clinicians.

In 2008, DHCC became a component center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) and in 2012, became the psychological health operational arm for DCoE. DHCC's mission is to advance excellence in psychological health care across the Military Health System (MHS) by enhancing care quality, effectiveness and efficiencies; facilitating the translation of research to practice; and providing leadership, advocacy and implementation support.

The Center is comprised of six directorates with distinct areas of responsibility:

- **Primary Care Behavioral Health** Directorate supports DoD behavioral health programs in primary care to improve early identification, treatment and access to care for psychological health issues
- **Psychological Health Promotion** Directorate identifies early intervention and psychological health advocacy practices for MHS providers, leaders and clinics and translates evidence-based practices into programs and policy
- **Psychological Health Clinical Care** Directorate supports MHS providers, leaders and clinics through development and implementation of evidence-based practices, tools and programs to enhance clinical care delivery of psychological health specialty care treatments and improve health outcomes
- **Evaluation and Measurement** Directorate collects, evaluates, analyzes and interprets psychological health and program data to best understand population health, clinical outcomes, program/system performance, quality, effectiveness and cost efficiencies
- **Research** Directorate initiates, conducts and manages a portfolio of innovative programmatic and externally-funded psychological health research and leads research priority setting and knowledge dissemination, translation and integration efforts to close the science to service delivery gap
- **Administration and Operations** Directorate oversees and supports all administrative and operational needs of the DHCC directorates; serves as the principle liaison with DCoE headquarters to coordinate and synchronize taskings and organizational governance matters; and provides information management, information technology, web services and public affairs support for the center.



U.S. Air Force photo by Staff Sgt. Ryan Crane

2014 Highlights

- Developed clinical support tools that align with the 2013 VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide. The suite of tools for providers, patients and families includes recommendations on suicide warning signs, protective factors, safety planning and effective treatments.
- Developed new clinical recommendations and a suite of clinical support tools to assist all DoD health care providers with the management of patients who disclose a sexual assault or sexual harassment during health care encounters. The tools will be published in 2015.
- Completed the 5-year, randomized effectiveness trial Stepped Enhancement of PTSD and Depression Services Using Primary Care (STEPS UP), which tests a system of care for posttraumatic stress disorder (PTSD) and depression that integrates case management with evidence-based pharmacological, web, telephone and in-person therapies within primary care.
- Hosted the DCoE Psychological Health and Resilience Summit in September 2014. More than 800 participants from around the world joined the hybrid, cross-service training on the prevention and treatment of psychological health concerns and evolving best practices to enhance resilience and readiness.
- Published nine peer reviewed journal articles and four book chapters. An additional four articles and two chapters were accepted for publication in 2015. The publications were on the topics of methodology and results of effectiveness trials for PTSD treatments, clinical indications for the use of complementary and alternative medicine, innovative use of statistical models, military culture, the role of chaplains in mental health care, primary care behavioral health and mental health needs of women service members.
- Completed working group participation and final reports for six Integrated Mental Health Strategy (IMHS) Strategic Actions (SAs). The SAs were among 28 developed in 2010 as part of a joint DoD/VA strategy to promote early recognition of mental health conditions; delivery of effective, evidence-based treatments; implementation and expansion of preventive services; and education, outreach and external partnerships.
- Initiated three DoD/VA Joint Incentive Fund (JIF) projects which continue the work of IMHS SAs related to chaplains' roles, resilience programs and translation of research into practice. JIF 1 addresses improved integration of chaplains with mental health care, JIF 7 focuses on providing Problem Solving Training for behavioral health clinicians and JIF 26 creates a DoD/VA Practice Based Implementation Network to speed the translation of mental health research into innovative practice.
- Produced two new Real Warriors Campaign video profiles, launched a new campaign mobile app and complementary responsive website, and reached a campaign milestone of disseminating more than 1.5 million print resources to service members, veterans and family members.



DoD photo

Primary Care Behavioral Health

The Primary Care Behavioral Health Directorate provides leadership in translational psychological and behavioral health services, program fidelity and inter-service dissemination of best practices in primary care across DoD. The directorate's efforts focus on research and development, analysis, knowledge translation, education and training, implementation support and integration of effective Primary Care Behavioral Health (PCBH) programs in order to help ensure service members and beneficiaries are psychologically fit, ready and combat capable.

Primary Care Behavioral Health Program

The directorate's work supports the tri-service PCBH program which combines two collaborative primary care programs, the PCBH consultative model of service delivery and the care management model. In the integrated model, psychologists and social workers called internal behavioral health consultants (IBHCs) provide focused interventions on a number of health psychology issues such as weight control, smoking cessation, pain management and diabetes, as well as interventions to improve primary care treatment of a wide range of behavioral health conditions (e.g., depression, anxiety, adjustment disorders and relationship problems). Registered nurses called behavioral health care facilitators (BHCFs) provide care management services to improve recognition, management and follow-up of depression, anxiety and PTSD. The program aims to improve access to quality behavioral health services, increase dispersal of PTSD and depression "best practices," and promote a focus on prevention.



*U.S. Air Force photo by
Airman 1st Class Corey Hook*

Clinical Pathways

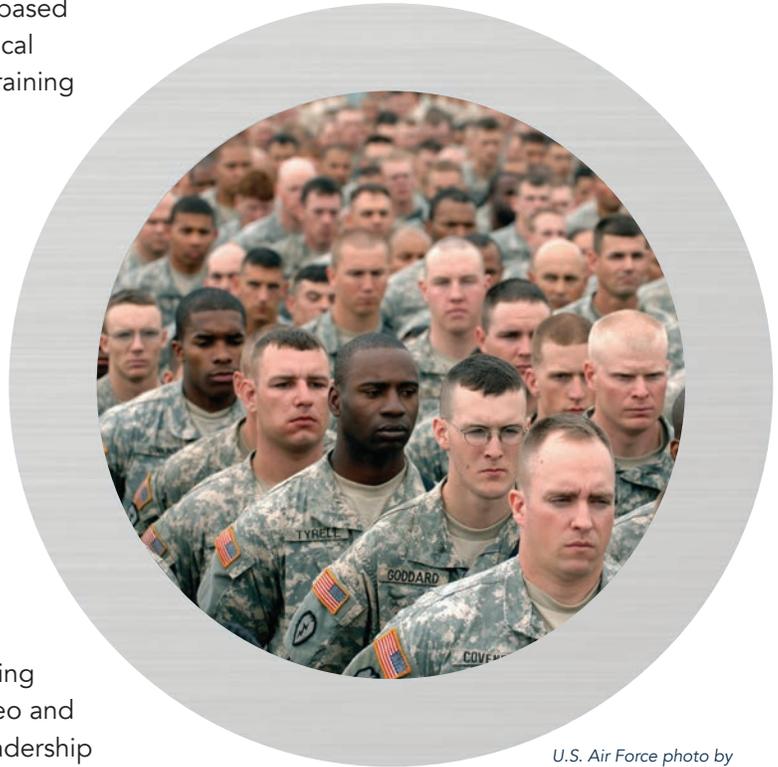
The directorate collaborated with tri-service PCBH leads to create eight clinical pathways for problems which commonly present in primary care: obesity, diabetes, alcohol misuse, sleep problems, pain, tobacco cessation, anxiety and depression. The pathways consist of an overview document, detailed outline, and patient handouts, resources and education materials which algorithmically integrate behavioral health care into primary care as part of standard, comprehensive and team-based health care.

Education and Training

The directorate continued to be a resource to the services in the creation and provision of training for BHCFs, IBHCs and primary care managers (PCMs) in multiple venues. Key 2014 accomplishments include:

- Hosted 12 IBHC monthly sustainment training webinars averaging 150 participants per webinar

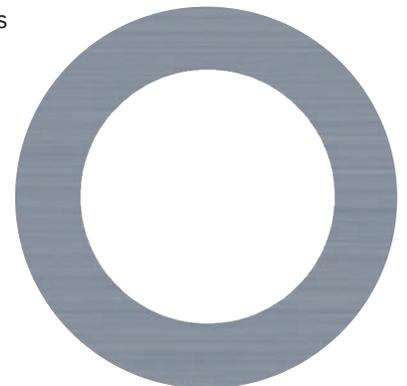
- Provided in-residence skills qualifications trainings for 81 IBHCs and 53 BHCs
- Developed and implemented an evidence-based practice, point of care psychopharmacological training module in the BHC in-residence training
- Developed and conducted a series of five tri-service trainings for all DoD IBHCs on the Behavioral Health Measure-20
- Developed a training package and conducted tri-service training for all DoD IBHCs on the topic of IBHC documentation
- Produced and disseminated three tools to promote broader awareness and implementation of the PCBH program: a patient education pamphlet, a patient-focused informational video highlighting the stories of two service members who benefited from the program, and a “Preparing Your Practice” educational and training video and accompanying data slides for PCMs and leadership to promote, guide and facilitate program implementation
- Contracted with NORC at the University of Chicago to develop computer-based trainings for providers in Screening, Brief Intervention, and Referral to Treatment (SBIRT), an evidence-based approach to identify, reduce and prevent problematic alcohol use, abuse and dependence. A three-hour training for PCMs and a one-hour training for BHCs, IBHCs and behavioral health specialty care providers were initiated in 2014 and are scheduled to be available to providers in April 2015.



U.S. Air Force photo by Senior Airman Bradley A. Lail

Measurement and Oversight

The directorate continued to provide support to the services for the implementation of the Behavioral Health Data Portal in primary care as well as coordination of enhancements to Fast Informative Risk & Safety Tracker and Stepped Treatment Entry & Planning System (FIRST-STEPS), the case tracking tool utilized by BHCs. In 2014, enhancements were deployed in the areas of PTSD Checklist scoring, increased ease of use and efficiencies for BHCs who utilize the system, addition of the Generalized Anxiety Disorder 7-item scale, security updates and a scheduling function. The directorate continued to work with tri-service leads to plan and prioritize an additional 48 FIRST-STEPS enhancements phased for development to further improve efficiency and patient safety.



Psychological Health Promotion

The Psychological Health Promotion Directorate focuses on early intervention and psychological health advocacy for service members and their families. The directorate applies psychological health subject matter expertise to the identification of early intervention and psychological health advocacy practices, policies and gaps, and translation of evidence-based practices into programs and policy.

Integrated Mental Health Strategy Strategic Action 16: Promotion of Effective Family Resilience Programs

IMHS SA 16 focuses on prevention of mental health problems for service members and their families at key points in the deployment cycle and during other stressful periods in their lives. It seeks to identify programs that increase awareness and use of effective coping strategies to decrease the incidence of major depression and related conditions among this population before, during and after deployment, and during periods of stress. Directorate experts participated in a work group that identified existing effective family resilience programs and services in the DoD and VA; developed recommendations to increase awareness and use of programs that promote psychological health or the prevention of mental illness; and developed dissemination plans to improve awareness of these programs through existing DoD communication channels. The final summary report will be submitted to DoD and VA leadership in early 2015.

Integrated Mental Health Strategy Strategic Action 17: Family Member Roles and Education

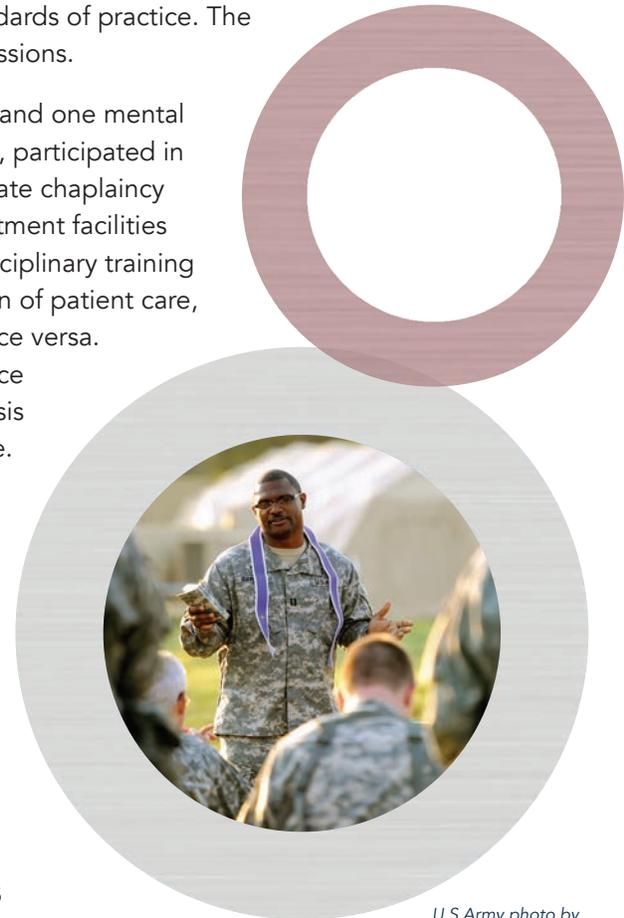
IMHS SA 17 aims to identify effective methods for helping family members whose service members and veterans may need assistance with mental health problems. Directorate experts contributed to a work group effort to develop and disseminate messages, strategies, resources and materials for families to help them recognize those who need mental health assistance; support and enhance the service member or veteran's wellness, readiness, resilience and commitment to health; and learn approaches to engage their loved one into care. The directorate also identified current education and outreach resources which provide information on readjustment needs to support service members, veterans and their families during any deployment-related transition period. The final summary report with specific recommendations and resources to guide families on how to effectively navigate the path to care will be submitted to VA and DoD leadership in early 2015.

Joint Incentive Fund 1: Improving Patient Centered Care via Integration of Chaplains with Mental Health Care

JIF 1, funded from April 2013 through September 2015, aims to train DoD and VA chaplains and mental health providers in systematic integration of care, best practices for chaplains and mental health providers, and improved assessment and charting of spiritual distress and growth.

Key 2014 accomplishments include:

- Seventeen of the 20 DoD chaplains who began the Mental Health Integration of Chaplain Services (MHICS) training program in May 2014 completed online training that addressed topics including spirituality and linkages to mental health, problem solving therapy, motivational interviewing, acceptance and commitment therapy, care for the care provider and chaplaincy standards of practice. The chaplains also participated in two face-to-face, three-day training sessions.
- Seven DoD and seven VA teams, consisting of at least one chaplain and one mental health provider and supported by an on-site administrative assistant, participated in a nine-month long Learning Collaborative designed to better integrate chaplaincy care into total provision of mental health care. Teams in military treatment facilities and clinics met at minimum weekly to discuss and facilitate cross-disciplinary training on the roles of chaplains and mental health providers in the provision of patient care, and to better coordinate referrals from chaplains to providers and vice versa. In addition, all DoD and VA teams came together in three face-to-face meetings to receive training on interdisciplinary care with an emphasis on process improvement and to share best practices from site to site.
- DCoE's Chaplains Working Group met eight times via tele-conference where subject matter experts provided broad-based training to DoD and VA chaplains and mental health providers on topics including Dr. Jonathan Shay on moral injury; Dr. Charles Hoge on PTSD and care from chaplains; and several presentations from the National Center for Telehealth and Technology on mobile applications of use to chaplains.



U.S Army photo by
Capt. Andy Thaggard

Joint Incentive Fund 7: Problem Solving Training for Behavioral Health Clinicians

Problem solving training (PST) for behavioral health clinicians aims to train providers in behavioral health specialty clinics, primary care and embedded in DoD line units in the DoD/VA enterprise wide system. The training program's overall goals are to: 1) facilitate access to mental health-related services across the DoD and VA, 2) train staff to provide high quality evidence-based care, 3) support long-term dissemination and implementation of PST, 4) promote consistent standards of care, and 5) help service members and veterans understand and change emotional stress responses, minimize effects of distress and improve their quality of life. The directorate concluded the PST workshops in 2014 and trained a total of 94 behavioral health providers. The JIF 7 sustainment plan includes two master trainer workshops scheduled for the spring and summer of 2015.

RAND Corporation Studies

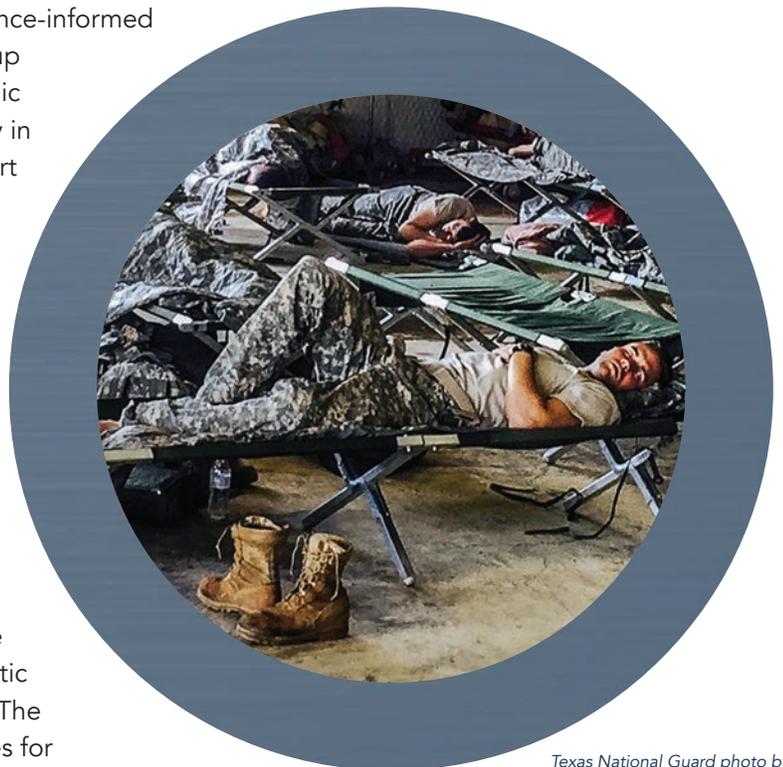
The *Deployment Life Study: Defining and Measuring Family Readiness* research evaluated aspects of family readiness to determine what behaviors and programs best buffer and protect families from negative effects

associated with deployment. Starting in 2009, the study recruited more than 2700 military families, across all services and components, and is following them with web-based surveys every four months for a duration of four years. Baseline enrollment was completed in 2013, with all follow ups scheduled for completion in 2015. RAND has released findings on the prevalence of family discord, substance use, and vulnerability and resource use patterns across families in the baseline study population. RAND will continue data analyses and release additional findings through briefings and summary reports in 2015.

The first phase of the *Family Resilience in the Military* study included an analysis of existing definitions of “family resilience” through a systematic literature review of 4000 studies and a recommendation for a DoD-wide definition; a review of existing models of and DoD policies on family resilience; a catalog of 23 existing DoD family resilience programs; and a set of six policy recommendations for DoD to create a unified, coherent approach to family resilience across the department. The second phase, which began in 2013, will identify and review a set of key metrics, constructs and related outcomes associated with family resilience, setting the stage for future evaluation of DoD-sponsored family resilience programs cataloged in phase one. The project will also outline short-, medium- and long-term goals to create a DoD support infrastructure to facilitate family resilience program evaluations across all components. RAND expects to release a report on the study’s phase one findings in early 2015.

The goal of the *Sleep in the Military: Promoting Healthy Sleep Among U.S. Service Members* research is to identify promising policy options and best practices for DoD to mitigate the negative consequences of sleep problems and promote greater sleep health among service members. The report identifies the prevalence of poor sleep quality and sleep disorders among military personnel returning from deployment and practices and programs related to improving sleep quality across DoD. The research involved conducting a literature review to find evidence-informed practice to improve sleep, convening a working group meeting and providing recommendations for strategic implementation to DoD. RAND completed the study in November 2014 and is expected to release the report in early 2015. DHCC will present the findings to DoD medical and line leadership in spring 2015.

The services have been actively engaged in developing policies, programs and campaigns designed to reduce stigma and improve service members’ help seeking behavior. However, there has been no comprehensive assessment of the effectiveness of these efforts and the extent to which they align with service member needs or evidence-based practices. The *Evaluate Stigma Reduction Efforts in the DoD* study reviewed and assessed stigma reduction strategies both across the services and DoD as a whole, to identify programmatic strengths as well as gaps that should be addressed. The report released in September 2014 presents priorities for ensuring service members receive the treatment they need and recommendations to improve DoD stigma reduction efforts.



Texas National Guard photo by Army 1st Sgt. Ross Dobelbower

Postvention in the Department of Defense: The Evidence, DoD Policies and Procedures, and Perspectives of Survivors provides an overview of RAND's assessment of DoD's response to suicides among military personnel. RAND conducted an evaluation of the scientific evidence across four domains: surveillance, preventing subsequent suicides, grief support, and respecting and honoring the deceased and his or her loved ones. The report suggests that DoD's suicide surveillance activities, centered on the DoD Suicide Event Report, surpass those in civilian settings, particularly for active-duty suicides. Further, the findings indicate that loss survivors may be at increased risk for suicide after a suicide death but there is limited evidence that military or civilian interventions implemented immediately after a suicide reduce suicides or interrupt suicide clusters among loss survivors. The report recommends that DoD create guidelines for local leaders responding to a suicide in their unit, standardize training of casualty assistance officers across DoD, and reconsider whether eligibility for DoD and VA benefits should be affected by line of duty determinations. The report is expected to be released in April 2015.



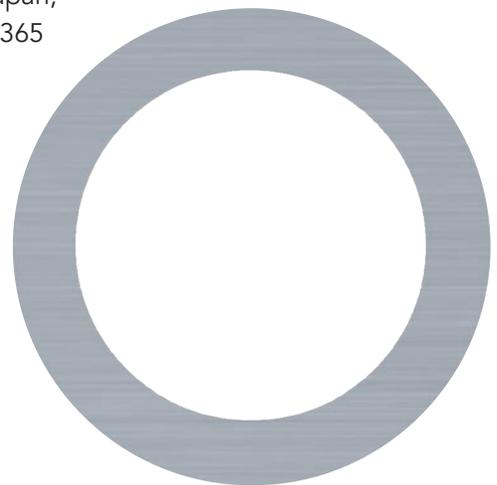
*U.S. Air Force photo by
Tech. Sgt. Nadine Y. Barclay*

DCoE Psychological Health and Resilience Summit

The directorate planned and hosted the Psychological Health and Resilience Summit held September 17-19, 2014. The summit focused on prevention and treatment of psychological health concerns and the evolution of best practices to enhance resilience and readiness. It examined the integrated roles of primary care and behavioral health providers, chaplains and line leaders in addressing the mental health needs of service members. The hybrid in-person and virtual conference allowed participation from locations around the world including Australia, Canada, Chile, Guam, Japan, Malaysia and New Zealand. More than 800 attendees participated with 365 of them earning continuing education credits. The conference featured 18 sessions and 45 speakers and was a collaboration between DCoE, the services, DoD, VA and the Uniformed Services University of the Health Sciences.

Real Warriors Campaign

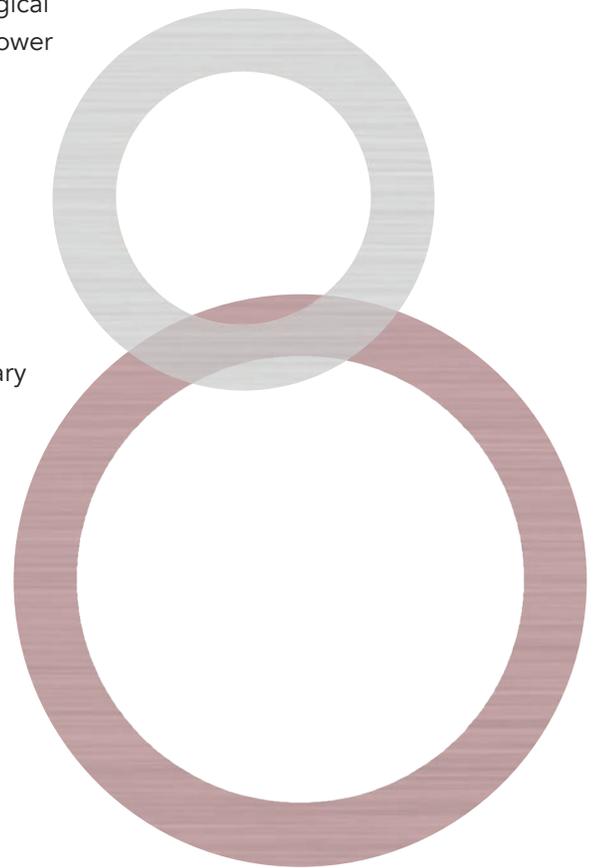
The Real Warriors Campaign is a multimedia public health awareness campaign designed to encourage service members, veterans and military families to seek care for psychological health concerns and to promote psychological health. The campaign was created in response to the 2007 DoD Mental Health Task Force recommendation to develop a campaign to help dispel stigma as a barrier to seeking care. The campaign strives



to educate and reduce misperceptions, foster a culture of psychological health, restore faith in the MHS, improve support systems and empower behavior change.

Key 2014 campaign highlights include:

- Produced two new video profiles of a Marine Corps First Sergeant and an Army First Sergeant who sought help for mental health concerns
- Launched a new mobile app and complementary responsive website that offers peer support for warriors, veterans and military families, garnering 842 downloads
- Produced 14 articles and four print products (mini-brochures and event materials)
- Received 245,240 unique visitors, 290,151 visits and 777,528 page views to the campaign website www.realwarriors.net
- Directly interacted with 2,155 individuals and distributed 18,180 materials at 15 events
- Engaged 54,646 Facebook fans and 33,569 Twitter followers through the campaign's social media channels, averaging 1,079 interactions daily
- Campaign video and radio public service announcements (PSAs) aired more than 15,850 times to Armed Forces Radio and Television Service potential audiences of more than 2 million service members in 177 countries each week, including Afghanistan and Iraq
- Achieved a campaign milestone of disseminating more than 1.5 million pieces of material via the shopping cart to service members, veterans and family members
- Aired campaign's video PSAs 78 times on the Jumbo-Tron during the Indianapolis 500 in May 2014, reaching more than 1.2 million viewers



Psychological Health Clinical Care

The Psychological Health Clinical Care Directorate works to develop, implement and manage programs delivered in MHS specialty behavioral health care settings in a way that ensures evidence-based treatments are adopted, measures are embedded into the care system, and quality and access to care are improved. The directorate provides psychological health subject matter expertise for development, dissemination and implementation of evidence-based clinical support tools, clinical care pathways, implementation networks and analysis of psychological health clinical care literature and treatment for service members and their families.

Joint Incentive Fund 26: Practice Based Implementation Network Pilot

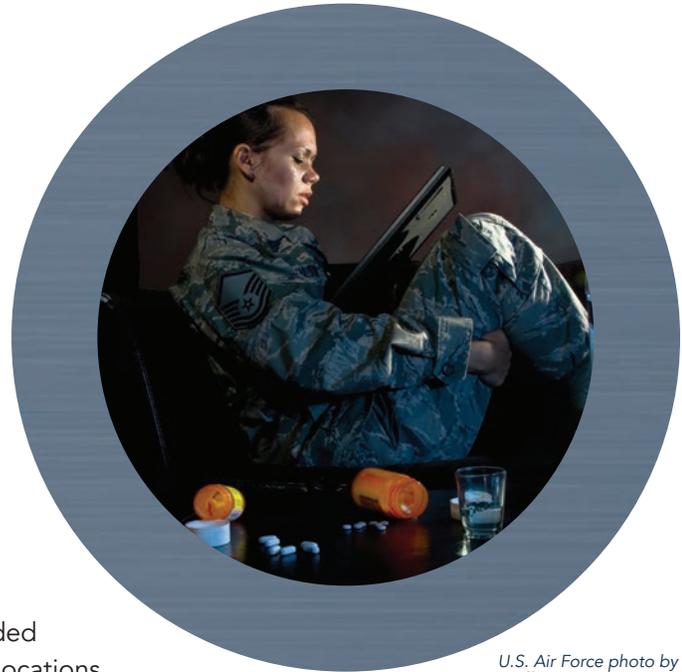
The VA/DoD Joint Incentive Fund (JIF) provided a grant for JIF 26, a Practice Based Implementation (PBI) Network based on the work of IMHS SA 26, Translation of Mental Health Research into Innovative Practice. The SA 26 workgroup proposed the creation of a VA/DoD PBI-Network to enable more rapid dissemination, implementation and evaluation of a series of change initiatives in the delivery of psychological health care.

In 2014, the PBI-Network created an enduring infrastructure of 20 pilot clinics (10 DoD, 10 VA) to promote adoption of evidence-based practices in network clinics to support practice-change initiatives, identify barriers to adoption of new practices and create methods to overcome these obstacles prior to wider dissemination of the innovation in either department. DoD provided three Air Force, three Navy, and four Army sites to serve as pilot locations for the network.

The first network innovation under translation and implementation is use of routine patient outcomes monitoring in PTSD treatment. The PBI-Network team developed a network platform on the MAX.gov website to serve as the technical infrastructure to allow for mutual sharing and communication between DoD sites and the VA, and serve as a DoD repository of implementation science tools and knowledge exchange. PBI-Network training and facilitation for PTSD treatment outcomes monitoring was conducted at six of 10 pilot clinics. The pilot is scheduled for completion in 2015, but the DoD PBI-Network will be sustained at and expanded by DHCC.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Implementation Pilot

The SBIRT implementation pilot is a translation initiative designed to ensure effective psychological health evidence-based practices for alcohol misuse intervention are implemented in the primary care setting. In 2014, the directorate developed an implementation guide to support the services in delivering consistent implementation and execution of the SBIRT model, to include administration of the Alcohol Use Disorders Identification Test - Consumption (AUDIT-C). Staff developed workflows and implementation tools to allow for standardized processes within and across clinics, and to support providers and patients throughout the SBIRT process. As many as four military treatment facilities will be identified to pilot and monitor the fidelity of the SBIRT process. Two were selected in 2014 and will begin the initial phases of implementing the SBIRT process



U.S. Air Force photo by Staff Sgt. Eric Summers

within their primary care or internal medicine clinics in 2015. The SBIRT pilot is leveraging the PBI-Network to enhance communication and processes and to gather data for program evaluation. The project is scheduled for completion in September 2016.

RAND Corporation Studies

Access to Behavioral Health Care for Geographically Remote Service Members and Dependents in the U.S. evaluated the mental health needs of service members and families in rural and remote areas and their degree of access to high quality psychological health care delivered by providers familiar with military culture. The report findings include a series of recommendations on ways DoD can establish policies to enhance access to care among service members in rural and remote settings, ways MHS can monitor the effects and implementation of these policies, and areas of policy that deserve special focus. Successful implementation of these recommendations can have a profound impact on improved access to culturally competent behavioral health care for service members and families. The final report was released in late 2014.

The central goal of the *Assessment of Fidelity to Clinical Practice Guidelines for Posttraumatic Stress Disorder and Major Depressive Disorder in the Military Health System* study is to understand the extent to which mental health providers in the MHS implement evidence-based care consistent with established clinical practice guidelines for PTSD and major depressive disorder (MDD), and evaluate the relationship between guideline-consistent care and clinical outcomes for these conditions. The study is in its second year of funding with a projected end date in 2016.

The *Framework for Quality Assessments of Department of Defense Traumatic Brain Injury and Psychological Health System of Care* study is also in its second year of funding. In 2014, RAND successfully developed a conceptual framework to assess the quality of care for PTSD and MDD in the MHS. RAND reviewed more than 500 existing quality measures germane to care for PTSD, MDD and other conditions more broadly. Based on this review, 58 candidate quality measures were selected. The report will be released in early 2015.

The *Psychological Health Treatment Needs and Outcomes of Minority Service Member Groups in DoD* study will research differences in mental health needs, treatment preferences, treatment outcomes and utilization of services between minority groups and non-minority groups in the military, and between minority groups in the military and civilian populations, to include women, racial minorities, and gay, lesbian, bisexual and transgender populations. The study has received all necessary internal review board approvals and subject recruitment processes are ongoing.

Integrated Mental Health Strategy Strategic Action 27: Review of Pilots

IMHS SA 27 focused on creating a culture of program evaluation. Directorate experts participated in a workgroup which reviewed pilot and demonstration projects, innovative local and regional programs and other potential innovations in the provision of military psychological health care. The goal of the SA is

to disseminate promising practices via a web-based depository that includes new, innovative and effective ways to treat psychological health conditions. In 2014, the team submitted a revised report to DoD and VA leadership that summarized promising advances related to treatment of psychological health conditions in the VA and military environment and reviewed lessons learned.

Integrated Mental Health Strategy Strategic Action 28: Gender Differences

IMHS SA 28 explores gender differences in delivery and effectiveness of mental health services and the mental health needs of military sexual assault victims of both genders. Directorate experts participated in a workgroup that sought to improve accessibility and quality of care, developed strategies for overcoming health care disparities and barriers to care, and identified the need for further research. They delivered milestone reports to the VA/DoD leadership oversight group, which included a review of current literature, a review of the VA/DoD research portfolio on these topics, a review of all services, treatments and programs related to these topics, and recommendations to both maintain the initiative going forward as well as resolve identified gaps for both departments. The workgroup members and deliverables also contributed to the Army's Women's Health Task Force, the DoD Psychological Health Council Sexual Assault Advisory Group, the Health Affairs Women's Health Issues Work Group, the DoD research portfolio on violence and the 2014 DoD Women in Combat Summit.



DoD photo

DoD Psychological Health Research and Capabilities Data Call

The directorate developed, administered, analyzed and delivered to MRMC the first DoD provider psychological health research and capabilities data call, which requested input from 100 providers and psychological health clinic leaders across DoD on their opinions about what psychological health research and capabilities they would like to see developed in DoD. This information was used to inform MRMC research portfolios and contributed to DoD clinical documentation development for the Behavioral Health Data Portal.

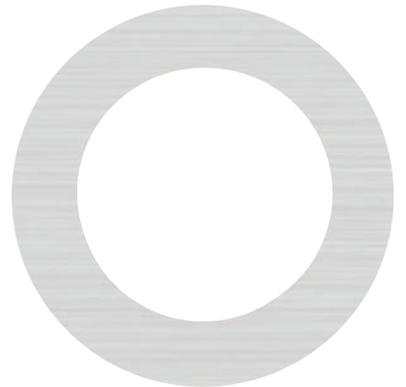
International Initiative for Mental Health Leadership – Military

DHCC is the DoD host for the Substance Abuse and Mental Health Services Administration (SAMHSA) sponsored International Initiative for Mental Health Leadership (IIMHL) military match site, which is a collaboration of mental health leaders from eight sponsor countries who join with other countries throughout the world to share knowledge to improve mental health and addictions services. Since 2011, this leadership collaboration has focused on the mental health needs of rural and remote service members and their families, a critical need identified by mental health leaders from the United States, United Kingdom, Canada and Australia. The DoD-sponsored RAND Corporation study on the mental health needs of rural and remote family members was initiated in support of this IIMHL project. IIMHL sponsored a directorate member to attend the annual 2014 match meeting in London, where she contributed to the IIMHL International Outcomes Measures Council. DHCC will host the 2015 annual meeting and expects participants from New Zealand, Germany, Australia, United Kingdom, Denmark and Canada.

Suicide Prevention Clinical Support Tools

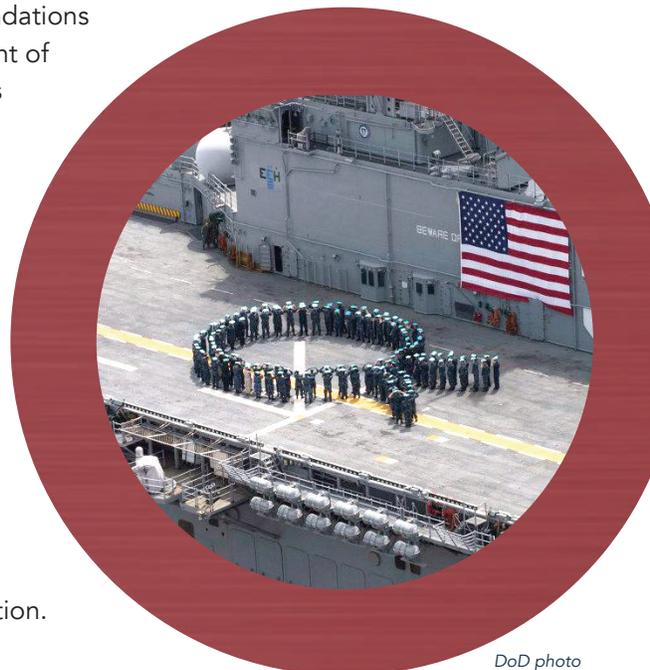
The directorate developed and disseminated four clinical support tools to support adoption and use of the *VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide*. The suite includes:

- **Suicide Risk Provider Pocket Guide:** Presents a concise overview of guidelines and decision aids for primary and specialty care providers related to prevention, symptom recognition, treatment and patient management
- **Suicide Prevention: Overcoming Suicidal Thoughts and Feelings:** A tool providers can use with patients to educate them on risk management, strategies to build inner sources of strength, how to recognize warning signs, effective coping strategies, and the importance of treatment engagement
- **Safety Plan Worksheet:** A provider-driven tool that enables the health care professional and patient to collaboratively identify stressful triggers, warning signs, sources of support, coping strategies and ways to access health care assistance within a quick reference guide. The worksheet is typically completed during a face-to-face appointment. Providers should provide a copy to the patient and include it in the electronic medical record
- **Suicide Prevention: A Guide for Military and Veteran Families:** A family member is often the first to know when a loved one is in crisis. Health care professionals should use this guide with family members to educate them about suicide warning signs, how to access care, appropriate treatments and ways they can best help a loved one who is suicidal or in crisis.



DoD Health Care Provider Military Sexual Assault Clinical Support Tools

The directorate was instrumental in developing new clinical recommendations and support tools for all DoD health care providers on the management of patients who disclose sexual assault or sexual harassment. The effort is a partnership between DCoE, the services, DoD Psychological Health Council Sexual Assault Advisory Group, Health Affairs Women's Issues Work Group, DoD Family Advocacy Office, and DoD Sexual Assault Prevention and Response Office (SAPRO). The clinical recommendations will inform DoD guidance to enhance consistency in health care provider training, provision of care and availability of support resources for patients who disclose sexual assault or sexual harassment. The suite of clinical tools which support the new recommendations includes a clinical recommendations guide eTool and manual for providers and a patient education pamphlet. Additional products scheduled for development in 2015 include a joint SAPRO/Defense Health Agency sexual assault safety assessment and planning tool for DoD providers, patients and SAPR victim advocates, and a companion mobile application.



DoD photo

Research

The Research Directorate initiates, conducts and manages a portfolio of innovative programmatic and externally-funded psychological health research and leads research priority setting and knowledge dissemination, translation and integration efforts to close the science-to-service delivery gap. Current projects have been competitively funded by the Uniformed Services University of the Health Sciences, the National Institute on Aging, the National Institute of Mental Health, the DoD Congressionally Directed Medical Research Program and the DoD Peer Reviewed Medical Research Program.

RAND Corporation Studies

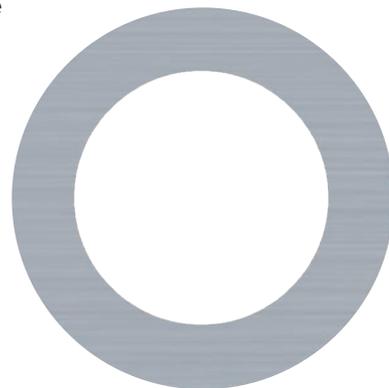
The purpose of the *Pathways, Experiences, and Outcomes of Primary Care Versus Specialty Care Treatment for PTSD and Depression in Active Duty Service Members* study is to qualitatively examine how service members use mental health services (e.g., adherence and engagement), the underlying thought processes related to treatment decision-making, the experiences which shape their attitudes and perceptions, and how these factors influence care trajectories and outcomes. The study findings are expected to shed light on previous reports indicating that many service members with identified mental health needs do not complete an adequate course of treatment and will provide recommendations for process and policy improvements. The study is in its first year of funding and has a projected end date in 2017.

In order to expediently translate complementary and alternative medicine (CAM) research findings into evidence-based clinical recommendations, DHCC sponsored RAND to conduct 10 systematic reviews to evaluate efficacy and comparative effectiveness of acupuncture, meditation, omega-3 fatty acids, and St. John's Wort for psychological health conditions and comorbidities such as PTSD, MDD, substance use disorders, nicotine dependence and chronic pain. The systematic reviews will be used to inform VA/DoD clinical practice guidelines (e.g., depression and substance use disorders guidelines) regarding up-to-date research findings in CAM applications for mental health. Six systematic reviews will be completed by May 2015, two by September 2015, and two by December 2015.

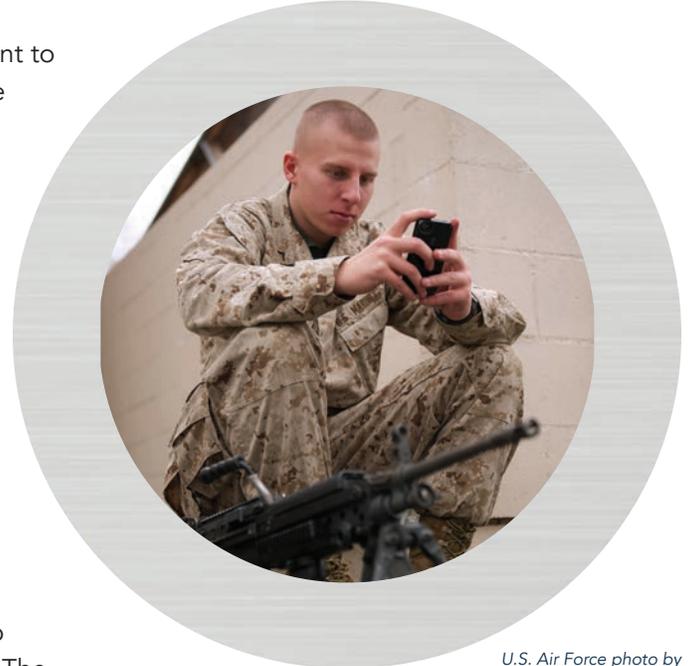
DHCC also sponsored *The Environmental Scan of CAM Services across the MHS* to pinpoint specific CAM-related policy needs. The scan will provide baseline information on provider training and credentialing, patient volume, demand and level of integration of each CAM service into existing military treatment facility and MHS infrastructure. This project started in January 2014 and the final report will be available to the services and MHS leadership in September 2015.

STEPS UP: A Randomized Effectiveness Trial for PTSD and Depression in Primary Care

The Stepped Enhancement of PTSD Services Using Primary Care (STEPS UP) trial tests whether a system of collaborative care within military primary care improves the quality of care and outcomes for service members with PTSD and depression as compared to those service members who receive standard care. The Primary Care Behavioral Health program, a collaborative care management program for PTSD and depression, already exists as the standard of care. The STEPS UP intervention offers the following significant enhancements to the optimized usual care:



- Option for centralized, telephone-based care management to improve fidelity of intervention delivery, continuity of care and access to care during off-hours
- Centralized care team to provide staffing to care managers, support medication management, track patients over time and provide treatment recommendations
- Care manager training in motivational enhancement, problem solving and behavioral activation strategies to improve patient engagement
- Option for psychosocial interventions—stepped in intensity and based on patient preference and symptom severity—to supplement pharmacotherapy



U.S. Air Force photo by David Bedard

The effectiveness of the STEPS UP package was compared to optimized usual care at six Army posts over four time points. The study team hypothesized that STEPS UP would: (1) improve PTSD and depression symptom severity; (2) improve other anxiety and somatic symptom severity, alcohol use, mental health functioning and work functioning; (3) be deemed a cost-effective management package for PTSD and depression; and that (4) patients, their family members and clinicians would find the approach to be an acceptable, effective and satisfying way to deliver and receive care.

Study recruitment was completed in August 2013 with 666 active-duty service members who screened positive for PTSD and/or depression randomized to either the STEPS UP intervention or optimized usual care at the six Army posts. Follow-up data collection was completed in October 2014 and a manuscript describing study design and baseline data was published in *Contemporary Clinical Trials* in November 2014. The directorate is analyzing the full research survey dataset and developing a main outcomes manuscript with projected publication in a high impact journal in 2015. Approximately 15 additional manuscripts related to the STEPS UP findings are also in progress.

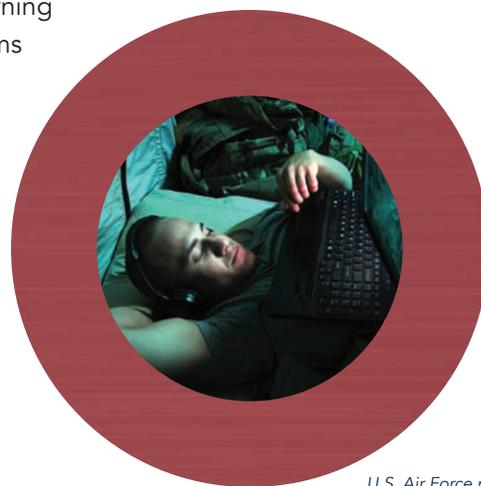
Refining a Single Item PTSD Screener for Primary Care

To address under-diagnosis of PTSD in military primary care, DHCC previously developed and evaluated the Single Item PTSD Screener (SIPS) to facilitate screening among primary care providers in a DoD primary care population. DHCC has been awarded additional grant funding to complete phase two of the study, in which the SIPS will be further refined and evaluated. The goal of the project is to improve the SIPS' sensitivity and specificity with the desired outcome that it will perform as well as or better than the widely used four-item Primary Care PTSD Screen. The original SIPS and two alternate versions are being tested against a gold standard PTSD structured diagnostic interview and a self-report questionnaire with a representative sample of DoD health care beneficiaries recruited from a primary care clinic waiting area.

In the spring of 2014, the team developed a revised recruitment strategy to maintain a random sample, while over-sampling a subset of the screened participants who would be more likely to meet diagnostic criteria for PTSD, and received approval to increase the total sample from 288 to 600. By the end of 2014, 412 participants had been recruited with 39 participants meeting the PTSD diagnostic criteria. With an 82 percent completion rate, the team anticipates meeting their recruitment goals in late spring 2015.

Multiple Somatic Symptoms in U.S. Military Personnel

Military conflicts dating back to the Civil War have been marked by the emergence of poorly defined physical symptoms, but the causes, correlates and prognoses of these war-related syndromes remain poorly understood. With large numbers of service members returning from deployment in Iraq and Afghanistan, the Multiple Somatic Symptoms in U.S. Military Personnel study supports efforts to understand multiple physical symptoms (MPS) and their relationship to deployment over time. The study used a multinomial logistic regression model to examine the prevalence, incidence, relationship to deployment and longitudinal trends of MPS in 76,924 service members who participated in the Millennium Cohort Study, a prospective health project launched in 2001 at the DoD Center for Deployment Health Research to evaluate the long-term health effects of military service, including deployments. The directorate has completed data analyses and is preparing a manuscript with publication expected in spring 2015.



*U.S. Air Force photo by
Tech. Sgt. DeNoris A. Mickle*

DESTRESS-PC: A Brief Online Self-management Tool for PTSD

Delivery of Self Training and Education for Stressful Situations—Primary Care (DESTRESS-PC) is a brief internet-based online self-management tool for PTSD based on empirically valid cognitive behavioral therapy strategies. The goal of the study was to improve primary care mental health services for combat-deployed military personnel and veterans with PTSD by providing early, high-quality access to low-stigma mental health care. The two-parallel-arm randomized controlled trial assessed the feasibility and efficacy of DESTRESS-PC for reducing PTSD, depression, generalized anxiety and somatic symptoms; increasing mental health-related functioning; and improving attitudes regarding formal mental health treatment.

Recruitment ended in 2011 at the three study sites. Eighty combat veterans meeting full eligibility criteria were randomized to the study condition and 66 participants completed the full study protocol. The directorate has completed primary data analysis and submitted a manuscript with publication expected in summer 2015.

Evaluating Alternate Response Formats of the Posttraumatic Stress Disorder Checklist, Civilian Version

The Posttraumatic Stress Disorder Checklist, Civilian Version (PCL-C) is a 17-item self-report measure developed for measuring PTSD symptom severity, which is often used to estimate PTSD “caseness” when administration of

a structured clinical interview is not feasible. One potential flaw of the validated PCL-C is its use of a 1–5 Likert scale, which may result in response bias because the minimum anchor of the scale does not inherently indicate the absence of the attribute (specifically PTSD symptoms). The purpose of the study was to evaluate the equivalence of a zero-anchored PCL-C in a primary care sample by comparing 120 DoD primary care patients' responses on the validated version of the PCL-C (with a Likert scale range of 1–5) to the responses on a modified version (with a Likert scale range of 0–4). The directorate has completed data collection and analysis and is preparing a manuscript with publication expected in 2015.

Veteran Status, Health and Mortality in Older Americans

Using data from the study of Asset and Health Dynamics among the Oldest Old (AHEAD) and the Health and Retirement Study (HRS), the Veteran Status, Health and Mortality in Older Americans study has shown that the application of different statistical models leads to distinct variations in the predicted values of health transition scores at a series of time points. The study provides evidence that without considering the selection bias in the process of health transitions, estimating the effects on health transitions of older persons could be severely biased. Consequently, the study team is currently working to develop advanced longitudinal models on health transitions in older persons using updated data on health dynamics. Two project-related manuscripts are currently under review by scientific journals and two more are in development.

Internal Behavioral Health Consultant Practice Evaluation

IBHCs are mental health providers embedded within primary care clinics who assist primary care managers in the recognition, treatment and management of service members and family members with behavioral health concerns. The purpose of this project is to conduct a program evaluation on National Capital Region (NCR) IBHCs to determine whether they are adhering to their training model and to identify areas that need improvement. The final product from this evaluation will provide the NCR Medical Directorate with a more robust understanding of IBHC practices which can inform future training activities to promote greater practice adherence among IBHCs.

The evaluation will include a retrospective chart review on IBHC notes, tracking program utilization and trends over time using administrative data, and self-report questions that assess compliance with IBHC training. Data collection is underway with a final report expected in 2015.

Knowledge Translation Initiative

In collaboration with the US Army Medical Research and Materiel Command (MRMC), DCoE and its centers launched a knowledge translation initiative to develop a systematic approach to transition evidence-based knowledge into effective and accessible practices, policies and products that improve the quality of care and outcomes for service members and their families. The Research Directorate has provided subject matter expertise to develop and pilot an MHS knowledge translation framework and its processes. A directorate member also served as an embedded liaison to MRMC to support the joint knowledge translation initiative and establish a better understanding of intra-organizational structures, policies and research portfolio management.

Evaluation and Measurement

The Evaluation and Measurement directorate focuses on three mission areas: program monitoring and evaluation, clinical surveillance and medical intelligence, and program quality enhancement and performance improvement. The directorate works with internal and external stakeholders to establish monitoring systems; plan and execute evaluations of psychological health projects and programs; analyze enterprise-level psychological health data to identify trends and produce actionable medical intelligence; and establish systems to improve the performance of client programs.



DoD photo

Program Monitoring and Evaluation

JIF 1: Improving Patient Centered Care via Integration of Chaplains with Mental Health Care

The directorate developed online surveys targeting all psychological health providers and chaplains at target installations and the individuals participating in learning collaboratives and is providing ongoing consultation support to refine evaluation objectives in order to maximize learning for sustainment activities.

JIF 7: Problem Solving Training for Behavioral Health Clinicians

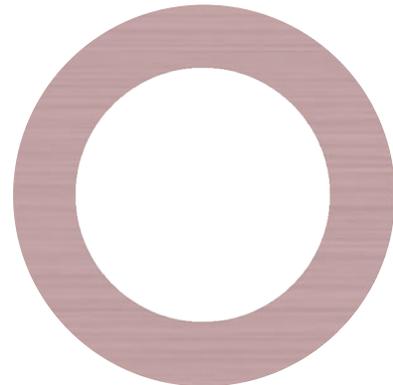
The directorate refined existing data collection tools for trainees, is assisting in developing a master training curriculum and designing an evaluation plan focused on the impact and effectiveness of the master training program; and is providing ongoing consultation support to refine evaluation objectives in order to maximize learning for sustainment activities.

JIF 26: Practice Based Implementation Network Pilot

The directorate assisted with the development of tools and other data collection instruments and is overseeing evaluation designs prepared by contract partners, clarifying the purpose of evaluation plans and efforts, and working with contract partners to clearly define the PBI-Network and how it should be best evaluated.

SBIRT Implementation Pilot

The directorate is providing evaluation consultation support, assisting in the design of an evaluation plan and strategies and helping the team to clarify goals and objectives as they relate to evaluation aims.



Integrated Mental Health Strategy Strategic Action 22: Service Members Justice Outreach Program

The directorate worked with project stakeholders to identify necessary performance metrics for reporting and management purposes, developed a monitoring data collection tool, and is providing ongoing monitoring consultation support and reporting services to include alerts to possible deviation from the project workflow model.

Primary Care Behavioral Health Program

The directorate is responsible for overall program monitoring and evaluation efforts for the tri-service initiative. Efforts include:

- Securing and analyzing performance data related to IBHC personnel and functioning
- Preparing system performance reports for project stakeholders
- Managing an effort to complete evidence synthesis reviews of questions important to PCBH management decision-making and to assist in development of an omnibus evaluation plan
- Managing discrete evaluation and data collection efforts in support of PCBH operations
- Developing tools and systems to better monitor system performance
- Providing consultative services on the design and enhancement of IT systems intended to capture and document workload
- Providing evaluation consultation services to the PCBH SBIRT initiative



*U.S. Army photo by
Spc. Shantelle J. Campbell*

Clinical Surveillance and Medical Intelligence

Integrated Mental Health Strategy Strategic Action 10: Quality Measures

The directorate completed final reporting requirements and developed and piloted a process for the identification and selection of quality measures related to the performance of the psychological health system of care.

Integrated Mental Health Strategy Strategic Action 12: Patient Outcomes

The directorate completed final reporting requirements and developed and piloted a process for the identification and selection of psychological health outcome measures.

Psychological Health Imperatives Dashboard

The directorate established a template for metric definition and developed detailed metric definitions for 15 of 21 initial metrics intended to provide psychological health leadership with near real-time information related to the management of psychological health care across the MHS and is working to develop a common set of performance metrics for use across the DoD psychological health system of care.

DoD Clinical Outcomes Policy

The directorate drafted a revised policy memorandum which addresses frequency of outcome measure administration and establishes a requirement to select and implement a measure of general psychiatric distress and is engaging with Health Affairs, the services, the Interagency Task Force for Common Mental Health Measures and the Cross-Agency Priority Goals working group to revise DoD's outcome measurement policy.

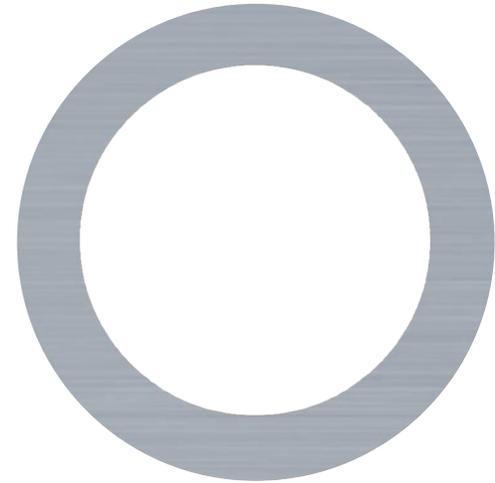
Program Quality Enhancement and Performance Improvement

Federally Funded Research and Development Centers (FFRDC) SharePoint Site

The directorate established an FFRDC SharePoint site to improve overall management of the DCoE FFRDC project portfolio; streamline the reporting of status of individual project deliverables to facilitate individual project management and headquarters visibility; improve coordination between FFRDC action officers; and establish workflow for deliverable development, review and release to ensure that critical management oversight steps are not missed.

Concept Approval and Project Review Process

The directorate is developing processes, workflow, tools and decision-support guidance to establish a standardized process for deciding what new work DHCC will take on and to assess the impact and effectiveness of approved projects. The effort promotes a planning process designed to align activities with DCoE mission and strategic priorities; establishes a series of decision gates to ensure that center leadership has appropriate information to authorize project continuation at the right time in the project development process; and establishes formal project reviews to ensure that approved projects are on-track, remain relevant and are progressing towards a successful resolution.



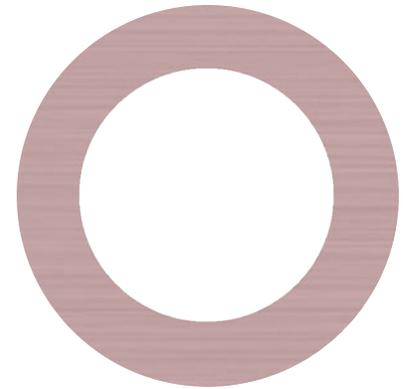
*U.S. Army photo by
Spc. Michael J. MacLeod*

2015 Outlook

In 2015, DHCC will change its name to better align with its role as the DoD center of excellence for psychological health. The center will also launch a new website to inform target audiences about the programs and products developed across the directorates to advance excellence in psychological health care in the MHS.

DHCC will continue efforts focused on the following key 2015 strategic priorities:

- Shape a program of psychological health research at DCoE and assist with research priority setting across the MHS
- Provide leadership, expertise and support for prioritization, selection and implementation of effective evidence-based products and interventions
- Promote and support system level care delivery approaches to increase access to care
- Facilitate strong collaborative partnerships with the services, VA and other key stakeholders.



U.S. Army photo by Gertrud Zach

Appendix A: Publications

Published or accepted for publication in 2014

Articles in Peer-Reviewed Publications

Belsher, B.E., Curry, J., McCutchan, P., Oxman, T., Corso, K.A., Williams, K., & Engel, C.C. (2014). Implementation of a collaborative care initiative for PTSD and depression in the Army primary care system. *Social Work in Mental Health*, 12(5-6), 500-522.

Engel, C.C., Bray, R.M., Jaycox, L., Freed, M.C., Zatzick, D., Lane, M.E., Brambilla, D., Olmstead, K.R., Vandermaas-Peeler, R., Litz, B., Tanielian, T., Belsher, B.E., Evatt, D.P., Novak, L.A., Unutzer, J., & Katon, W.J. (2014). Collaborative primary care for depression and posttraumatic stress disorder in the U.S. Military Health System: Design and baseline findings of a multisite randomized effectiveness trial. *Contemporary Clinical Trials*, 39(2), 310-319.

Engel, C.C., Cordova, E.H., Benedek, D.M., Liu, X., Gore, K.L., Goertz, C., Freed, M.C., Crawford, C., Jonas, W.B., & Ursano, R.J. (2014). Randomized effectiveness trial of a brief course of acupuncture for posttraumatic stress disorder. *Med Care*, 52(12 Suppl 5), s57-s64.

Fitchett, G., Nieuwsma, J.A., Bates, M.J., Rhodes, J.E., & Meador, K.G. (2014) Evidence-based chaplaincy care: Attitudes and practices in diverse healthcare chaplain samples. *Journal of Health Care Chaplaincy*, 20(4), 144-160.

Hamaoka, D., Bates, M.J., McCarroll, J.E., Brim, W.L., Lunasco, T.K., & Rhodes, J.E. (2014). An introduction to military service. In S.J. Cozza, M.N. Goldenberg, and R.J. Ursano (Eds.), *Care of Military Service Members, Veterans, and Their Families*. Washington, DC: American Psychiatric Publishing.

Hunter, C.L., Goodie, J. L., Dobmeyer, A. C., & Dorrance, K. (2014). Tipping points in the Department of Defense's experience with psychologists in primary care. *American Psychologist*, 69, 388-398.

Khusid, M. (2015 in press). Clinical indications for acupuncture in chronic posttraumatic headache management. *Military Medicine*.

Liu, X. (2014). Survival models on unobserved heterogeneity and their applications in analyzing large-scale survey data. *J Biomet Biostat*, 5(191), 2-12.

McGraw, K., Koehlemons, T., & Ritchie, E. (2015 in press). Women in combat: framing the issues of health and health research for America's servicewomen. *Mil Med*, Special Supplement

McGraw, K. (2015 in press). Psychological health and social support: how does the female warrior fit in? *Mil Med*, Special Supplement.

Pedersen, E.R., Troxel, W., Shih, R., Pinder, E., Lee, D., & Geyer, L (2015). Increasing resilience through promotion of healthy sleep among service members. *Military Medicine*, 180(1), 4-6.



U.S. Army photo by
Visual Information Specialist
Jason Johnston

Ursano, R.J., McKibben, J.B., Reissman, D.B., Liu, X., Wang, L., Sampson, R.J., & Fullerton, C.S. (2014). Posttraumatic stress disorder and neighborhood cohesion following the 2004 Florida hurricanes. *PLoS One*, 9(2), e88467.

Verbrugge, L. M., & Liu, X. (2014). Midlife trends in activities and disability. *Journal of Aging and Health*, 26(2), 178-206.

Book Chapters

Dobmeyer, A.C., & Rowan, A. B. (2014). Core competencies for psychologists: How to succeed in medical settings. In R. Kessler, C. Hunter & C. Hunter (Eds.), *Handbook of Clinical Psychology in Medical Settings: Evidence Based Assessment and Intervention* (2nd ed). New York: Springer.

Dobmeyer, A.C., & Miller, B. (2014). Collaborative care: Health psychologists in primary care settings. In R. Kessler, C. Hunter & C. Hunter (Eds.), *Handbook of Clinical Psychology in Medical Settings: Evidence Based Assessment and Intervention* (2nd ed.). New York: Springer.

Dobmeyer, A. C., Goodie, J. L., & Hunter, C. L. (2014). Healthcare provider and system interventions promoting health behavior change. In Riekert, J. Ockene, & L. Pbert (Eds.), *Handbook of Health Behavior Change* (4th ed.), pp. 417-436. New York: Springer.

Goodie, J. L., Dobmeyer, A., & Corso, M. L. (in press). United States Public Health Service (USPHS). In R. Cautin & S. Lilienfeld (Eds.). *The Encyclopedia of Clinical Psychology*. Wiley-Blackwell.

McGraw, K. (2015 in press) *Women at War*. Chapter 17: "Mental health of women warriors: the power of belonging" Editor: Ritchie. Oxford University Press.

Mosley, T., Williams, A., & McGraw, K. (2015, in press). *Handbook of Psychosocial Interventions for Veterans: A Guide for the Non-Military Mental Health Clinician*. Chapter "Providing Service Under Tricare". Editors: Ainspan, Bryan, and Penk. Oxford University Press.



Photo courtesy of DHCC



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