



Treatments, Interventions or Related Information

CAUTION: This is not a secure or protected message system. Please do not provide sensitive personal information such as your social security number or medical condition.

Title of Treatment/Intervention *

This research was funded in whole or in part by *

Referred by *

By whom? *

Contact Information

Organization Name *

Lead Individual's Name *

Organization/Company Street Address *

Organization/Company Email *

Organization/Company Phone Number *

Website

If applicable.

Concept Topic Areas *

- Aftercare
- Domestic Violence
- Guidelines
- Prevention
- Rehabilitation
- Resilience
- Suicide Prevention
- Depression
- Education
- Mental Illness
- PTSD
- Reintegration
- Screening
- TBI
- Diagnosis
- Employment/Vocational
- Mitigation
- Quality of Life
- Relationship Issues
- Substance Abuse
- Training

Check 4 most closely associated

Other Topic Area

Populations that would benefit from this information/Concept

- Active Duty
 - Children
 - Leaders
 - Nurses
 - Researchers
 - Units
 - Case Managers
 - Communities
 - Medics/Corpsmen
 - Other Health Providers
 - School Personnel
 - Veterans
 - Chaplains
 - Families
 - Mental Health Providers
 - Primary Care Providers
 - Spouses
- Check 4 most closely associated*

Other Population

What is the purpose of this submission?

What do you hope to gain as a result of this concept submission? e.g. "Request dissemination of information about this program throughout DoD" or "Request DI-IA be aware of the development of our program that shows improved outcomes for PTSD".

Focus of Treatment/Intervention

e.g. What does the treatment do? What were the results? What are the implications for populations of interest to DHA.

Treatment/Intervention components

e.g. What is used in the intervention? What is the program length? (e.g. 12 weeks/2 hours per week of group based treatment for Alcohol & Aftercare), etc.

Demographics

e.g. "This intervention assists active duty service members post-deployment" or "This treatment/intervention is for inpatient treatment of adolescent military family members ages 12-18 with mood disorder"

Current Populations already involved with treatment/intervention

e.g. Has the intervention been implemented? Where/When/Outcomes, contact information of location and/or points of contact?

Contraindications for Treatment/Intervention

e.g. What populations are not recommended to use this treatment/intervention?

Accreditations

e.g. Joint Commission; list citations, short paragraph or Not Available.

Approvals for Third Party Reimbursement

i.e. insurers who have approved

Future activities/plans

e.g. "We will be implementing this program at ____" or "We are refining/expanding our treatment to ____" or "We have applied for a grant with ____".

Additional information DHA should know

Evidence to Support Device

Please list supporting empirical evidence. If anecdotal evidence please list as such.

Randomized Controlled Studies

Citation or short paragraph for each or Not Available

Case Studies/Case Reports/Anecdotal Evidence

Citation or short paragraph or N/A