



Training to Administer DoD Deployment Mental Health Assessments

**The Office of the Deputy Assistant Secretary of Defense
(Force Health Protection & Readiness)**

This educational activity is intended to provide training to and certification of providers of pre and post-deployment mental health assessments in accordance with DoD Instruction 6490.12, "Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation," February 26 , 2013.



Acknowledgements

The following individuals and agencies were instrumental in the development of this training program.

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COL Charles Engel, M.D.

Lt Col Hans Ritschard, Ph.D.

The Deployment Health Clinical Center

Walter Reed Army Medical Center



CME Details

We regret that we are not currently able to offer Continuing Medical Education (CME) for completion of this training.



Hardware/Software Requirements

The media utilized in this presentation requires the use of a computer, internet connection, web browser and Adobe Reader. Supported web browsers are Internet Explorer 7 & 8, Firefox 3, and Chrome 9 & 10. All browsers must support 128-bit encryption.

Learners will view the slide presentation and then will go to a secure website to register for the posttest. Learners must provide information about themselves and might have to be approved before proceeding to the posttest. The posttest is an online multiple-choice test. Estimated time to complete this activity, including post-training activities (register, post-test, survey) is 90 minutes.



Training Collaboration

This training is a collaboration of the Office of Deputy Assistant Secretary of Defense for Force Health Protection & Readiness and the Deployment Health Clinical Center.

Training slides and supporting documents are available at <http://fhpr.osd.mil/mha>

The MHA Training application is available at <https://mhaquiz.dhhq.health.mil>.

For questions and comments about this training or the Deployment Mental Health Assessment Policy, please contact: MHA_Training@dha.mil

For technical support with the MHA Quiz application, please contact the Defense Health Agency Global Service Center at (800) 600-9332, option 5.



Training Certificate

IMPORTANT SAVE A COPY OF YOUR TRAINING CERTIFICATE

After successful completion of this training, you will receive a certificate of completion. This certificate indicates you are trained and certified to administer DoD deployment mental health assessments. Save a copy for your records.

**POSTTEST AVAILABLE AFTER
COMPLETING TRAINING**



Purpose of Training

To train and certify non-Mental Health providers to conduct deployment mental health assessments in order to . . .

- **Identify significant symptoms of:**
 - **PTSD**
 - **Depression**
 - **Risky alcohol use**
 - **Other emotional or social problems**
- **Refer for follow-up evaluation and treatment**



Goals of Training

- ★ Implement effective deployment mental health screening, education, and referral
- ★ Protect deployer privacy
- ★ Respect deployer dignity
- ★ Maximize deployer trust and confidence
- ★ Convey appreciation for each deployer's service to country

*** Privacy * Dignity * Trust * Appreciation ***



Specific Learning Objectives

- ★ **After completion of the training, clinicians will be able to...**
 - **Describe the rationale and process for a staged mental health assessment**
 - **Define the roles of trained and certified providers in the assessment process**
 - **Use key assessment tools to identify symptoms of depression, Post-Traumatic Stress Disorder (PTSD), risky drinking and other mental health concerns**



Specific Learning Objectives (Continued)

- **Discuss how to provide feedback regarding deployer's mental health symptoms**
- **Describe the use of brief intervention for risky alcohol use**
- **Describe the use of brief education for depression and PTSD symptoms**
- **List indications and options for mental health referrals**



Deployment Mental Health Assessments

- ★ **Deployment Mental Health Assessments are completed to identify and assess PTSD, depression, suicidality, and other mental health conditions, risks and concerns, before or after deployment.**
- ★ **These conditions, risks and concerns can threaten a deployer's life, health or capacity to function and may occur before, during or after deployment.**
- ★ **Sometimes acute or definitive intervention is required at the time of the assessment.**
- ★ **Generally, assessments identify mental health concerns, conditions and needs, and then indicated referrals are made for further evaluation, definitive care and follow-up.**



National Defense Authorization Act for FY 2012

(Section 1074m of Title 10 United States Code)...

- ...mandates the provision of a “person-to-person” mental health assessment for each member of the Armed Forces deployed in connection with a contingency operation**
- For a definition of “deployment”, leadership responsibilities to ensure compliance, and the instructions and exemptions for a comprehensive deployment health program, consult DoDI 6490.03, “Deployment Health,” Aug 11, 2006**
- Requires mental health assessments for deployed Service members from the Army, Navy, Air Force, Marine Corps, Coast Guard (when mobilized under US Title 10 to augment the Navy), and the Reserve Component (including Ready Reserve, Standby Reserve and Retired Reserve)**



Time Points for Mental Health Assessments

★ **By this law, deployment mental health assessments are required...**

#1. Within 120 days before estimated date of deployment

#2. Between 90 and 180 days after return from deployment

#3. Between 180 days and 18 months after return from deployment

#4. Between 18 and 30 months after return from deployment



Deployment MHA Timeline – UPDATED

Additional Time Points (in red)

Within 120 Days of Deployment

MHA #1

90-180 Days

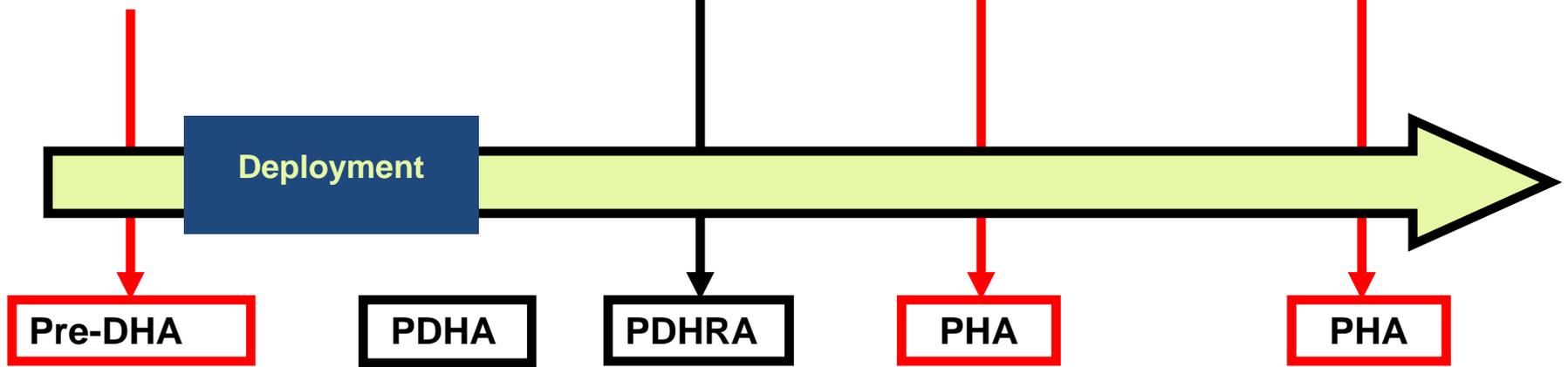
MHA #2

181 Days – 18 Months

MHA #3

18 – 30 Months

MHA #4



Within 60 Days of Deployment

30 Days Before or After Deployment

90-180 Days After Deployment

- The Deployment MHA question set has been integrated into the revised Pre-DHA (DD Form 2795) and PDHRA (DD Form 2900) forms released in September 2012



Deployment Mental Health Assessments (Continued)

- ★ **Deployment mental health assessments must:**
 - **Include a “person-to-person” dialogue between the deployer and a provider. “Person-person” includes:**
 - **Face-to-face**
 - **Telephonic or**
 - **Video telehealth link**
 - **Involve a private setting that fosters trust and openness for discussion of sensitive concerns**
 - **Be implemented consistently across the Services**



Qualified Providers

- ★ **Licensed mental health providers, if available**
- ★ **Designated providers who have successfully completed this training before performing assessments:**
 - **Physicians, physician assistants, or nurse practitioners**
 - **Advanced practice nurses**
 - **Special Forces Medical Sergeants**
 - **Independent Duty Corpsmen**
 - **Independent Duty Medical Technicians**
 - **Independent Health Services Technicians**



Assessment Features

- ★ **Three stages to enhance efficiency**
- ★ **Validated questionnaires to enhance quality and accuracy**
- ★ **Standard DD forms to enhance consistency across the services**
- ★ **Services can automate the questions or use a paper-and-pencil version of the mental health assessment**



Three-Stage Assessment Process

Stage 1 Self-Report Survey

Pencil-Paper or
Automated

- All deployers complete
- Low time burden
- Detects potential problems
- Defines high-risk groups



Three-Stage Assessment Process

Stage 1 Self-Report Survey

Pencil-Paper or
Automated

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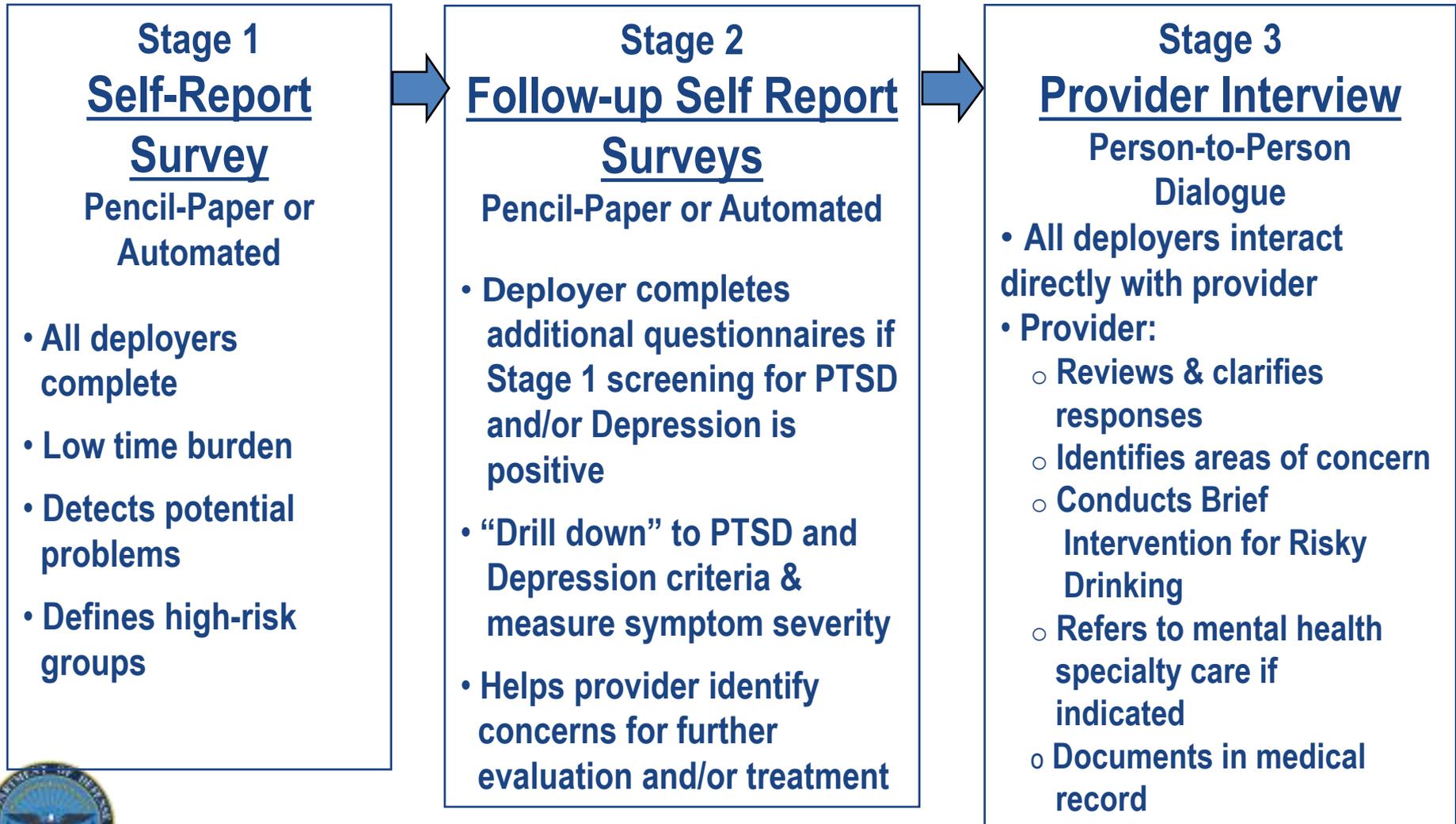
Stage 2 Follow-up Self Report Surveys

Pencil-Paper or Automated

- Deployer completes additional questionnaires if Stage 1 screening for PTSD and/or Depression is positive
- “Drill down” to PTSD and Depression criteria & measure symptom severity
- Helps provider identify concerns for further evaluation and/or treatment



Three-Stage Assessment Process



Two-Stage Process if Stage 1 is Negative

Stage 1

Self-Report Survey

Pencil-Paper or Automated

- All deployers complete
- Low time burden
- Detects potential problems
- Defines high-risk groups

Stage 3

Provider Interview

Person-to-Person Dialogue

- All deployers interact directly with provider
- Provider:
 - Reviews & clarifies responses
 - Identifies areas of concern
 - Conducts Brief Intervention for Risky Drinking
 - Refers to mental health specialty care if indicated
 - Documents in medical record

Deployer proceeds directly to Stage 3 if Stage 1 screenings for PTSD and Depression are negative



Summary and Components of Three Stages of Mental Health Assessment

Assessment Areas	Stage 1 Deployer	Stage 2 Deployer	Stage 3 Provider + Deployer
Major life stressors	Yes/No	---	Elucidate details
Mental health history	Mental health conditions		Elucidate details
Medication use	Medications		Elucidate details
Risky drinking	AUDIT-C	----	Brief intervention / referral
PTSD	PC-PTSD	PCL-C & functioning	Education/referral
Depression	PHQ-2	PHQ-8 & functioning	Education/referral
Mental health concerns or questions	Yes/No	---	Elucidate details
Suicide	---	---	Assess suicide risk
Violence	---	---	Assess violence risk
Clinical impression	---	---	Final assessment
	---	---	Referral /documentation



Stage 1 Initial Screening

* 7 Self-Report Questions *

Questions	Content Area
1.	Major life stressors
2.	Mental health conditions
3.	Prescriptions & medications
4.	Alcohol misuse (AUDIT-C)
5.	PTSD (PC-PTSD)
6.	Depression (PHQ-2)
7.	Mental health concerns/questions



Stage 1 Q6: Other Major Life Stressors

1. Over the PAST MONTH, have you experienced any major life stressors that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people? (for example, serious conflicts with others or a legal, disciplinary or financial problems)?

Yes ___ No ___

If Yes, please explain: _____



Stage 1 Q2 & Q3: Recent Conditions & Current Medications

2. In the past year, have you received care for any mental health condition or concern, such as post-traumatic stress disorder, depression, anxiety disorder, alcohol abuse, or substance abuse?

Yes_____ No_____ If yes, please list details _____

Specify if Currently in treatment Not currently in treatment.

3. Are you currently taking prescription or over-the-counter medications (including herbals/supplements) for sleep or mental health problems?

Yes___ No___

If Yes, list here _____



Stage 1 Q4: Alcohol Screening

(Alcohol Use Disorders Identification Test – Consumption: AUDIT-C)

Please circle the answer that is correct for you...		0	1	2	3	4
a	How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
b	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
c	How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Score =		0	+	+	+	+
Total =						

- Consists of the first 3 questions of the 10 question Alcohol Use Disorders Identification Test (AUDIT)
- Positive Screen: Men ≥ 5 ; Women ≥ 4

Bush K, Kivlahan DR, McDonell MB, Fihn SD, Bradley KA. The AUDIT Alcohol Consumption Questions (AUDIT-C): An effective brief screening test for problem drinking. *Arch Intern Med.* 1998;158:1789-1795



Stage 1 Q5: PTSD Screen

Primary Care PTSD Screen (PC-PTSD)

Have you ever had any experience that was so frightening, horrible, or upsetting that , *in the past month*, you:

a. Have had nightmares about it or thought about it when you did not want to?	Yes	No
b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	Yes	No
c. Were constantly on guard, watchful or easily startled?	Yes	No
d. Felt numb or detached from others, activities, or your surroundings?	Yes	No

Prins A, Ouimette P, Kimerling R, et al. The Primary Care PTSD Screen (PC-PTSD): development and operating characteristics. *Prim Care Psychiatry*. 2004; 9:9-14.



Stage 1 Q6: Depression Screen

Patient Health Questionnaire-2 (PHQ-2)

Please circle the answer that is correct for you in the **past two weeks**:

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all (0)	Few or Several days (1)	More than half the days (2)	Nearly every day (3)
a. Little interest or pleasure in doing things.	0	1	2	3
b. Feeling down, depressed, or hopeless.	0	1	2	3

Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care*. 2003 Nov;41(11):1284-92.



Stage 1 Q7: Mental Health Questions/Concerns

*** Are you interested in receiving information or assistance for a stress, emotional or alcohol concern?**

Yes No

*** Are you interested in receiving assistance for a family or relationship concern? Yes No**



Stage 2 Follow-up Self Report Surveys

Stage 1 Self-Report Survey

Pencil-Paper or
Automated

- All deployers complete
- Low time burden
- Detects potential problems
- Defines high-risk groups

Stage 2 Follow-up Self Report Surveys

Pencil-Paper or Automated

- **Deployer completes additional questionnaires if Stage 1 screening for PTSD and/or Depression is positive**
- **“Drill down” to PTSD and Depression criteria & measure symptom severity**
- **Helps provider identify concerns for further evaluation and/or treatment**

Stage 3 Provider Interview

Person-to-Person
Dialogue

- All deployers interact directly with provider
- Provider:
 - Reviews & clarifies responses
 - Identifies areas of concern
 - Conducts Brief Intervention for Risky Drinking
 - Refers to mental health specialty care if indicated
 - Documents in medical record



Stage 2 Requirement

Important

All positive Stage 1 screens for PTSD and Depression require deployers to provide additional information using standard questionnaires (Stage 2)



Stage 2 Measures

- ★ **Additional self report questionnaires will be administered for positive responses on the PTSD (PC-PTSD) and Depression (PHQ-2) questions in Stage 1**
- ★ **This additional clinical information “drills down” further into PTSD and depressive symptoms for use by the provider in Stage 3**
- ★ **Stage 2 measures include:**
 - **PTSD Checklist, Civilian version (PCL-C)**
 - **Patient Health Questionnaire, 8-item version (PHQ-8)**
 - **Functional impairment question associated with PTSD and/ or Depression symptoms**



Stage 2 Follow up-Positive Screen for PTSD

Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

a. Have had nightmares about it or thought about it when you did not want to?	Yes	No
b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	Yes	No
c. Were constantly on guard, watchful or easily startled?	Yes	No
d. Felt numb or detached from others, activities, or your surroundings?	Yes	No

If two or more of these questions from PC-PTSD are endorsed “Yes” then continue to the PTSD Checklist-Civilian Version (PCL-C).



Stage 2, Q5e-s: PTSD CheckList- Civilian Version (PCL-C)

NOTE: If **two or more** items are marked ‘Yes’ on items 5a-5d, continue to answer items e-x below.

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the last month. Please answer all items.					
Response	Not at all	A little bit	Moderately	Quite a bit	Extremely
e. Repeated, disturbing memories, thoughts, or images of the stressful experience?	1	2	3	4	5
f. Repeated, disturbing dreams of the stressful experience?	1	2	3	4	5
g. Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
h. Feeling very upset when something reminded you of the stressful experience?	1	2	3	4	5
i. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of the stressful?	1	2	3	4	5
j. Avoid thinking about or talking about the stressful experience or avoid having feelings related to it?	1	2	3	4	5
k. Avoid activities or situations because they remind you of the stressful experience?	1	2	3	4	5
l. Trouble remembering important parts of the stressful experience?	1	2	3	4	5
m. Loss of interest in things that you used to enjoy?	1	2	3	4	
n. Feeling distant or cut off from other people?	1		3	4	5
o. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
p. Feeling as if your future will somehow be cut short?	1	2	3	4	5
q. Trouble falling or staying asleep?	1	2	3	4	5
r. Feeling irritable or having angry outbursts?	1	2	3	4	
s. Having difficulty concentrating?	1	2	3	4	5



Stage 2 Q 6e-u: PCL-C (Continued)

- ★ **PCL-C is a 17-item validated assessment of DSM-IV PTSD symptom criteria and symptom severity**
- ★ **PCL-C is used to ensure coverage of symptoms caused by all traumatic stressors including combat and sexual trauma**

PCL-C is available at:

- http://www.mirecc.va.gov/docs/visn6/3_PTSD_CheckList_and_Scoring.pdf



Stage 2: PTSD (contd)

- ★ **Scoring of the PCL-C and recommended follow-up for PTSD symptoms will be discussed shortly**
- ★ **Let's discuss in-depth screening for depressive symptoms.**



Stage 2 Follow up-Positive Screen for Depression

If one or both of the PHQ-2 questions are endorsed as “2” or “3” (more than half the days or nearly every day) then continue to the PHQ-8.

5. Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Few or Several days	More than half the days	Nearly every day
5a. Little interest or pleasure in doing things.	0	1	2	3
5b. Feeling down, depressed, or hopeless.	0	1	1	3



Stage 2 Q 6a-h: Patient Health Questionnaire-8

Patient Health Questionnaire 8-item version (PHQ-8)

Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems? (place an 'X' in the best box)		Not at all	Several days	More than half the days	Nearly every day
a	Little interest or pleasure in doing things	0	1	2	3
b	Feeling down, depressed, or hopeless	0	1	2	3
c	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
d	Feeling tired or having little energy	0	1	2	3
e	Poor appetite or overeating	0	1	2	3
f	Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
g	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
h	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
<i>For Primary Care Provider – Add columns:</i>				+	+
<i>Total:</i>					

Kroenke et al. The PHQ-8 as a measure of current depression in the general population. *J Affect Disorders* 2009; 114; 163-173.



Stage 2 Q6a-h: Patient Health Questionnaire-8 (PHQ-8) (Continued)

- ★ **8-item Version**
- ★ **PHQ-8 is a validated modification of the PHQ-9, a widely used assessment of DSM-IV depression symptom criteria and symptom severity**
- ★ **PHQ-8 omits the suicide screening item, so that suicide screening and assessment does not occur until the person-to-person interview**



Stage 2: Assessment of Functional Impairment

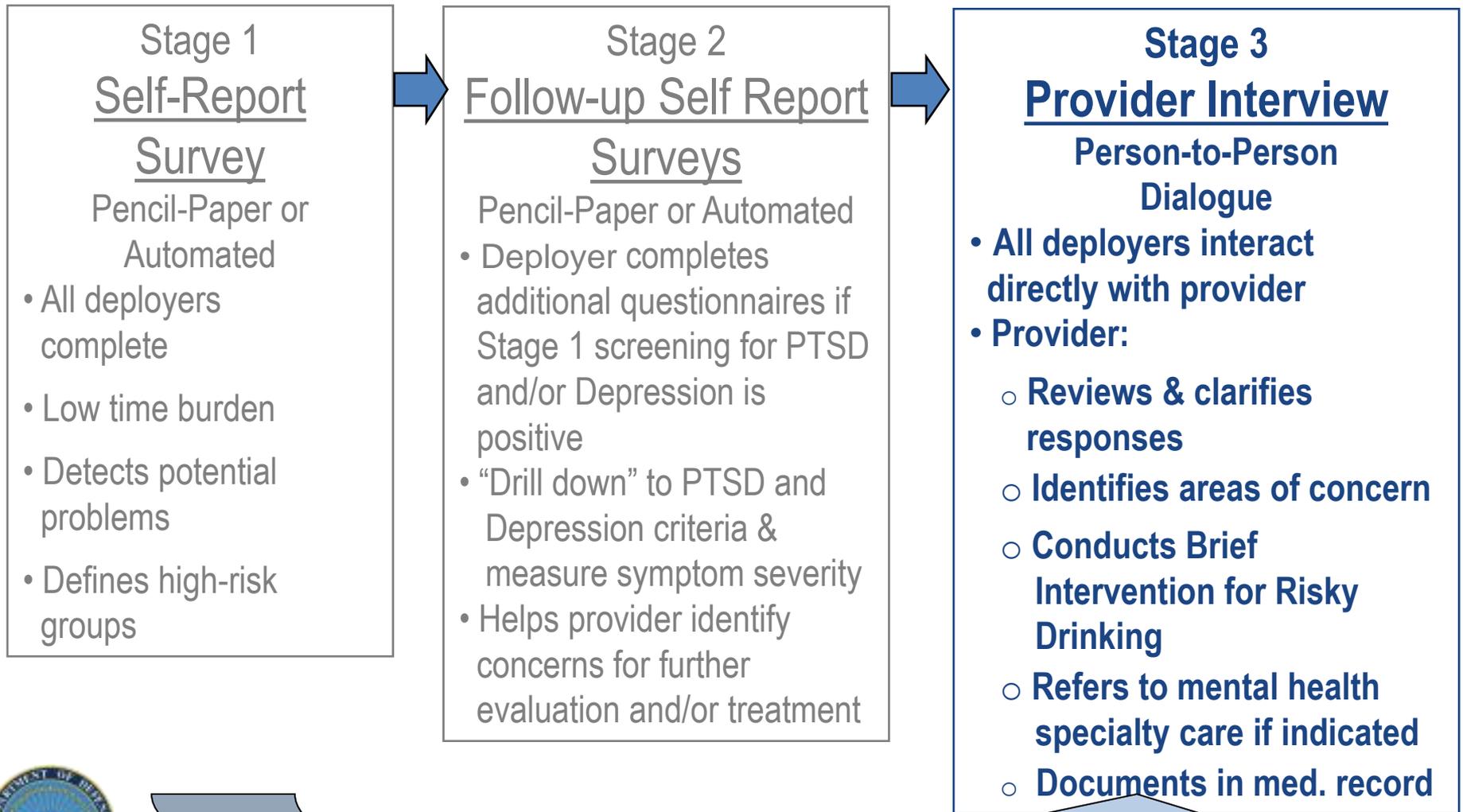
Questions also assess functional impairment related to PTSD & Depression symptoms

If you checked off any of the above items, how difficult have these problems made it for you to ...	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
Do your work?				
Take care of things at home?				
Get along with other people?				

This question helps providers determine the clinical significance of reported symptoms



Stage 3 Provider Interview



Proceed to Stage 3 if Stage 1 screen is negative



Stage 3 Preparation for Provider Interview

★ Maintain personal awareness

- What are your views of...
The deployment? The unit? The deployer?
- How might your views affect the care you provide?

★ Consider your non-verbal behavior

- Attitude, fatigue and other issues can affect non-verbal behavior
- How you behave in the interview can affect deployers' level of comfort disclosing problems to you.

★ Protect against interruptions

- Set the example. Pay full attention to deployer concerns and symptoms. They won't if you don't.



Stage 3 Preparation for Provider Interview (Continued)

- ★ **Review Stage 1 and 2 screening forms before initiating the person-to-person interview**
- ★ **Providers should...**
 - **Request deployers to complete any Stage 2 questions they have skipped**
 - **Score AUDIT-C, PCL and PHQ-8 (if automated scoring not available)**



Stage 3 Initiating the Interview

- ★ **State the purpose**
e.g., “Deployment involves life changing experiences and can have lasting mental health effects. This visit is to try to catch any mental health effects early and give you time to raise questions.”
- ★ **Ask about social support**
“Is there anyone who might listen and understand what you’re going through?”



Stage 3: While Using Screening Tools.....

Empathize

“You checked off sleep problems... That must be frustrating, especially with nightmares too.”

Affirm

“It takes courage [good judgment, maturity, a leader] to get help for these symptoms.”

Verify

“You checked off sleep problems and nightmares... Is that right?”

Inquire

“You report symptoms of depression like loss of pleasure, low energy, disturbed sleep. The symptoms make it very difficult for you to do your work. What work difficulties are you noticing?”

Inform

“You say these posttraumatic stress questions describe you to a ‘T’. That’s common after combat/sexual assault. Let’s talk about some things that can help...”



Stage 3 Winding Down the Interview

★ When wrapping up ...

- **Summarize your understanding**

“It sounds like getting good sleep is a big concern for you. Am I hearing you right?”

- **Check on the deployer’s understanding**

“...Okay, we’ve covered a lot in a short time. Let's run through your understanding of what we've talked about and what options you have to address them.”



Stage 3 Q1: Major Life Stressors

(Financial, Legal, Disciplinary Issues, etc)

- ★ **Positive = “Yes”**
- ★ **For “Yes” answers to question #1 of the deployer section, elucidate details of stressors and conduct risk assessment if indicated**
- ★ **Consider referral if significant distress or significant impairment in work, home and social functioning**



Stage 3 Q2 & Q3: Past History and Medications

- ★ **Positive = any “Yes” response**
- ★ **Review data and clarify deployer responses as indicated...**
 - **For “Yes” answers regarding past history and medication use, elucidate details (frequency, duration, additional symptoms, etc.)**



Stage 3 Q4a-c : Scoring and Interpreting the AUDIT-C

Step 1: Add up the circled numbers in each of the four columns on the right.

Please circle the answer that is correct for you...		0	1	2	3	4				
a	How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week				
b	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more				
c	How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily				
<i>For Primary Care Provider - Add Columns:</i>		0	+	0	+	2	+	3	+	0
Total =		5								

Step 2: Sum the values from the columns to obtain a total severity score.



Alcohol Feedback Card

- ★ Next slide depicts the AUDIT-C alcohol feedback card
- ★ Clinicians may use this card to provide individualized feedback to deployers regarding their alcohol use
- ★ Alcohol feedback cards depicting age and gender specific data are available at end of this presentation

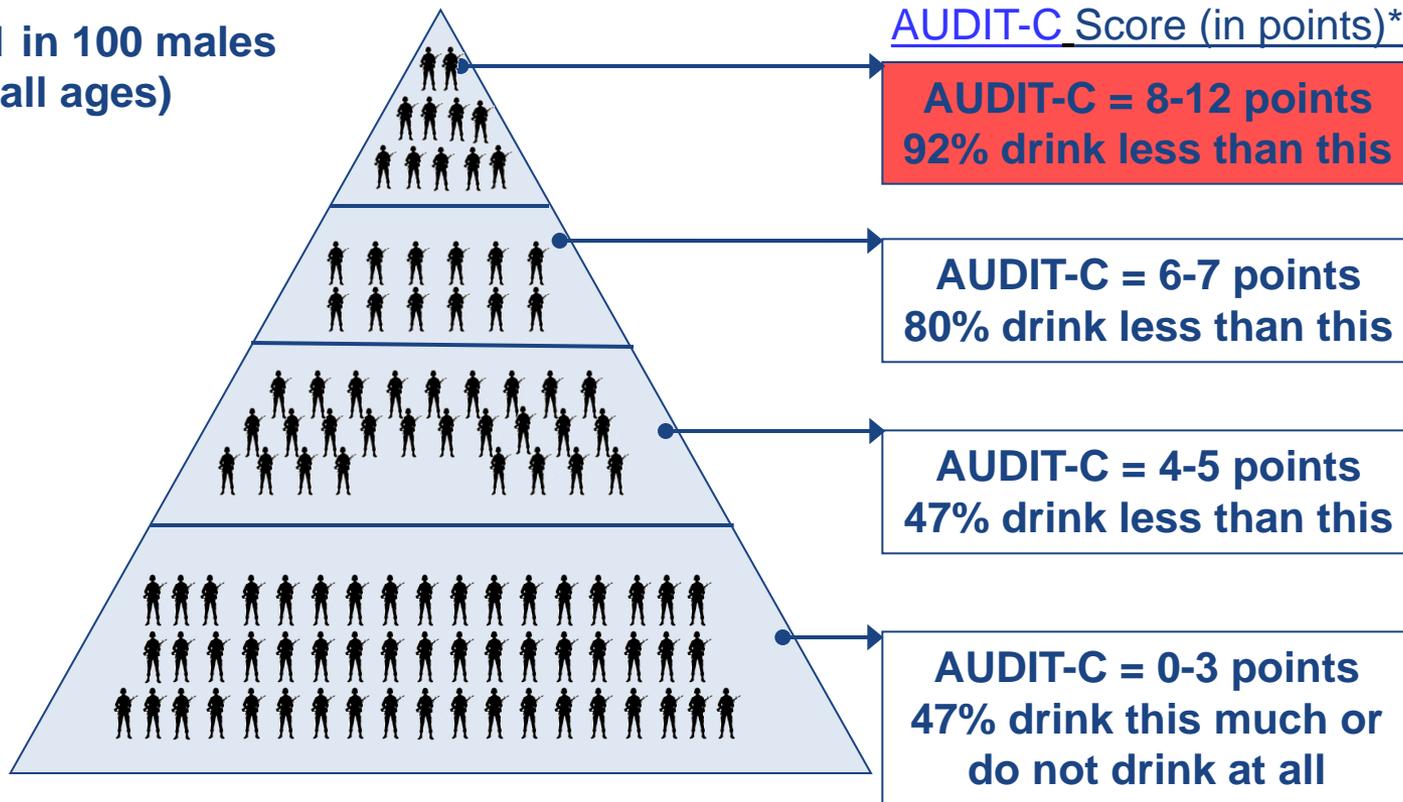


How Many Others Drink As Much As You?

Men- All Ages



→ 1 in 100 males
(all ages)



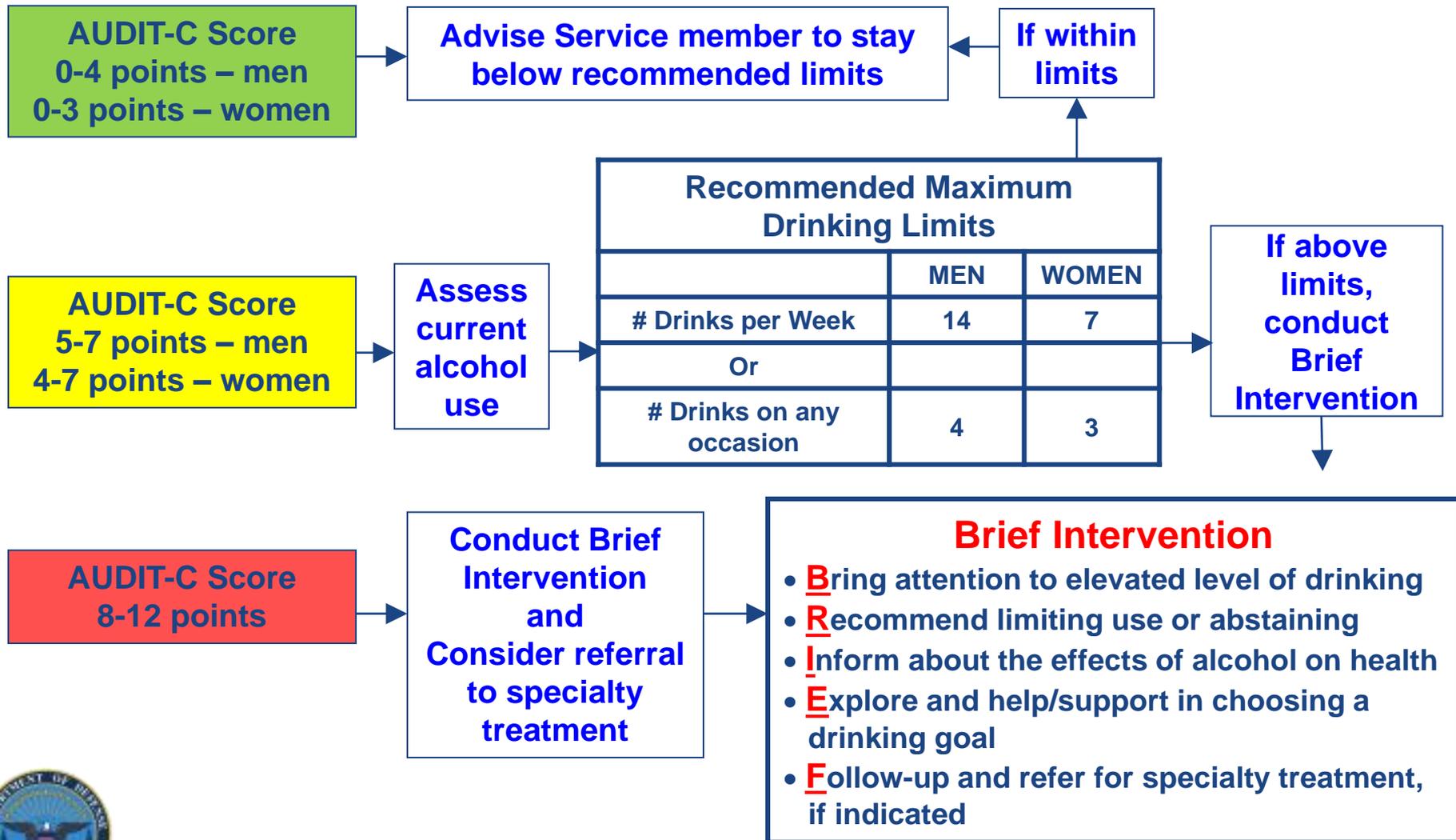
The **AUDIT-C** is a questionnaire given to thousands of Service members and veterans.

This triangle shows how your drinking compares to **male** deployed Service members. Men who score **5 or higher** are likely to drink above recommended maximum drinking limits.

*Source: Armed Forces Health Surveillance Center, Post-deployment Health Re-assessment (PDHRA) data.



Algorithm for Managing Risky Drinking*



* Adapted from VA/DoD Clinical Practice Guideline for Management of Substance Use Disorders, Version 2.0, Aug 2009



Risky Drinking – Intervention Matrix

Based on the AUDIT-C score (____) and assessment of alcohol use, follow the guidance below:

Assess Alcohol Use	AUDIT-C Score* Men: 5-7; Women: 4-7	AUDIT-C Score Men and Women: ≥ 8
Alcohol use WITHIN recommended limits: Men: ≤ 14 drinks per week OR ≤ 4 drinks on any occasion Women: ≤ 7 drink per week OR ≤ 3 drinks on any occasion	Advise patient to stay below recommended limits	Refer to specialty care AND
Alcohol use EXCEEDS recommended limits: Men > 14 drinks per week OR > 4 drinks on any occasion Women > 7 drinks per week OR > 3 drinks on any occasion	Consider referral to specialty care AND conduct BRIEF counseling**	conduct BRIEF counseling**

*If AUDIT-C Score is ≤ 4 in men or ≤ 3 in women: no intervention required

**BRIEF: Bring attention to elevated level of drinking; Recommend limiting use or abstaining; Inforn about the effects of alcohol on health; Explore and help/support in choosing a drinking goal; Follow-up referral for specialty treatment, if indicated



Referral for Alcohol Treatment

★ Consider a referral for alcohol treatment if deployer:

- Requires further evaluation of use
- Has tried and been unable to change on his/her own
- Has known substance dependence
- Had prior treatment for alcohol or other substance use disorder
- Had a recent problem with alcohol that resulted in counseling by unit or referral to treatment
- Has an AUDIT-C score ≥ 8



Stage 3 Q5: Assessing PTSD Symptoms

- ★ **Review and clarify deployer responses as indicated...**
 - **Q5 a-u: Review PC-PTSD and score PCL-C, if applicable, to determine severity of symptoms**
 - **Note associated functional impairment due to PTSD symptoms**



Stage 3 Q5e-u: Scoring PCL-C

Step 1: Add up the circled numbers in each of the four columns.

Below is a list of problems and complete each question carefully and circle the number that best describes how often the problem occurred *in the last month*. Please answer each question honestly.

Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
4e. Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?	①	2	3	4	5
4f. Repeated, disturbing <i>dreams</i> of a stressful experience from the past?	1	2	③	4	5
4g. Suddenly <i>acting or feeling</i> as if a stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
4h. Feeling very <i>upset</i> when something reminded you of a stressful experience from the past?	1	②	3	4	5
4i. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?	1	2	3	④	5
4j. Avoid <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?	1	②	3	4	5
4k. Avoid <i>activities</i> or <i>situations</i> because they remind you of a stressful experience from the past?	1	2	3	④	5
4l. Trouble <i>remembering important parts</i> of a stressful experience from the past?	1	2	③	4	5
4m. Loss of <i>interest in things that you used to enjoy</i> ?	1	2	3	4	⑤
4n. Feeling <i>distant</i> or <i>cut off</i> from other people?	1	②	3	4	5
4o. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	③	4	5
4p. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	④	5
4q. Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	③	4	5
4r. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	⑤
4s. Having <i>difficulty concentrating</i> ?	①	2	3	4	5
4t. Being " <i>super alert</i> " or watchful on guard?	1	②	3	4	5
4u. Feeling <i>jumpy</i> or easily startled?	1	2	③	4	5
For Primary Care Provider - Add Columns:	2	8	15	12	10
Total:			④		

Step 2: Sum the values from the columns to obtain a total severity score.



Review Stage 2 Functional Impairment Related to PTSD Symptoms (Q5v-x)

If you checked off any of the above, how difficult have these problems made it for you to ...	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
Do your work?				
Take care of things at home?				
Get along with other people?				

This question helps providers determine the clinical significance of reported symptoms



Stage 3 Q5: PTSD Assessment, Education & Referral

Based on score (___), deployer's level of functioning and exploration of responses, follow the guidance below:

Deployer Self-Reported Level of Functioning	PCL Score <30 Sub-threshold or no PTSD Symptoms	PCL Score 30-39 Mild PTSD Symptoms	PCL Score 40-49 Moderate PTSD Symptoms	PCL Score ≥50 Severe PTSD Symptoms
Not difficult at all or Somewhat difficult	No intervention	PTSD education*		Consider referral for further evaluation AND provide PTSD education*
Very difficult To Extremely difficult	Assess need for further evaluation AND provide PTSD education*	Consider referral for further evaluation AND provide PTSD education*		Refer to Mental Health AND provide PTSD education*

*PTSD Education = Reassurance/Supportive counseling, provide literature on PTSD, encourage self-management activities and counsel to seek help for worsening symptoms



Stage 3 Q6: Assessing Depression

- ★ **Review data and clarify deployer responses as indicated...**
 - **Q6 a-h: Review PHQ-2 and score PHQ-8, if filled out, to identify possible depression and determine severity of symptoms**
 - **Note functional impairment associated with depressive symptoms**



Stage 3 Q6 a-h: Scoring PHQ-8

Step 1: Add up the circled numbers in each of the three columns on the right.

Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems? (circle the best response)		Not at all	Several days	More than half the days	Nearly every day		
a	Little interest or pleasure in doing things	0	1	2	3		
b	Feeling down, depressed or hopeless	0	1	2	3		
c	Trouble falling or staying asleep	0	1	2	3		
d	Feeling tired or having little energy	0	1	2	3		
e	Poor appetite or overeating	0	1	2	3		
f	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3		
g	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3		
	Moving or speaking so slowly that other people could have noticed or restless that cannot sit still	0	1	2	3		
Care Provider - Add Columns:			2	+	6	+	3
Total:						11	

Step 2: Sum the values from the three columns to obtain a total severity score.



Review Stage 2: Functional Impairment Related to Depression

★ Functional impairment related to Depression symptoms

If you checked off any of the above items, how difficult have these problems made it for you to ...	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
Do your work?				
Take care of things at home?				
Get along with other people?				

This question helps providers determine the clinical significance of reported symptoms



Stage 3 Q6: Depression Assessment, Education & Referral

Based on score (____), deployer's level of functioning and exploration of responses, follow the guidance below:

Deployer Self-Reported Level of Functioning	PHQ-9 Score 1-4 No Symptoms	PHQ-9 Score 5-9 Sub-threshold Symptoms	PHQ-9 Score 10-14 Mild Symptoms	PHQ-9 Score 15-18 Moderate Symptoms	PHQ-9 Score 19-24 Severe Symptoms
Not difficult at all or Somewhat difficult	No intervention	Depression education*		Consider referral to Mental Health AND provide depression education*	Consider referral to Mental Health AND provide depression education*
Very difficult To Extremely difficult	Assess need for further evaluation AND provide depression education*		Consider referral to Mental Health for further evaluation AND provide depression education*	Consider referral to Mental Health AND provide depression education*	Refer to Mental Health AND provide depression education*



*Depression education = Reassurance/supportive counseling, provide literature on Depression, encourage self-management activities and counsel to seek help for worsening symptoms.



Stage 3: Mental Health Questions/Concerns

- ★ **Positive = “Yes”**
- ★ **For “Yes” or “Unsure” answers in deployer section, elucidate details**
- ★ **Consider referral if significant distress or significant impairment in work, home and social functioning**



Stage 3: Suicide Risk Assessment

- ★ Start the suicide assessment with the following questions verbatim, posed during the Stage 3 person-to-person context:

Ask “Over the past month, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?”

Yes___ No___

If “Yes,” ask “How often have you been bothered by these thoughts?”

Very few days___ More than half of the time___ Nearly every day___

- ★ If the answer is “Yes,” a thorough suicide risk assessment is indicated using the approach on the next slide



Evaluating Suicidal Ideation in a Patient Who Endorses Stage 3

- A. Verify whether deployer has *passive* thoughts of death (1st part of Question) or *active* thoughts of self-harm (2nd part of Question)

“Have you had thoughts of actually hurting yourself?”

No _____ Yes _____

- B. If ‘Yes’, ask the following four questions (*Four P’s: Plan, Probability, Preventive factors, Past history*)

Ask about presence of a plan: “Have you thought about how you might actually hurt yourself?”

No _____ Yes _____ If Yes, How? _____



Evaluating Suicidal Ideation (Continued)

Estimate probability: “There’s a big difference between having a thought and acting on a thought. How likely do you think it is that you will act on these thoughts about hurting yourself or ending your life over the next month?”

Not at all likely__ Somewhat likely__ Very likely__

Determine if there are any preventive factors:

“Is there anything that would prevent or keep you from harming yourself?”

No____ Yes____ If Yes, What _____

Evaluate past history: “Have you ever attempted to harm yourself in the past?”

No____ Yes____ If Yes, When? _____



Evaluating Suicidal Ideation (Continued)

C. Assess other risk factors for suicide:

- Interpersonal conflicts Yes_____No
- Social isolation Yes_____No
- Current alcohol/substance abuse Yes_____No
- Hopelessness Yes_____No
- Severe agitation/anxiety Yes_____No
- Diagnosis of depression
or other psychiatric disorder Yes_____No
- Recent loss Yes_____No
- Financial stress Yes_____No
- Legal/disciplinary problems Yes_____No
- Serious physical illness Yes_____No



Suicide Risk Referral Guidelines

Description of Patient Symptoms	Level of Risk	Actions
<ul style="list-style-type: none">• Active desire to commit suicide• No self-control• No external supports• Comorbid alcohol abuse, PTSD, depression	High risk	<ul style="list-style-type: none">• Emergent behavioral health referral• Find safe means of transport to the nearest behavioral health clinic or emergency room
<ul style="list-style-type: none">• Current thoughts but no active plan• With or without risk factors	Intermediate risk	<ul style="list-style-type: none">• Urgent behavioral health referral• Advise patient who to contact in a crisis and where to go for emergency help



Stage 3: Violence Toward Others

Ask “Over the PAST MONTH, have you had thoughts or concerns that you might hurt or lose control with someone?”

Yes____ No____

If “Yes” response, ask additional questions to determine extent of problem (e.g., target, plan, intent, past history):

Suggested Questions:

a. “Is there a person or situation that provokes you to potentially hurt someone or lose control?”

Yes____ No____

b. “If this situation is not resolved, how likely are you to hurt someone?”

Not at all likely ____Somewhat likely ____Very likely____



Stage 3 : Violence Risk Assessment (Continued)

c. “Do you have a plan?”

Yes_____ No_____

If yes, details:_____ Who is the target?_____

If the answer to any of these questions is “Yes”, please
provide details: _____



Stage 3: Risk Assessment and Referral

Does member pose a current risk for harm to self or others?

Yes, poses a current risk_____ No, not a current risk_____

Determine if symptoms warrant referral for final assessment or additional care:

No referral_____ Immediate referral_____ Urgent referral_____

(next slide)



Violence Risk Referral Guidelines

Description of Deployer Symptoms	Level of Risk	Actions
<p>Deployer has a current plan to hurt someone</p>	<p>High risk</p>	<ul style="list-style-type: none"> • Emergent behavioral health referral • Find safe means of transport to the nearest behavioral health clinic or emergency room • Notify Law Enforcement if indicated
<p>Current violent thoughts but no active plan</p>	<p>Intermediate risk</p> 	<ul style="list-style-type: none"> • Urgent behavioral health referral • Consider referral for urgent behavioral health assessment • Advise patient who to contact in a crisis and where to go for emergency help



Providing Feedback & Referral Recommendations

- ★ Offer impression of deployer's symptoms and referral options, for example:
 - “It looks like your _____ [PTSD, Depression, Alcohol Abuse, etc.] symptoms are quite severe and/or are affecting your ability to work/be the parent you would like to be.”
 - “I recommend that you consult with a specialist for a thorough evaluation and to learn about the best options for addressing these issues.”



Referral Options

Service Member Status	Level of Risk	Options
Any Deployer	High risk	<ul style="list-style-type: none"> • Emergent behavioral health referral
Active Duty	Low to Moderate risk	<ul style="list-style-type: none"> • Military Treatment Facility • Non-MTF TRICARE provider
<ul style="list-style-type: none"> • Non-active Guard & Reserve • Separating Active Duty 	Moderate risk	<ul style="list-style-type: none"> • VA Medical Center • TRICARE (if eligible) <u>and</u> • <i>inTransition</i> Program
<ul style="list-style-type: none"> • Non-active Guard & Reserve • Separating Active Duty 	Low risk	<ul style="list-style-type: none"> • Vet Centers • Military One-Source (12 sessions of non-medical counseling)



***inTransition* Program: Free 1-on-1 Coaching During Transition to a New Mental Health Provider**

The *inTransition* program . . .

- **Supports deployers until they receive follow-up mental health care**
- **Eligible deployers include:**
 - **Active Duty personnel going through Permanent Change of Station (PCS) or Temporary Active Duty (TDY)**
 - **Guard/Reserve or separating/retiring deployers who may pursue VA, TRICARE, or community mental health care**
- **Details outlined in Health Affairs policy [10-001](#)**

1-800-424-7877

Outside U.S.: 800-424-4685

Outside U.S. collect: 314-387-4700

<http://www.health.mil/inTransition>



Documentation & Reporting Requirements

- ★ **Providers need to comply with their Service-specific reporting requirements**
- ★ **Document results and outcome of mental health assessment on the form and in the deployer's medical record**
- ★ **Routine evaluation must be scheduled to occur before the deployer's deployment**



Congratulations! End of Training

- **Congratulations!** You have reviewed all of the required material for the **Training to Administer DoD Deployment Mental Health Assessments**.
- The remaining slides contain supplemental information and resource materials that may be useful for deployers.

To continue on to Mental Health Assessment Training Posttest, please [click here](#).



More Guidance and Support

DoD Service Member/Family Member Helpline

1-800-796-9699

662-3577 (DSN)

DoD Clinician Helpline

1-866-559-1627

642-0907 (DSN)

DoD Europe Helpline

00800-8666-8666

Veterans Suicide Prevention Hotline:

1-800-273-TALK (8255) and press 1

For Internet-based DoD support

Web URL <http://www.pdhealth.mil>

Email pdhealth@amedd.army.mil



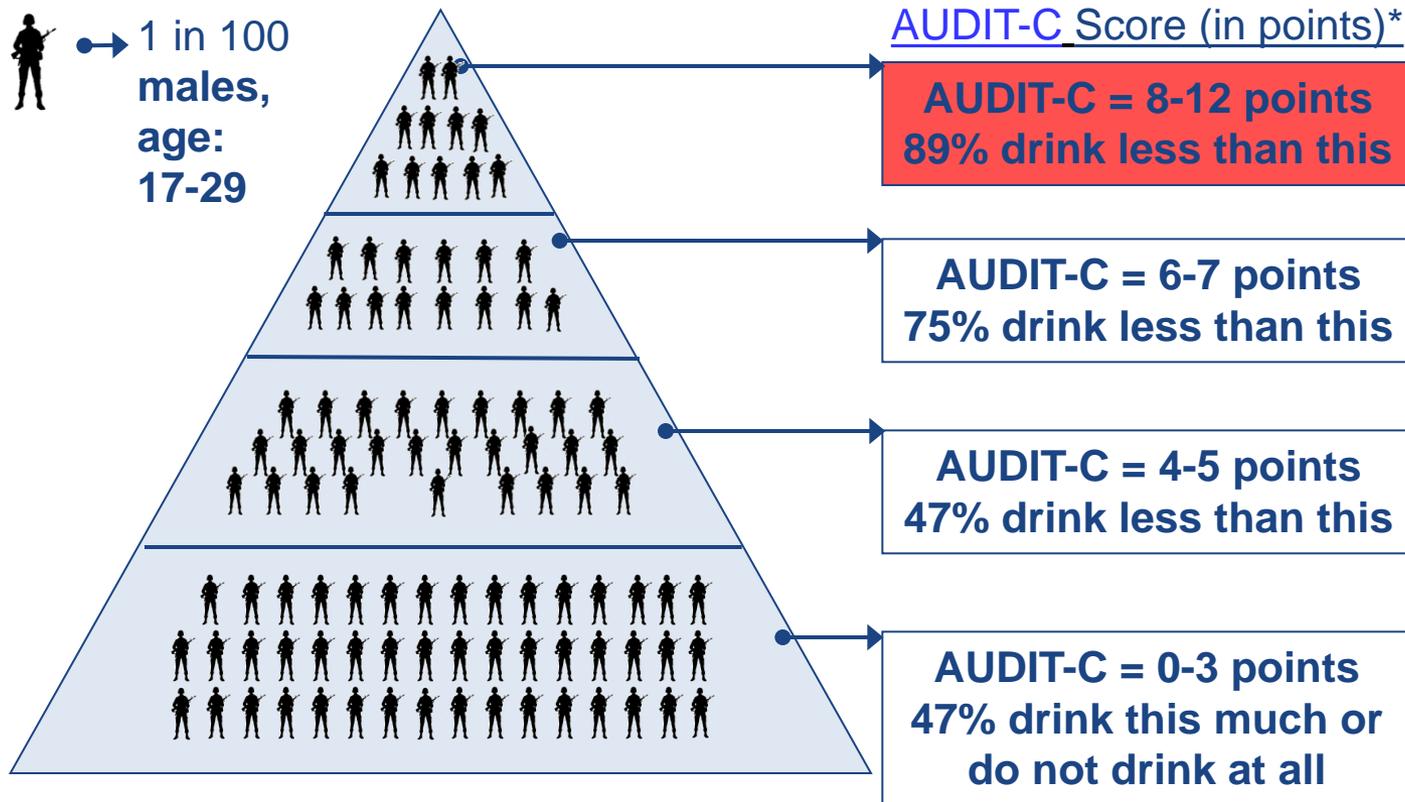
Supplemental Resources

- ★ **Alcohol feedback cards**
- ★ **Video Cases: Helping Patients Who Drink Too Much**
<http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Pages/VideoCases.aspx>
- ★ **Depression- education material**
- ★ **PTSD- education material**
- ★ **Self management work sheet including sleep hygiene improvement plan**



How Many Others Drink As Much As You?

Men- Age: 17-29 yrs



The **AUDIT-C** is a questionnaire given to thousands of Service members and veterans.

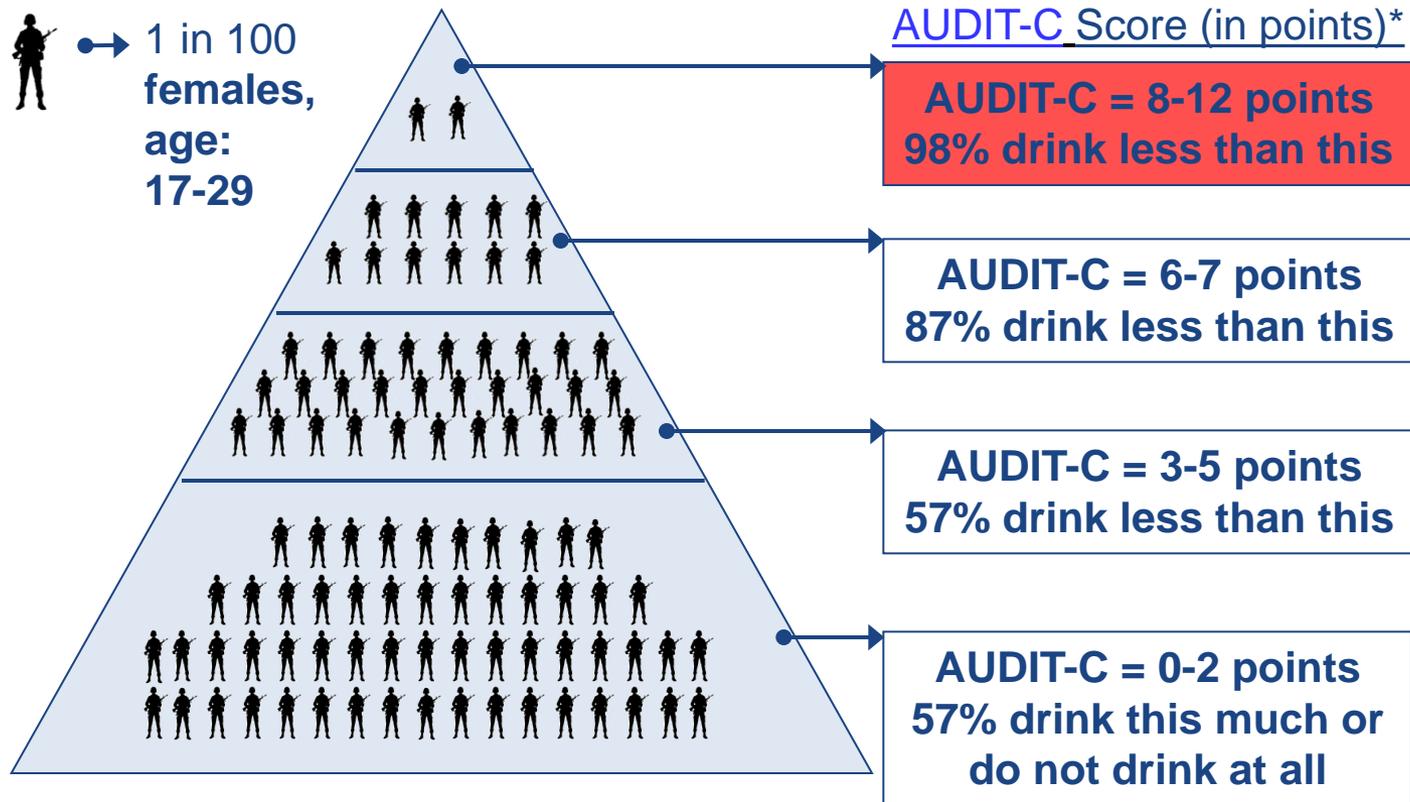
This triangle shows how your drinking compares to **male** deployed Service members, **age 17-29**. Men who score **4 or higher** are likely to drink above recommended maximum drinking limits.

*Source: Armed Forces Health Surveillance Center, Post-deployment Health Re-assessment (PDHRA) data.



How Many Others Drink As Much As You?

Women- Age: 17-29 yrs



The **AUDIT-C** is a questionnaire given to thousands of Service members and veterans.

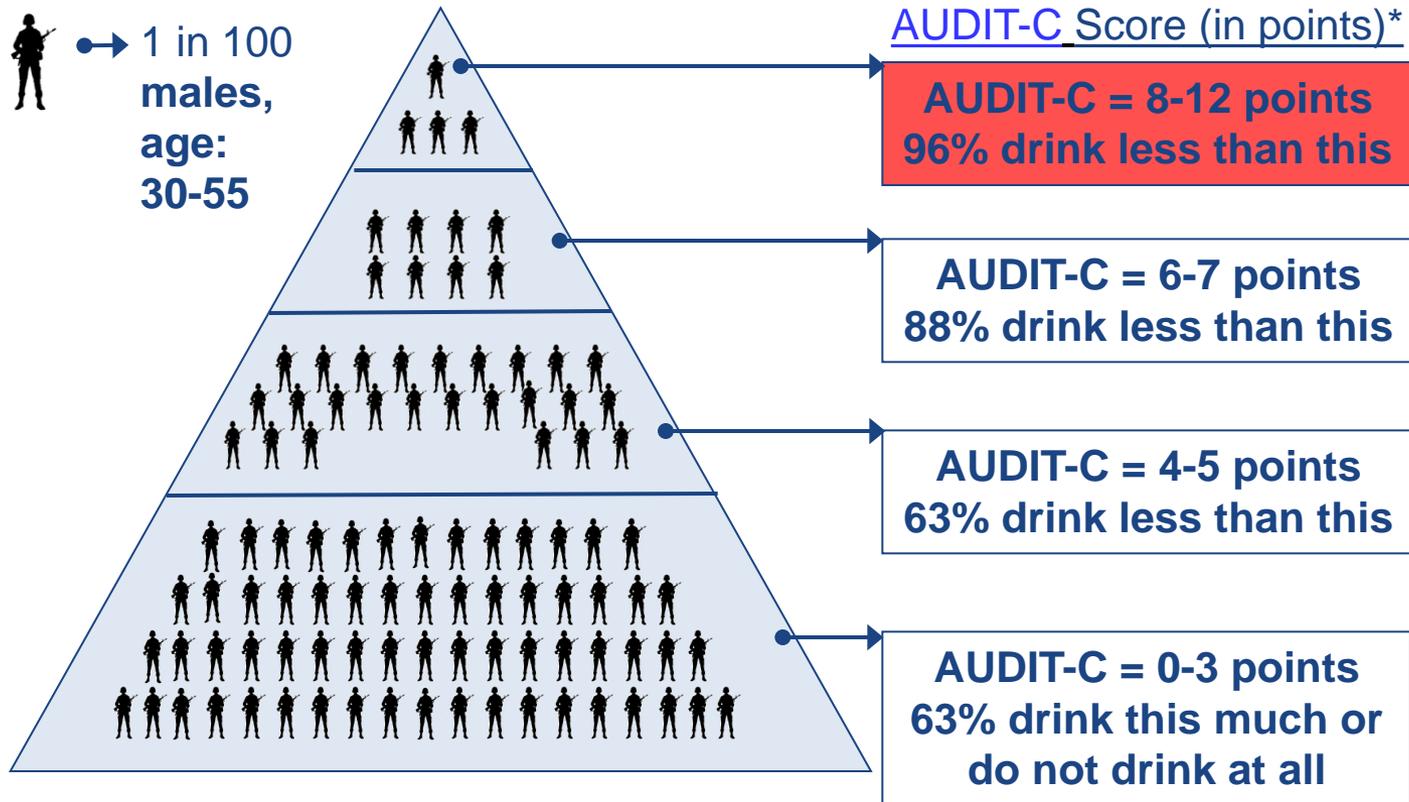
This triangle shows how your drinking compares to **female** deployed Service members, **age 17-29**. Women who score **3 or higher** are likely to drink above recommended maximum drinking limits.

*Source: Armed Forces Health Surveillance Center, Post-deployment Health Re-assessment (PDHRA) data.



How Many Others Drink As Much As You?

Men- Age: 30-55 yrs



The **AUDIT-C** is a questionnaire given to thousands of Service members and veterans.

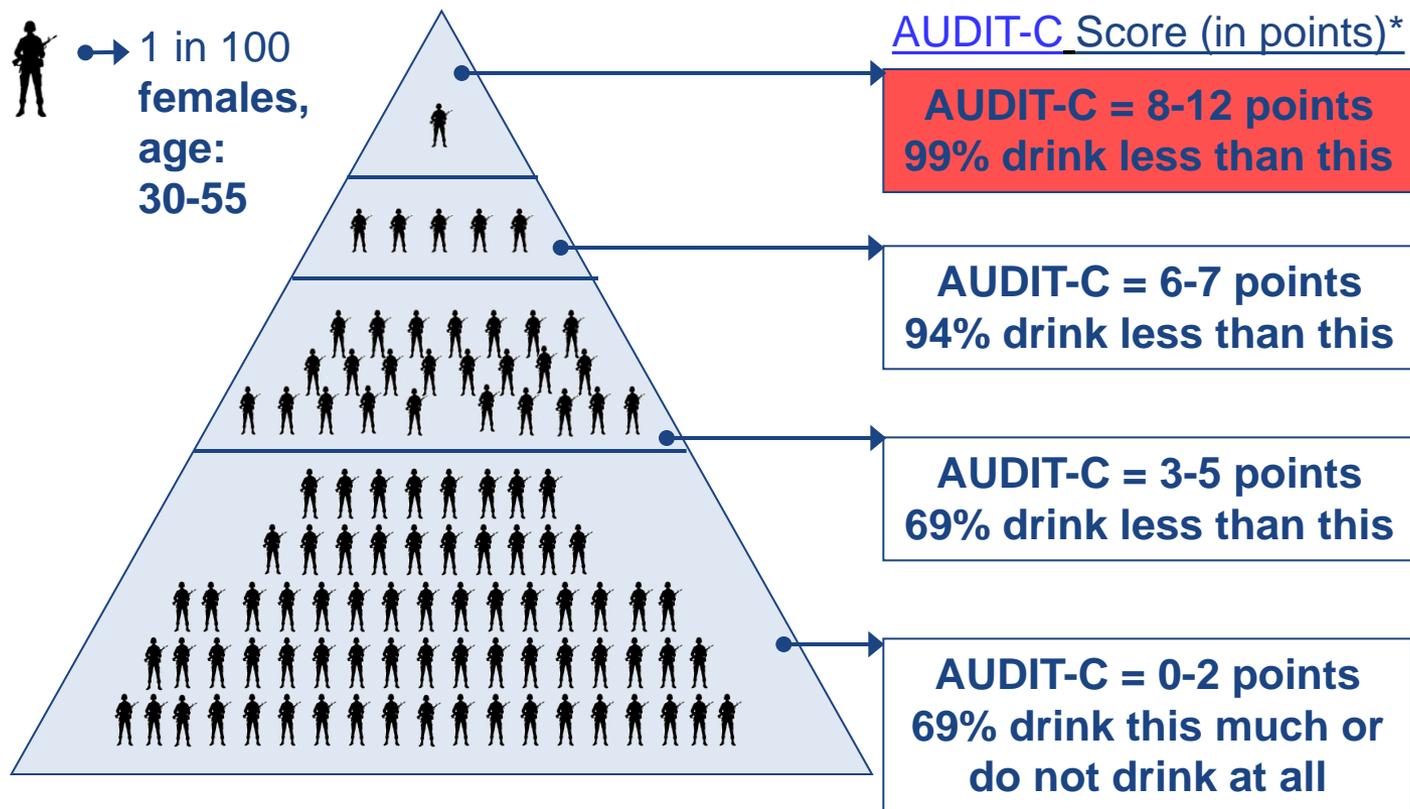
This triangle shows how your drinking compares to **male** deployed Service members, **age 30-55**. Men who score **4 or higher** are likely to drink above recommended maximum drinking limits.

*Source: Armed Forces Health Surveillance Center, Post-deployment Health Re-assessment (PDHRA) data.



How Many Others Drink As Much As You?

Women- Age: 30-55 yrs



The **AUDIT-C** is a questionnaire given to thousands of Service members and veterans.

This triangle shows how your drinking compares to **female** deployed Service members, **age 30-55**. Women who score **3 or higher** are likely to drink above recommended maximum drinking limits.

*Source: Armed Forces Health Surveillance Center, Post-deployment Health Re-assessment (PDHRA) data.



Depression: Information for Deployers

- ★ **What is depression?** Depression is more than merely sadness or the emotions that can follow a loss or difficult times. Depression is a medical disorder that can affect thoughts, feelings, and behaviors, as well as physical health.
- ★ **Symptoms include:**
 - Feeling sad, or blue or down in the dumps
 - Loss of interest in things usually enjoyed
 - Feeling listless or restless
 - Having trouble sleeping or sleeping too much
 - Loss of energy or feeling tired all the time
 - Having an increase or decrease in appetite or weight
 - Having problems concentrating, remembering or making decisions
 - Feeling worthless or guilty
 - Having thoughts of death or of hurting oneself



Depression: Information for Deployers (Contd)

- ★ **If you are depressed, what can be done about it?**
 - Proven effective methods of treatment are: supportive counseling, prescription medication, and professional behavioral health therapy
 - Talk to your provider and take an active role in deciding what type of treatment you think will work best for you and then follow through with the treatment

- ★ **Key facts about antidepressant medication:**
 - It only works if taken every day
 - It is not habit forming or addictive
 - Its benefits appear slowly
 - You must continue taking medicine even after you begin to feel better
 - Mild side effects are common and usually improve with time
 - Call your clinician if you are thinking about stopping the medication
 - The goal of treatment is remission, which may take a few tries
 - Medications can be and are used during deployment



Depression: Information for Deployers (Contd)

★ Counseling

- Shown to be as effective as antidepressants in treating depression
- Sessions focus on current concerns and effective ways to treat them
- Time spent in counseling differs among individuals but typically consists of a weekly 45 – 60 minute session for 6 – 20 weeks
- Provided by a trained behavioral health specialist
- Cognitive behavioral therapy (CBT) is a common type of therapy
- Other forms of counseling are available through clergy or specific support groups

★ Types (settings) of counseling

- Individual – you alone with a counselor
- Group – you, a counselor, and other people with similar concerns
- Family – you, a counselor, and your immediate family members
- Marriage – you, a counselor, and your spouse



Depression: Information for Deployers (Contd)

★ Making the most out of counseling

- Keep all of your appointments with your provider/counselor
- Be honest and open about how you feel and what issues concern you
- Feel free to ask whatever questions come to mind
- Work cooperatively with your counselor, and complete any “homework” assignments you may be asked to do between sessions

★ If your depression does not noticeably improve after 6 – 12 weeks, your counselor may modify your treatment and may use medication in addition to counseling

Source: RESPECT-Mil Information for Soldiers Regarding Depression
http://www.pdhealth.mil/downloads/Depression_patient_ed_11.06.pdf



PTSD: Information for Deployers

★ What is PTSD?

- Post-Traumatic Stress Disorder is a condition that may occur after you've experienced or witnessed a life-threatening event
- Some events known to trigger PTSD: military combat, natural disasters, serious accidents, or violent personal assaults, like rape
- PTSD can affect *anyone*

★ Symptoms include:

- Flashbacks
 - Images or thoughts of a traumatic event that interrupt daily activities
 - Nightmares
 - Sudden flashbacks of the event
 - Severe emotional and/or physical reactions to memories



PTSD:

Information for Deployers (Contd)

- **Emotional Distance**
 - Avoiding thinking or talking about the event
 - Avoiding situations similar to it
 - Experiencing memory loss of the event
 - Loss of interest in daily activities
 - Feeling distant or cut off
 - Experiencing emotional numbness and/or a sense that the future has been or will be cut short
- **Agitation**
 - Experiencing insomnia
 - Poor concentration
 - Outbursts
 - Being watchful, on guard and/or easily startled
- **People with PTSD may experience several of these symptoms for a month or more.**
- **Symptoms may be severe enough to significantly interfere with daily life**



PTSD:

Information for Deployers (Contd)

★ How is PTSD treated?

- Proven effective methods of treatment are medication and psychotherapy
- Most widely used medications are the selective serotonin reuptake inhibitors (SSRIs) such as paroxetine (Paxil), sertraline (Zoloft), and fluoxetine (Prozac)

★ Key facts about PTSD medication:

- It only works if taken every day
- It is not habit forming or addictive
- Its benefits appear slowly
- You must continue taking medicine even after you begin to feel better
- Mild side effects are common and usually improve with time
- Call your clinician if you are thinking about stopping the medication
- The goal of treatment is remission, which may take a few tries
- Medications can be and are used during deployment



PTSD: Information for Deployers (Contd)

★ Counseling

- Shown to be as effective as medication in treating PTSD
- Sessions focus on current concerns and effective ways to treat them
- Time spent in counseling differs among individuals but typically consists of a weekly 45 – 60 minute session for 6 – 20 weeks
- Provided by a trained behavioral health specialist
- Two common effective forms of therapy are:
 - Cognitive behavioral therapy (CBT) – uses relaxation strategies to lessen symptoms and teaches you to how to recognize and minimize negative thoughts and reactions
 - Prolonged exposure therapy (PE) – desensitizes you to the trauma by having you experience the memory of the traumatic event several times under safe and controlled conditions
- Other forms of counseling are available through clergy or specific support groups



PTSD:

Information for Deployers (Contd)

- ★ **Types (settings) of counseling**
 - Individual - you alone with a counselor
 - Group – you, a counselor, and other people with similar concerns
 - Family – you, a counselor, and your immediate family members
 - Marriage – you, a counselor, and your spouse

- ★ **Making the most out of counseling**
 - Keep all of your appointments with your provider/counselor
 - Be honest and open about how you feel and what issues concern you
 - Feel free to ask whatever questions come to mind
 - Work cooperatively with your counselor, and complete any “homework” assignments you may be asked to do between sessions

- ★ **If your PTSD does not noticeably improve after 6 – 12 weeks, your counselor may modify your treatment and may use medication in addition to counseling**

Source: RESPECT-Mil Information for Soldiers Regarding PTSD
http://www.pdhealth.mil/downloads/PTSD_patient_ed_11.06.pdf



Self-Management Worksheet

SELF-MANAGEMENT WORKSHEET
There are several things you can do to help you self feel better, even when you're not at your best. Start by selecting one of the activities from this list. Remember to take it slowly at first and add new things as you begin to feel better.

- 1. Make time for pleasurable physical activities.**



Be sure to make time to concentrate on your basic physical needs. One example is walking for a certain length of time each day.

For _____ days next week, I'll spend at least _____ minutes doing _____.
- 2. Find time for pleasurable activities.**



Even though you may not feel as motivated or happy as you used to, commit to scheduling a fun activity (such as a favorite hobby) at least a few times a week.

For _____ days next week, I'll spend at least _____ minutes doing _____ (Remember to make your goal both easy and reasonable.)
- 3. Spend time with people who can support you.**



It's easy to avoid contact with people when you're feeling down. But, it's times like these that you need the support of friends and family. If you can, explain to them what you are experiencing. If you don't feel comfortable talking about it, that's all right. Just asking them to be with you, maybe during one an activity, is a good first step. (Suggestions include: meeting a friend for coffee, going shopping with a friend, playing cards or taking a walk with a neighbor, working with your spouse in the garden – anything that is social and enjoyable.)

During the next week, I'll make contact at least _____ times with _____ (name) doing/talking about _____.
- 4. Practice Relaxing**



For many people, the changes that come with depression or PTSD can lead to anxiety. Since physical relaxation can lead to mental relaxation, practice relaxing in another way. Try deep breathing, taking a warm bath, or just finding a quiet, comfortable, peaceful place. Say comforting things to yourself like, "It's okay."

For _____ days next week, I'll practice physical relaxation at least _____ times, for at least _____ minutes each time. (Remember to make your goal easy and reasonable.)
- 5. Simple goals and small steps.**



It's easy to feel overwhelmed when you're depressed. Some problems and decisions can be delayed, but others can't. It can be hard to deal with them when you're feeling sad, have little energy and aren't thinking as clearly as usual. Try breaking down large problems into smaller ones and then take one small step at a time. Give yourself credit for each step you accomplish.

The problem is: _____
My goal is: _____
Step 1: _____
Step 2: _____
Step 3: _____
- 6. Eat nutritious, balanced meals.**



You are what you eat. Many people find that when they eat more nutritious, balanced meals, they not only feel better physically, they feel better emotionally and mentally also.

During the next week, I will improve my diet by: _____
(Example: "Sine for five." Eat at least five fruits and vegetables a day.)
- 7. Avoid or minimize alcohol use.**



Alcohol is a depressant and can add to feeling down and alone. It can also interfere with the help you may receive from antidepressant medication.

I will restrict my alcohol intake to no more than two drinks on no more than two days per week.

SLEEP HYGIENE IMPROVEMENT PLAN
Use this worksheet to develop a plan for improving your sleep. your sleep to get back in line, so once you begin your plan stick with it for at least six to eight weeks.

IMPROVE YOUR SLEEP.

_____ before bedtime
I will _____

_____ Take a hot bath one to two hours prior to bedtime.
I will take a hot bath at _____ p.m.

_____ Eat a Light Snack at bedtime, but avoid large amounts or foods that can create indigestion
I will eat _____ or _____ or _____ before bed.

_____ Avoid Naps.
I will try not to nap, but if I must, I will limit it to _____ minutes, about eight hours after I awake. I will use an alarm to limit my nap time.

_____ Limit Time in Bed.
I have been sleeping on average _____ hours per night; therefore I will limit my time in bed to _____ hours (the same number). If I'm not asleep in about 15 to 20 minutes I will get up and not return to bed until I am sleepy.

_____ Stay on a regular sleep schedule
I will get up at _____ a.m., seven days a week, no matter how poorly I slept overnight.

_____ I will make the following changes to my bedroom:

RESPECT-MI August 2008

Source: RESPECT-Mil Self-Management Worksheet
<http://www.pdhealth.mil/self-management-worksheet.pdf>



Self-Management Worksheet (Continued)

- ★ **Worksheet created to assist deployers choose things they can do to help themselves feel better. They start by selecting one of the activities from this list and then plan how to incorporate it into their life.**
 - **Make time for pleasurable physical activities**
 - **Find time for pleasurable activities**
 - **Spend time with people who can support you**
 - **Practice deep, abdominal breathing**
 - **Simple goals and small steps**
 - **Eat nutritious, balanced meals**
 - **Avoid or minimize alcohol use**

- ★ **As they feel better, they can add new activities.**



Self-Management Worksheet (Continued)

Sleep Hygiene Improvement Plan

- ★ Worksheet created to assist deployers develop a plan for improving their sleep. They select the areas they want to work on and develop a plan for incorporating them into their life.

- Avoid caffeine 6 – 8 hours before bedtime
- Avoid nicotine before bedtime
- Limit alcohol use
- Avoid using sleeping pills
- Exercise regularly, but not within 2 hours of bedtime
- Ensure your bedroom is a comfortable temperature, is quiet and dark, and that your mattress and pillow are in good condition

- Take a hot bath 1 – 2 hours prior to bedtime
- Eat a light snack at bedtime, but avoid large amounts or foods that can create indigestion
- Avoid naps
- Limit time in bed
- Stay on a regular sleep schedule



Locating Resources

- ★ **Alcohol Use Disorders Identification Test – Consumption (AUDIT C)**
<http://www.queri.research.va.gov/tools/alcohol-misuse/alcohol-faqs.cfm>
- ★ **RESPECT-Mil Resources**
(Re-Engineering Systems for the Primary Care Treatment of Depression and PTSD in the Military)
<http://www.pdhealth.mil/respect-mil/index1.asp>
- ★ ***inTransition Program***
<http://www.health.mil/inTransition>

