VA/DoD Clinical Practice Guideline (CPG) for Management of Major Depressive Disorder (MDD) and Clinical Support Toolkit (MDD Tool Kit)

Clinical Training Manual

[Version 1]

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Relevant CPGs

- Mental Health
  - Major Depressive Disorder (MDD), Ver. 2.0, May 09
  - Posttraumatic Stress Disorder (PTSD), Ver. 2.0, 2010
  - Substance Use Disorder (SUD), Ver. 2.0, 2009
- Deployment Health
  - Medically Unexplained Symptoms: Chronic Pain and Fatigue (MUS), Ver. 1.0, Jul 01
  - Post-Deployment Health Evaluation & Management (PDH), Ver. 1.2, Sep 00/Update Dec 01
- Traumatic Brain Injury
  - Indications and Conditions for In-Theater Post-Injury Neurocognitive Assessment Tool (NCAT) Testing
  - Case Management of Concussion/Mild Traumatic Brain Injury (mTBI)
  - Department of Veterans Affairs (VA)/Department of Defense (DoD) Management of Concussion/mTBI
  - Clinical Guidance for Evaluation and Management of Concussion/mTBI - Acute/Subacute (CONUS)

Feedback

Feedback is vital for improving the quality of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) Education Directorate training manuals. Instructor feedback (written or verbal) on the course and course materials is greatly appreciated. Completed feedback should be directed to:

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1 Introduction

This training manual is designed primarily for instructors, but may also be beneficial to course sponsors, training leads or other individuals responsible for measuring performance related to training and/or education. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) clinical training manuals are designed to enhance consistent delivery of training while also providing instructors the flexibility to tailor materials to the needs of the participants. Training is most effective when delivered by local instructors who can use examples relevant to the participants and reinforce education after the initial course is delivered. This manual:

- Incorporates adult learning principles.
- Equips instructors with tools to motivate learners to actively participate in the learning process.
- Consists of interchangeable modules, allowing instructors to customize the course based on participants' needs.
- Includes tools that allow instructors and organizations to assess the impact of instruction on learner knowledge and behavior.

DoD Documents Supporting DCoE Instruction Manual Effort

This manual is one of a series DCoE developed to support:

- National Defense Authorization Act 110-181, TITLE XVI Sec 1621(c)(6) and 1622(c)(6): Coordinate best practices for training mental health professionals, with respect to psychological health, traumatic brain injury, and other mental health conditions.
- Mental Health Task Force 5.1.3.1, 5.1.3.3 and 5.1.3.4: Develop and implement core curricula on psychological health and traumatic brain injury for Defense Department health care providers and leaders.
- Public Law 110-181 Sec. 1615(a) Uniform training standard among military departments for training and skills of medical and non-medical providers of care.

2 Training Guidance for the VA/DoD Guideline for MDD and Tool Kit

The Department of Veterans Affairs (VA)/Department of Defense (DoD) Clinical Practice Guideline for Major Depressive Disorder (MDD) and Toolkit Training was developed to familiarize primary care providers with the information and resources presented in the VA/DoD tool kit for MDD. The tool kit training provides a brief overview of the VA/DoD guideline for MDD and reviews the assessment tools and resources included in the MDD tool kit. These tools and resources provide evidence-based information on assessment, diagnosis and treatment for major depressive disorder that can be incorporated into primary care providers' regular clinical practice.

This training manual was developed to be used as a resource by those facilitating the training on the tool kit. This manual contains frequently asked questions and a glossary of key terms to

assist the instructor in providing comprehensive training and a list of resources for primary care providers participating in the training.

The training manual is designed to facilitate effective training and to encourage the use of customizable content to meet the needs of the instructor's particular participants. Each instructor's note page includes a picture of a slide, the instructor dialogue for content pertaining to that slide and a customizable area that allows the instructor to add reminders, additional content and notes. Any content within the training manual that exists in a customizable content area is a suggestion.

The MDD tool kit course was developed so that instructors may further customize these training materials based on participant/organizational needs, time/resource constraints and desired level of interactivity. Instructors may deliver this course in its entirety or combine individual modules to meet learner needs. Experiential exercises are recommended to maximize learning, but may be omitted. All materials are current per the date noted on the cover page.

3 Slide Presentation

This section includes the PowerPoint presentation and accompanying instructor notes.

Please note that there are instances of “multiple-slides-in-one” within the presentation. This means that as you “click” through the slideshow, one slide will provide multiple images, documents, or emphasis to specific information all within the same slide.

Where applicable, the speaker notes include an area where the action “Do” appears and there will be a directive to “Press Click/Enter” or another action item, which indicates what will appear on the screen when this is done.

> This applies to 41 of the 57 total slides in this presentation. The presentation images on the following pages will show such slides in their final state.

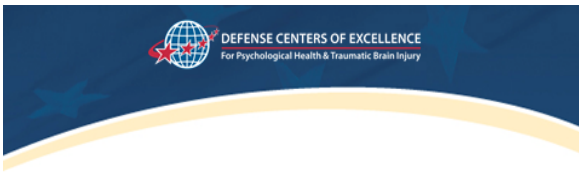
SMART Learning Objective(s)	Instructional Activity
• Self-assess knowledge of VA/DoD guidelines for MDD.	• Engage primary care providers in sharing their familiarity with VA/DoD guidelines for MDD and their experience with using it in practice.
• Describe the purpose of the VA/DoD guideline for Major Depressive Disorder (MDD) and the MDD tool kit.	• Elicit group response of circumstances where they would use the VA/DoD guideline for MDD as a resource.
• Demonstrate knowledge of the tools contained in the MDD tool kit.	• Explain the sections of the MDD CPG using the VA/DoD guideline for MDD table of contents.
• Identify the most common assessments for MDD.	• Review and discuss assessment tools, instruments and measures for diagnosing MDD.
• Correctly assess and identify criteria for diagnosis of MDD.	• Review clinical vignette and utilize the MDD tool kit to correctly assess and diagnose MDD.
• Explain the evidence-based treatment practices for MDD.	• Utilize group discussion of the various treatment approaches and intervention strategies and utilize observer rating sheets in the experiential exercises (Appendix A) with accuracy.
• Demonstrate awareness of critical treatment recommendations and correct use of worksheets.	• Practice using chart review worksheets (Appendix B).

The VA/DoD Clinical Practice Guideline for Management of Major Depressive Disorder and Tool Kit Training

Say:
Welcome to VA/DoD guideline for Major Depressive Disorder (MDD) Toolkit Training. This presentation will assist primary care providers with key concepts when caring for veterans who exhibit MDD.

Do:
- No activities

Additional Points (if any):
- None



VA/DoD Clinical Practice Guideline for Management of Major Depressive Disorder Toolkit Training

Key Concepts for Primary Care Providers

Audience: Primary Care Providers in Medical Treatment Facilities

Customizable Content (if any):

Key Training Objectives

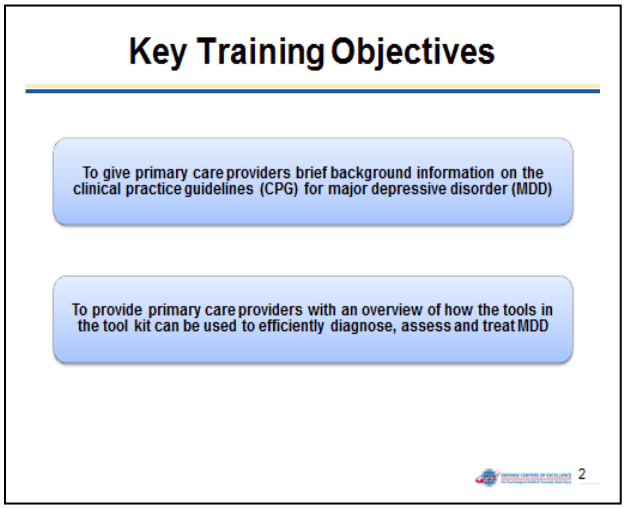
Say:
This training on the MDD tool kit has two primary objectives:

- The first objective is to give primary care providers an overview of the VA/DoD guideline for MDD.
- The second objective is to give primary care providers an overview of the tools that make up the MDD tool kit. These tools can help primary care providers in the assessment, diagnosis and treatment of major depressive disorder.

Do:
Show a copy of the VA/DoD guideline for MDD and a copy of the items that make up the MDD tool kit.

Additional Points (if any):
The five main items that make up the MDD tool kit are*:*

1. A tri-fold pamphlet for primary care providers entitled, *VA/DoD Essentials for Depression Screening and Assessment in Primary Care.*
2. A tri-fold information pamphlet for patients entitled, *Depression Fast Facts.*
3. A 15-page patient booklet which includes self-care and self-assessment worksheets. It has detailed information about depression.
4. A key points card highlighting the main points of the VA/DoD guideline for MDD in Adults: Primary Care.
5. Primary care provider tool kit consisting of 35 provider cards that include assessment and treatment algorithms, criteria for inpatient admission, prescribing information, and patient education and teaching tools.



Customizable Content (if any):

Instructor may give background of the VA/DoD evidence-based practice group and CPG construction. Instructor may give background on the MDD tool kit.

The Major Depressive Disorder CPG

Say:
Let's talk about the source document "The VA/DoD Clinical Practice Guideline for Major Depressive Disorder" for a moment.

The VA/DoD guideline for MDD was developed by clinical experts who reviewed evidence-based practices in the assessment, diagnosis and treatment of MDD. A VA/DoD guideline overall is defined by the VA and DoD as "recommendations for the performance or exclusion of specific procedures or services derived through a rigorous methodological approach that includes – determination of appropriate criteria such as effectiveness, efficacy, population benefit or patient satisfaction and a review of the literature to determine the strength of the evidence in relation to these criteria."

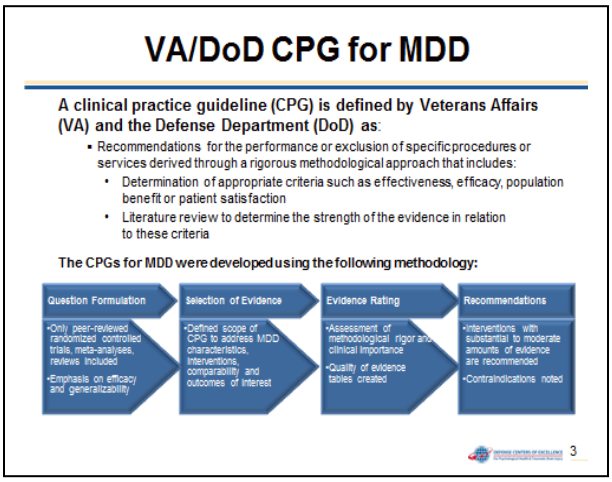
The VA/DoD guideline for MDD was developed using thorough methodology which included formulation of questions, selection of evidence, rating of evidence and developing recommendations.

Do:

- No Activities

Additional Points (if any):

- None



Customizable Content (if any):

The VA/DoD Clinical Practice Guidelines

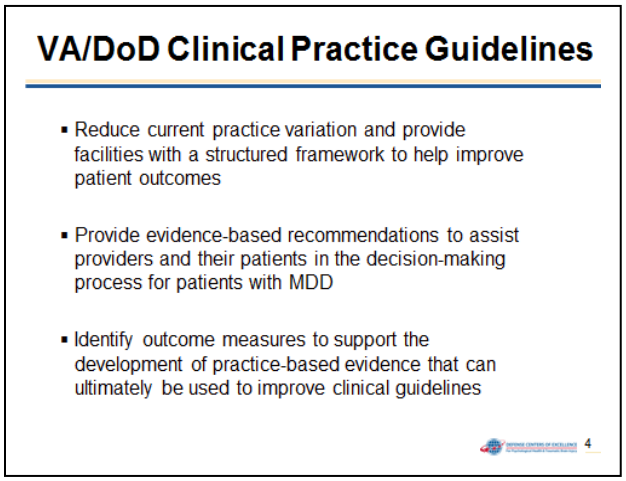
Say:
The VA/DoD guideline for MDD are informed by the most up-to-date research and was developed to:

- Decrease variation in clinical practice in the treatment of MDD and provide facilities with a structured framework to help improve patient outcomes.
- Assist providers and patients in making better informed decisions about care.
- Identify outcome measures to support the ongoing development of these clinical guidelines.

Do:
Refer participants to the tool kit pamphlet – *"Fast Facts."* Advise that providers encourage patients to review the pamphlet to help them realize that the treatment of their condition will be a partnership between the doctor and patient, each having their own understanding and responsibilities.

Additional Points (if any):
The pamphlet encourages the provider and patient to collaborate as in this example text: Your treatment is a partnership between you and your provider. You will get the most help from your treatment if you do the following things:

1. Keep all your appointments whether you are feeling better or worse.
2. Talk to your provider about any medication side effects you may be experiencing.
3. Take your medication as directed, even when you begin to feel better.
4. Talk to your provider about how you are feeling at each visit.
5. Educate yourself about depression.



Customizable Content (if any):

The MDD Tool Kit

Say:
The MDD tool kit was derived from the VA/DoD guideline for MDD to provide an easily accessible reference for assessment, diagnosis, and treatment of major depressive disorder; specifically the MDD tool kit:

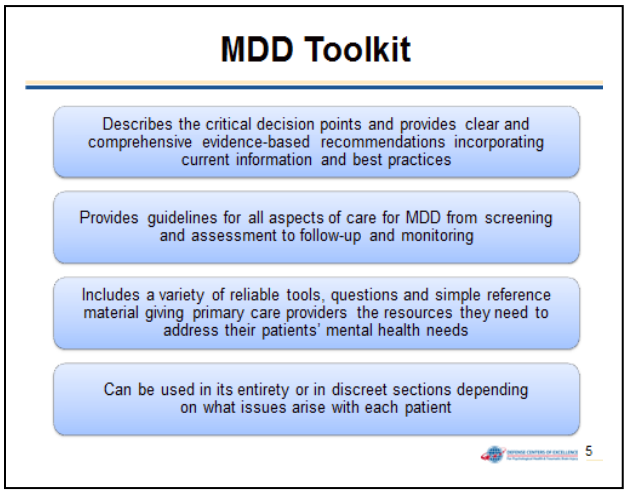
- Describes the critical decision points in assessment, diagnosis and treatment of MDD and provides comprehensive, evidence-based recommendations which incorporate current information, the most up-to-date research and best practices.
- Provides guidelines of all aspects of care from screening and assessment to follow-up and monitoring.
- Includes a variety of assessments, questions and reference material that give primary care providers the resources that they need to effectively attend to their patients' mental health needs.
- Finally, it is important to note that the MDD tool kit can be used as a guide for the duration of treatment and can also be used as a reference guide when questions or issues arise with a patient's treatment.

So that is why the MDD tool kit is important; let's move on to why it is important to you as primary care providers.

Do:
This may also be a good time to introduce the booklet – *Depression – What You Need to Know* for use by both the provider and patients. Engage participants by asking what their own experience is when trying to make decisions with patients. Usually, how well-informed are patients? This may also be a good time to introduce the booklet - "*Depression – What You Need to Know"* for use by both the provider and patients.

Additional Points (if any):

- None



Customizable Content (if any):

Involve the participants by asking them to explain to the presenter their present approach to making assessments.

Major Depressive Disorder

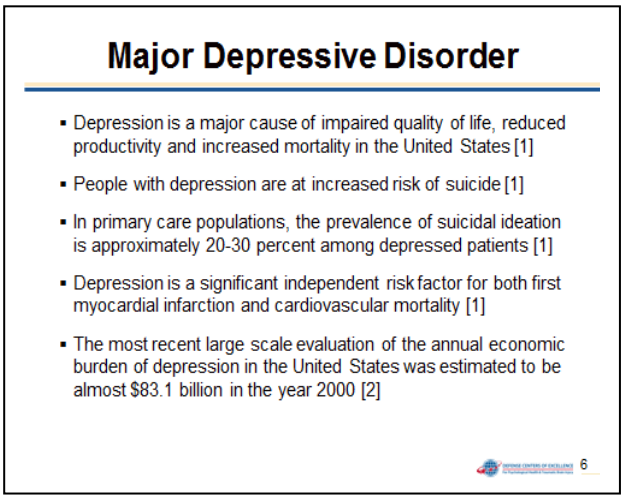
Say:
Let's take a moment and talk about MDD. Major depressive disorder is a common condition that is oftentimes underdiagnosed and undertreated and is a major cause of disability worldwide.

Some of the depression statistics are quite astounding and show that depression has a significant psychological, physical and economic impact:

- Depression is a major cause of impaired quality of life, resulting in reduced productivity and increased mortality in the United States.
- People with depression are at increased risk for suicide.
- In primary care populations, the prevalence of suicidal ideation is approximately 20-30 percent among depressed patients.
- Depression is a significant independent risk factor for both myocardial infarction and cardiovascular mortality.

Do:
Point to source at bottom of slide and remind audience where they may look to find prime sources.

Additional Points (if any):
- None



Customizable Content (if any):

Question participants regarding how often patients seek help for depression in their clinics and what their expertise is in helping to manage the symptoms.

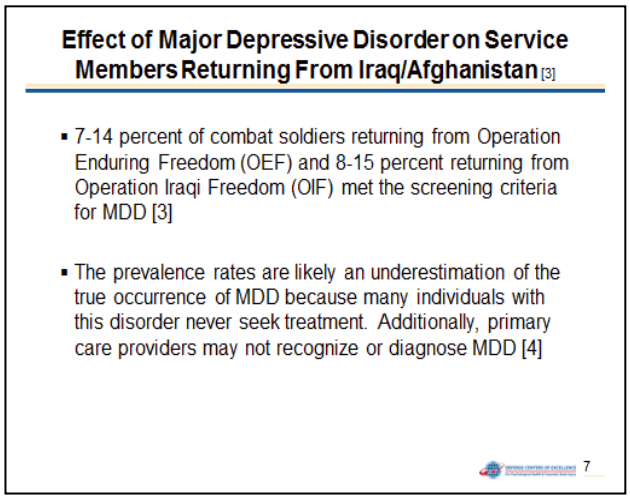
Effect of Major Depressive Disorder on Service Members Returning from Iraq/ Afghanistan

Say:
MDD impacts active-duty service members returning from Iraq and Afghanistan at a high rate, for example:

- 7-14 percent of combat soldiers returning from Operation Enduring Freedom (OEF) and 8-15 percent returning from Operation Iraqi Freedom (OIF) met the screening criteria for MDD.
- Diagnostic prevalence rates likely underestimate the true occurrence of MDD because many individuals with MDD never seek treatment. Additionally, primary care providers may not recognize or diagnose it.

Do:
Ask the participants if they are seeing active-duty, retirees, or work within a system that treats veterans.

Additional Points (if any):
- None



Customizable Content (if any):

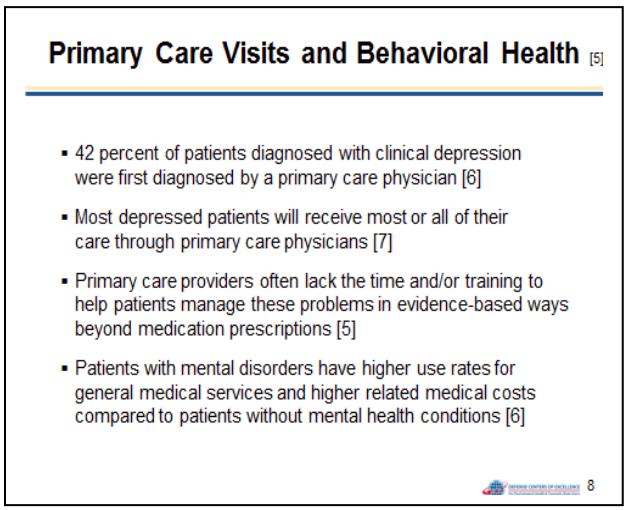
Primary Care Visits and Behavioral Health

Say:
It is very important that providers are up-to-date on the assessment, diagnosis and treatment of behavioral health conditions, such as MDD. By some estimates, as many as 70 percent of primary care visits in the United States are related to behavioral health issues. Many patients with depression will get most of their care through their primary care provider. Providers need to be up-to-date on the assessment, diagnosis and treatment of behavioral health conditions, such as MDD:

- 42 percent of patients diagnosed with clinical depression were first diagnosed by a primary care provider.
- Most depressed patients will receive most or all of their care through primary care providers.
- Primary care providers often lack the time and/or training to help patients manage these problems in evidence-based ways beyond medication prescriptions.
- Patients with mental disorders have higher utilization rates for general medical services and higher related medical costs compared with patients without mental health conditions.

Do:
- Ask the audience if they have found this to be true in their own practices.

Additional Points (if any):
- None



Customizable Content (if any):

Remind participants: Although many patients with depression receive care exclusively within a primary care setting, up to half of depression cases in these settings go unrecognized. This may be due to the physician's limited time with the patient as well as the patient's focus on the somatic symptoms of his or her depression. Since almost two-thirds of patients with depression receive treatment in primary care, the responsibility of assessing and treating these patients falls heavily upon primary care providers. By using a quick, efficient, and valid screening mechanism, primary care providers can increase the rates of detection within the primary care setting.

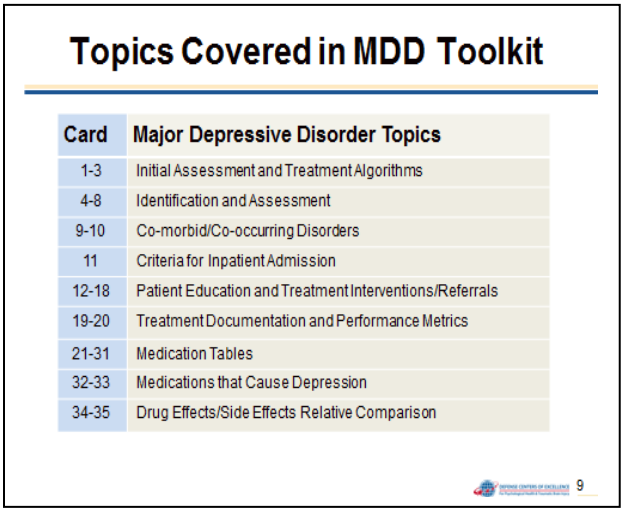
Topics Covered in the MDD Tool Kit

Say:
The MDD tool kit covers a variety of topics which we will cover today in this training. The topics include:

- Algorithms for the initial assessment and treatment of MDD
- Identification and assessment
- Co-morbid/co-occurring disorders
- Criteria for inpatient admission
- Patient education and treatment interventions/referrals
- Treatment documentation and performance metrics
- Medication tables
- Medications that cause depression
- Drug effects/side effects relative comparison

Do:
Show tool kit "Provider Cards" and tell audience that quick references to the above topics are found in the cards.

Additional Points (if any):
Information on how to order a copy of the MDD tool kit for the audience's personal use.



Customizable Content (if any):

The VA/DoD CPG Algorithm

Say:
The information referenced on this slide is in tool kit Card 1.

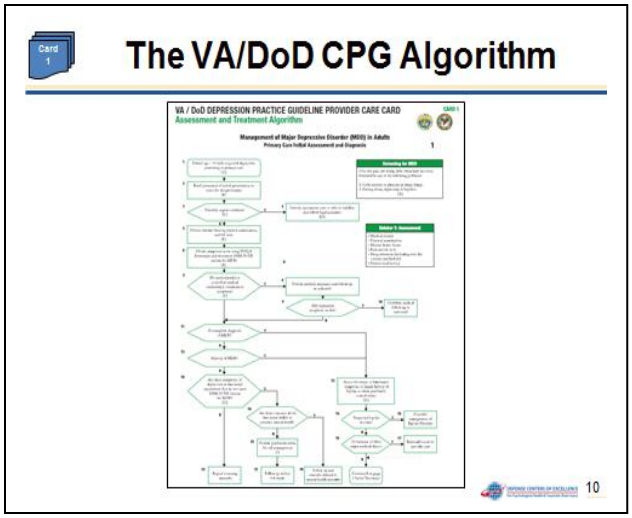
The VA/DoD guidelines include an algorithm designed to guide primary care providers in the assessment, treatment and referral decisions related to major depressive disorder. This algorithm guides providers through all major decision points in depression treatment:

[Press Click/Enter] to enlarge card.
The best way to explain the algorithm might be to walk through a vignette, which will demonstrate how the algorithm might be used with a patient in the primary care setting.

[Press Click/Enter] for 1st blue box highlight of decision points in this section –**Card 1 (top).**

Suzanne H. is a 32-year-old Caucasian female who presents to her primary care provider for follow up for “flu-like” symptoms which have caused her to miss several days of work over the past several weeks. Suzanne reports ongoing symptoms of fatigue, low energy, weight loss, and poor appetite along with gastrointestinal symptoms. Physical evaluation, lab tests and medical history are normal and do not indicate any physical cause of these symptoms. Since the onset of her symptoms several weeks ago, she reports turning down several invitations to social activities, saying that she does not have much interest in socializing. Upon further questioning, she tells you that she just broke up with her boyfriend of six months, “I cry on the way home each day…I’m just monumentally sad.” When asked, Suzanne reports no suicidal thoughts or intent.

Based on the fact that Suzanne was positive for the Patient Health Questionnaire – 2 (PHQ-2) screen, Suzanne’s primary care provider administered the Patient Health Questionnaire – 9 (PHQ-9) and she scored 17, indicating moderate depression.



Customizable Content (if any):

(The PHQ-2 and PHQ-9 questionnaires will be explained in further detail later in the course.)

Decision points in this section:

- Unstable urgent condition?
- Do medication(s) or comorbid medical condition(s) contribute to symptoms?

[Press Click/Enter] for 2nd blue box highlight of decision points in this section **– Card 1 (bottom).**

Based on her score on the PHQ-9 and other symptoms, her primary care provider makes a provisional diagnosis of MDD. Suzanne has no history of major medical conditions and no psychiatric history. She does report that her father's family has a history of substance use. Suzanne reports that she is currently "too busy with work to socialize," is having ongoing problems at work due to moodiness, missed deadlines and problems with attendance. Further assessment reveals no manic or hypomanic symptoms or family history of bi-polar disorder or other psychiatric comorbidities.

Do:

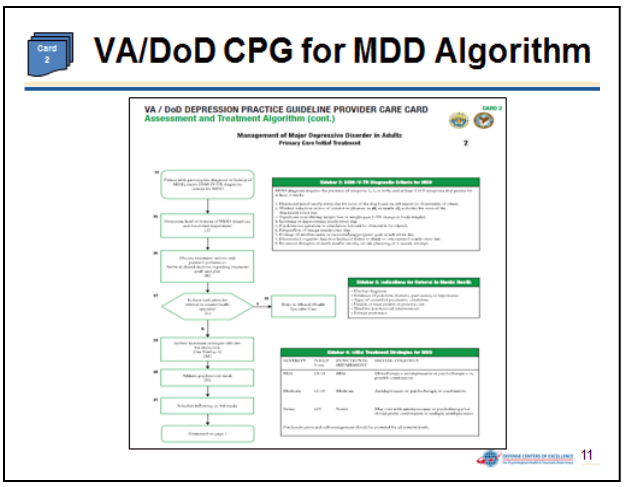
Discuss decision points in this section:

- Presumptive diagnosis of MDD?
- Assess for manic or hypomanic symptoms or family history of bipolar or other psychiatric comorbidities
- Suspected bipolar disorder?
- Occurrence of other major medical illness?
- **If each audience member does not have a Provider Card packet (1-35), pass Card #1 for them to examine.**

Additional Points (if any):

- None

The VA/DoD CPG for MDD Algorithm



Say:
The information referenced on this slide is in MDD tool kit Card 2.

[Press Click/Enter] to enlarge Card 2 and blue box highlight of decision points in this section – **Card 2.**

Based on her symptoms and report of current difficulties at work and in her interpersonal relationships, along with her PHQ-9 score, Suzanne seems to have moderate levels of functional impairment. After describing depression and possible treatment options with Suzanne, she agrees to try a combination of psychotherapy and medication with the goal of reducing depressive symptoms and increasing social and occupational functioning. As her primary care provider does not have training in psychotherapy, a referral is made to a therapist with expertise in depression. Additionally, this provider prescribes anti-depressant medication and schedules a follow-up appointment with Suzanne in 4-6 weeks.

Do:
[Press Click/Enter] to enlarge Card 2 and blue box highlight of decision points in this section –**Card 2 discuss decision points in this section with participants:**

Is there any indication for referral to mental health specialty?

If each audience member does not have a provider Card packet (1-35); pass Card#2 for them to examine.

Additional Points (if any):

- None

Customizable Content (if any):

The VA/DoD CPG for MDD Algorithm

Say:
[Information referenced on this slide is in MDD tool kit Card 3].

[Press Click/Enter] to enlarge card 3 and blue box highlight of decision points in this section – **Card 3**.

At the follow-up appointment with her provider, Suzanne is given the PHQ-9 and assessed for treatment compliance. Her PHQ-9 score is 9 (indicating mild depression). She reports medication compliance, no side-effects and she has established treatment with a therapist. A follow-up appointment is scheduled for 4-6 weeks.

At her next appointment, Suzanne continues to improve and reports continued treatment compliance. Provider notes to screen annually.

Do:

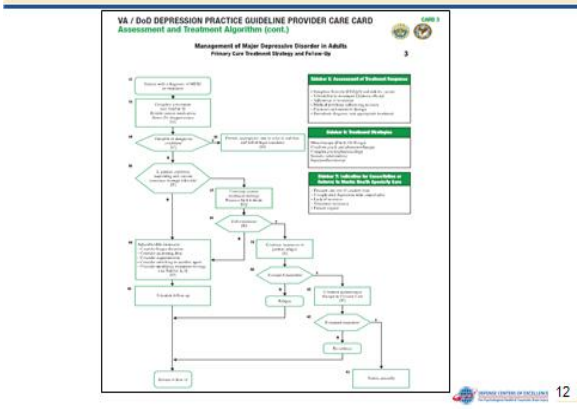
- ***[Press Click/Enter]*** to enlarge card 3 and
- **[Press Click/Enter]** to enlarge card 3 and blue box highlight of decision points in this section – **Card 3.**
- **Discuss decision points in this section with participants:**
    - Unstable or dangerous condition?
    - Is patient condition improving and current treatment strategy tolerable?
    - Full remission?
    - Sustained remission?

Do:

- **If the audience does not each have a Provider Card packet (1-35), pass Card #3 for them to examine.**

Additional Points (if any):

- None



Customizable Content (if any):

The VA/DoD CPG for MDD Algorithm

Say:
[Information referenced on this slide is in MDD tool kit Cards 1-3]:

- In addition to pointing out and helping with the major decision points in the assessment, diagnosis and treatment of MDD, Cards 1-3 also include several "side bars". These "sidebars" provide more detailed information that can be used in the assessment and diagnosis of MDD.

- Sidebar 1 outlines the important areas that need to be addressed in a thorough assessment of MDD. Some areas include: Some areas include:

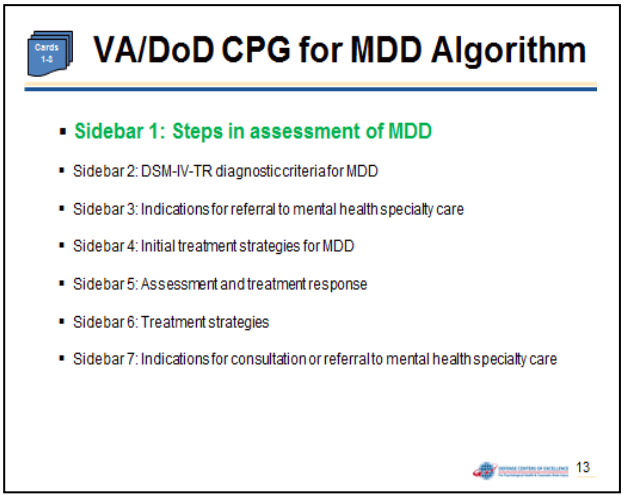
  - Medical history
  - Physical examination
  - Mental status examination
  - Laboratory tests

Do:

- **[Press Click/Enter]** to make image of each "sidebar" appear on the screen.

Additional Points (if any):

- None



Customizable Content (if any):

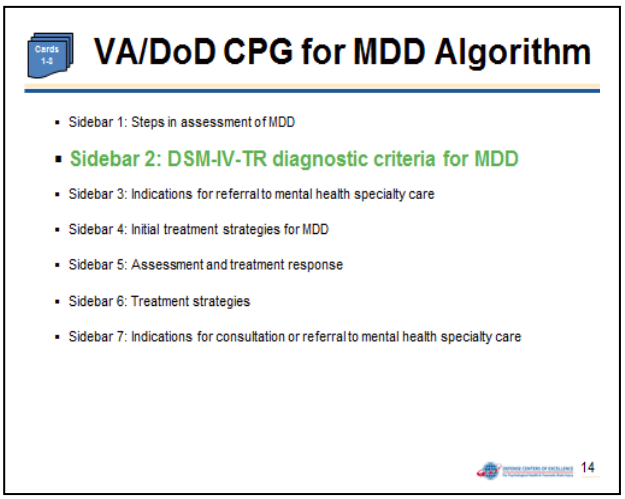
The VA/DoD CPG for MDD Algorithm

Say:
Sidebar 2 outlines the **DSM-IV-TR diagnostic criteria for MDD.**

Do:
[Press Click/Enter] to make the image of each "sidebar" appear on the screen. Demonstrate this for a few of the sidebars while describing the details of them.

Additional Points (if any):

- None



Customizable Content (if any):

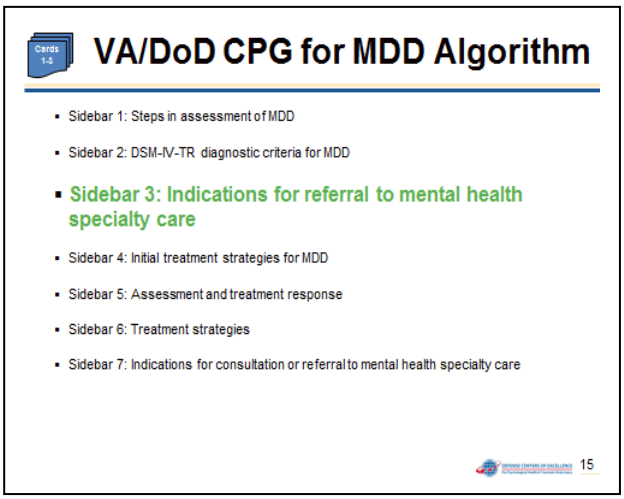
The VA/DoD CPG for MDD Algorithm

Say:
There are some instances where it is not appropriate for MDD to be treated in the primary care setting. Sidebar 3 identifies some indications where patients with MDD should be referred to a mental health clinic such as:

- Unclear diagnosis
- Evidence of psychotic or manic symptoms
- Patient preference

Do:
[Press Click/Enter] to make the image of each "sidebar" appear on the screen. Demonstrate this for a few of the sidebars while describing the details of them.

Additional Points (if any):
- None



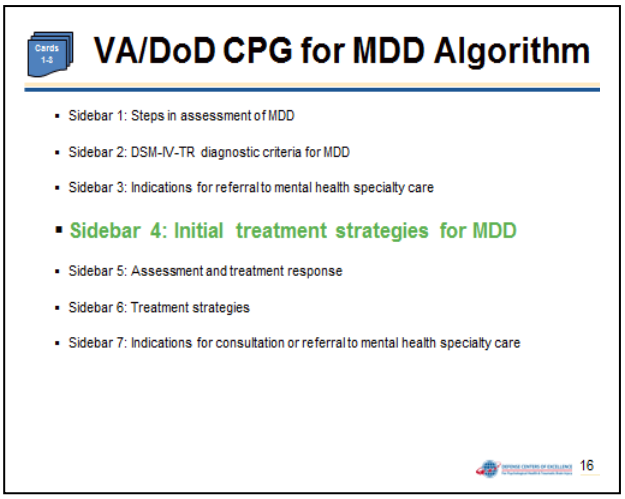
Customizable Content (if any):

The VA/DoD CPG for MDD Algorithm

Say:
The initial treatment strategy for MDD varies based on the level of severity. Sidebar 4 provides an overview of different treatment strategies based on **level of severity, PHQ-9 score and level of functional impairment.**

Do:
[Press Click/Enter] to make the image of each "sidebar" appear on the screen. Demonstrate this for a few of the sidebars while describing the details of them.

Additional Points (if any):
- None



Customizable Content (if any):

The VA/DoD CPG for MDD Algorithm

Say:
After beginning treatment for depression, it is important to continually assess for treatment response so that adjustments can be made to the treatment plan if necessary. Sidebar 5 outlines specific steps to assess for treatment response such as:

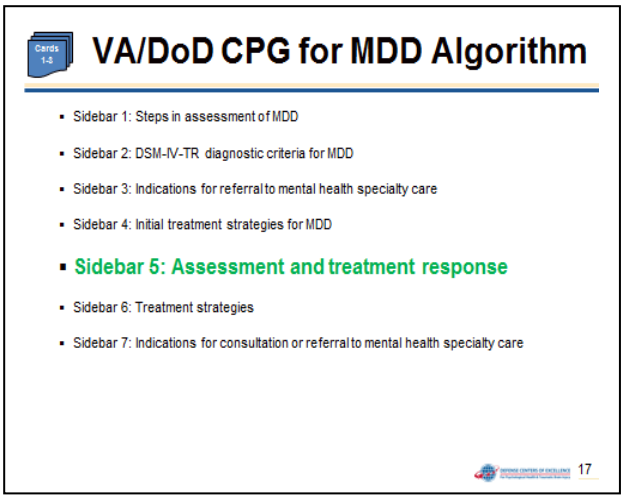
- Symptom severity
- Risk for suicide
- Adherence to treatment
- Medical problems influencing recovery
- Psycho-social barriers

Do:

[Press Click/Enter] to make the image of each "sidebar" appear on the screen. Demonstrate this for a few of the sidebars while describing the details of them.

Additional Points (if any):

- None



Customizable Content (if any):

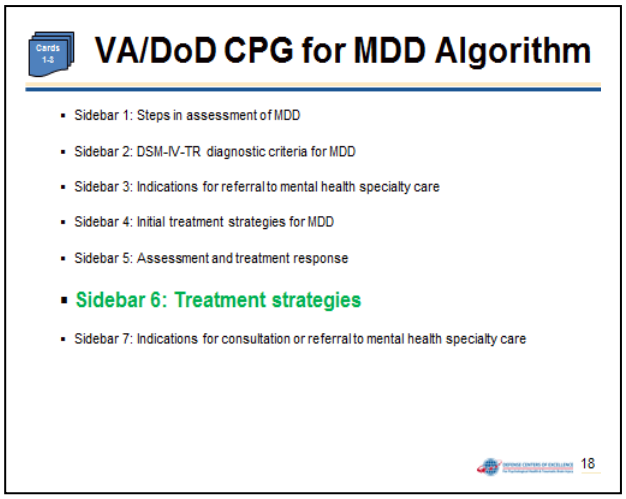
The VA/DoD CPG for MDD Algorithm

Say:
Sidebar 6 lists common treatment strategies for MDD such as:

- Monotherapy (psychotherapy or drugs)
- Psychotherapy and pharmacotherapy
- Inpatient/residential treatment

Do:
[Press Click/Enter] to make the image of each "sidebar" appear on the screen. Demonstrate this for a few of the sidebars while describing the details of them.

Additional Points (if any):
- None



Customizable Content (if any):

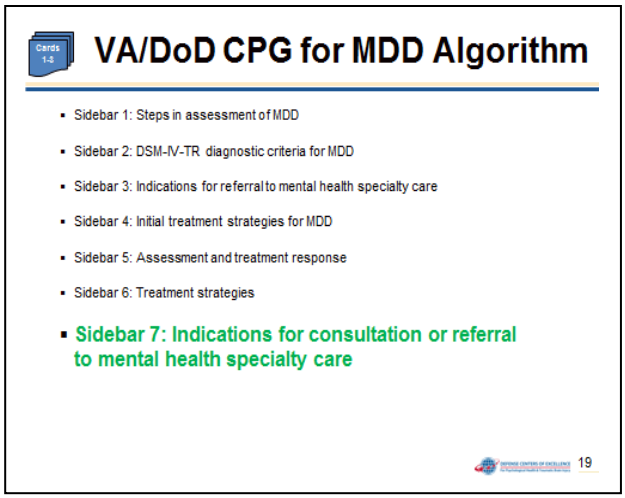
The VA/DoD CPG for MDD Algorithm

Say:
Treatment of some patients with MDD may fall outside the scope of practice of primary care providers, necessitating consultation or referral to mental health. Sidebar 7 outlines some instances where this might be the case:

- Primary care out of comfort zone
- Complicated depression with co-morbidity
- Lack of resources
- Treatment resistance
- Patient request

Do:
[Press Click/Enter] to make the image of each "sidebar" appear on the screen. Demonstrate this for a few of the sidebars while describing the details of them.

Additional Points (if any):
- None



Customizable Content (if any):

The VA/DoD CPG for MDD

Say:
The information referenced on this slide is in MDD tool kit Cards 4-5.

Card 4 of the MDD tool kit includes some easy to use reference material and measures of depression that can be used in the screening, assessment and diagnosis of MDD.

Do:

[Press Click/Enter] to activate the following:

[Press Click/Enter] **Card 4 covers risk factors for MDD, such as prior episodes of depression, family history, prior suicide attempt, gender, lack of social support, and substance abuse.**

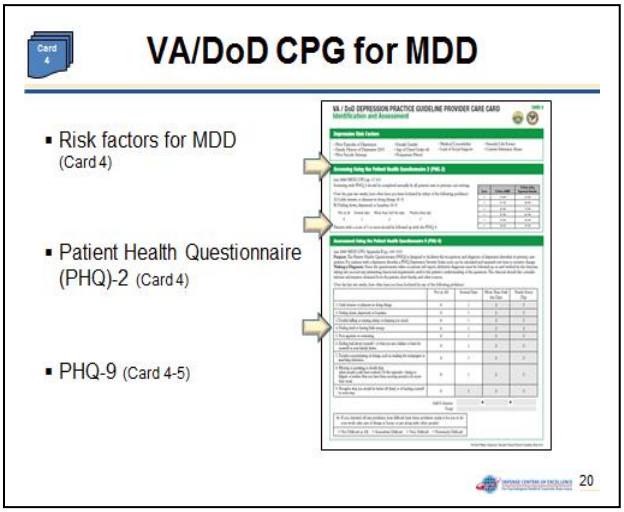
[Press Click/Enter] It also provides the PHQ-2, a quick screen for MDD.

[Press Click/Enter] The PHQ-9 is a longer questionnaire to assist with diagnosis of depressive disorders in primary care.

[Press Click/Enter] to open the three main parts of Card 4 as the above description of each is discussed.

Additional Points (if any):

- None



Customizable Content (if any):

The PHQ-2 Depression Screening Tool

Say:

The information referenced on this slide is in MDD tool kit Card 4.

Some important information about the PHQ-2:

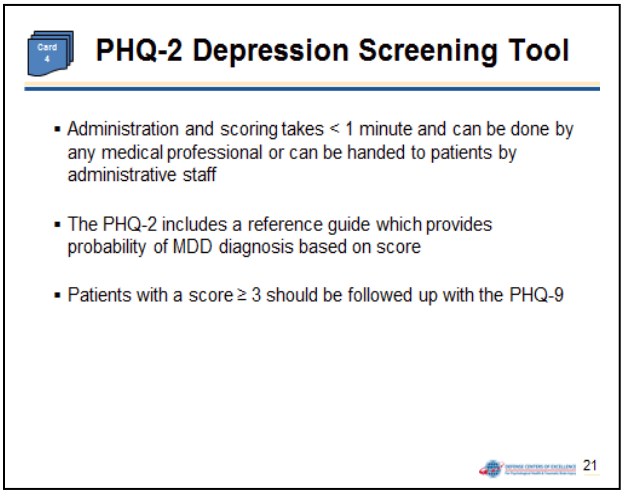
- Administration and scoring takes less than a minute and can be done by any medical professional or can be handed to patients by clinic administrative staff.
- As the PHQ-2 is a screening tool, it includes a reference guide which provides the probability of a depression diagnosis based on score.
- Patients who score > 3 on the PHQ-2 should be followed up with the PHQ-9.

Do:

Click/enter over the arrows on the slide of the PHQ-2 to showcase the content described on this page as it is discussed.

Additional Points (if any):

- None



Customizable Content (if any):

The PHQ-2 Depression Screening Tool

Say:
The Information referenced on this slide is in MDD tool kit Card 4.

The PHQ-2 is a short, two-question depression screening tool that is recommended to be given annually to all patients seen in a primary care setting. The purpose of this tool is to screen for depression in order to make a quick determination of whether further assessment is necessary.

Do:

[Press Click/Enter] and PHQ-2 will zoom out; to administer the PHQ-2, you simply ask the following two questions:

[Press Click/Enter] for arrow:

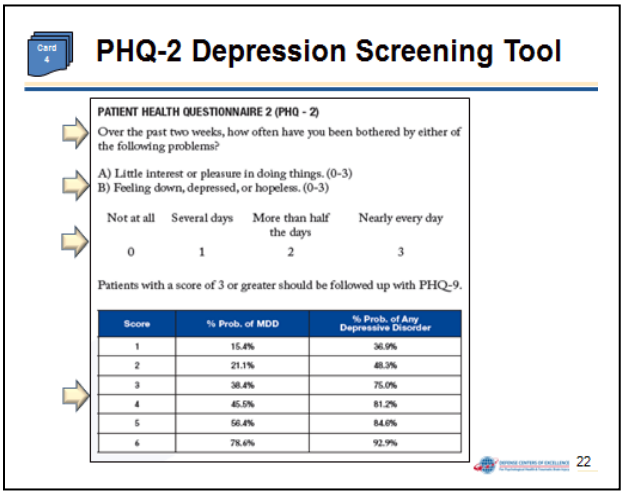
- Over the past two weeks, how often have you been bothered by the following problems.

[Press Click/Enter]:

- Little interest or pleasure in doing things?
- Feeling down, depressed or hopeless?

Additional Points (if any):

- None



Customizable Content (if any):

The PHQ-9 Assessment Tool

Say:
The information referenced on this slide is in MDD tool kit Cards 4-5.

If a patient scores > 3 on the PHQ-2 or the primary care provider has other reasons to conduct a more in-depth depression assessment, the patient should be given the PHQ-9. The PHQ-9 is an assessment tool that facilitates the recognition and diagnosis of depressive disorders in primary care patients and monitors changes in patients diagnosed with depression.

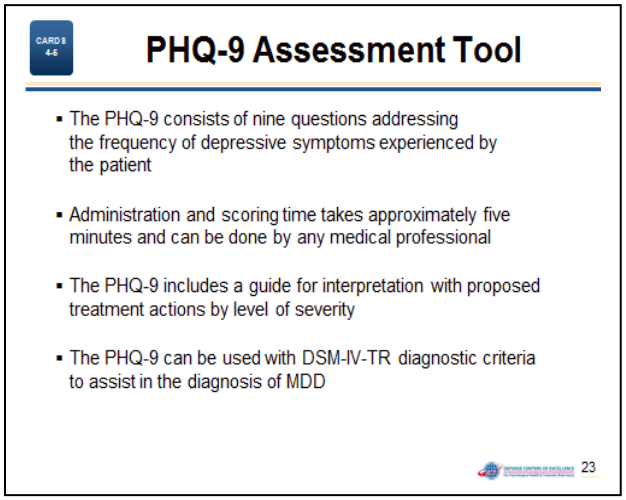
Do:
[Press Click/Enter] and PHQ-9 will zoom out. To administer the PHQ-9, you give the patient the nine question assessment and ask them to fill it out.

[Press Click/Enter] for arrow; each question is answered with a scale of 0-3 with “0” being “not at all” and “3” being “nearly every day”.

[Press Click/Enter] over the arrows on the slide of the PHQ-9 to showcase the content described on this page as it is discussed.

Additional Points (if any):
Some important information about the PHQ-9:

- Administration and scoring time is approximately five minutes and can be done by any medical professional.
- The PHQ-9 includes a guide for interpretation with proposed treatment actions by level of severity.
- The PHQ-9 can be used with DSM-IV-TR diagnostic criteria to assist in the diagnosis of MDD.



Customizable Content (if any):

The PHQ-9 Assessment Tool

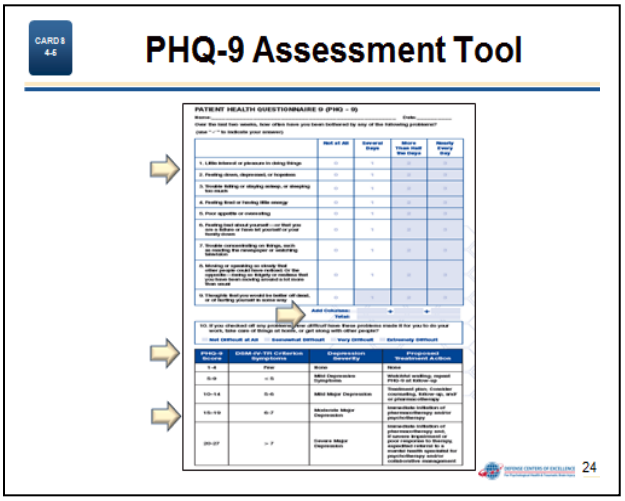
Say:
The PHQ-9 includes the following questions:

- Over the past two weeks, how often have you been bothered by any of the following problems:

    1. Little interest or pleasure in doing things.
    2. Feeling down, depressed or hopeless.
    3. Trouble falling asleep, staying asleep or sleeping too much.
    4. Feeling tired or having little energy.
    5. Poor appetite or overeating.
    6. Feeling bad about yourself – or that you're a failure or have let yourself or your family down.
    7. Trouble concentrating on things, such as reading the newspaper or watching television.
    8. 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.
    9. Thoughts that you would be better off dead or hurting yourself in some way.

[Press Click/Enter] There is also a 10th question that asks about if/how the patient's symptoms are impacting his/her social and occupational functioning.

[Press Click/Enter] After the patient completes the questionnaire, the clinician adds up the score in each column and then the scores across columns to come up with a total score.



Customizable Content (if any):

Do:

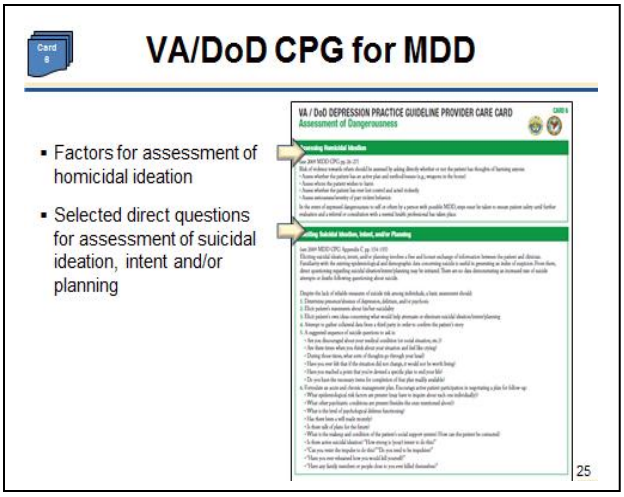
[Press Click/Enter] over the arrows on the slide of the PHQ-9 to showcase the content described on this page as it is discussed.
[Press Click/Enter] With that total score, the clinician can then consult the table at the bottom of the page. Based on the patient's score on the PHQ-9, the clinician can get information on the number of DSM-IV-TR criteria symptoms the patient likely has, the level of severity of the patient's depression and proposed treatment actions.

For example, if a patient scores 15 on the PHQ-9, they likely meet 6 to 7 DSM-IV-TR criteria for MDD; they most likely have moderate MDD and the recommended treatment for this patient would be immediate initiation of pharmacotherapy and/or psychotherapy.
[Press Click/Enter] over the arrows on the slide of the PHQ-9 to showcase the content described on this page as it is discussed.

Additional Points (if any):

- None

The VA/DoD CPG for MDD



Say:

The information referenced on this slide is in MDD tool kit Card 6.

In patients with MDD, it is important to assess for danger to self and others. The MDD tool kit provides instructions and guidance for the assessment of danger to self and/or others in patients with MDD in several important areas. **[Press Click/Enter]** to highlight appropriate box on card and again to make highlight disappear:

- Guidance for the assessment of homicidal ideation.
- Selected direct questions for assessment of suicidal ideation, intent and/or plan.

Do:

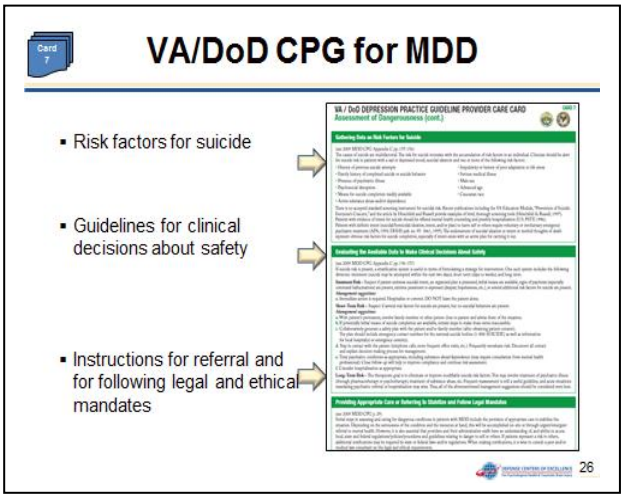
[Press Click/Enter] to highlight the appropriate box on the card and again to make the highlight disappear as either the guidance for assessing homicidality or selected direct questions for assessment of suicidal ideation, intent or plan is discussed.

Additional Points (if any):

- None

Customizable Content (if any):

The VA/DoD CPG for MDD



Say:
The information referenced on this slide is in MDD tool kit Card 7.

Card 7 of the tool kit provides instructions and guidance for the assessment of danger to self and/or others in patients with MDD in three additional areas.

[Press Click/Enter] to highlight appropriate box on card and again to make highlight disappear:

- Risk factors for suicide.
- Guidelines for clinical decisions about safety in cases with imminent, short-term and long-term levels of risk.
- It also provides instructions for referral and for following legal and ethical mandates.

Do:
[Press Click/Enter] to highlight the appropriate box on the card and again to make the highlight disappear as each of the areas of assessment of dangerousness is discussed.

Additional Points (if any):
- None

Customizable Content (if any):

The VA/DoD CPG for MDD

Say:
The information referenced on this slide is in MDD tool kit Card 8.

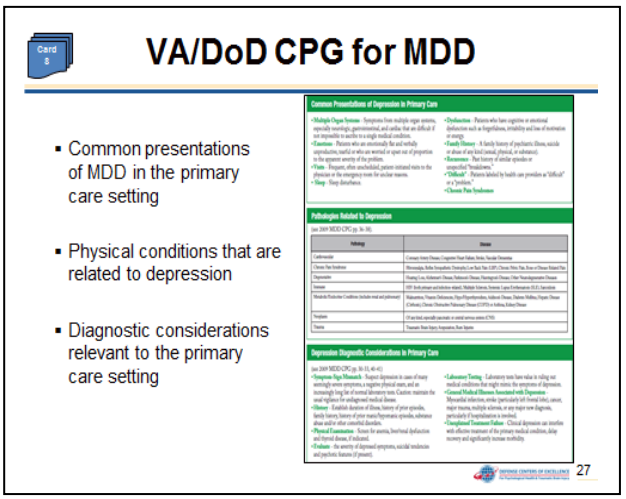
Card 8 presents some common assessment and diagnostic considerations for MDD that are important to the primary care setting. The MDD toolkit outlines these specific assessment and diagnostic considerations.

[Press Click/Enter] to make the appropriate box appear to the right of each bullet point:

- Common presentations of MDD in the primary care setting.
- Physical conditions that are related to depression.
- Diagnostic considerations relevant to the primary care setting.

Do:
[Press Click/Enter] to make the appropriate box appear to the right of each of these bullet points on assessment considerations in primary care.

Additional Points (if any):
- None



Customizable Content (if any):

The VA/DoD CPG for MDD

Say:
The information referenced on this slide is in MDD tool kit Card 9.

Other psychiatric conditions commonly co-occur with MDD, which may complicate treatment or put patients at increased risk for adverse outcomes. Card 9 identifies some psychiatric conditions that commonly co-occur with MDD and if present, should prompt the provider to consider consultation or referral.

Do:
[Press Click/Enter] to highlight appropriate box on card.

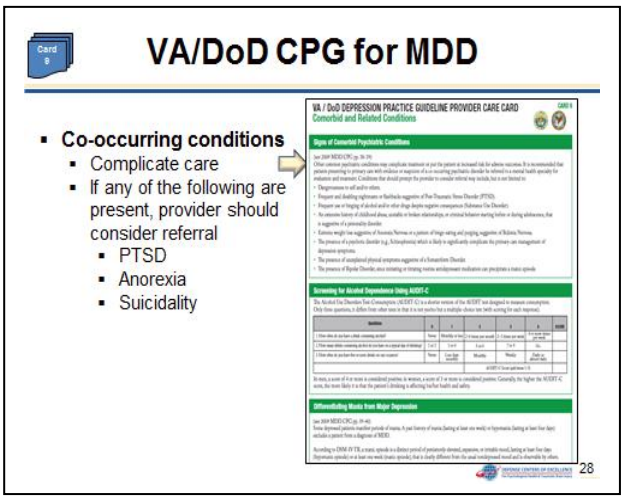
Some of these conditions are:

- PTSD
- Anorexia nervosa
- Suicidality

Card 9 also covers the Alcohol Use Disorders Test – Consumption (AUDIT-C) and differentiating mania from major depression, which we will review on the next slides.

[Press Click/Enter] to highlight the appropriate box on the card as each area of comorbid conditions is discussed.

Additional Points (if any):
- None



Customizable Content (if any):

The VA/DoD CPG for MDD and AUDIT-C

Say:
The information referenced on this slide is in MDD tool kit Card 9.

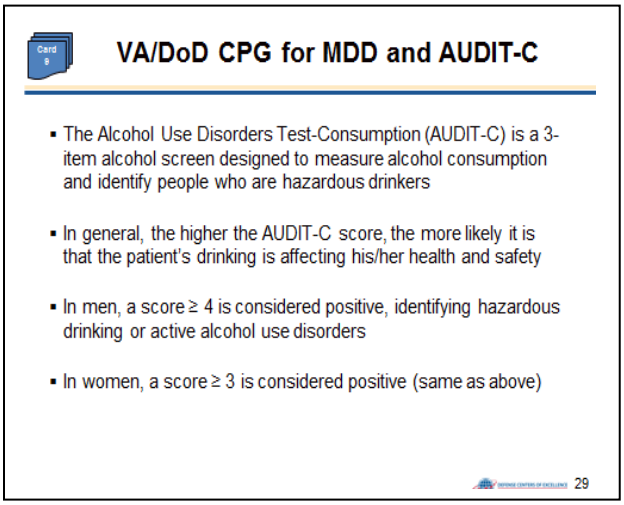
Substance use disorder (SUD) is a condition that is often comorbid with MDD, so it is important to screen for alcohol use and dependence in patients with symptoms of depression. The VA/DoD Guideline for MDD recommends using the AUDIT-C to measure alcohol consumption and to identify people who are hazardous drinkers. **The bottom chart related to Audit-C is not in the provider cards.**

Do:
[Press Click/Enter] and AUDIT-C will zoom out. The AUDIT-C consists of three questions that can be either administered by interview or self-report. Each question has five possible responses, with the responses varying by question. The AUDIT-C includes the following three questions:

[Press Click/Enter] for arrow.

1. How often did you have a drink containing alcohol in the past year? (Responses range from “never” to “4 or more times per week”).
2. **[Press Click/Enter]** On days in the past year when you drank alcohol, how many drinks did you typically drink? (Responses range from “1 or 2” to “10 or more”).
3. **[Press Click/Enter]** How often do you have 6 or more drinks on an occasion in the past year? (Responses range from “Never” to “Daily or almost daily”).

Additional Points (if any):
- None



Customizable Content (if any):

The VA/DoD CPG for AUDIT-C

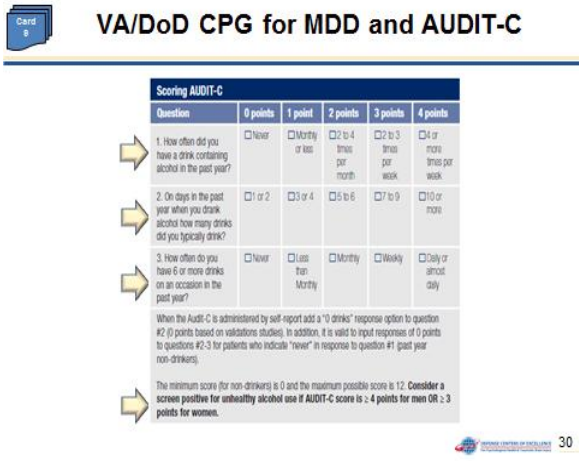
Say:
After administration, the AUDIT-C can be scored based on this chart.

[Press Click/Enter] with each response assigned a value. For example, if a patient responded that they have had two to three drinks per week in the past year, that response would be three points. The clinician would then add up the total of the points from the three questions to get the total score on the AUDIT-C.

Do:
[Press Click/Enter] A score of four or more for men, and three or more for women is considered an "unhealthy use of alcohol" and may require further evaluation and treatment.

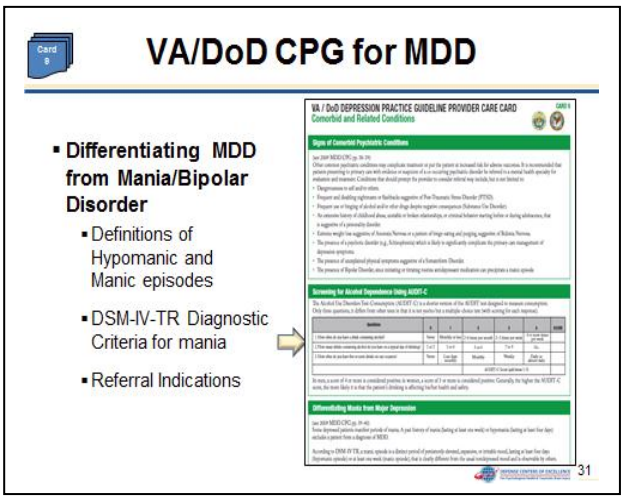
[Press Click/Enter] over the arrows on the slide of the AUDIT-C questions to showcase the content described on this page as it is discussed.

Additional Points (if any):
- None



Customizable Content (if any):

The VA/DoD CPG for MDD



Say:
The information referenced on this slide is in MDD tool kit Card 9.

Screening for mania is critically important, as any past or current episode of mania or hypomania excludes a patient from being diagnosed with MDD. Card 9 presents definitions of mania and hypomania, as well as DSM-IV-TR criteria for mania and guidance for referral.

The DSM-IV defines mania as a distinct period of persistently elevated, expansive, or irritable mood, lasting at least four days, and includes other symptoms such as decreased need for sleep, pressured speech, and excessive involvement in pleasurable activities.

[Press Click/Enter] to highlight appropriate box on card.

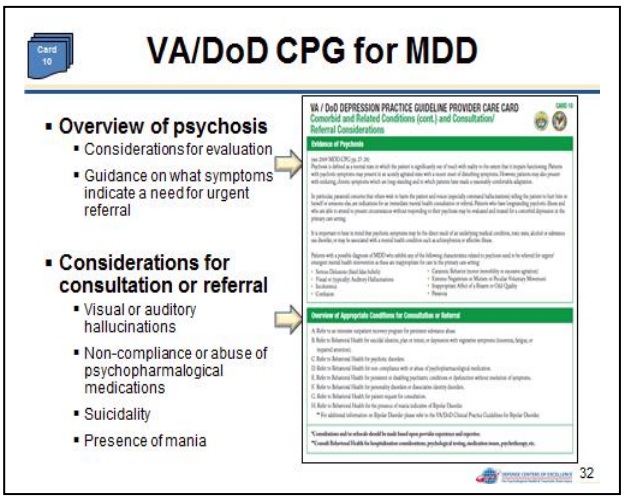
Do:
[Press Click/Enter] to highlight the appropriate box on the card as differentiating mania from major depression is discussed.

Additional Points (if any):

- None

Customizable Content (if any):

The VA/DoD CPG for MDD



Say:
The information referenced on this slide is a summary of MDD tool kit Card 10.

[Press Click/Enter] to highlight **Evidence of Psychosis** section.

Card 10 of the tool kit presents an overview of key information needed to evaluate for the presence of psychosis.

This section also provides guidance on when a provider should consider making an urgent referral.

[Press Click/Enter] to highlight **Appropriate Conditions for Consultation and Referral** section**.**

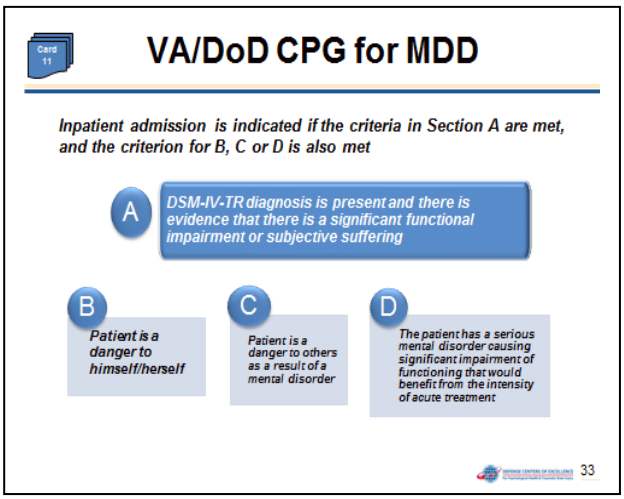
Card 10 also covers considerations for consultation or referral to behavioral health, such as the presence of hallucinations, medication non-compliance or suicidality.

Do:
[Press Click/Enter] to highlight the Evidence of Psychosis section and then the Conditions for Consultation and Referral section as each is discussed.

Additional Points (if any):
- None

Customizable Content (if any):

The VA/DoD CPG for MDD



Say:

The information referenced on this slide is a summary of MDD tool kit Card 11.

There are times when a patient's psychiatric condition is too severe for outpatient treatment and inpatient admission is indicated. The CPG tool kit for MDD outlines criteria for inpatient admission that primary care providers can use to make treatment decisions, for example: Inpatient admission is indicated if the criteria in section A and either B, C or D is met:

A. DSM-IV-TR diagnosis is present and there is evidence that there is a significant functional impairment or subjective suffering.
B. Patient is a danger to him/herself.
C. Patient is a danger to others as a result of a mental disorder.
D. The patient has a serious mental disorder causing significant impairment of functioning that would benefit from the intensity of acute treatment.

Do:

- No activities

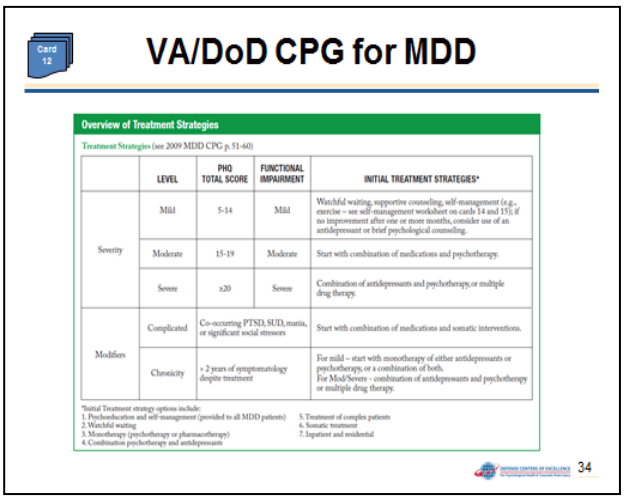
Additional Points (if any):

- None

Customizable Content (if any):

The conditions described in A, B, C, and D are from Provider Card 11 where a detailed description and examples of each criterion are found.

The VA/DoD CPG for MDD



Say:
The information referenced on this slide is in MDD tool kit Card 12.

Card 12 of the MDD tool kit outlines treatment interventions for MDD as well as general information about psychoeducation.

Recommended treatment interventions are based on level of severity, as measured by the PHQ-9 score and the level of functional impairment:

- For mild depression, defined as a PHQ-9 score of 5-14 and mild functional impairment, the suggested initial treatment strategy includes watchful waiting, supportive counseling and self-management. If no improvement is seen after one or more months, providers should consider the use of an antidepressant or brief psychological counseling.
- For moderate depression, defined as a PHQ-9 score of 15-19 and moderate functional impairment, the suggested initial treatment strategy is to start with a combination of medications and psychotherapy.
- For severe depression, defined as a PHQ-9 score ≥ 20 and severe functional impairment, the initial treatment strategy is a combination of antidepressants and psychotherapy, or multiple drug therapy.

Do:
[Press Click/Enter] to make information on psychoeducation appear.

Additional Points (if any):
Card 12 also provides information on psychoeducation about MDD that can help patients better understand MDD and how it is treated.

Customizable Content (if any):

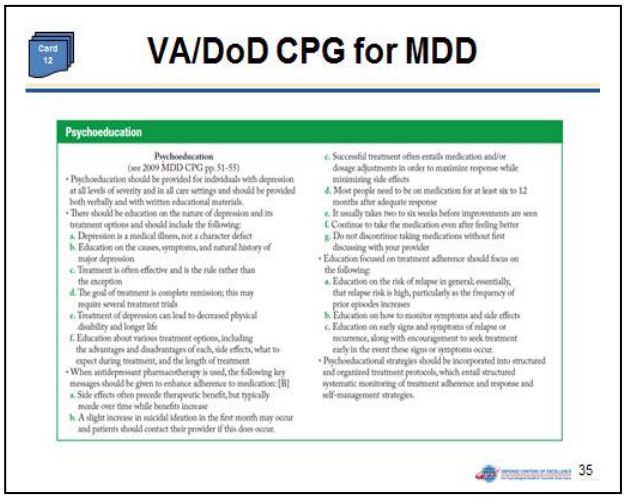
The VA/DoD CPG for MDD

Say:
Card 12 also provides information on psychoeducation about MDD that can help patients better understand MDD and how it is treated.

Do:
[Press Click/Enter] to make information on psychoeducation appear.

Additional Points (if any):

- None



Customizable Content (if any):

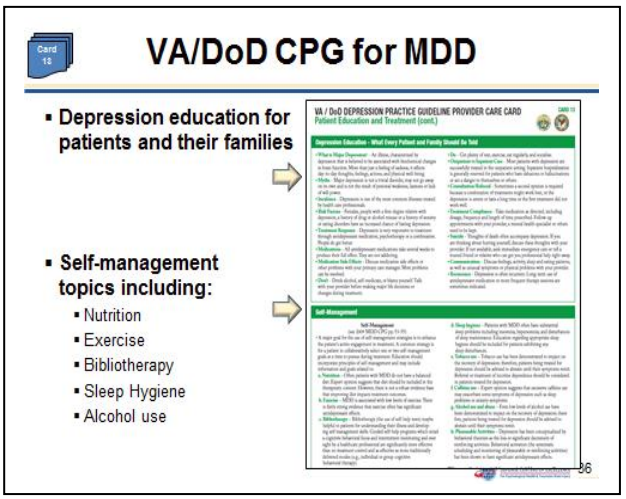
The VA/DoD CPG for MDD

Say:
The information referenced on this slide is in MDD tool kit Cards 13-15. Card 13 provides information on depression education and self-management topics to include:

- Nutrition
- Exercise
- Bibliotherapy
- Sleep Hygiene
- Alcohol Use

Do:
[Press Click/Enter] to make the information on Card 13 on depression education for patients appear.

Additional Points (if any):
- None



Customizable Content (if any):

The VA/DoD CPG for MDD

Say:
The information referenced on this slide is in MDD tool kit Cards 14-15.

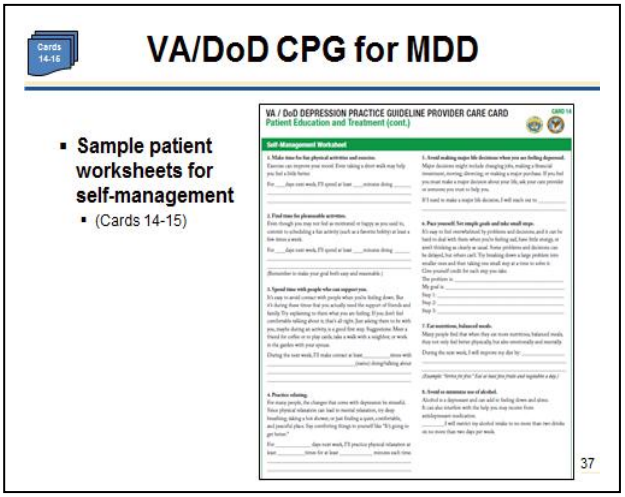
Cards 14 and 15 have some tools that patients can use in their treatment.

[Press Click/Enter] to make Card 14 to appear. Card 14 has a sample of patient worksheets for self-management. This includes space for patients to write down how they will do things such as incorporate physical activity into their routine, practice relaxing and eating balanced meals.

Do:
[Press Click/Enter] to make the information on Card 14 and then 15 appear.

Additional Points (if any):

- None



Customizable Content (if any):

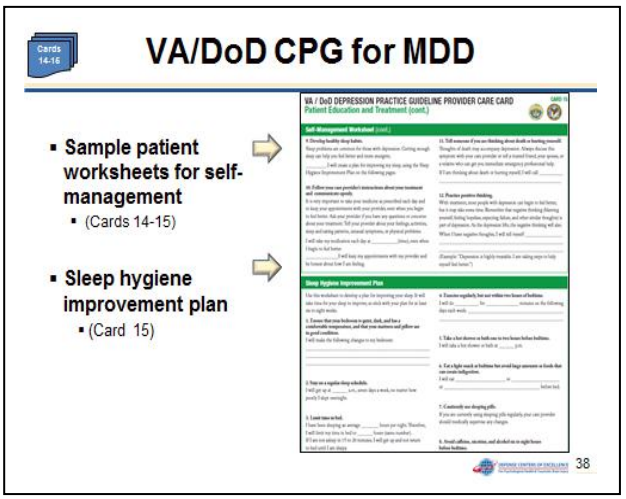
The VA/DoD CPG for MDD

Say:
Press Click/Enter] to make Card 15 appear. Card 15 has a worksheet with information on sleep hygiene improvement.

Do:
[Press Click/Enter] to make the information on Card 15 appear.

Additional Points (if any):

- None



Customizable Content (if any):

The VA/DoD CPG for MDD

Say:
The information referenced on this slide is in MDD tool kit Cards 16-17.

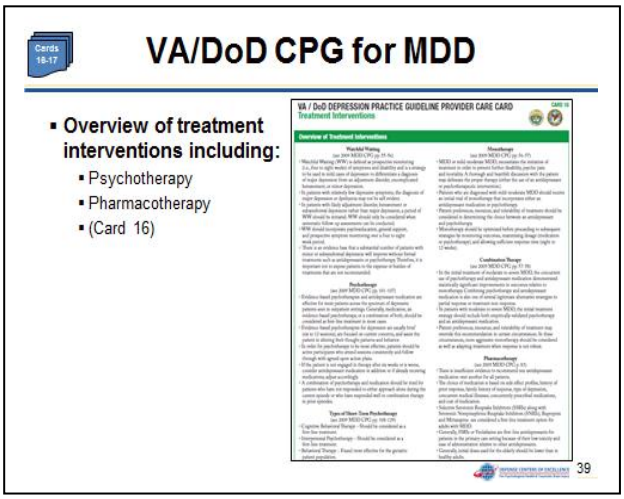
Cards 16 and 17 provide information on treatment interventions and treatment options for complex patients.

[Press Click/Enter] to make Card 16 appear. Card 16 has information on a variety of treatment interventions for MDD including:

- Watchful waiting
- Psychotherapy
- Types of short-term psychotherapy
- Monotherapy
- Combination therapy
- Pharmacotherapy

Do:
[Press Click/Enter] to make the information on Card 16 and then 17 appear.

Additional Points (if any):
- None



Customizable Content (if any):

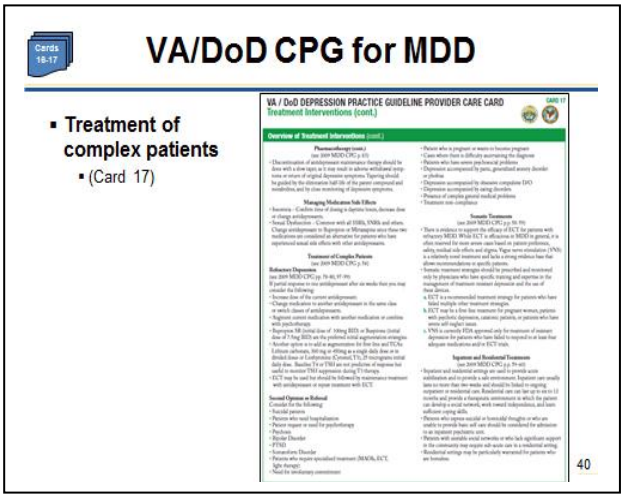
The VA/DoD CPG for MDD

Say:
[Press Click/Enter] to make Card 17 appear. Card 17 has information on treatment of complex patients, including information on:

- Refractory depression
- Second opinion or referral
- Somatic treatments
- Inpatient and residential treatments

Do:
[Press Click/Enter] to make the information on Card 16 and then 17 appear.

Additional Points (if any):
- None



Customizable Content (if any):

The VA/DoD CPG for MDD

Say:

The information referenced on this slide is in MDD tool kit Card 18.

Card 18 provides information on pharmacological treatment of depression.

[Press Click/Enter] to make Card 18 appear. Choosing the right anti-depressant medication for your patients and maximizing the chance for success is a complex task. Card 18 provides general guidance for prescribing psychotropic medication for treatment of MDD. This guidance includes the following:

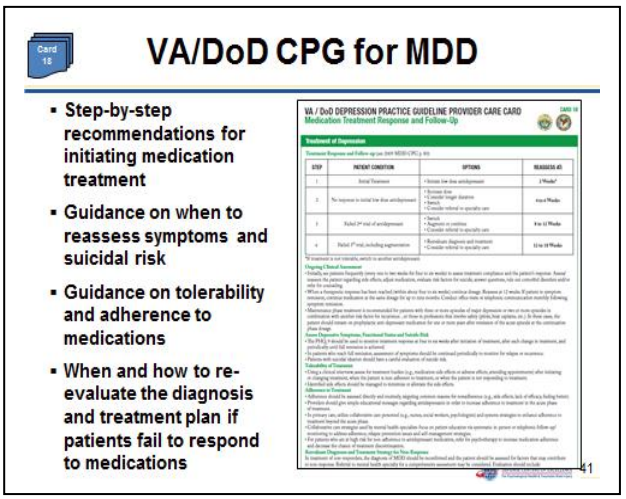
- Step by step recommendations for initiating medication treatment
- Guidance on when to reassess symptoms and suicidal risk
- Guidance on tolerability and adherence to medications
- When and how to re-evaluate the diagnosis and treatment plan if patients fail to respond to medications

Do:

[Press Click/Enter] to make the information on Card 18 appear.

Additional Points (if any):

Card 18 also tells the provider when to use the PHQ-9 to monitor treatment response (4-6 weeks after initial treatment, after each change in treatment, and periodically until full remission is achieved).



Customizable Content (if any):

The VA/DoD CPG for MDD

Say:
The information referenced on this slide is in MDD tool kit Cards 19-20.

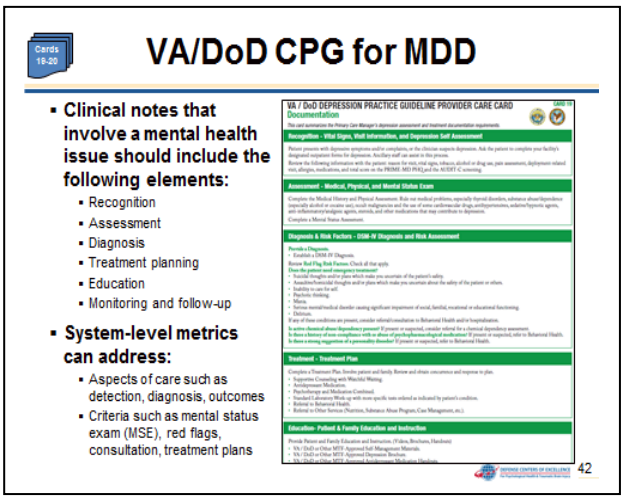
As you know, it is important for providers who treat behavioral health issues to document their treatment appropriately. The MDD tool kit for MDD gives primary care providers guidelines on documenting encounters that involve a mental health issue.

[Press Click/Enter] to make Card 19 appear. Card 19 provides guidelines for mental health notes. The VA/DoD guideline for MDD suggests that clinical notes that involve a mental health issue should include the following elements:

- Recognition
- Assessment
- Diagnosis
- Treatment planning
- Education
- Monitoring
- Follow-up

Do:
[Press Click/Enter] to make the information on Cards 19-20 appear.

Additional Points (if any):
- None



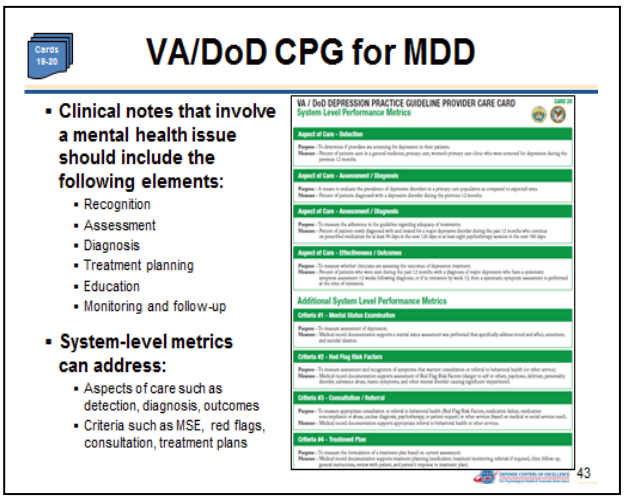
Customizable Content (if any):

The VA/DoD CPG for MDD

Say:
[Press Click/Enter] to make Card 20 appear. Card 20 provides information on system level performance metrics. On the system level, the CPG recommends performance metrics which can include aspects of care such as detection, diagnosis and outcomes as well as additional criteria which may include mental status examinations, red flag risk factors, consultation, and treatment plans and education.

Do:
- No activities

Additional Points (if any):
Card 20 also contains helpful examples for measurement for all of the aspects of care that have been described.



Customizable Content (if any):

The VA/DoD CPG for MDD

Say:
The information referenced on this slide is in MDD tool kit Cards 21-31.

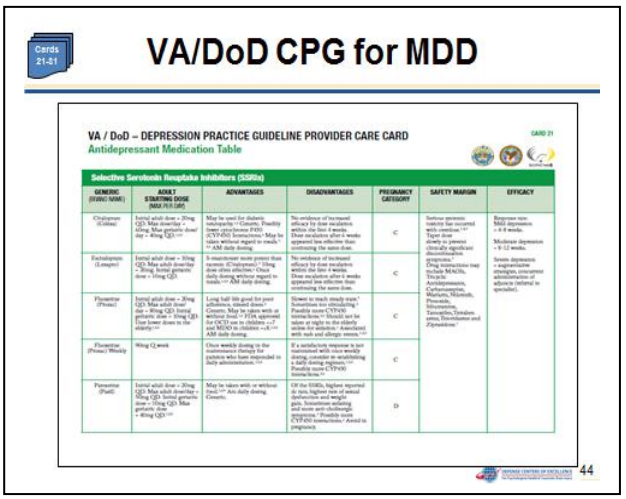
The MDD tool kit includes detailed information to assist providers in prescribing the appropriate antidepressant medication. The tool kit provides detailed information on the major classes of antidepressant medications (SSRI, SNRI, DNRI, SARI, NaSSA, TCA, MAOI). Information includes:

[Press Click/Enter] and an arrow will appear above each column:

- Medication name (both generic and brand)
- Adult starting dose
- Advantages
- Disadvantages
- Pregnancy category
- Safety margin
- Efficacy

Do:
[Press Click/Enter] over the arrows on this sample guideline card to make each column appear.

Additional Points (if any):
- None



Customizable Content (if any):

The VA/DoD CPG for MDD

Say:

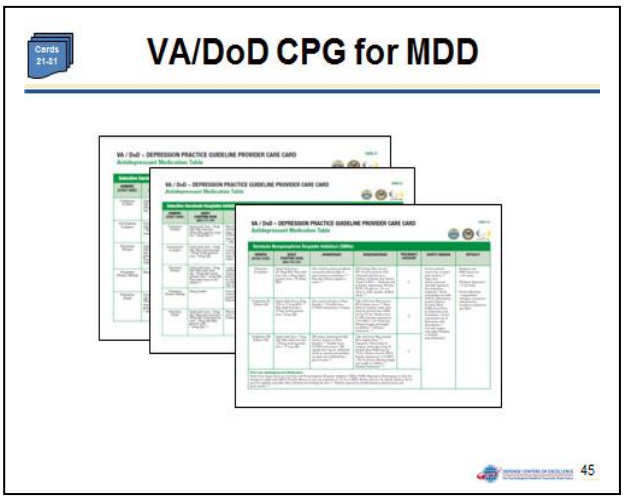
These are some more examples of the guideline medication tables that provide detailed information on the major classes of antidepressants.

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

The VA/DoD CPG for MDD

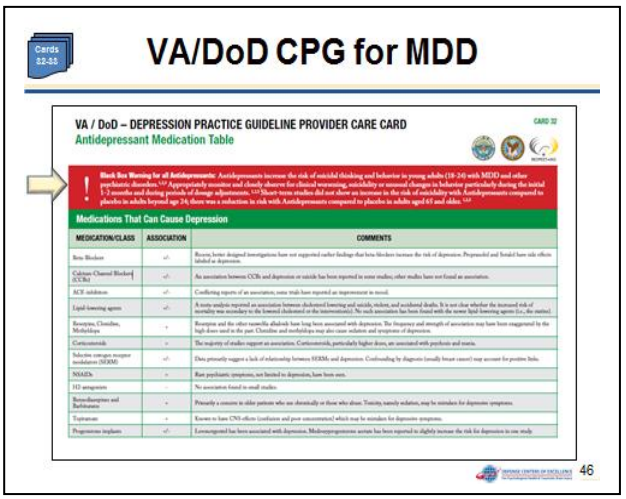
Say:
The information referenced on this slide is in MDD tool kit Cards 32-33:

[Press Click/Enter] and arrow pointing to black box warning will appear. There is a black box warning on antidepressant medications for use in young adults ages 18-24. Research, cited in the MDD tool kit, has shown that antidepressants increase the risk of suicidal thinking in this population. When antidepressants are prescribed to young adults, it is important to monitor and closely observe them for clinical worsening, suicidality, or unusual changes in behavior during the initial one to two months of use and after any dosage changes. Citations for this research are listed on Card 33 of the MDD tool kit.

Do:
[Press Click/Enter] over the arrow pointing to the black box warning and it will appear.

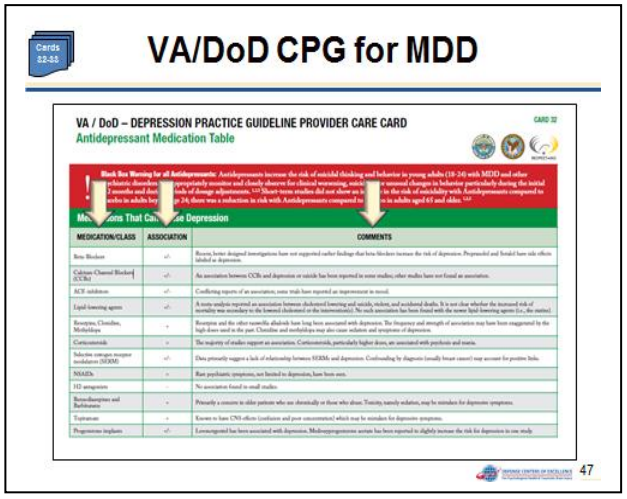
Additional Points (if any):

- None



Customizable Content (if any):

The VA/DoD CPG for MDD



Say:
The information referenced on this slide is in MDD tool kit Cards 32-33.

MDD tool kit Cards 32 and 33 provide information on classes of medication that can cause depression. Primary care managers should be aware of these medications and consider MDD symptoms in a patient on one of these medications might possibly be due to the medication.

Do:

This card covers:

[Press Click/Enter] and an arrow will appear above each column on slide:

- Medication/class
- Association (with depression)
- Comments (more detailed information)

[Press Click/Enter] over the arrows to make each column appear as it is discussed.

Additional Points (if any):

- None

Customizable Content (if any):

The VA/DoD CPG for MDD

Say:
The information referenced on this slide is in MDD tool kit Cards 34-35.

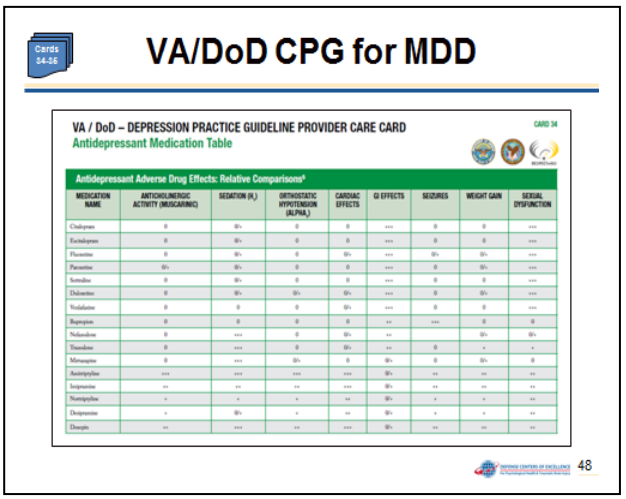
While antidepressants can be very effective in treating depression, prescribers also need to be aware of possible side-effects of these medications. The MDD tool kit includes reference material on possible side-effects of commonly prescribed antidepressants.
The charts on Cards 34 and 35 include medication names with information on the following side effects for each medication:

[Press Click/Enter] to make arrow appear above each side effect:

- Anticholinergic activity
- Sedation
- Orthostatic hypotension
- Cardiac effects
- GI effects
- Seizures
- Weight gain
- Sexual dysfunction

Do:
[Press Click/Enter] over the arrows to make each column appear as it is discussed.

Additional Points (if any):
- None



Customizable Content (if any):

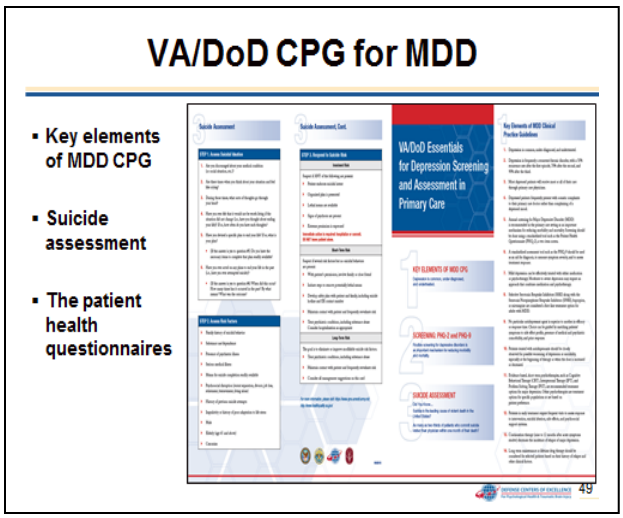
The VA/DoD CPG for MDD

Say:
The MDD tool kit also has a brochure entitled, *"VA/DoD Essentials for Depression Screening and Assessment in Primary Care",* which includes:

Do:
[Press Click/Enter] for the front of the brochure to appear:

- Key elements of the VA/DoD guideline for MDD and information on suicide assessment.
- Inside we have quick reference guides to the Patient Health Questionnaires (PHQ-2 and 9); [Press Click/Enter] for the inside of the brochure to appear.

Additional Points (if any):
Information on how to order a copy of the MDD tool kit for the audience's personal use.



Customizable Content (if any):

The VA/DoD CPG for MDD

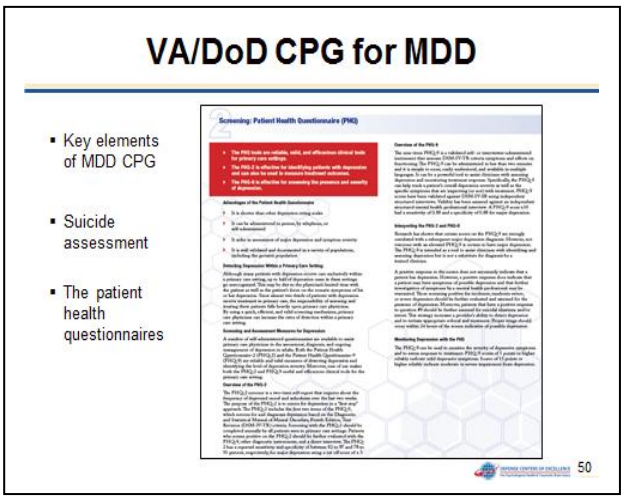
Say:
The MDD tool kit also contains patient education materials including a brochure entitled, *Depression Fast Facts* and a handbook entitled *Depression, What You Need to Know.*

[Press Click/Enter] for front to appear (inside will appear on its own):

- Fast facts
- Symptoms
- Causes
- Helpful activities
- Treatments
- Medications
- Patient and provider roles in treatment

Do:
[Press Click/Enter] for front of brochure to appear, the inside will appear on its own. Show these areas while discussing the content.

Additional Points (if any):
Information on how to order a copy of the MDD tool kit for the audience's personal use.



Customizable Content (if any):

The VA/DoD CPG for MDD

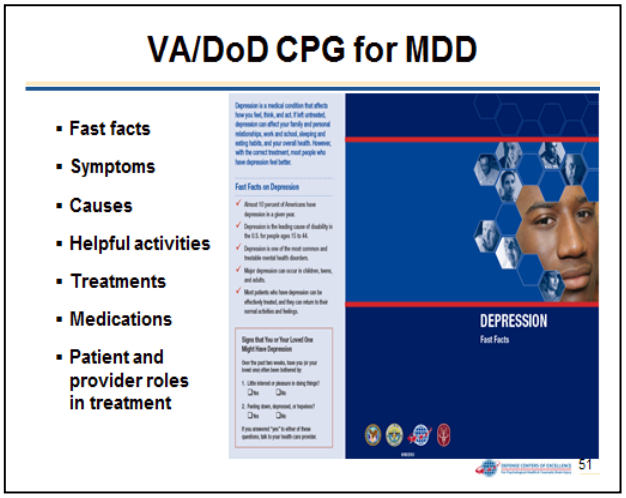
Say:
The MDD tool kit includes a comprehensive patient education brochure.

Do:
[Press Click/Enter] for brochure to appear. This can be used by patients and their families as a reference for questions about the various aspects of depression, including:

- Causes
- Treatment
- Self-management
- Medications
- Questions from friends, family and children
- Sleep hygiene
- Worksheets
- Resources

[Press Click/Enter] for the handbook to appear.

Additional Points (if any):
Information on how to order a copy of the MDD tool kit for the audience's personal use.



Customizable Content (if any):

The VA/DoD CPG for MDD

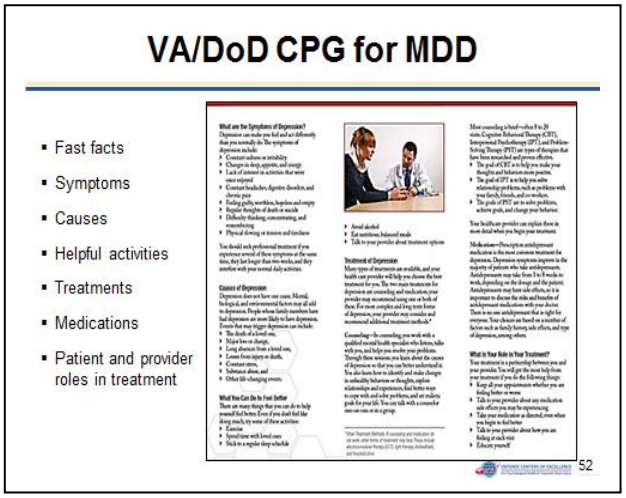
Say:
The MDD tool kit also includes an additional comprehensive patient education brochure addressing common questions and concerns about depression.

Do:
[Press Click/Enter] for brochure to appear. This can be used by patients and their families as a reference for questions about the various aspects of depression, including:

- Causes
- Treatment
- Self-management
- Medications
- Questions from friends, family and children
- Sleep hygiene
- Worksheets
- Resources

[Press Click/Enter] for the brochure to appear.

Additional Points (if any):
The information on how to order a copy of the MDD tool kit for the audience's personal use.



Customizable Content (if any):

The VA/DoD CPG for MDD

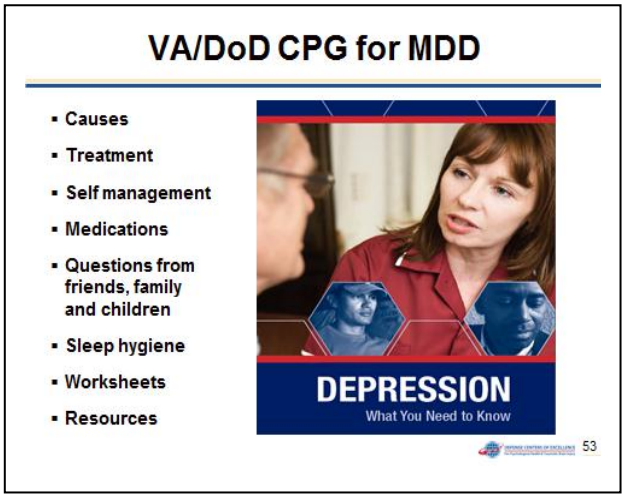
Say:
The MDD tool kit also includes a comprehensive patient education handbook.

Do:
[Press Click/Enter] for handbook to appear. This can be used by patients and their families as a reference for questions about the various aspects of depression, including:

- Causes
- Treatment
- Self-management
- Medications
- Questions from friends, family and children
- Sleep hygiene
- Worksheets
- Resources

[Press Click/Enter] for the handbook to appear.

Additional Points (if any):
Information on how to order a copy of the MDD tool kit for the audience's personal use.



Customizable Content (if any):

Conclusion

Say:
In conclusion, during this training, we reviewed the VA/DoD guideline for MDD.

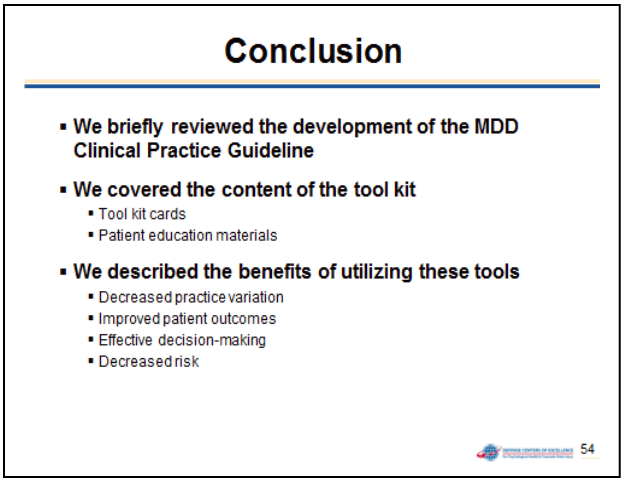
We also covered the content of the MDD tool kit exam cards and patient education materials. We hope that this training increased your ability to identify MDD and provided you with easy-to-use guidelines to help you in the assessment and treatment of MDD.

We hope that the clinical practice guidelines for major depressive disorder will assist you in meeting the following goals:

- Decreased practice variation
- Improved patient outcomes
- Effective decision making

Do:
- No activities

Additional Points (if any):
- None



Customizable Content (if any):

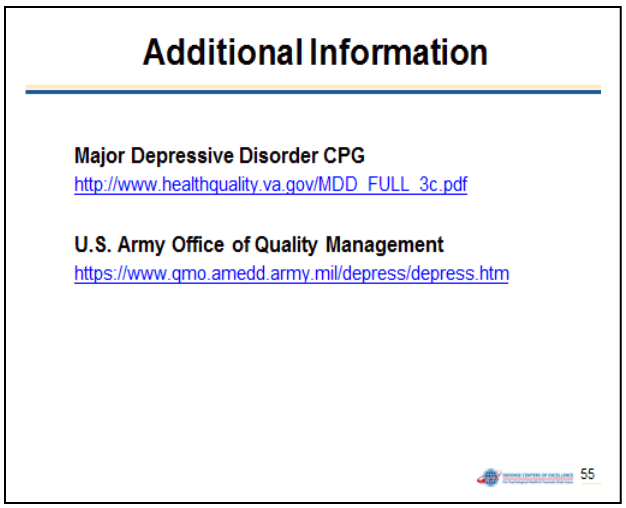
Additional Information

Say:
For additional information and for information on the full VA/DoD guideline for MDD, please visit these helpful websites.

Do:
Information on how to order a copy of the MDD tool kit for the audience's personal use.

Additional Points (if any):

- None



Customizable Content (if any):

References

Say:

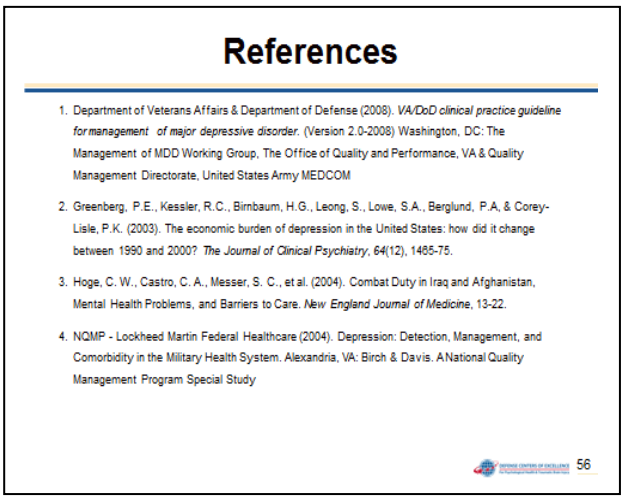
- No slide notes

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

References

Say:

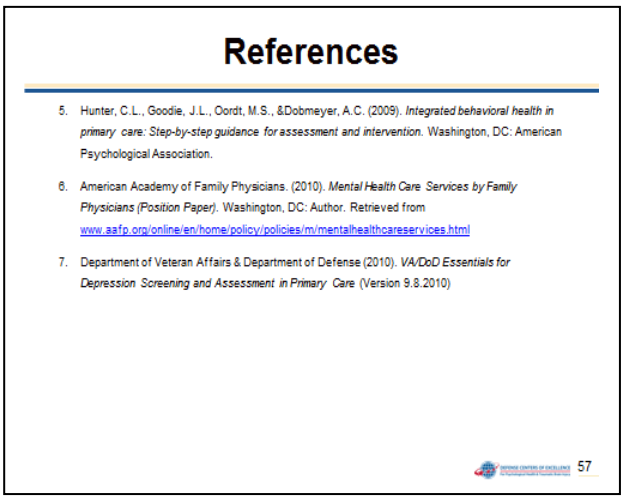
- No slide notes

Do:

- No activities

Additional Points (if any):

- None



Customizable Content (if any):

End of slide presentation portion

Appendices

The following appendices are intended to provide the facilitator with:

Appendix A: Experiential Exercises

Appendix B: Evaluation Materials

Appendix C: Key Terms

Appendix D: Acronyms

Appendix E: Icons

Appendix F: Frequently Asked Questions

Appendix G: Sources

APPENDIX A: EXPERIENTIAL EXERCISES

Utilization of experiential exercises (e.g., small group activities, simulation and role play) optimizes the potential impact of instruction. All materials and instruction necessary for successfully conducting these exercises is included in this section.

Experiential Exercise: Role Play

Below is an overview of each role in this exercise. Use the instructions found on the subsequent pages for further insight into each role.

Provider	Observer	Patient
• Interact with patients as you would in real-life, asking probing questions about their symptoms / condition	• Document observed Knowledge Skills Attitude (KSAs) using rating sheet	• Review patient history and information about the patient's condition / symptoms
• Try to meet the targeted learning objectives as they apply to the patient's condition / symptoms	• Interview provider after the role play is complete to assess provider attitudes (e.g., motivation, comfort level)	• To simulate a real provider-patient interaction, relay appropriate information about the symptoms / conditions and additional information as the provider asks for it
• Reference the observer rating sheet and patient history as needed		

Screening for MDD Role Play: Instructor Overview

The MDD role play exercise is intended to help learners apply the knowledge, skills and attitudes they have learned during the course to simulate an interaction between a 'provider' and 'patient'. Divide course participants into groups of three. One learner will serve as a patient, one as an interviewer and the third as an observer/rater. Provide each group with the instructions specific to their "role"; there are three scenarios provided within this manual. After you present the instructions, give learners the opportunity to read the instructions and begin the role play. Stop interactions after 10 minutes and ask one or more groups to de-brief. During the de-brief, ask the learner in each role to describe their observations. Ask the questions to reinforce why the learning objectives are important and encourage learners to strive to meet them in practice as applicable. Possible questions include:

- Which objectives are more difficult for providers to meet and why?
- What strategies would help providers meet these objectives?
- How are these scenarios similar to real-world practice? How are they different?
- Will this exercise change how you practice? Why or why not?

Note the following guidelines as you facilitate the exercise:

- Discuss specific learning objectives with learners before the role play exercise begins.
- Customize the objectives and complexity based on the learners' experience and needs.
- Choose the most relevant objectives based on the specific needs of the learners and the time available for role play.
- Amend the observer rating sheet as appropriate; objectives may target specific behaviors (microtraining) or may be focused more broadly on the provider information gathering process (macrotraining).
- Engage learners in discussion of why these objectives are important before role play begins.
- Move among groups and provide assistance as needed during the role play.

Overview of Patient A

Review the patient history and symptoms/conditions. To simulate a real-world patient-provider interaction, share details as the provider asks, rather than all at once. Throughout the exercise, imagine how the patient would actually be feeling and try to simulate their condition.

History

- You are a 32-year-old, active-duty Marine. You are a staff sergeant and have been in the Marines for 12 years. You are married, but do not have children.
- You have been deployed three times and have seen combat. You returned from Afghanistan three months ago.

Symptoms / Conditions

- You have had difficulty falling and staying asleep and do not feel rested in the morning. You have been late to work several times as a result.
- Upon further questioning, you admit you have been getting to sleep by drinking two six-packs of beer every night before bed. This has resulted in some marital stress and increased disagreements with your wife of three years. You have slept on the couch a number of nights.
- Upon further questioning, you have been more irritable at work and have started several arguments with members of your unit.
- Upon further questioning, you admit you are wondering why you survived your last deployment, especially at night when you are unable to sleep. You have never felt this way after returning from previous deployments. You have easy access to several weapons.

Overview of Patient B

Review the patient history and symptoms/conditions. To simulate a real-world patient-provider interaction, share details as the provider asks, rather than all at once. Throughout the exercise, imagine how the patient would actually be feeling and try to simulate their condition.

History

- You are an 18-year-old son of an Army Colonel. Your parents have been married for 20 years and you have two older sisters. You have moved multiple times and have attended at least five schools over the past four years.
- Your father has been deployed multiple times over the past 10 years and is currently deployed.

Symptoms / Conditions

- You have lost more than 20 pounds in the past two months without dieting and are now underweight. You recently stopped attending your soccer practice.
- Upon further questioning, you admit you have been having significant difficulty in school and have been bullied several times. This has resulted in a lack of motivation to attend school or participate in other activities.
- Upon further questioning, you admit you have had a hard time getting out of bed because of low energy and are struggling to complete chores and homework on time. As a result, your grades have declined and you are worried you may have to attend summer school.
- Upon further questioning, you admit you feel lonely and isolated, despite an extremely close and supportive relationship with your two sisters.

Overview of Patient C

Review the patient history and symptoms/conditions. To simulate a real-world patient-provider interaction, share details as the provider asks, rather than all at once. Throughout the exercise, imagine how the patient would actually be feeling and try to simulate their condition.

History

- You are a 24-year-old, active-duty wife married for three years. Your husband has recently returned from his second deployment.
- You had your first child three months ago, when your husband was still deployed.
- You have no family in the area, but have a supportive friend who also lives on base.

Symptoms / Conditions

- You have had no energy since having the baby and are worried you may need vitamins to help you feel more like yourself.
- Upon further questioning, you admit you feel unhappy and ill-equipped to take care of your child. These feelings started immediately after the baby was born, while your husband was still deployed. You hoped these feelings would disappear when your husband returned, but it has been one month and the emotions are intensifying.
- Upon further questioning, you admit you are sleeping more than 10 hours a day and your husband is providing most of the care for the baby. He has told you he is concerned and has noticed other changes as well.
- Upon further questioning, you admit you wonder why you ever had the baby and feel little emotional connection to the baby. You have stopped bathing and fixing your hair or wearing makeup, which is a major change in behavior. Your husband told you he is afraid to leave you alone with the baby.

Provider Role

Review your patient's history before interacting with him or her. The observer will record the number of times you meet the following learning objectives, as applicable:

- Identify whether patient has MDD signs and symptoms (K, S).
- Ask about risks to self and others, including: (K, S).
- Describe self-management techniques (K).
- Provide educational materials on causes and treatments of MDD from the CPG or other resources (K).
- Assess for co-occurring conditions (physical and psychological) (K, S).
- Demonstrate reflective listening (S).
- Demonstrate empathy (S).
- Share decision-making with patient by asking patient preferences and opinions about treatments (A).

After the interaction, the observer may ask you whether:

- You are comfortable in highly emotional situations (A).
- You are motivated to identify the best course of treatment for the patient (A).
- You feel confident identifying symptoms and describing treatment options (K, A).
- You are committed to helping patient (A).

Be honest about your attitudes and any challenges or obstacles that exist.

Patient A History

- Patient A is a 32-year-old, active-duty Marine. He is a staff sergeant and has been in the Marines for 12 years. He is married but does not have children.
- He has been deployed three times and has seen combat. He returned from Afghanistan three months ago.

Patient B History

- Patient B is an 18-year-old son of an Army Colonel. His parents have been married for 20 years and he has two older sisters. He has moved multiple times and has attended at least five schools over the past four years.
- His father has been deployed multiple times over the past 10 years and is currently deployed.

Patient C History

- Patient C is a 24-year-old, active-duty wife married for three years. Her husband has recently returned from his second deployment.
- She had her first child three months ago, when her husband was still deployed.
- She has no family in the area, but has a supportive friend who also lives on base.

Screening for MDD: Observer Rating Sheet

This rating sheet is intended for use by the learner taking the role of 'observer' during the MDD role play exercise. Please use this checklist to verify whether the 'provider' participant is meeting each of the objectives listed in the chart. Place a hash mark in the "check" box every time the knowledge, skill or attitude is observed. To assess the objectives listed in the interview section, discuss the 'provider's' attitude (e.g., comfort, confidence) following their interaction with the 'patient'. If any items are not applicable to the current role play, simply write "N/A."

Target Knowledge, Skills, Attitudes: Observed	Check
Identifies whether patient has MDD signs and symptoms (K, S): • Asks questions related to diagnostic criteria for MDD. • Asks questions about potential risk factors for MDD.	
Asks about risks to self and others, including: (K, S). • Suicidal and homicidal ideation • Intent or plan • Access to lethal means (e.g., firearms) • Family history of suicide or homicide • Current level of distress	
Describes self-management techniques (K).	
Provides educational materials on causes and treatments of MDD from the VA/DoD guideline or other resources (K).	
Assesses for co-occurring conditions (physical and psychological) (K, S): • TBI • Substance abuse • Anxiety • PTSD • Physical conditions (e.g., hypothyroid)	
Demonstrates reflective listening (S): • Allows the patient to express presenting complaint without interruption. • Uses non-verbal cues and body language to demonstrate active listening and engagement. • Uses eye contact to demonstrate interest in patient's concerns and questions. • Asks for clarification or summarizes patient's feelings or information • Validates patients' feelings and experiences.	
Demonstrates empathy (S): • Reflects or mirrors patient's feelings during interview.	

Shares decision-making with patient by asking patient preferences and opinions about treatments (A).	
Target Knowledge, Skills, Attitudes: Interview	**Check**
Is comfortable in highly emotional situations (A).	
Is motivated to identify the best course of treatment for the patient (A).	
Feels confident identifying symptoms and describing treatment options (K, A).	
Is committed to helping patient (A).	

APPENDIX B: EVALUATION MATERIALS

All evaluation materials and relevant guidance for instructors to evaluate the course are included in this section.

Kirkpatrick Evaluation

In order to effectively measure the knowledge, skills and attitudes acquired through training or education, it may be appropriate to apply multiple evaluation techniques. Dr. Donald Kirkpatrick's training framework for evaluation is a straightforward means for measuring the impact of training-specific interventions on participant reaction, learning, behavior and outcomes. The table below highlights Kirkpatrick's Four Levels Evaluation Model™ and related data collection methods.

Kirkpatrick Level	Description	Data Collection Methods
Level 1 ***Reaction***	The degree to which participants react favorably to the training.	Course evaluation forms, verbal feedback, post-training surveys, increased participants through referrals.
Level 2 ***Learning***	To what degree participants acquire the intended knowledge, skills, attitudes, confidence and commitment based on their participation in a training event.	Pre- and post-training tests, performance-based skill evaluations, interviews or simulations.
Level 3 ***Behavior***	To what degree participants apply what they learned during training when they return to duty.	Observation and interviews of participants and their supervisors, chart reviews and self-assessments. Employing these methods over time will measure the degree of change and sustainability.
Level 4 ***Results***	To what degree targeted outcomes occur as a result of the training event and subsequent reinforcement.	Observation, interviews and focus groups; cultural assessment; financial information; statistics.

Further information about education and training evaluation can be found at http://www.dcoe.health.mil/Content/navigation/documents/Guidance%20for%20Self-Evaluating%20Training%20and%20Education%20Programs.pdf for the Training Effectiveness Toolkit.

MDD Chart Review Worksheet

This worksheet may be used to help highlight awareness of critical treatment recommendations from the **VA/DoD Clinical Practice Guideline for Major Depressive Disorder (MDD).** Please document whether the patient chart documents the following steps and note any departures from the CPG recommendations.

Screening / Initial Assessment in Patient Chart	Yes	No	If No, please comment
Brief two question screen for MDD documented? (PHQ-2)			
Safety assessment documented? • Suicidal ideation, intent, plans • Homicidal ideation, intent, plans • History/evidence of violent behavior • Severe agitation • Active psychosis • Intoxication/withdrawal from drugs High-risk patients referred to mental health specialty care?			
Diagnostic criteria for MDD documented?			
Standardized diagnostic tool used? • PHQ-9 • Other _____			
Was severity of MDD documented? • Mild • Moderate • Severe Referral to mental health specialty care for severe MDD documented?			
Risk factors for MDD documented?			
Co-morbid conditions documented?			
Treatment options and plan discussed with patient and documented? • Medications • Psychotherapy • Combination Therapy			
Patient preference considered in treatment plan?			

Self-management plan provided and documented?			
Psychoeducation provided and documented?			
Follow-up scheduled in 4 to 6 weeks?			

MDD Chart Review Worksheet

Treatment / Management in Patient Chart	Yes	No	If No, please comment
Standardized tool used to re-assess symptoms? • PHQ-9 Other measure_____			
Symptom change documented? • Adverse effects documented? • Adherence to treatment documented? • Non-improving/severe depression referred to mental health specialty care?			
Safety assessment documented? • Suicidal ideation, intent, plans • Homicidal ideation, intent, plans • History/evidence of violent behavior • Severe agitation • Active psychosis • Intoxication/withdrawal from drugs High-risk patients referred to mental health specialty care?			
Changes in treatment plan documented?			
Symptom severity considered in treatment plan? • **Mild** – monotherapy • **Moderate** – monotherapy or combination • **Severe** – combination therapy or referral to mental health			
Psychoeducation provided and documented?			
Follow-up scheduled in 4 to 6 weeks?			

APPENDIX C: KEY TERMS

Definitions for key terms used in the course instructional materials are provided below.

Term	Definition
Acceptance and Mindfulness	A treatment approach that emphasizes non-judgmental awareness of both internal experiences and external factors, in addition to behavioral and cognitive interventions to reduce distress. A key feature of these interventions is acceptance rather than avoidance of emotional pain, a practice thought to reduce affective symptom severity.
Barbiturates	A group of drugs classified as sedatives that depress central nervous system activity. Long-term use of barbiturates can produce tolerance and dependence.
Behavioral Therapy	Behavior therapy for major depression refers to a class of psychotherapy interventions which treat MDD by teaching patients to increase rewarding activities. Patients learn to track their activities and identify the affective and behavioral consequences of those activities. Patients then learn techniques to schedule activities to improve mood. Behavior therapy emphasizes training patients to monitor their symptoms and behaviors to identify the relationships between them. Behavioral activation is a particular version of behavior therapy which targets the link between avoidant behavior and depression and expands the treatment component of behavioral activation.
Benzodiazepines	A group of drugs classified as central nervous system depressants that can be used as tranquilizers and hypnotics. Long-term use of benzodiazepines can produce tolerance and dependence.
Bereavement	Grief or loss due to the death of a loved one.
Bipolar Disorder	A psychiatric condition characterized by one or more episodes of mania (abnormally elevated energy levels, cognition and mood), with or without one or more depressive episodes.
Catatonic Behavior	Motor immobility or excessive agitation.
Client-centered Psychotherapy	An approach to psychotherapy in which the therapist is non-directive and reflective and does not interpret or offer advice. This approach assumes that the client is best able to deal with their problems and the best course for the therapist is to offer a non-

	judgmental, accepting atmosphere within which the client can explore their issues and work them out through this process.
Cognitive Behavioral Therapy	An approach to psychotherapy that teaches patients to modify both thinking and behavior. Patients learn to track their thinking and activities and identify the affective and behavioral consequences of those thoughts and activities. Patients then learn techniques to change thinking that contributes to depression and schedule activities to improve mood. Primary therapeutic techniques of cognitive behavioral therapy include education of the patient about the treatment model, collaboration between the patient and therapist to choose goals, identifying unhelpful thoughts and developing experiments to test the accuracy of such thoughts, and guided discovery.
Co-morbid	One or more conditions that occur in addition to primary disease.
Co-occurring	Medical or psychiatric conditions that occur simultaneously.
Computer Based Cognitive Behavioral Therapy	A structured program of care using a computer as the method of delivery which seeks to replicate the care provided by a therapist following a standard cognitive behavioral therapy program. The standard structure typically includes an introduction to the program, including how to progress through it, systematic brief monitoring contacts (6 - 12 weekly sessions), to include telephone, and general availability for consultation as needed. This intervention can be offered alone or as an adjunctive intervention to traditional psychotherapy or pharmacotherapy.
Delirium	A condition that involves a disturbance of consciousness and a change in cognition. It generally has an abrupt onset that is caused by the direct physiological consequences of a general medical condition or substance.
Dysthymia	A chronic mood disorder characterized by depressed mood and at least two of the following symptoms: increased or decreased appetite, insomnia or hypersomnia, fatigue, low energy, poor self-image, difficulty concentrating, indecisiveness, and hopelessness. These symptoms must be present for at least two years in adults.
Electroconvulsive Therapy (ECT)	A psychiatric treatment in which seizures are electrically induced in patients. It is most often used for the treatment of severe depression that has not responded to other treatment.
Flight of Ideas	Continuous, fragmentary stream of ideas, thoughts and images without any coherent pattern or focus, as expressed in speech.
Grandiosity	Inflated self-esteem.

Hypomania	A mood state characterized by persistent and pervasive elevated (euphoric), expansive or irritable mood. To qualify as a hypomanic episode, the altered mood state must last at least four days.
Hypersomnia	A sleep disorder characterized by excessive daytime sleepiness and sleeping.
Insomnia	The chronic inability to fall or remain asleep for an adequate amount of time.
Interpersonal Psychotherapy:	Interpersonal psychotherapy is derived from attachment theory and treats MDD by focusing on improving interpersonal functioning and exploring relationship-based difficulties. This form of therapy addresses the connection between patients' feelings and current difficulties in their relationships with people in their life by targeting four primary areas – interpersonal loss, role conflict, role change and interpersonal skills.
Major Depressive Disorder	A psychiatric condition characterized by depressed mood or loss of interest in pleasurable activities and other symptoms such as weight gain/loss, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue/loss of energy, feelings of worthlessness/inappropriate guilt, diminished cognitive function, and recurrent thoughts of death or suicide for a period of at least two weeks.
Mania	An abnormally elated mental state, typically characterized by feelings of euphoria, lack of inhibitions, racing thoughts, decreased need for sleep, talkativeness, risk taking, and irritability. To meet criteria under the DSM-IV-TR, a manic episode must last for a week, or be so severe that it requires hospitalization.
Mental Status Exam	An assessment of a patient's level of cognitive ability, mood, speech, appearance, and thought patterns at the time of evaluation.
Monoamine Oxidase Inhibitors (MAOIs):	A class of antidepressants that block monoamine oxidase, an enzyme that breaks down the neurotransmitters serotonin and norepinephrine. Depression may be associated with low levels of these neurotransmitters, and MAOIs increase the amount of available neurotransmitter by preventing their breakdown.
Monotherapy	Treatment of a condition using a single therapy.
Problem Solving Therapy	A short-term therapeutic approach that focuses on learning to cope with specific problem areas. The therapist and patient work collaboratively to identify and prioritize key problem areas, to break problems down into specific, manageable tasks, to problem solve,

	and to develop appropriate coping behaviors for problems.
Psychosis	A condition characterized by loss of contact with reality and causing deterioration of normal social functioning. Symptoms consistent with psychosis include hallucinations, delusions, and bizarre or disorganized behavior.
Psychotherapy	The treatment of psychological and emotional disorders using techniques designed to provide symptom relief and behavior change with the goal of improved social and occupational functioning. There are numerous types of psychotherapy that have demonstrated efficacy in MDD; the most well studied interventions are cognitive behavioral therapy, interpersonal psychotherapy, and problem-solving therapy. In addition, classes of treatment related to cognitive behavioral therapy have recently been tested. Behavioral activation is derived both from cognitive behavioral therapy and from earlier behavioral therapy models, while mindfulness-based therapies have evolved from an integration of cognitive and behavioral interventions with mindfulness and acceptance techniques.
Pharmacotherapy	Treatment of disease through the use of medication.
Posttraumatic Stress Disorder (PTSD)	An anxiety disorder that can develop after exposure to a traumatic event. PTSD has three clusters of symptoms, including 1) persistent re-experiencing of the traumatic event, 2) persistent avoidance of stimuli associated with the trauma, and 3) increased arousal, all of which occur for more than one month and cause significant distress or impairment in social, occupational or other important areas of functioning.
Psychosocial Stressors	Stressors that are related to one's primary support system, social environment, educational, occupational, housing or economic situation. Stressors can also include problems related to access to health care services, problems with the legal system and other psychosocial problems.
Refractory Depression	Depression that is resistant or unresponsive to treatment.
Residential Treatment	Long-term live-in treatment that provides therapy for chronic mental-illness. Residential treatment often incorporates all available treatment modalities including psycho-education, pharmacotherapy, psychotherapy, somatic therapies and case management.
Safety Plan	A prioritized written list of coping strategies and sources of support

	for use by patients who are at an increased risk for suicide.
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	A class of antidepressant medication that inhibits the reuptake of serotonin and norepinephrine in the neural synapse. SNRIs are considered a first line treatment option for adults with MDD.
Selective Serotonin Reuptake Inhibitors (SSRIs)	A class of antidepressant medication that inhibits the reuptake of serotonin in the neural synapse. SSRIs are considered a first-line treatment option for adults with major depressive disorder (MDD).
Schizophrenia	A severe mental disorder characterized by an alteration in an individual's perception of reality. Symptoms may include delusions, hallucinations, incoherence, paranoia, bizarre behavior, and physical agitation.
Short Term Psychodynamic Psychotherapy	A short-term (10-20 week) therapeutic approach derived from psychoanalysis and longer-term psychodynamic psychotherapy. It focuses on the patient gaining insight into unconscious conflicts as they are manifested in the patient's life and relationships.
Somatoform Disorder	A mental disorder characterized by physical symptoms that mimic disease or injury, but for which there is no apparent physical cause.
Suicidality	Suicidal thinking or behavior.
Treatment Plan	A formal plan developed by the clinician in collaboration with the patient that outlines the expected progression of therapy. It should include treatment approach, expected treatment length, assessment method and expected treatment outcomes. A treatment plan is subject to change as treatment progresses and new information is gathered.
Tricyclic Antidepressants (TCAs)	A class of antidepressant drugs which function by preventing the re-uptake of serotonin and norepinephrine in the pre-synaptic neuron. The most common side effects of these drugs include anticholinergic effects (dry mouth, blurred vision, increased intraocular pressure, constipation, urinary retention); cardiovascular effects (orthostatic hypotension, syncope, tachycardia, arrhythmias), CNS effects (sedation, confusion); weight gain (especially with amitriptyline and doxepin); and sexual

	dysfunction. TCAs can also decrease the seizure threshold.

APPENDIX D: ACRONYMS

Acronyms used in the course are provided below.

Term	Definition
AUDIT-C	Alcohol Use Disorders Identification Test – Alcohol Consumption
CPG	Clinical Practice Guidelines
CONUS	Continental United States
DCoE	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
DoD	Department of Defense
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders (4th Edition)
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders (4th Edition) – Text Revision
DNRI	Dopamine-Norepinephrine Reuptake Inhibitor
GI	Gastro-intestinal
MDD	Major Depressive Disorder
MUS	Medically Unexplained Symptoms
MHTF	Mental Health Task Force
mTBI	Mild Traumatic Brain Injury
MAOI	Monoamine Oxidase Inhibitor
NCAT	Neurocognitive Assessment Tool
NaSSA	Noradrenergic and specific serotonergic antidepressants
PHQ-2	Patient Health Questionnaire – 2
PHQ-9	Patient Health Questionnaire – 9

PDH	Post-Deployment Health Evaluation and Management
PTSD	Posttraumatic Stress Disorder
SSRI	Selective Serotonin Reuptake Inhibitors
SNRI	Serotonin and Norepinephrine Reuptake Inhibitors
SARI	Serotonin Antagonist and Reuptake Inhibitor
SMART	Specific, Measurable, Achievable, Realistic, Time-bound
SUD	Substance Use Disorder
TBI	Traumatic Brain Injury
TCA	Tricyclic Antidepressant

APPENDIX E: ICONS

This section includes icons and their descriptions that will be used throughout the instructor's module to highlight key learning points or linkage to additional learning materials (e.g., video vignette, role play scenario). Example icons and their corresponding actions are shown below.

Icon	Corresponding Action
	Activity
	Customizable Content
	Discussion
	eLearning Exercise
	Experiential Exercise
	Instructor Note
	Interactive Exercise
	Key Points
	Kit

	Material
	Mneumonics
	Play Video
	Recommended Reading
	Simulation and Feedback
	Time
	Video Time
	Web
	Worksheets

APPENDIX F: FREQUENTLY ASKED QUESTIONS

Q: What is a Clinical Practice Guideline (CPG)?

A: A CPG is a document with the aim of guiding decisions and criteria regarding diagnosis, management and treatment for specific medical conditions.

Q: How are Clinical Practice Guidelines developed?

A: Clinical practice guidelines are developed through a four step process:

1. Question formulation: The scope of the CPG is defined to address the characteristics, interventions and outcomes of interest.
2. Selection of evidence: Peer-reviewed randomized control trials, meta-analyses, and review articles are reviewed with an emphasis on efficacy and generalizability.
3. Evidence rating: Methodological rigor and clinical importance of evidence are assessed and quality of evidence tables are created.
4. Recommendations: Interventions with substantial to moderate amounts of evidence are recommended and any contraindications are noted.

Q: What is a Clinical Practice Guideline Toolkit?

A: The CPG tool kit is a clinical support tool designed to assist in maximizing the potential use of CPGs through systematic and well-planned implementation. Tool kits provide easy to use resources such as pocket guides, exam room cards and assessment tools. These resources give providers access to the information in the CPGs in a format that can be referenced and used during their day-to-day patient interactions and practice.

Q: What is a Clinical Support Tool?

A: The VA/DoD clinical support tools are derived from the various clinical practice guidelines to translate the information contained within the VA/DoD CPG into easily utilizable formats for clinicians, providers and support personnel. Utilizing clinical support tools will make providing evidence-based care easier and will increase your efficiency with up to date, relevant information. Tool kits for clinical support tools may include items such as exam room cards, pocket guides, brochures, handbooks and assessment tools. This MDD tool kit is just one of many clinical support tools available on a variety of mental health and medical conditions/treatments.

Q: Can the VA/DoD CPG Toolkit for Major Depressive Disorder (MDD) be used for guidance on treatment of other psychiatric conditions?

A: No. Because the VA/DoD CPG Toolkit for Major Depressive Disorder only provides guidance on assessment, diagnosis and treatment for MDD, it is not appropriate for use for other psychiatric conditions. However, CPGs and CPG tool kits are available for other psychiatric conditions, such as bi-polar disorder and posttraumatic stress disorder (PTSD).

Q: Where can I find the full VA/DoD Clinical Practice Guideline for Major Depressive Disorder?

A: The full VA/DoD MDD guideline, as well as updated VA/DoD CPGs for other psychiatric conditions, can be accessed at www.healthquality.va.gov/index.asp and https://qmo.amedd.army.mil/pguide.htm.

Q: How can we order more cards, brochures and handbooks?

A: To order additional clinical support tools such as VA/DoD CPG tool kit cards, brochures or handbooks, please visit https://www.qmo.amedd.army.mil/pguide.htm and click on CPG Shopping Cart.

Q: Where can I find additional resources for myself and my patients?

A: The following organizations may provide additional resources on major depressive disorders:

Organization	Contact Information
After Deployment.org	(866) 966-1020 *www.afterdeployment.org/index2.php?cid=s102_0000*
Defense Centers of Excellence (DCoE)	(877) 291-3263 *www.dcoe.health.mil/ForFamilies.aspx*
Depression and Bipolar Support Alliance	(800) 826-3632 *www.dbsalliance.org/site/PageServer?pagename=about_depression_overview*
Families for Depression Awareness	(781) 890-0220 *www.familyaware.org*
National Mental Health Association	(800) 969-6642 *www.mentalhealthamerica.net/go/depression*
The National Institute of Mental Health	(866) 615-6464 *www.nimh.nih.gov/health/topics/depression/index.shtml*
Real Warriors Campaign	(866) 966-1020 *www.realwarriors.net/family*

National HOPE-LINE Network (Suicide Hot Line)	(800) 273-TALK (8255)

APPENDIX G: SOURCES

Much of the material in this document is adapted from the following sources listed below. The use of their material is taken verbatim from each site as it applies to each specific term. For questions regarding a specific term, please visit the links below.

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.

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