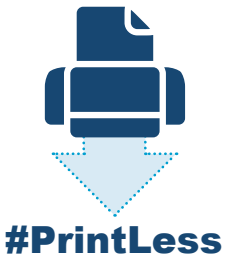
2015 ANNUAL REPORT

DEFENSE CENTERS OF EXCELLENCE

For Psychological Health & Traumatic Brain Injury



This annual report is available only in electronic copy. An ongoing success story for the DCoE corporate responsibility program is the **#PrintLess Initiative**, put in place to reduce non-essential printing and encourage recycling. This initiative has saved paper and ink, which is good for the environment and also saves money and energy. At the conclusion of fiscal year 2015, pages printed per day at DCoE decreased 34%, representing a 1,200 pound reduction in waste.

Mission

The mission of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) is to improve the lives of our nation's service members, veterans and their families by advancing excellence in psychological health and traumatic brain injury prevention and care.

Vision

To be the leader of profound improvements in psychological health and traumatic brain injury prevention and care.

Value

Serving as the Defense Department's single point of accountability for psychological health and traumatic brain injury prevention and care, DCoE is uniquely positioned to collaborate across the Defense Department, Department of Veterans Affairs and other agencies to orchestrate improvements in psychological health and traumatic brain injury outcomes. The three tenets of DCoE's value proposition are as follows:

- **Research and Evaluation:** Provides Military Health System leaders with program evaluations, focused analyses, and research optimization and implementation, achieving the greatest return on investment
- **Quality:** Identifies, prioritizes and translates evidence-based practices and research into clinical standards, improving quality and increasing efficiency in health care delivery across the continuum of care
- **Treatment and Outcomes:** Develops Military Health System psychological health and traumatic brain injury metrics, pathways of care, clinical tools, and other products that benefit providers, service members, veterans, and families improving treatment and outcomes

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DIRECTOR'S LETTER

Dear Stakeholders,

I am pleased to present the 2015 Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) Annual Report. Since 2007, DCoE has fostered advances in psychological health and traumatic brain injury (TBI) prevention and care, and developed strategies to engage more patients by tearing down barriers to care.

We work to identify and close gaps in the treatment of psychological health and TBI and recommend improvements for implementation across the system of care. We promote research, clinical and educational activities related to conditions affecting military and veteran populations. Key achievements in 2015 include:

DoD TBI Pathway of Care: In collaboration with the military services, DCoE began managing the development of a DoD TBI Pathway of Care, maximizing warfighter and beneficiary outcomes, advancing high clinical standards and decreasing variances through continuous performance improvement.

A Head for the Future Initiative: Defense and Veterans Brain Injury Center re-launched this campaign to promote TBI and concussion awareness, prevention and recovery. New campaign materials included a redesigned website, TBI Champion videos (personal stories of service members, veterans and their families), and educational materials such as postcards, posters and fact sheets.

InTransition Program: DCoE coordinated a Defense Health Agency Procedural Instruction and a DoD Instruction to support continuity of mental health for service members transitioning between Defense Department and Department of Veterans Affairs (VA). The inTransition program supports service members experiencing a transition while receiving mental health care by providing global, specialized, telephonic transition coaching to facilitate the connection to a new provider.

Research: DCoE managed 84 research protocols and 13 RAND studies designed to improve the care of service members, veterans and their families. DCoE completed several studies including: a congressionally-mandated study of cognitive rehabilitation treatment for mild TBI; study recruitment, data collection and analyses for a trial called Stepped Enhancement of PTSD Services Using Primary Care (STEPS UP); and a seminal study regarding the effect of deployment on suicide outcomes was published in JAMA Psychiatry.

Education and Training: DCoE provided a valuable vehicle for the efficient delivery of research, clinical knowledge and best practices to providers across the Military Health System and VA. During a three-day summit DCoE provided 7,794 continuing education credits and 422 certificates of attendance for more than 1,100 Defense and VA health care providers – the majority of whom participated using a virtual training platform. DCoE trained 186 military providers on the integration of technology into clinical care and awarded 995 continuing education credits. DCoE executed an additional 62 webinars reaching 9,744 participants and offering 4,139 continuing education credits.

Looking at this year's report, I'm struck by how far we've advanced the management of psychological health and TBI conditions. One milestone we worked toward in 2015 and implemented in 2016 was our move from the Army Medical Research and Materiel Command to the Defense Health Agency. We are looking forward to our role in support of the services and unified combatant commands. For 2016, we have set the following goals:

- Improve medical understanding of the patterns of occurrence of psychological disease and TBI in service members and veterans
- Serve as an expert adviser to the military on the challenges of providing psychological health and TBI care in naturalistic settings
- Measure the benefits and costs of interventions in psychological health and TBI
- Define real outcomes in providing patient care
- Identify places in the care pathway where the latest knowledge can be most rapidly translated to treatment

I invite you to read the entire "2015 DCoE Annual Report" for a complete picture of the progress that has been made in our understanding of psychological health and traumatic brain injury conditions.

Navy Captain Mike Colston, M.D.
DCoE Director

AWARDS

REAL WARRIORS CAMPAIGN

- Videographer Award Honorable Mention: Mobile App PSA September 2015
- Videographer Award of Distinction: 1st Sgt. Simon Sandoval video profile
- Digital Health Award Bronze Award: Real Warriors Mobile App
- Digital Health Award Merit Award: Real Warriors Facebook Community
- Digital Health Award Bronze Award: Mobile App PSA
- Hermes Creative Awards Platinum Award: Mobile App
- IAC Web Marketing Award: Best Military Website: realstrength.realwarriors.net

MILITARY KIDS CONNECT

- Academy of Interactive and Visual Arts Gold Communicator Award: Online Video Education
- AVA Digital Platinum Award: Government Web Video (animated graphic novel)
- AVA Digital Gold Award: Web Video: Informational

DCOE HISTORY

As a result of the nature of recent conflicts, as well as greater scientific knowledge and public awareness of mind and brain sciences, U.S. service members commonly report posttraumatic stress disorder (PTSD) and traumatic brain injuries (TBI). Since 2000, more than 170,000 service members have been diagnosed with PTSD and more than 330,000 have sustained a traumatic brain injury. These injuries and the people dedicated to the recovery of service members and veterans, ignited significant research and advancement of clinical care and prevention strategies.

Congress called for the establishment of DCoE in 2007 as the lead Defense Department agency responsible for the advancement of psychological health and TBI prevention and care in the Military Health System. The DoD/VA Wounded, Ill, and Injured Senior Oversight Committee, chaired by the deputy secretary of defense and deputy secretary of veterans affairs, officially established DCoE in a memorandum dated Aug. 31, 2007. DCoE was charged with evaluating, integrating and promoting psychological health and TBI practices and policies across the services.

From the start, DCoE brought together existing centers with expertise in psychological health and TBI-related issues to form a collaborative and integrated framework. The original network of centers included the Center for Deployment Psychology, Center for the Study of Traumatic Stress, Defense and Veterans Brain Injury Center (DVBIC) and Deployment Health Clinical Center (DHCC). In addition to the existing centers, DCoE was involved in the creation of two new centers: National Intrepid Center of Excellence and National Center for Telehealth and Technology (T2).

The National Center for Telehealth and Technology was created to develop, research, evaluate, standardize and deploy new and existing technologies to improve the lives of our nation's service members, veterans and families. The National Intrepid Center of Excellence, now part of the Defense Health Agency, was established to serve as the institute for complex, comorbid TBI and psychological health conditions within the Military Health System.

As the structure and capabilities of DCoE continued to evolve, so did its place within the Military Health System. On Jan. 23, 2009, under the authority of the deputy secretary of defense, the undersecretary of defense for personnel and readiness directed the establishment of DCoE as an operating entity in the TRICARE Management Activity.

In April 2011, the Military Health System Center of Excellence Oversight Board was established. The Board is responsible for providing policy guidance and oversight of all Military Health System centers of excellence, including DCoE.

Per the direction of the Board, DCoE was formally moved to the U.S. Army Medical Research and Materiel Command on Jan. 2, 2013. This established the secretary of the Army as the defense executive agency for DCoE and transferred control and organizational support for DCoE to the secretary of the Army. The transfer included the three centers under DCoE headquarters: DVBIC, DHCC and T2.

On July 9, 2014, the deputy secretary of defense approved the realignment of medical executive agent organizations to the Defense Health Agency. Therefore, DCoE is working with the Defense Health Agency and U.S. Army Medical Research and Material Command team to facilitate the transition of DCoE to the Defense Health Agency in February 2016.

KEY DATES

FEBRUARY 1992	Defense and Veterans Head Injury Program established; later renamed Defense and Veterans Brain Injury Center
JUNE 1995	Gulf War Health Center established; later renamed Deployment Health Clinical Center
NOVEMBER 2007	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury established
JANUARY 2008	National Center for Telehealth and Technology established
JUNE 2008	Groundbreaking ceremony of National Intrepid Center of Excellence
JUNE 2010	Defense Department releases Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting
SEPTEMBER 2012	DCoE and centers receive Defense Department Joint Meritorious Unit Award
JANUARY 2013	Defense Department Directive designates DCoE a Defense Executive Agency under U.S. Army
SEPTEMBER 2014	Defense and Veterans Brain Injury Center designated Military Health System TBI Pathway of Care manager for clinical, research, education and training activities

DCOE CENTERS

DEFENSE AND VETERANS BRAIN INJURY CENTER

DVBIC was founded in 1992 in response to the first Persian Gulf War as the Defense and Veterans Head Injury Program. DVBIC is now the traumatic brain injury operational component of DCoE. DVBIC's mission is to serve active-duty military, their beneficiaries and veterans with TBIs through state-of-the-science clinical care, innovative clinical research initiatives and educational programs, and support for force health protection services.

Twenty-three years later, DVBIC supports a network of 16 centers, operating out of 11 military treatment facilities and five VA polytrauma centers. Specific activities vary at each site. They include conducting research; helping service members, veterans and their families locate services; providing education in military and civilian settings; providing direct care to service members; and assessing TBI injury data.

The Defense Department has further solidified DVBIC's role by naming it the office of responsibility for these tasks:

- Manage the Military Health System TBI Pathway of Care to integrate TBI care capabilities
- Create and maintain a TBI surveillance database to describe the scope of the TBI issue
- Chair the chartered Neurocognitive Assessment Implementation Working Group
- Design and execute a 15-year longitudinal study of the effects of TBI in Operations Enduring and Iraqi Freedom for service members and their families
- Design and complete an independent head-to-head study to evaluate the reliability and validity of computerized neurocognitive tests
- Design and complete a study on the effectiveness of cognitive rehabilitation for mild TBI

DEPLOYMENT HEALTH CLINICAL CENTER

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

In 2008, DHCC became a DCoE center and in 2012 became the psychological health operational arm for DCoE. The mission of DHCC is to advance excellence in psychological health care across the Military Health System by enhancing care quality, effectiveness and efficiencies; facilitating the translation of research to practice; and providing leadership, advocacy and implementation support.

DHCC's work is structured around five major focus areas:

- Improve early identification and treatment of psychological health concerns through the integration of behavioral health in primary care
- Develop and implement evidence-based treatments and clinical support tools to improve psychological health specialty care
- Promote a culture of support for psychological health via psychological health literacy, patient empowerment, help-seeking behavior and reducing barriers to care
- Conduct an integrated portfolio of research to improve the psychological health system of care
- Provide program monitoring and evaluation services; develop metrics and measures to inform performance, outcomes and utilization

NATIONAL CENTER FOR TELEHEALTH AND TECHNOLOGY

Established in 2008, T2 leads the innovation of health technology solutions to deliver tested, valued solutions that improve the lives of our nation's service members, veterans and their families. T2 leverages behavioral science and technology to optimize health care in the Defense Department.

The advanced health technology solutions of T2 are user-friendly, valued by our service members and cost-effective. These qualities align with the Military Health System goals to ensure readiness, population health, experience of care, and responsible management of the total cost of health care. T2 also supports the Defense Department goals of increasing access to care, establishing best practices and quality standards for health technology and telehealth, and reducing both military suicide rates and the prevalence of stigma associated with seeking psychological health services.

T2 produces Web- and mobile-based psychological health care resources and tools that support individuals whenever and wherever they need help. These resources are based on clinical evidence and developed in collaboration with other DCoE centers, the services, VA, academia and other government agencies. T2's products are developed with multidisciplinary teams of psychologists, software engineers and product managers.


DVBIC
DEFENSE AND VETERANS
BRAIN INJURY CENTER
DHCC
DEPLOYMENT HEALTH CLINICAL CENTER
NATIONAL CENTER FOR TELEHEALTH & TECHNOLOGY
A DCoE CENTER
DEFENSE CENTERS
OF EXCELLENCE
For Psychological Health
& Traumatic Brain Injury

COLLECTIVE ACCOMPLISHMENTS

CLINICAL ACTIVITIES

Defense Health Care Provider Sexual Assault/Sexual Harassment Product Suite: DHCC and other Defense Department experts developed a new suite of tools to enhance the quality of care provided to patients who disclose sexual assault or sexual harassment to health care personnel. The Defense Health Care Provider Sexual Assault/Sexual Harassment Product Suite will help Military Health System providers adhere to clinical best practices and implement the procedures in Department of Defense Instruction 6495.02, "Sexual Assault Prevention and Response (SAPR) Program Procedures." The tools are a joint effort of the Department of Defense Psychological Health Council Sexual Assault Advisory Group, Health Affairs Women's Issues Work Group, Department of Defense Sexual Assault Prevention and Response Office, Department of Defense Family Advocacy Program, the services, and DCoE. The product suite is expected to be available on the DHA website in 2016. It comprises: 1) print and interactive Web-based clinical recommendation guides for health care providers; 2) print and interactive Web-based guides for conducting safety assessment and planning for patients who disclose sexual assault or sexual harassment; 3) an interactive training module; and 4) a pamphlet for patients on health care resources for sexual assault victims.

DoD-VA PH and TBI Health Registry: DCoE obtained approval from the Centers of Excellence Health Registry Governance Board of a DoD-VA PH and TBI Health Registry Stakeholders' Work Group Charter on June 11, 2015. The registry will integrate uniform psychological health and TBI data from the Defense Department and VA on service-related injuries.

DCoE coordinated and facilitated the DoD-VA PH and TBI Health Registry Stakeholders' Work Group kick-off on Aug. 3, 2015, with Rear Adm. Doll as the functional sponsor.

DCoE coordinated and facilitated the Centers of Excellence Health Registry Governance Board's monthly meetings and quarterly briefings to Rear Adm. Doll.

Dream EZ Mobile App: This mobile app will use imagery rehearsal therapy to change the "script" of nightmares, a common symptom accompanying posttraumatic stress that leads to insomnia and poor sleep quality. The app is in development and scheduled for release in 2016.

Health Economics: DCoE developed the "Maturity Approach to Estimating Return on Investment" analysis for the Patient Based Implementation Network in Mental Health.

DCoE wrote a paper entitled "An Econometric Analysis of Health Registry Data Using a Comparative Effectiveness Framework: An Application to the Department of Defense," which was accepted for presentation at the 85th annual Southern Economic Association Conference.

DoD/VA Integrated Mental Health Strategy Strategic Action 16: Promotion of Effective Family Resilience Programs: DCoE served as the Defense Department's lead on the strategic action 16 working group, which focused on prevention of mental health problems for service members and their families at key points in the deployment cycle and during other stressful periods in their lives. The group identified programs that increase awareness and use of effective coping strategies to decrease the incidence of major depression and related conditions among this population before, during and after deployment, and during periods of stress. In addition to identifying effective family resilience programs and services in the Defense Department and VA, the team developed recommendations to increase use of programs that promote psychological health and developed plans to promote awareness of these programs through existing Defense Department communication channels. The working group completed its final summary report in early 2015.

DoD/VA Integrated Mental Health Strategy Strategic Action 17: Family Member Roles and Education: DCoE served as Defense Department lead on the strategic action 17 working group that identified effective methods for helping families whose service members and veterans may face mental health challenges. The group developed messages, strategies, resources and materials for families to help them recognize individuals who need mental health assistance. It supported wellness, readiness, resilience and health of service members and veterans. It taught approaches to engage loved ones in care. Finally, the team identified education and outreach resources that provide information on readjustment needs to support service members, veterans and their families during deployment-related transition periods. The group completed its final summary report in early 2015.

Joint Incentive Fund 26: Practice-Based Implementation Network Pilot: The VA/DoD Joint Incentive Fund provided a grant for "Establishment of a Practice-Based Implementation (PBI) Network in Mental Health" to rapidly translate psychological health research findings into clinical practice. The PBI Network created an enduring infrastructure of 20 pilot clinics (10 Defense and 10 VA). The network allows DCoE to conduct and evaluate small scale or regional pilots of new evidence-based or promising practices prior to enterprise-wide dissemination. The initial implementation pilot, "Improving Outcomes Monitoring in PTSD Care," helped clinicians and managers in the field learn to use

outcomes to guide PTSD treatment and clinical and programmatic decisions. A network platform on the MAX.gov website provides the technical infrastructure for communication between Defense Department and VA PBI Network sites. It serves as a Defense Department repository of implementation science tools and knowledge exchange. The PBI Network also supports a pilot to implement substance abuse intervention and helps sustain other Joint Incentive Fund pilots.

Knowledge Translation: DCoE developed a high-level, flexible and adaptable knowledge translation framework to speed the transformation of innovations into practice in the Military Health System. Key activities included:

- Socialized a white paper outlining a desired future state of the knowledge translation framework with Defense Health Agency
- Continued to manage products using a holistic product lifecycle framework and knowledge management system
- Began to conduct market, consumer and stakeholder research to inform future product promotion efforts
- Began to pursue means to evaluate product trends, consumer reach and clinical practice adoption, including development of a product feedback question bank and submission of generic survey clearance to the Office of Management and Budget
- Wrote a charter for the Knowledge Translation Steering Committee

Program Evaluation and Improvement: DCoE conducted approximately 30 program evaluations using a standardized protocol. Program leads reported 100 percent satisfaction with site visit activities on feedback forms. DCoE submitted the FY 2014 Interim Report of Findings to the Office of Secretary of Defense Cost Assessment and Program Evaluation based on the information collected from 159 psychological health and TBI programs.

Screening, Brief Intervention and Referral to Treatment (SBIRT) Pilot: SBIRT is a research translation initiative designed to ensure that effective psychological health evidence-based practices for alcohol misuse intervention are implemented in the primary care setting. DHCC developed an implementation guide, a suite of SBIRT tools and a monitoring plan to help Military Health System providers deliver high-quality screening and intervention, including administration of the Alcohol Use Disorders Identification Test-Consumption. Up to four military treatment facilities will pilot and monitor the clinic's fidelity to the SBIRT process. Two Army pilot sites began implementing the SBIRT process within primary care or internal medicine clinics in 2015. DHCC plans to complete the SBIRT project in September 2016.

TBI Advisory Committee: DVBIC serves as a non-voting chair on the TBI Advisory Committee with the services and other stakeholders working on the TBI Pathway of Care. DVBIC received signature approval of the committee charter June 25, 2015.

TBI Care Coordination/TBI Recovery Support Program: This DVBIC program helps service members and veterans access TBI clinical care, supportive services and information throughout the continuum of care. The program is a unique, long-term follow-up during all phases of care — including rehabilitation and reintegration — with service members and veterans who have sustained a TBI, as well as an ongoing service to caregivers and families. Recovery Support Specialists use a Web-based data repository, the Wounded, Ill and Injured Registry, to measure and document recovery progress.

TBI Clinical Care: Through a network of 11 military treatment facilities and five VA sites, DVBIC augments staffing and informs best practices for care provision in the treatment of service members and veterans with mild, moderate or severe TBI from the moment of injury to return to duty or reintegration into the community.

TBI Clinical Recommendations: DCoE evaluates best practices and current state of the science on traumatic brain injury, and provides clinical recommendations to the Military Health System. Since 2006, DVBIC has developed 11 clinical recommendations covering military acute concussion evaluation, concussion management algorithms, cognitive rehabilitation, driving following TBI, in-theater neurocognitive assessment tool testing, management of dizziness, management of visual dysfunction, neuroimaging, progressive return to activity (for primary care managers and rehabilitation providers), and management of sleep disturbances. In 2015, DVBIC finalized the beta version of the clinical recommendation for “Management of Headache Associated with Concussion/Mild TBI” and began beta-testing the recommendation at selected Defense Department and VA sites.

TBI Outcomes and Assessment: DVBIC expanded its surveillance capabilities and updated its reports to include beneficiary information.

TBI Surveillance: DVBIC serves as the Defense Department office responsible for tracking TBI data in the military, and works with department leaders to identify outcome measures appropriate for outcome assessment across the continuum of care. DVBIC tracks medical diagnoses of TBIs that occur anywhere U.S. forces are located; posts quarterly worldwide numbers for TBI on its website; and provides updated TBI-relevant data regarding severity of injury, location of injury, type of care (purchased versus direct, inpatient versus outpatient), describing trends in care to inform resource-management decisions across the Military Health System.

Virtual Lifestyle Coach Pilot Program: This mobile application for tablets is in development. The application uses a virtual coach to help service members control their weight and maintain healthy lifestyle changes. The program achieves the same results as in-person coaching for less money and with greater convenience. Funded by the Military Health System Innovations Council, Virtual Lifestyle Coach is based on successful Defense Department initiatives for weight management. The app includes modules for assessing risk, readiness for change, goal setting, weight-loss strategy development, and exercises to increase readiness to change.

EDUCATION

A Head for the Future Initiative: DVBIC re-launched this campaign to promote TBI and concussion awareness, prevention and recovery. The initiative informs service members, veterans and their families of the signs and symptoms of TBI, encourages them to seek medical attention when needed, and fosters safety precautions to prevent TBI. New campaign materials include a redesigned website, TBI Champion videos (personal stories of service members, veterans and their families), and educational materials such as postcards, posters and fact sheets.

Automated Neuropsychological Assessment Metrics (ANAM) Training: The computer-based tool, known as ANAM, is a neurocognitive assessment of acute neuropsychological effects of battlefield concussion compared to a cognitive baseline. DVBIC developed (with the services) two guides for primary care providers and neuropsychologists to guide implementation of the ANAM.

Brain Injury Awareness Month Activities: DVBIC observed Brain Injury Awareness Month in March. Using the theme "Change Your Mind About Brain Injury: Prevent, Recognize and Support," DVBIC featured events that highlighted Defense Department efforts to prevent TBI and provide TBI care for service members, their beneficiaries and veterans through state-of-the-science clinical practices, research and education. The DVBIC Regional Education Coordinator Program facilitated over 600 nationwide events.

DVBIC held a kickoff event for health care providers on March 2 at Walter Reed National Military Medical Center. The title of the event was "TBI Educational Forum: Best Practices and Current Research." More than 900 people participated nationwide through the webinar platform.

Congress sponsored a Brain Injury Awareness Day on Capitol Hill on March 18. DVBIC participated in the Congressional Brain Injury Task Force exhibit fair to raise awareness about TBI in the military.

DCoE Summit "Continuum of Care and Care Transitions in the Military Health System": DCoE hosted a three-day summit for psychological health and traumatic brain injury education, which brought together more than 1,100 Defense Department and VA health care providers. The organization offered virtual and in-person options for participation. 1,856 people registered and more than 1,100 people participated.

Internal Behavioral Health Consultant (IBHC) Sustainment Training: This training series was for members of the Patient-centered Medical Home (PCMH) Behavioral Health team who serve as IBHCs. The organization offered 12 webinars to improve brief assessment and intervention for health conditions, behavioral health problems, and populations commonly seen in Military Health System Patient-centered Medical Home settings. Total attendance at the training was 1,378 providers.

Joint Incentive Fund 1: Improving Patient-centered Care via Integration of Chaplains with Mental Health Care: This project, funded from April 2013 through September 2015, aims to train Defense Department and VA chaplains and mental health providers in systematic integration of care, best practices for chaplains and mental health providers, and improved assessment and charting of spiritual distress and growth. Key 2015 accomplishments include:

- Twenty Defense Department chaplains completed the Mental Health Integration of Chaplain Services training program. The training relied upon a mixture of distance education and in-person training. Chaplains learned about important mental health topics (e.g., mood disorders, PTSD, suicide), links between mental health care and spiritual care, and possibilities for adapting evidence-based modalities for use in chaplaincy work. The sustainment plan includes another year-long training program for 20 Defense Department chaplains, which will begin in January 2016. The curriculum products developed from the first training event have been enhanced and will be used to support the second cohort. Seven Defense Department and seven VA teams, consisting of at least one chaplain and one mental health provider, participated in learning collaboratives. Systems redesign experts and "coaches" from the VA Engineering Resource Center helped teams implement goals and discern ways to reduce barriers to implementation. The teams developed goals for screening, referrals, assessment, documentation and communication, role clarification, and creation of a cross-disciplinary training site. The collaborative teams presented to sites interested in integrating services on systems redesign principles and lessons learned from the collaboratives. A package of three one-hour videos was created to disseminate important principles and instructions from the collaboratives and feature VA and Defense Department teams sharing their experiences and lessons learned.
- DCoE Chaplains Working Group met eight times via teleconference. Subject matter experts provided broad-based training to Defense Department and VA chaplains and mental health providers on

topics including suicide prevention, the Families OverComing Under Stress (FOCUS) program, Special Operations Command work on Preservation of the Force and Family (POTFF) initiatives, and sexual assault prevention and response.

Joint Incentive Fund 7: Problem Solving Training for Behavioral Health Clinicians: This program aims to train providers in behavioral health specialty clinics and primary care settings across the Defense Department and VA. Program goals are: to facilitate access to mental health-related services; train staff to provide high quality evidence-based care; support long-term dissemination and implementation of problem solving training; promote consistent standards of care; and help service members and veterans understand and change emotional stress responses, minimize effects of distress and improve their quality of life. The sustainment plan included two master trainer workshops in the spring and summer of 2015. Across the funding period, 215 clinicians completed problem solving training (119 VA and 96 Defense), and 26 clinicians completed Master Trainer requirements (14 VA and 12 Defense). Potential follow-on initiatives include training chaplains and behavioral health technicians.

Mild TBI Training: DVBIC updated educational training products for providers, line leaders and service members to meet the annual training requirements of Defense Department policy guidance for managing mild TBI in deployed service members.

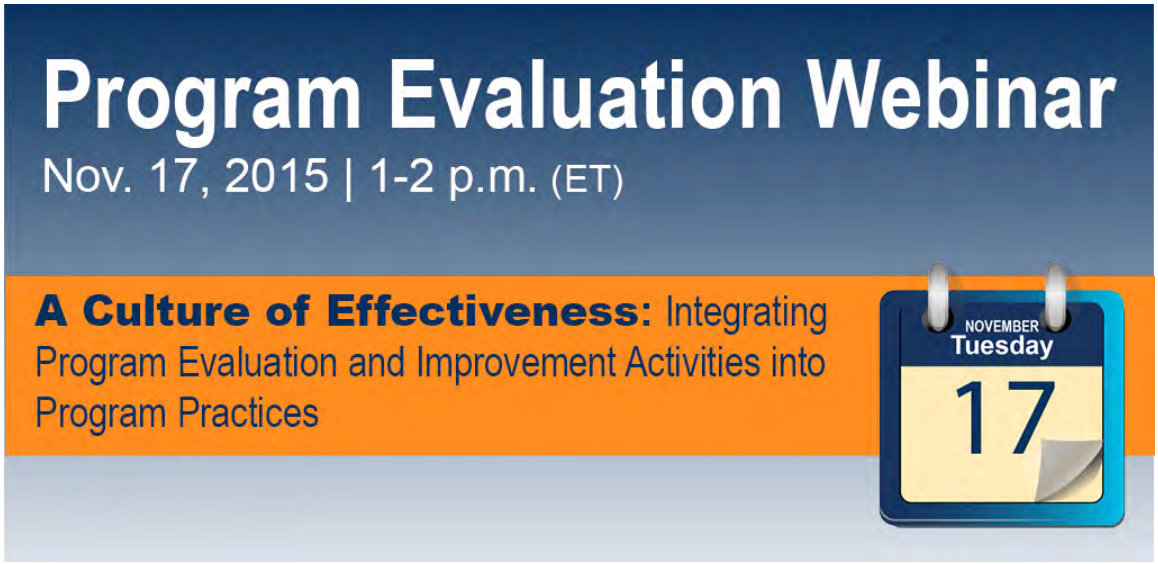
Primary Care Behavioral Health Education and Training: DHCC supports the tri-service Primary Care Behavioral Health program, serving to create and provide training for Behavioral Health Care Facilitators, Internal Behavioral Health Consultants and primary care managers in multiple venues. Key 2015 accomplishments include:

- Hosted 12 monthly sustainment training webinars for Internal Behavioral Health Consultants
- Provided in-residence skills qualifications trainings for 105 Internal Behavioral Health Consultants and 68 Behavioral Health Care Facilitators in in-residence skills qualifications
- Developed and implemented an evidence-based practice, psychopharmacological training module for Behavioral Health Care Facilitators
- Developed and implemented a tri-service training module for all Defense Department Internal Behavioral Health Consultants on Behavioral Health Measure-20
- Developed and implemented a tri-service training module on Internal Behavioral Health Consultant documentation
- Developed and implemented a one-day training program for Primary Care Medical Home leaders to increase their Primary Care Behavioral Health program-related knowledge, facilitate teamwork, discuss implementation challenges and develop strategies to overcome them

- Developed and facilitated approval from all the services for an Internal Behavioral Health Consultant Trainer Core Competency Tool that is under review by the Primary Care Behavioral Health service leads

Program Evaluation Improvement: An initiative to improve awareness and understanding of the program evaluation process, the reasons evaluation is necessary, and DCoE's program evaluation methodology for the benefit of psychological health and traumatic brain injury programs throughout the Defense Department. Accomplishments include:

- ***Interim Report:*** DCoE conducted an analysis of 159 psychological health and TBI programs in 2014 and in 2015 submitted an interim report on its findings to the Office of the Secretary of Defense Cost Assessment and Program Evaluation.
- ***Program Evaluation Guide (2nd edition):*** The first three modules of the revised Program Evaluation Guide were published on the DCoE website.
- ***Protocol:*** DCoE finalized the Program Evaluation Protocol for use by military and veterans' health facilities and developed an executive summary of the protocol.
- ***Evaluations and Support Activities:*** DCoE conducted approximately 40 program evaluations in 2015 using the protocol. Program representatives reported 100 percent overall satisfaction with site visit activities on feedback forms. DCoE provided ongoing program evaluation support including 14 education and training site visits.
- ***Webinars:*** DCoE offered 10 webinars to improve awareness and understanding of the program evaluation process, the reasons evaluation is necessary, and DCoE's program evaluation methodology. Continuing education credits were offered. Total webinar attendance was 403 people.



Psychological Health Webinar Series: DCoE offered 10 monthly webinars to provide information and facilitate discussion on a variety of topics related to psychological health. The target audience was health care providers. Total webinar attendance was 2,730 providers.

Real Warriors Campaign: The Real Warriors Campaign is a public health awareness initiative designed to reduce barriers to care, encourage service members, veterans and military families to seek care for psychological health concerns, and promote psychological health. The campaign strives to increase health literacy, educate and reduce misperceptions about psychological health conditions and care, foster a culture of support for psychological health, improve support systems and empower behavioral changes. Key 2015 campaign highlights include:

- Increased social media interactions by 349 percent, with online audiences engaging with the campaign an average of 2,151 times every day
- Reached more than four million unique individuals on Facebook, Twitter, YouTube and Scribd
- Increased website visits and unique visitors by 9 percent compared to the 2014 calendar year
- Garnered 1,840 downloads of the Real Warriors mobile application launched in September 2014
- Received 274 orders for 186,181 materials from various organizations including U.S. Strategic Command, Mental Health America and the Michigan National Guard
- Interacted with 1,708 individuals and distributed 8,982 pieces of material at 17 events nationwide
- Earned 17,970 media clips garnering more than 285 million media impressions
- Confirmed seven strategic partners including Navy Operational Stress Control Program, Warrior Care Policy, Operation Live Well, the Elizabeth Dole Foundation and R4 Alliance

Screening, Brief Intervention and Referral to Treatment (SBIRT) Training: DHCC contracted with the University of Chicago to develop computer-based training on this intervention for alcohol misuse. In June 2015, the organization disseminated to Army providers a one-hour training module for primary care managers and a three-hour training module for PMCH staff including IBHCs and BHCFs. A total of 1,182 Army providers completed the training.

TBI Grand Rounds Series: In collaboration with the VA, DVBIC continued its TBI Grand Rounds quarterly series, which supports health care providers with education, clinical training and research related to novel techniques and best clinical practices in the treatment of patients with TBI. The program provided training to support an integrated approach to TBI patient care for service members and veterans. DVBIC conducted four events with a total attendance of 450 providers.

TBI Regional Education Coordinator Program: The DVBIC network uses a regional approach to education by providing each military treatment facility and VA facility in the system of care with state-of-the-science educational products and outreach efforts through the work of regional education coordinators. Coordinators facilitated more than 2,000 education and training activities related to TBI, and reached more than 200,000 service members, veterans, families, providers and community-based organization members.

TBI Webinar Series: DVBIC conducted 12 monthly webinars to provide information and facilitate discussion on a variety of TBI topics targeted to health care providers. Total webinar attendance was 3,846 providers.

Technology Education and Training for Providers: T2 provides high-quality education and training for military providers on the integration of technology solutions in behavioral health care. The desired end state is to bring about a change in patients' health by training providers to use current best practices related to the use of behavioral health technology to support behavioral health and create efficiencies. Instructors review the evidence base supporting technology tools, as well as provide training on the ethical, cultural and privacy/security issues of the use of technology in clinical practice. Training is accomplished through the delivery of virtual webinars, face-to-face workshops, community of practice meetings and dissemination of provider resources. Key 2015 highlights include:

- ***Webinars:*** T2 delivered eight webinars to highlight mobile applications and technology solutions for psychological health and TBI. Total webinar attendance was 1,635 providers.
- ***Face-to-face workshops:*** T2 delivered six webinars to military providers about the integration of technology tools into clinical care. Total workshop attendance was 186 providers.
- ***Community of practice:*** T2 offered four behavioral health technology community of practice meetings to support military providers on the integration of technology tools into clinical care. Average attendance was 46 providers at each event.

RESEARCH

DCoE conducts military health services research on a wide range of topics, including treatment for PTSD and depression, primary care PTSD screening, collaborative care/primary care-based treatments for mental health disorders, telehealth treatment for mental health disorders, and screening and brief intervention for alcohol abuse. This type of research is conducted by our psychological health operational center, DHCC.

DCoE gathers data and conducts research to evaluate technology solutions, and examines the use of technology in the military population to inform best practices and policy decisions. This type of research is conducted by T2. The center also provides critical data analysis, policy recommendations and senior-level briefings to support expanding telehealth initiatives across the Defense Department enterprise. In 2015, T2 completed the first evidence-based study for in-home telehealth delivered to the Defense Department. This clinical trial demonstrated the safety and efficacy of a novel method for delivering mental health treatment. According to a 2015 RAND report, more than 300,000 U.S. service members in geographically remote locations may benefit from increased access to care provided by telehealth services.

Research is also conducted by DCoE's TBI operational center, DVBIC. The DVBIC network includes a research infrastructure to support the execution of military-relevant TBI research projects including congressionally mandated studies. At present there are 60 active research protocols spanning from epidemiological studies to randomized, controlled treatment studies.

DCoE held a research in-progress review to highlight center research portfolios and discuss research portfolio financial management. The organization finalized the Research Work Group Charter, which is a venue for establishing the processes and structure to manage and facilitate research across DCoE centers.

A full list of DCoE research is in **Appendix A**. Selected research activities are listed below.

Chronic Traumatic Encephalopathy (CTE) Information Paper/Talking Points: In preparation for the release of the movie "Concussion," DVBIC updated its information paper on CTE. DVBIC also developed talking points related to the condition, which informed messaging on the topic by Assistant Secretary of Defense for Health Affairs Dr. Jonathan Woodson.

Evaluation of TBI Clinical Recommendation: DVBIC developed a multi-site study to evaluate the recently released clinical recommendation "Progressive Return to Activity Following Acute Concussion/Mild Traumatic Brain Injury." The organization held a study workshop to train researchers on the study procedures, ensuring standardization and fidelity of study execution at its three sites.

Improved Understanding of Mental and Psychological Needs in Veterans and Service Members with Chronic TBI (I-MAP): Based at the Tampa VA Medical Center, this study evaluates needs and use of support services by people who have sustained a TBI. DVBIC developed the study to complement existing 15-year studies that were created to address a congressional mandate.

Mental Health Strategic Plan 1–2.4: The assistant secretary of defense for health affairs tasked DHCC as the Defense Department lead for the Mental Health Strategic Plan Initiative 1–2.4. The primary objective of the initiative is to provide an annual report to line and medical leadership on the most effective, evidence-based prevention strategies to improve overall population mental health and early intervention. The initiative also includes creating a system for integrating information about prevention strategies from multiple national and military sources and identifying research opportunities for advancing the science of prevention.

Mind Matters Challenge: DVBIC supported the joint Defense Department and National Collegiate Athletic Association "Mind Matters Challenge" initiative through review of scientific research and education grant proposals. The goal of this initiative was to improve the effectiveness of concussion awareness education programs that are delivered to student athletes, service members and other populations at risk.

Multiple TBI Information Paper: DVBIC published an information paper regarding scientific understanding of multiple TBIs.

RAND Corporation Studies: DHCC provided funding and oversight for numerous RAND studies in 2015 on topics including mental health needs of rural and remote service members and their families, mental health needs of minorities, a quality framework for psychological health care, fidelity to evidence-based practices, complementary and alternative medicine psychological health practices, deployment's impact on family readiness, family resilience in the military, promoting healthy sleep in service members, evaluating Defense Department and VA mental health campaigns, and developing an item bank to measure barriers to care and stigma in the military.

Single Item PTSD Screener: In a previous research study, DHCC developed and evaluated the single-item screen to facilitate screening among primary care providers in a Defense Department population. DHCC was awarded additional grant funding to refine and evaluate the screen. The goal of the project was to improve the sensitivity and specificity of the screen. The desired outcome is that the item will perform as well as or better than the widely used four-item screen, the PC-PTSD. DHCC completed data collection and main analyses. Findings suggested that the single-item PTSD screen performs as well as the four-item PTSD screen and is a promising brief screening instrument for military primary care. This study and DHCC's prior work are the only studies known to validate a single-item PTSD screen and the four-item screen in a military primary care

population. DHCC recommended implementation of the Single Item PTSD Screener in Defense Department primary care clinics. A manuscript is expected to be published in early 2016.

Stepped Enhancement of PTSD Services Using Primary Care (STEPS UP): This trial tests whether a system of collaborative care in military primary care improves quality and outcomes for service members with PTSD and depression in comparison to service members who receive standard care. The effectiveness of the STEPS UP package was compared to optimized usual care at six Army posts over four time points. DCoE completed study recruitment, data collection and main analyses. Findings suggest that central assistance for collaborative telecare, including stepped psychosocial and pharmacologic management, improves outcomes of PTSD and depression among military personnel and may offer an effective model of care for other PTSD populations. A manuscript with full study findings is expected to be published in early 2016.

Study of Cognitive Rehabilitation Effectiveness (SCORE) for Mild TBI: DVBIC completed this congressionally mandated study of cognitive rehabilitation treatment for mild TBI and published the study manual on the DVBIC website in September. Staff presented preliminary study results at the VA Polytrauma System of Care Workshop: New Perspectives in TBI Rehabilitation, as well as at the Military Health System Research Symposium in August.

Suicide Prevention: T2 studies military suicide research data, which includes preparing the Department of Defense Suicide Event Report (DoDSER) for the Defense Suicide Prevention Office to improve the military's suicide prevention efforts. The organization has multiple ongoing studies using this type of data or investigating treatment approaches to prevent suicide. T2's chief suicidologist published a seminal study regarding the effect of deployment on suicide outcomes. The lack of correlation corroborated the Millennium Cohort Study and data collected by VA.

TBI Epidemiology/Etiology/Observational Studies: These studies seek to understand the physiological and behavioral effects of TBI, to identify the nature and frequency of chronic effects, and to understand the interplay between TBI and other comorbid disorders. DVBIC has 33 ongoing studies in these areas. DVBIC researchers are using administrative databases, developing longitudinal databases, and using blood-banking and surveillance databases to conduct research. In addition, studies of headache disorders, onabotulism toxin (Botox), olfactory and taste dysfunction, and spatial navigation are ongoing. The study "Exploring the Natural History of Traumatic Brain Injury within a Military Cohort," was developed to meet the requirement for a longitudinal study on TBIs sustained by Operation Enduring Freedom and Operation Iraqi Freedom service members. DVBIC supports the Chronic Effects of Neurotrauma Consortium study at three network sites to examine issues related to anatomic, molecular, and physiological mechanisms of chronic brain injury and potential neurodegeneration.

TBI Family/Caregiver Studies: DVBIC has one ongoing multi-site study to address families and caregivers. This study, entitled "Health Related Quality of Life in Caregivers of Service Members with Military Related TBI," is part of the 15-year longitudinal study that uses focus groups, cognitive interviews, and field-testing to assess the mental and physical health of these caregivers. The study has developed a validated TBI quality-of-life care scale to measure well-being and health care needs. Initial results from this ongoing study were published in the Archives of Physical Medicine and Rehabilitation in January 2015.

TBI Rehabilitation and Reintegration: Seven protocols at DVBIC fall within the rehabilitation/reintegration category, including: cognitive rehabilitation, metronome technology remediation, neurofeedback, computer-based cognitive rehabilitation, and smart home technology. The Imaging Support of Study of Cognitive Rehabilitation Effectiveness in Mild TBI (iSCORE) study complements the SCORE trial.

TBI Screening & Assessment: The DVBIC research portfolio includes six protocols in the area of TBI screening and assessment. The DVBIC Head to Head study compares the psychometric properties of brief computerized neurocognitive assessment tools through test-retest reliability and validity studies. The results of the test-retest study were published in the *Archives of Clinical Neuropsychology* in 2013. The results of the validity study were part of the final report to Congress in February 2015. Publication will follow.

TBI Treatment and Clinical Management: DVBIC has nine protocols addressing TBI treatment and clinical management. These protocols use a wide range of treatment modalities. Ongoing research includes studies on low-cost telephonic interventions, social competence, pain assessment, neural plasticity, advanced imaging techniques, biofeedback, and transcranial direct current stimulation.

LEADERSHIP AND COLLABORATION

DCoE recognizes that advancement cannot happen without the help and knowledge of others. To get the best care possible for U.S. service members, veterans and their families, DCoE partners with military, government and academic organizations to identify gaps, eliminate redundancies, and prioritize needs in psychological health and TBI research and care. DCoE also plays an active role in Defense Department working groups for psychological health and TBI. Selected leadership and collaborative activities are highlighted below. A full list of partners is in **Appendix C**.

International Initiative for Mental Health Leadership

DHCC is the Defense Department host for the Substance Abuse and Mental Health Services Administration International Initiative for Mental Health Leadership military match site, which is a collaboration of mental health leaders from eight sponsor countries who join with other countries throughout the world to share knowledge to improve mental health and addictions services. Since 2011, this leadership collaboration has focused on the mental health needs of rural and remote service members and their families, a critical need identified by mental health leaders from the Unites States, United Kingdom, Canada and Australia. DHCC hosted the 2015 annual meeting, which included participants from New Zealand, Germany, Australia, United Kingdom, Denmark and Canada.

International Outreach

- Mr. Oliver Krueckel, a German psychologist, completed a one-year tour with DCoE as part of the Engineer and Scientist Exchange Program.
- Three DVBIC staff members, Cmdr. James Blankenship, Lt. Cmdr. Ranjodh Gill and Capt. Cynthia Spells went to Liberia as part of the Public Health Service Ebola support mission.

Working Groups

DCoE achieves success through participating in a variety of interdisciplinary working groups to improve psychological health and TBI care. Examples include: Psychological Health Quad Service Working Group, TBI Quad Service Working Group, DoD/VA Telehealth Work Group, and Health Executive Council/Joint Executive Council on TBI Working Group.

Reports

REPORTS TO CONGRESS

DCoE contributed to four reports to Congress in 2015, described below.

Final Report on the National Defense Authorization Act for Fiscal Year 2008, Section 1673, Improvement of Medical Tracking System for Members of the Armed Forces Deployed Overseas and Comparative Cognitive Test Study in House Report 111–491, page 314 to accompany H.R. 5136, the National Defense Authorization Act for Fiscal Year 2011.

Report on Section 730 of the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015: Implementation of Improvements to Certain Resilience and Prevention Programs of the Department of Defense.

Interim Report on Section 723 of the National Defense Authorization Act for Fiscal Year 2010: Clinical Trial on Cognitive Rehabilitation Therapy for Members and Former Members of the Armed Forces. Status: report will be resubmitted after SCORE Trial is published. In the interim, an internal update of clinical trial progress was sent to the undersecretary of defense for Personnel and Readiness.

Interim Report on Section 728 of the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015: Report on Improvements in the Identification and Treatment of Mental Health Conditions and Traumatic Brain Injury among Members of the Armed Forces.

CONTRIBUTIONS TO DEFENSE DEPARTMENT AND INTERAGENCY REPORTS

VA/DoD Joint Executive Committee Annual Report: As part of the PH and TBI Sub Working Groups in the JEC's Health Executive Committee, DCoE provided input on Web-based self-help, research translation, Real Warriors Campaign, inTransition program, telehealth and TBI.

Department of Defense Suicide Event Report (DoDSER) Calendar Year 2014 Annual Report: T2 completed this report in July 2015 for the office of the undersecretary of defense for Personnel and Readiness (USD-P&R) and the office of the undersecretary of defense for Health Affairs. The 2015 report was coordinated with the services, all of whom concurred. The report is to be signed by USD-P&R Acting Principal Deputy Mr. Brad R. Carson and is scheduled for release in February 2016.

InTransition Program Information Paper: DCoE completed this report to the White House Domestic Policy Council in January 2015.

Resilience Governance Courses of Action: DCoE completed this work in May 2015 for the office of the assistant secretary of defense for Health Affairs.

VA/DoD FY16–18 Joint Strategic Plan of the Joint Executive Committee's Health Executive Committee: DCoE delivered a report on "Improving Understanding of Medical and Psychological Needs in Veterans and Service Members with Chronic TBI (I-MAP)" study in September 2015.

Traumatic Brain Injury Surveillance Report: DCoE delivered quarterly reports for the office of the assistant secretary of defense for Health Affairs.

Neurocognitive Assessment Tool Report: DCoE delivered quarterly reports for the office of the assistant secretary of defense for Health Affairs.

LOOKING FORWARD

As DCoE moves into 2016 and beyond, we will maintain our momentum as we advance psychological health and TBI prevention and care by:

- Improving medical understanding of the patterns of occurrence of psychological disease and TBI in service members and veterans
- Serving as an expert adviser to the military on the challenges of providing psychological health and TBI care in naturalistic settings
- Measuring the benefits and costs of interventions in psychological health and TBI
- Defining real outcomes in providing patient care
- Identifying places in the care pathway where the latest knowledge can be most rapidly translated to treatment

Appendix A: Research

Defense and Veterans Brain Injury Center

A Demonstration Program to Test the Efficacy of Peer Visitation for Caregivers of Veterans of OIF/OEF with Polytrauma/Blast-related Injury

A Longitudinal Study of Chronic TBI in OEF/OIF/OND Veterans and Service Members: San Antonio Military Medical Center

A Prevalence Study of Chronic Problems and Sequelae after TBI in the Military and Veteran Populations: San Antoniio Military Medical Center, Minneapolis VA

A Psychometric Comparison of Brief Computerized Neuropsychological Assessment Batteries: Test-Retest Reliability "Head to Head": Fort Bragg

A Psychometric Comparison of Brief Computerized Neuropsychological Assessment Batteries: Validity: "Head to Head": Fort Bragg

A Randomized Controlled Pilot Study of the Effectiveness and Feasibility of Novel Rehabilitation approaches for OIF and OEF Patients with Persistent Complaints of Cognitive Dysfunction Following TBI: Walter Reed National Military Medical Center

A Randomized, Controlled, Trial of Interactive Metronome Technology for Remediation of Cognitive Difficulties Following Blast-Related Traumatic Brain Injury: Fort Carson

A Randomized, Double-Blind, Placebo-Controlled Study of the Safety and Efficacy of NNZ-2566 in the Acute Treatment of Adults with Mild Traumatic Brain Injury "Neuren": Fort Bragg

Aggression in Military Personnel: Investigation of the Influence of Mild Traumatic Brain Injury, Post-Traumatic Stress Disorder, and combat Experience: Naval Medical Center San Diego, Camp Pendleton

An fMRI Study of TBI Associated with Blast Injury (Cycle II & Cycle III): San Antonio Military Medical Center

An Outcome Evaluation of Alpha Stimulation Therapy on Active Duty Service Members with a Concussion History: Camp Lejeune

Assessing Pain in Persons with Polytrauma and Differing Cognitive Levels: Intensity Scale Utility & Reliability: Richmond VA

Assessments of the pupillary light reflex and eye movements for early identification of Warfighters with acute mTBI/concussion

Biofeedback Treatment of mTBI Pathology Utilizing an Optimized Training Environment: Walter Reed National Military Medical Center, Fort Belvoir

BRAVE Trial: Broad-spectrum Cognitive Remediation Available to Veterans—Effects of a Brain Plasticity-based Program in Mild Traumatic Brain Injury: Walter Reed National Military Medical Center

Characterization and Care Coordination of Polytrauma Patients: Richmond VA

Chronic Effects of Neurotrauma Consortium (CENC): Richmond, VA, Tampa VA, San Antonio Military Medical Center

Data Analysis for Defense and Veterans Head Injury Program Protocol IV Combat Training Traumatic Brain Injury: A Surveillance Study in Paratroopers: Fort Bragg

Defense and Veterans Brain Injury: Prospective Traumatic Brain Injury Protocol (CTF)

Defense and Veterans Brain Injury Center James A. Haley V.A. Hospital Prospective and Retrospective Traumatic Brain Injury Tracking Protocol

Defense and Veterans Brain Injury Center TBI Clinical Patient Registry

Deployment Related Mild Traumatic Brain Injury: Incidence, Natural History, and Predictors of Recovery in Soldiers Returning from OIF/OEF (Warrior STRONG): Fort Carson, Fort Bragg

Diffusion Tensor Imaging in the Evaluation of Blast Traumatic Brain Injury: San Antonio Military Medical Center

Discovery and Validation of Peripheral Biomarkers of Traumatic Brain Injury: Camp Lejeune

Enhancing Cognitive Control Using Transcranial Direct Current Stimulation: Minneapolis VA, Richmond VA, Tampa VA, Palo Alto VA

Epidemiological Study of Mild Traumatic Brain Injury Sequelae Caused by Blast Exposure During Operations Iraq and Enduring Freedom

Epidemiology of Headache Disorders in a Military Cohort with and without TBI: Fort Bragg

Evaluation of the DVBIC Progressive Return to Activity Clinical Recommendation Tool (PRA): DVBIC Headquarters, Naval Medical Center San Diego, Camp Pendleton, Fort Bragg

Expanding Our Understanding of Computer Based Cognitive Rehabilitation in the Military Population—a Longitudinal Brain Fitness Center Database: Walter Reed National Military Medical Center, Fort Belvoir

Exploring the Natural History of Traumatic Brain Injury within a Military Cohort—A Longitudinal Database and Blood Banking Study: Brief Pathway “15-year study”: Walter Reed National Military Medical Center, Naval Medical Center San Diego, Camp Pendleton, Fort Belvoir

Exploring the Natural History of Traumatic Brain Injury within a Military Cohort-A Longitudinal Database and Blood Banking Study: Comprehensive pathway: “15-year study”: Walter Reed National Military Medical Center, DVBIC Headquarters, San Diego

Extending Smart Home Technology for Cognitively Impaired Veterans to Delay Institutionalization (Part II): Tampa VA

Feasibility Study of a Novel Neurofeedback Technology for Persistent Post-Concussive Symptoms in Soldiers: Fort Carson

Health Related Quality of Life in Caregivers of Service Members with Military Related Traumatic Brain Injury: TBI-CareQOL Development: Walter Reed National Military Medical Center, Naval Medical Center San Diego, Camp Pendleton, Fort Belvoir

Identifying US Military Service Members with Multiple Medically Diagnosed TBIs using Administrative Databases: DVBIC Headquarters

Imaging Support of Study of Cognitive Rehabilitation Effectiveness in Mild Traumatic Brain Injury (iSCORE): San Antonio Military Medical Center

Improved Understanding of Medical and Psychological Needs (I-MAP) in Veterans and Service Members with Chronic TBI: Tampa VA

Investigating the Neurologic Effects of Training Associated Blast (I-TAB): Camp Pendleton, Camp Lejeune

Long-term Follow-up of SCORE/iSCORE: San Antonio Military Medical Center

Longitudinal, Multi-domain Assessment of Neurodegeneration in Veterans: Minneapolis VA

Long-term Outcomes from TBI “Core Protocol”: Palo Alto VA

Neurocognitive Assessment of Blast Exposure Sequelae in Training (NC-BEST): Naval Medical Center San Diego

Novel Approaches to the Analysis of Clinic and MRI Data in Marines with a History of Possible mTBI: Camp Lejeune

Olfactory and Taste Dysfunction Among US Military Personnel Deployed to Iraq and Afghanistan: A Feasibility Study, Richmond VA

Onabotulinum Toxin A in the Treatment of Post-traumatic Headache in Soldiers: A Retrospective Record Review of Patients Presenting to the TBI Center for Evaluation and Treatment of Headache Outcome After Mild Traumatic Brain Injury Treated at Brooke Army Medical Center

Pain Drawings, Headache Diagnosis and Mild TBI in Soldiers: A retrospective case series: Fort Bragg

Post-Deployment Traumatic Brain Injury and/or Post-Traumatic Stress Disorder: A Qualitative Study (Sub-study under protocol titled: "Deployment Related Mild Traumatic Brain Injury (mTBI): Incidence, Natural History, and Predictors of Recovery in Soldiers Returning from OIF/OEF"): Fort Carson

Post-traumatic Headache in Soldiers: A retrospective record review of patients presenting to the TBI Center for evaluation and treatment of headache: Fort Bragg

Prospective TBI Clinical Tracking Study (CTF): Palo Alto VA, Richmond VA, Minneapolis VA, Tampa VA

ProTECT Phase III—Progesterone for the Treatment of Traumatic Brain Injury: San Antonio Military Medical Center

Retinal Imaging with Adaptive Optics for Early Diagnosis of Traumatic Brain Injury: Minneapolis VA

Retrospective Analysis of Brain Morphometry in Mild Traumatic Brain Injury: A Pilot Study: Richmond VA

Retrospective Chart Review of Neuropsychological Testing in the Defense and Veterans Brain Injury Center at the Naval Medical Center San Diego

San Antonio DVBIC Prospective Traumatic Brain Injury Clinical Tracking Repository (formerly DVBIC Tracking Protocol): San Antonio Military Medical Center

Spatial Navigation after Combat Exposure: A Pilot Study: Richmond VA

Structured Telephonic Testing 5 to 15 Years after TBI: Palo Alto VA

Study of Cognitive Rehabilitation Effectiveness in Mild Traumatic Brain Injury (SCORE): San Antonio Military Medical Center

The Defense and Veterans Brain Injury Center (DVBIC) TBI Clinical Patient Registry: Naval Medical Center San Diego, Camp Pendleton

The Effect of Telephone Follow-up on outcome for Service Members with Mild TBI: Concussion Treatment After Combat Trauma (CONTACT): Fort Bragg

Treatment for Social Competence in Military Veterans, Service Members and Civilians with Traumatic Brain Injury: Richmond VA, Palo Alto VA

Use of the Personality Assessment Inventory in the Neuropsychological evaluation of U.S. Service Members following Traumatic Brain Injury: San Antonio Military Medical Center

VA Polytrauma Rehabilitation Center Traumatic Brain Injury Model Systems: Minneapolis VA, Richmond VA, Tampa VA, Palo Alto VA

Women and Traumatic Brain Injury: Retrospective Cohort Analysis: Palo Alto VA

Deployment Health Clinical Center

Stepped Enhancement of PTSD Services Using Primary Care (STEPS UP): A Randomized Effectiveness Trial

Refining a Single Item PTSD Screener (SIPS) for Use in Defense Department Primary Care

Multiple somatic symptoms in U.S. military personnel: Competing risk analysis of three-year incidence, mortality, and resolution

A Retrospective Analysis of 30-months of RESPECT-Mil Based on Program Surveillance Data and Care Facilitator Case Files

Veterans Status and Health and Mortality in Older Americans

Evaluating Alternate Response Formats of the Posttraumatic Stress Disorder Checklist, Civilian Version (PCL-C)

Population Health Research Translation Support Services

Deployment Health Clinical Center/RAND Corporation

Stigma Reduction Efforts in the DoD: Evaluation of Mental Health Campaigns

Sleep in the Military: An evaluation of Military Programs and Policies Sleep Resources and Tips for Line Leaders

Review of Suicide Prevention Programs, Phase II and III (RAND "Postvention in the Department of Defense: The Evidence, DoD Policies and Procedures, and Perspectives of Survivors" Study)

Deployment Life Study: Longitudinal Assessment of Family Readiness

Family Resilience in the Military: An evaluation of Military Programs and Policies

Innovative Practices for Supporting Psychological Health and TBI

PH Treatment Needs and Outcomes of Minority Service Member Groups in DoD

Assessment of the Impact of Fidelity to Clinical Practice Guidelines on Treatment Outcomes for PTSD and MDD in the Military Health System

Extent, Efficacy and Effectiveness of Integrative Medicine Approaches to the Prevention and Treatment of Psychological Health Conditions and TBI in the DoD

Framework for Quality Assessments of Department of Defense TBI and PH Systems of Care (aka, 'System Capacity')

Evaluation of the Behavioral Health in the Patient Centered Medical Home Initiative

Pathways, Experiences, and Outcomes of Primary Care Versus Specialty Care Treatment for PTSD and Depression in Active Duty Service Members

Stigma Reduction Efforts in the Department of Defense: Inventory and Test a Set of Measures for DoD to Use in Tracking Stigma and other Barriers to Care

National Center for Telehealth and Technology

Reliability and Initial Validation of the INTRuST Structured Assessment for Evaluation of TBI (SAFE-TBI)

A Randomized Controlled Trial of In-Home Tele-behavioral Health Care Utilizing Behavioral Activation for Depression

An Analysis of Technology Use by Service Members and Military Members

Assessing Mental Health Treatment Stigma in the Military

Caring Letters for Military Suicide Prevention: A Randomized Controlled Trial

Characteristics of Suicides among Current and Former Military Personnel: Findings from the National Violent Death Reporting System and Department of Defense Suicide Event Reports

Department of Defense Suicide Event Report (DoDSER) Data Analysis

Effectiveness of a Virtual Hope Box Smartphone App in Enhancing Veterans' Coping with Suicidal Ideation: A Randomized Clinical Trial

Increasing the Clinical Fidelity of Stages of Change and Decisional Balance: Self-Generated Problematic Behaviors and Pros verses Cons

National Center for Telehealth and Technology Technology Enhancement Center Usability Standard Operating Procedures

Positive and Negative Aspects of Facebook Usage by Service Members During Deployment and Associations with Social Support

The Association between Suicide and OIF/OEF Deployment History

The Effect of Telephone Follow-Up on Outcome for Service Members with Mild TBI/PTSD

Appendix B: Publications, Books and Book Chapters

Defense and Veterans Brain Injury Center

Bailie, J.M., Cole, W.R., Ivins, B., Boyd, C., Lewis, S.C., Neff, J., & Schwab, K. (2015,). The experience, expression, and control of anger following traumatic brain injury in a military sample. *Journal of Head Trauma Rehabilitation*, 30(1), 12–20. http://dx.doi.org/10.1097/HTR.0000000000000024.

Bailie, J.M., Cole, W.R., Ivins, B., Boyd, C., Lewis, S.C., Neff, J., & Schwab, K. (2015). The experience, expression, and control of anger following traumatic brain injury in a military sample. *Journal of Head Trauma Rehabilitation*, 30(1), 12–20.

Belanger, H.G., Silva, M.A., Donnell, A.J., McKenzie-Hartman, T., Lamberty, G.J., & Vanderploeg, R.D. (2015). Utility of the neurobehavioral symptom inventory as an outcome measure: A VA TBI model systems study. *Journal of Head Trauma Rehabilitation*. http://dx.doi.org/10.1097/HTR.0000000000000208. [Epub ahead of print].

Belanger, H.G., Vanderploeg, R.D., & McAllister, T. (2015). Subconcussive blows to the head: A formative review of short-term clinical outcomes. *Journal of Head Trauma Rehabilitation*. http://dx.doi.org: 10.1097/HTR.0000000000000138. [Epub ahead of print].

Belanger, H.G., Vanderploeg, R.D., & Sayer, N. (2015,). Screening for remote history of mild traumatic brain injury in VHA: A critical literature review. *Journal of Head Trauma Rehabilitation*. http://dx.doi.org/10.1097/htr.0000000000000168. [Epub ahead of print].

Bell, K.R., Brockway, J.A., Fann, J.R., Cole, W.R., St Delore, J., Bush, N., Lang, A.J., Hart, T., Warren, M., Dikmen, S., Temkin, N., Jain, S., Raman, R. . ., & Stein, M.B. (2015). Concussion treatment after combat trauma: Development of a telephone based, problem solving intervention for service members. *Contemporary Clinical Trials*, 40, 54–62. http://dx.doi.org/ 10.1016/j.cct.2014.11.001. Epub 2014 Nov 8.

Bogner, J., French, L.M., Lange, R.T., & Corrigan, J.D. (2015). Pilot study of traumatic brain injury and alcohol misuse among service members. *Brain Injury*, 29(7–8), 905–14. http://dx.doi.org/10.3109/02699052.2015.1005136. Epub 2015 May 7.

Carlozzi, N.E., Kratz, A.L., Sander, A.M., Chiaravalloti, N.D., Brickell, T.A., Lange, R.T., Hahn, E.A., Austin, A., Miner, J.A., . . . & Tulsky, D.S. (2015) Health-related quality of life in caregivers of individuals with traumatic brain injury: Development of a conceptual model. *Archives of Physical Medicine and Rehabilitation*, 96(1), 105–13. hhttp://dx.doi.org/10.1016/j.apmr.2014.08.021. Epub 2014 Sep 17.

Cooper, D.B., Bunner, A.E., Kennedy, J.E., Balldin, V., Tate, D.F., Eapen, B.C., & Jaramillo, C.A. (2015). Treatment of persistent post-concussive symptoms after mild traumatic brain injury: A systematic review of cognitive rehabilitation and behavioral health interventions in military service members and veterans. *Brain Imaging and Behavior*, 9(3), 403–20. http://dx.doi.org/10.1007/s11682–015–9440–2.

DiFazio, M., Silverberg, N.D., Kirkwood, M.W., Bernier, R., & Iverson, G.L. (2015). Prolonged activity restriction after concussion: are we worsening outcomes? *Clinical Pediatrics*. http://dx.doi.org/10.1177/0009922815589914. [Epub ahead of print].

Holcomb, E.M., Towns, S., Kamper, J.E., Barnett, S.D., Sherer, M., Evans, C., & Nakase-Richardson, R. (2015). The relationship between sleep-wake cycle disturbance and trajectory of cognitive recovery during acute traumatic brain injury. *Journal of Head Trauma Rehabilitation*. [Epub ahead of print].

Ivins, B.J., Lange, R.T., Cole, W.R., Kane, R., Schwab, K.A., & Iverson, G.L. (2015). Using base rates of low scores to interpret the ANAM4 TBI-MIL battery following mild traumatic brain injury. *Archives of Clinical Neuropsychology*, 30(1), 26–38. http://dx.doi.org/10.1093/arclin/acu072. Epub 2014 Dec 19.

Janak, J.C., Cooper, D.B., Bowles, A.O., Alamgir, A.H., Cooper, S.P., Gabriel, K.P., . . . Orman, J.A. (2015). Completion of multidisciplinary treatment for persistent postconcussive symptoms is associated with reduced symptom burden. *Journal of Head Trauma Rehabilitation*. [Epub ahead of print].

Jaramillo, C.A., Cooper, D.B., Wang, C.P., Tate, D.F., Eapen, B.C., York, G.E., & Pugh, M.J. (2015). Subgroups of US IRAQ and Afghanistan veterans: Associations with traumatic brain injury and mental health conditions. *Brain Imaging and Behavior*, 9(3), 445–55. http://dx.doi.org/10.1007/s11682–015–9402–8.

Kennedy, J.E., Cooper, D.B., Reid, M.W., Tate, D.F., & Lange, R.T. (2015). Profile analyses of the personality assessment inventory following military-related traumatic brain injury. *Archives of Clinical Neuropsychology*, 30(3), 236–47. http://dx.doi.org: /10.1093/arclin/acv014. Epub 2015 Apr 8.

Kratz, A.L., Sander, A.M., Brickell, T.A., Lange, R.T., Carlozzi, N.E. (2015).Traumatic brain injury caregivers: A qualitative analysis of spouse and parent perspectives on quality of life. *Neuropsychological Rehabilitation*. [Epub ahead of print].

Lange, R.T., Brickell, T.A., & French, L.M. (2015). Examination of the mild brain injury atypical symptom scale and the validity-10 scale to detect symptom exaggeration in US military service members. *Journal of Clinical and Experimental Neuropsychology*, 1–13. http://dx.doi.:org/10.1080/13803395.2015.1013021. Epub 2015 Apr 7.

Lange, R.T., Panenka, W.J., Shewchuk, J.R., Heran, M.K., Brubacher, J.R., Bioux, S., Eckbo, R., Shenton, M.E., & . . . Iverson, G.L. (2015). Diffusion tensor imaging findings and postconcussion symptom reporting six weeks following mild traumatic brain injury. *Archives of Clinical Neuropsychology*, 30(1), 7–25. http://dx.doi.org: /10.1093/arclin/acu060.

Lippa, S.M., Fonda, J.R., Fortier, C.B., Amick, M.A., Kenna, A., Milberg, W.P., & McGlinchey, R.E. (2015). Deployment-related psychiatric and behavioral conditions and their association with functional disability in OEF/OIF/OND veterans. *Journal of Traumatic Stress*, 28 (1), 25–33. http://dx.doi.org/10.1002/jts.21979.

Livingston, S.C. (2015). Are there risk factors or behaviors that can make athletes prone to Concussions? (chapter 5) and Why Can't an Athlete Return to Play on the Same Day as the Concussion? (chapter 30). In E.L. Sauers & T.C. Valovich McLeod (Eds), *Quick Questions in Sport-Related Concussion: Expert Advice in Sports Medicine* (pp. 23–27 and 155–158). Thorofare, New Jersey: SLACK Incorporated.

Lusk, J., Brenner, L.A., Betthauser, L.M., Terrio, H., Scher, A.L., Schwab, K., & Poczwardowski, A. (2015). A qualitative study of potential suicide risk factors among Operation Iraqi Freedom/Operation Enduring Freedom soldiers returning to the continental United States (CONUS). *Journal of Clinical Psychology*, 71(9), 843–55. http://dx.doi.org/10.1002/jclp.22164. Epub 2015 Mar 10.

McCulloch, K.L., Goldman, L.S., Lowe, L., Radomski, M.V., Reynolds, J., Shapiro, C.R., & West, T.A. (2015). Development of clinical recommendations for progressive return to activity after military mild traumatic brain injury: Guidance for rehabilitation providers. *Journal of Head Trauma Rehabilitation*, 30(1), 56–67. http://dx.doi.org/10.1097/HTR.0000000000000104.

Merritt, V.C., Lange, R.T., & French, L.M. (2015). Resilience and symptom reporting following mild traumatic brain injury in military service members. *Brain Injury*, 29(11), 1325–36. http://dx.doi.org/10.3109/02699052.2015.1043948. Epub 2015 Jul 23.

Panenka, W.J., Lange, R.T., Bouix, S., Shewchuk, J.R., Heran, M.K., Brubacher, J.R., . . . Iverson GL. (2015). Neuropsychological outcome and diffusion tensor imaging in complicated versus uncomplicated mild traumatic brain injury. *PLOS One*, 10(4), e0122746. http://dx.doi.org/10.1371/journal.pone.0122746. eCollection 2015.

Prakash, R.S., Hussain, M.A., & Schirda, B. (2015). The role of emotion regulation and cognitive control in the association between mindfulness disposition and stress. *Psychology and Aging*, 30(1), 160–71. http://dx.doi.org/10.1037/a0038544. Epub 2014 Dec 29.

Regasa, L.E., Thomas, D.M., Gill, R.S., Marion, D.W., & Ivins, B.J. (2015). Military deployment may increase the risk for traumatic brain injury following deployment. *Journal of Head Trauma Rehabilitation*, 31(1), E28–35. http://dx.doi.org/10.1097/HTR.0000000000000155. [Epub ahead of print].

Reid, M.W., & Velez, C.S. Discriminating military and civilian traumatic brain injuries. (2015). *Molecular and Cellular Neuroscience*, 66(Pt. B), 123–8. http://dx.doi.org/10.1016/j.mcn.2015.03.014. Epub 2015 Mar 28.

Scheibel, R.S., Pastorek, N.J., Troyanskaya, M., Kennedy, J.E., Steinberg, J.L., Newsome, M.R., . . . Levin, H.S. (2015). The suppression of brain activation in post-deployment military personnel with posttraumatic stress symptoms. *Brain Imaging and Behavior*, 9(3), 513–26. http://dx.doi.org/10.1007/s11682–015–9376–6.

Schwab, K.A., Gudmudsson, L.S., & Lew, H.L. (2015). Long-term functional outcomes of traumatic brain injury. *Handbook of Clinical Neurology*, 128, 649–59. http://dx.doi.org/10.1016/B978–0-444–63521–1.00040–6.

Sullivan, K.W., Solomon, N.P., Pramuka, M., Quinn, J.E., Teixeira, K.A., & French, L.M. (2015). Computer-based cognitive rehabilitation research in a military treatment facility: Recruitment, compliance, and lessons learned. *Work*, 50(1), 131–42. http://dx.doi.org/10.3233/WOR-141986.

Vanderploeg, R.D., & Belanger, H.G. (2015). Stability and validity of the Veterans Health Administration's traumatic brain injury clinical reminder screen. *Journal of Head Trauma Rehabilitation*, 30(5), E29–39. http://dx.doi.org/10.1097/HTR.0000000000000095.

Vanderploeg, R.D., Silva, M.A., Soble, J.R., Curtiss, G., Belanger, H.G., Donnell, A.J., & Scott, S.G. (2015). The structure of postconcussion symptoms on the neurobehavioral symptom inventory: A comparison of alternative models. *Journal of Head Trauma Rehabilitation*, (1), 1–11. http://dx.doi.org/10.1097/HTR.0000000000000009.

Voss, J.D., Connolly, J., Schwab, K.A., & Scher, A.I. (2015). Update on the epidemiology of concussion/mild traumatic brain injury. *Current Pain and Headache Reports*, 19(7), 32. http://dx.doi.org/10.1007/s11916–015–0506-z.

Walker, W.C., Cifu, D.X., Hudak, A.M., Goldberg, G., Kunz, R.D., & Sima, A.P. (2015). Structured interview for mild traumatic brain injury after military blast: inter-rater agreement and development of diagnostic algorithm. *Journal of Neurotrauma*, 32(7), 464–73. http://dx.doi.org/10.1089/neu.2014.3433. Epub 2015 Feb 4.

Wares, J.R., Hoke, K.W., Walker, W., Franke, L.M., Cifu, D.X., Carne, W., & Ford-Smith, C. (2015). Characterizing effects of mild traumatic brain injury and posttraumatic stress disorder on balance impairments in blast-exposed service members and veterans using computerized posturography. *Journal of Rehabilitation Research and Development*, 52(5), 591–604. http://dx.doi.org/10.1682/JRRD.2014.08.0197.

Wilde, E.A., Bouix, S., Tate, D.F., Lin, A.P., Newsome, M.R., Taylor, B.A., . . . York, B. (2015). Advanced neuroimaging applied to veterans and service personnel with traumatic brain injury: state of the art and potential benefits. *Brain Imaging and Behavior*, 9(3), 367–402. http://dx.doi.org/10.1007/s11682–015–9444-y.

Yerry, J.A., Kuehn, D., & Finkel, A.G. (2015). Onabotulinum toxin a for the treatment of headache in service members with a history of mild traumatic brain injury: A cohort study. *Headache*, 55(3), 395–406. http://dx.doi.org: /10.1111/head.12495. Epub 2015 Feb 3.

Hinds, S.R. (2015) Chronic traumatic encephalopathy (MCMR-DCV). Information paper. . Retrieved from http://dvbic.dcoe.mil/sites/default/files/DVBIC_Research_CTE_IP_v1.0_2015–12–18.pdf.

Deployment Health Clinical Center

Belsher, B.E., Kuhn, E., Maron, D., Prins, A., Cueva, D, Fast, E., & France, D. (2015). A preliminary study of an internet-based intervention for OEF/OIF veterans presenting for VA specialty PTSD care. *Journal of Traumatic Stress*, 28: 1–4.

Bowles, S.V., Pollock, L.D., Moore M., Wadsworth, S.M., Cato, C., Dekle, J.W., Meyer, S.W., Shriver, A., Mueller, B., Stephens, M., Seidler, D.A., Sheldon, J., Picano, J., Finch, W., Morales, R., Blochberger S., Kleiman, M.E., Thompson, D., & Bates M.J. (2015). Total force fitness: the military family fitness model. *Military Medicine*, 180(3): 246–258.

Engel, C.C., Litz, B., Magruder, K., Harper Cordova, E., Gore, K., Stein, N., Yeager, D., Liu, X., & Coe, T. (2015). Delivery of Self Training and Education for Stressful Situations (DESTRESS-PC): A Randomized Trial of Nurse Assisted Online Self-Management for PTSD in Primary Care. *General Hospital Psychiatry*, 37(4), 323–328.

Freed, M.C., Novak, L.A., Kilgore, W.D., Rauch, S.A., Koehlmoos, T.P., Ginsberg, J.P., Krupnick, J.L., Rizzo, A., Andrews, A., & Engel, C.C. (2015). IRB and Research Regulatory Delays within the Military Healthcare Setting: Do They Really Matter? *American Journal of Bioethics*, in press.

Goodie, J. L., Dobmeyer, A., & Corso, M. L. (2015). United States Public Health Service (USPHS). In R. Cautin & S. Lilienfeld (Eds.). *The Encyclopedia of Clinical Psychology*. Wiley-Blackwell.

Khusid, M. (2015). Clinical indications for acupuncture in chronic post-traumatic headache management. *Military Medicine*, 180(2):132–6.

Khusid, M. (2015). Meditation for Combat-related Mental Health Concerns. In E.C. Ritchie (Ed.), *Posttraumatic Stress Disorder and Related Diseases in Combat Veterans* (pp. 123–147). Switzerland: Springer International Publishing.

Khusid, M. & Vythilingham, M. (2015). The Emerging Role of Mindfulness Meditation as Effective Self-Management Strategy: 1. Clinical Implications for Depression, PTSD, and Anxiety. *Military Medicine*, in press.

Khusid, M. & Vythilingham, M. (2015). The Emerging Role of Mindfulness Meditation as Effective Self-Management Strategy: 2. Clinical Implications for Chronic Pain, Substance Misuse, and Insomnia. *Military Medicine*, in press.

Kopacz, M.S., Nieuwsma, J.A., Jackson, G.L., Rhodes, J.E., Cantrell, W.C., Bates, M.J., & Meador, K.G. (2015). Chaplains' Engagement with Suicidality among Their Service Users: Findings from the VA/DoD Integrated Mental Health Strategy. *Suicide and Life-Threatening Behavior*. Advance online publication. doi:# 10.1111/sltb.12184.

Liu, X. (2015). Introduction to Longitudinal Data Analysis in Psychiatric Research. *Shanghai Archives in Psychiatry*, 27(4), 256–259.

Liu, X. (2015). *Methods and Applications of Longitudinal Data Analysis*. Academic Press.

Liu, X., Freed, M.C., & McCutchan, P.K. (2015). Correction of Retransformation Bias in Nonlinear Predictions on Longitudinal Data with Generalized Linear Mixed Models. *Journal of Biometrics & Biostatistics*, 6(2), 235–242.

McCutchan P.K., Freed M.C., Lowe E.C., Belsher BE, Engel CC. (2015). Evaluating alternate response formats of the Posttraumatic Stress Disorder Checklist, Civilian Version (PCL-C). *Medical Care*, in press.

McCutchan, P.K., Liu, X., Leardmann, C.A., Smith, T.C., Boyko, E.J., Gore, K.L., Freed, M.C., & Engel, C.C. (2015). Deployment, combat, and risk of multiple physical symptoms in the US military: A prospective cohort study. *Annals of Epidemiology*, in press.

National Center for Telehealth and Technology

Blasko, K. A. Military Kids Connect: Prevention services for military children. *Psychological Services*. 12(30), 261–266.

Bush, N.E., Wheeler, W.M. (Apri12015). Personal Technology Use by US Military Service Members and Veterans: An Update. *Telemed J E Health*, 21. (4) 245–258, doi: 10.1089/tmj.2014.0100.

Bush, N.E., Dobscha, S.K., Crumpton, R., et al. (Feb2015). A Virtual Hope Box Smartphone App as an Accessory to Therapy: Proof of Concept in a Clinical Sample of Veterans. *Suicide and Life-Threatening Behavior*, 45,1DOI: 10.1111/sltb.12103.

Gonzalez, O. I., Novaco, R. W., Reger, M. A., & Gahm, G. A. (in press).Anger Intensification with Combat-Related PTSD and Depression Co-Morbidity. *Psychological Trauma: Theory, Research, Practice, and Policy*, in press.

Jenkins-Guarnieri, M., Pruitt, L. D., Luxton, D. D., Johnson, K. (2015). Patient Perceptions of Telemental Health: Systematic Review of Direct Comparisons to In-Person Psychotherapeutic Treatments. *Telemedicine and eHealth*, 21,8. doi: 10.1089/tmj.2014.0165.

Kang, H. K., Bullman, T. A., Smolenski, D. J., Skopp, N. A., Gahm, G. A., Reger, M. A. (Feb2014). Suicide Risk among 1.3 Million Veterans Who Were on Active Duty During the Iraq and Afghanistan Wars. *Annals of Epidemiology*, 25(2), 96–100. doi: 10.1016.

Kramer, G., Kinn, J., & Mishkind M. (Aug2015).Legal, Regulatory, and Risk Management Issues in the Use of Technology to Deliver Mental Health Care. *Cognitive and Behavior Practice*, 22(3), 258–268, doi:10.1016/j.cbpra.2014.04.008.

Kramer, G. M. & Luxton, D. D. Telemental health for children and adolescents: An overview of legal, regulatory, and risk management issues. *Journal of child and adolescent psychopharmacology*, in press.

Logan, J., Skopp, N.A., Reger, M.A., Gladden, M., Smolenski, D.J., Floyd, C.F., & Gahm, G.A. (2015). *Suicide Circumstances among active duty US Army personnel versus US civilians: A matched case analysis*. Journal of Life-Threatening Behavior, 45, 65–77.

Luxton, D. D., Pruitt, L. D., Jenkins, M., (2015). Clinical Assessment in Clinical Videoconferencing.In P. Tuerk & P. Shore (Eds). *Behavioral Telehealth Series Volume 1- Clinical Video Conferencing: Program Development and Practice* (203–220). Springer International.

Luxton, D. D. (in press).Caring letters for military suicide prevention. In Sullivan, James, & Bongar (Eds.) *The Oxford Handbook of Suicide in Military and Veteran Populations*, in press. New York: Oxford University Press.

Luxton, D. D., Nelson, E., Maheu, M. (in press). *A Practitioner's Guide to Telemental Health*. American Psychological Association Books.

Luxton, D. D., Pruitt, L. D., O'Brien, K., Kramer, G. (in press). An evaluation of the feasibility and safety of a home-based telemental health treatment for post-traumatic stress in the US military. *Telemedicine and eHealth*, in press.

Kuhn, E. R., Eftekhari, A., Hoffman, J. E., Crowley, J. J., Ramsey, K. M., Reger, G. M., & Ruzek, J. (in press). Clinician perceptions of using a smartphone app with prolonged exposure therapy. *Administration and Policy in Mental Health and Mental Health Services*, in press.

Maguen, S., Skopp, N.A., Zhang, Y., & Smolenski, D. (Feb2015).Gender differences in suicide and suicide attempts among US Army Soldiers. *Psychiatry Research*, 225, 545–549.

Reger, M. A., Smolenski, D. J., Skopp, N. A., Metzger-Abamukang, M. J., Kang, H. K., Bullman, T. A., Perdue, S. & Gahm, G. A. (June2015). Risk of Suicide Following Operation Enduring Freedom or Operation Iraqi Freedom and Separation from the US Military. *JAMA Psychiatry*, 72, 561–569.

Reger, G., Skopp, N.A., Stewart, A.E., & Lemus, E. (July2015). Comparison of prolonged exposure (PE) coach to treatment as usual: A case series with two active duty soldiers. *Military Psychology.*

Reger, G. M., Rizzo, A. A., & Gahm, G. A. (in press).Development and dissemination of virtual reality exposure therapy for combat related PTSD. In M. P. Safir, H. S. Wallach, & A. A. Rizzo (Eds.). *Future Directions in Post Traumatic Stress Disorder: Prevention, Diagnosis and Treatment*. Springer, in press.

Rizzo, A., Difede, J., Reger, G., & Rothbaum, B. O. (in press).Virtual reality as a tool for delivering PTSD exposure therapy.In R. M. Scurfield & K. T. Platoni (Eds.) *War Trauma and Its Wake: Expanding the Circle of Healing*. Taylor & Francis, in press.

Skopp, N.A., Smolenski, D.J., Sheppard, S.C., Bush, N.E., & Luxton, D.D. A comparison of suicide attempters and decedents in the US Army: A latent class analysis. *Suicide and Life Threatening Behavior*, in press.

Skopp, N.A., Workman, D.E., Alder, J.L., & Gahm, G.A. (in press-July2015). Analysis of Distance Collaboration Modalities: Alternatives to Meeting Face-to-Face. *International Journal of Human-Computer Interaction*, in press.

Appendix C: Partnerships

Organization	Topic
Agency for Healthcare Research and Quality	Psychological Health
American Psychological Association, Division 19–Society for Military Psychology	Mobile Health
American Telemedicine Association	Telehealth
Armed Forces Health Surveillance Center	TBI
Armed Forces Medical Examiner Office	Suicide Prevention
Army, Navy and Air Force Telehealth Offices	Telehealth
Army, Navy, Air Force and Marine Corps Suicide Prevention Programs	Suicide Prevention
brainline.org	AfterDeployment
Brooke Army Medical Center, Joint Base San Antonio, Texas	Mobile Health
Camp Lejeune Marine Corps Base (Naval Hospital), North Carolina	Telehealth
Camp Pendleton, California	TBI
Canadian Department of National Defense	Psychological Health
Cannon Air Force Base, New Mexico	Telehealth
Carl R. Darnell Army Medical Center, Fort Hood, Texas	TBI
Center for Deployment Psychology	Mobile Health
Center for Neuroscience and Regenerative Medicine	TBI
Center for the Study of Traumatic Stress	Mobile Health, AfterDeployment, MilitaryKidsConnect
Centers for Disease Control and Prevention	TBI, Suicide Prevention
Centers of Excellence Research Directorates, Office of the Assistant Secretary of Defense for Research & Engineering	TBI
Chronic Effects of Neurotrauma Consortium	TBI
Clearinghouse for Military Family Readiness at the Pennsylvania State University	Psychological Health

Organization	Topic
Clemson University	Psychological Health, AfterDeployment
Dartmouth College	TBI
Defense Health Agency Education and Training Directorate	Mobile Health
Defense Health Agency Health Care Information Technology Directorate	
Innovations & Advance Technology Development Division	Mobile Health
Defense Health Agency, Healthcare Operations Directorate	Telehealth
Defense Health Agency, NCR directorate	Telehealth
Defense Health Board	Psychological Health
Defense Health Cost Assessment and Program Evaluation Office	Telehealth
Defense Health Information Management System	Mobile Health
Defense Manpower Data Center	Suicide Prevention
Defense Medical Research and Development Program in Office of Force Health Prevention and Readiness Programs	Psychological Health
Defense Suicide Prevention Office	Suicide Prevention
Denmark Ministry of Defense	Psychological Health
Department of Health and Human Services, Office of National Coordinator for Health Information Technology	Telehealth
Department of Veterans Affairs National Telemental Health Center	Telehealth
Department of Veterans Affairs Telehealth Services Office	Telehealth
Department of Veterans Affairs, National Center for PTSD	AfterDeployment
Department of Veterans Affairs, Office of Mental Health	AfterDeployment
DoD Addictive Substances Misuse Advisory Committee	Psychological Health
DoD Education Activity	MilitaryKidsConnect
DoD Family Advocacy Program	Psychological Health, MilitaryKidsConnect
DoD Health Affairs Office of Women's Health, Ethics and Patient Rights	Psychological Health
DoD Health Affairs Women's Health Issues Work Group	Psychological Health

Organization	Topic
DoD Military Community and Family Policy	MilitaryKidsConnect
DoD National Guard Bureau	Telehealth
DoD PHC Sexual Assault Advisory Group	Psychological Health
DoD Psychological Health Council	Psychological Health
DoD Sexual Assault Prevention and Response Office	Psychological Health, AfterDeployment
DoD Suicide Prevention and Risk Reduction Committee	Suicide Prevention
DoD/VA Health Executive Council Telehealth Work Group	Telehealth
Evans Army Community Hospital, Fort Carson, Colorado	TBI
Federal Telehealth Work Group	Telehealth
Federal Ministry of Defense, Germany	Psychological Health
Federal Recovery Coordination Program	TBI
Florida State University	Suicide Prevention
Harborview Medical Center	Psychological Health, AfterDeployment
Healthy Base Initiative	Mobile Health
Hunter Holmes McGuire Veterans Affairs Medical Center, Richmond, Virginia	TBI
Indiana National Guard	Telehealth
International Initiative on Mental Health Leadership	Mobile Health, Psychological Health
Intrepid Spirit Concussion Recovery Center, Naval Hospital Camp Lejeune, North Carolina	TBI
Intrepid Spirit Fort Belvoir Community Hospital, Fort Belvoir, Virginia	TBI
Iowa University	Psychological Health
James A. Haley Veterans Hospital, Tampa, Florida	TBI
Joint Base Elmendorf-Richardson, Anchorage, Alaska	TBI
Joint Base Lewis-McChord Morale Welfare and Recreation	MilitaryKidsConnect
Joint Base Lewis-McChord Teen and Youth Center	MilitaryKidsConnect

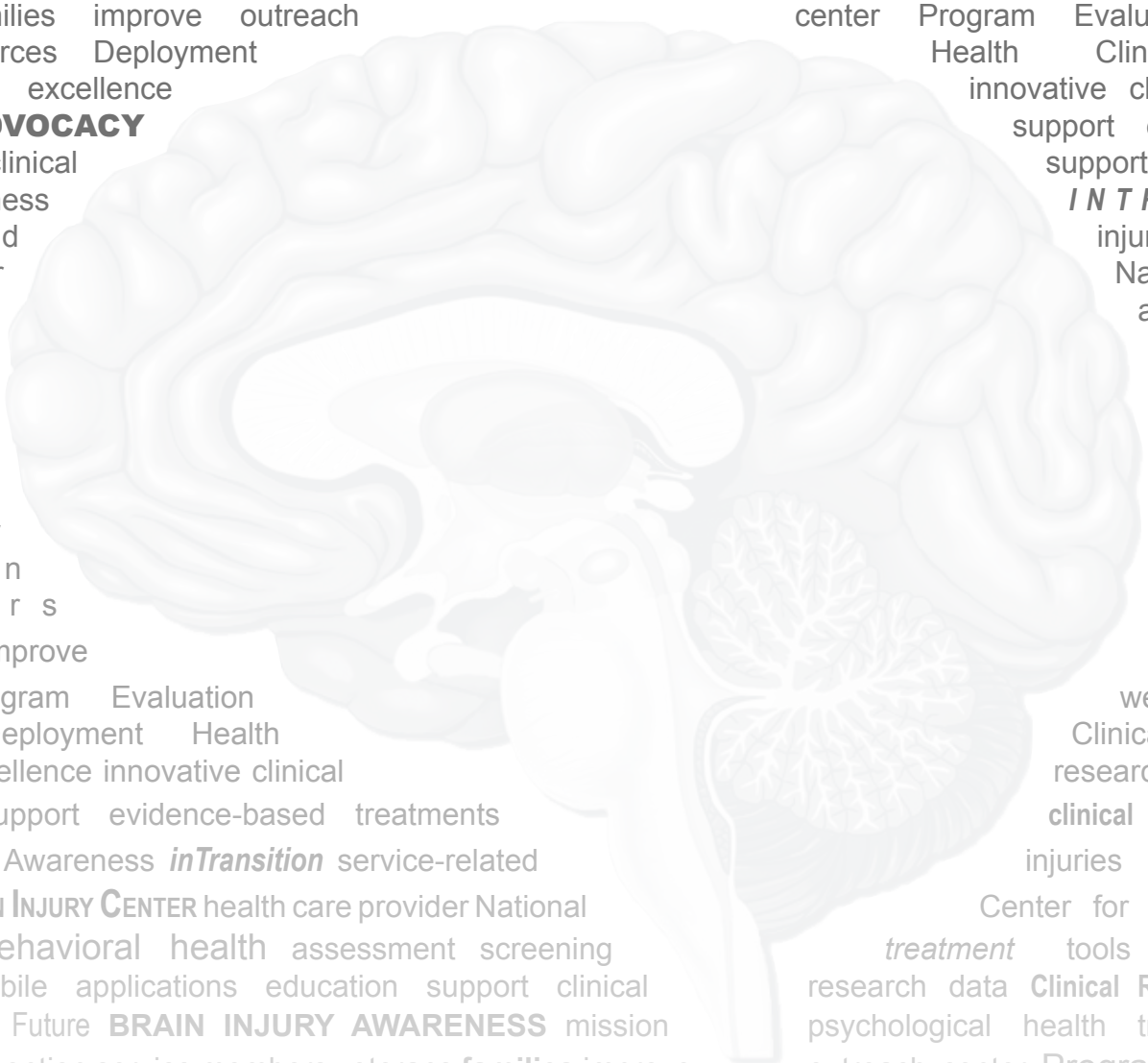
Organization	Topic
Joint Program Committee 5 (Military Operational Medicine Research Program)	TBI
Joint Program Committee 6 (Combat Casualty Care Research Program)	TBI
Joint Program Committee 8 (Clinical and Rehabilitative Medicine Research Program)	TBI
Joint Surgeons	Telehealth
Landstuhl Regional Medical Center, Landstuhl, Germany	TBI, Suicide Prevention, Telehealth
MacDill Air Force Base, Tampa, Florida	TBI
Madigan Army Medical Center, Joint Base Lewis-McChord, Washington	Suicide Prevention, Mobile Health, Telehealth, AfterDeployment, MilitaryKidsConnect
Malcolm Grow Medical Clinic, Joint Base Andrews, Maryland	Mobile Health
Military Child Education Coalition	MilitaryKidsConnect
Military Family Life Counselors	Mobile Health
Military Health System Office of Health Systems Policy & Oversight	Telehealth
Military Health System Office of Health Readiness Policy & Oversight	Telehealth
Military Health System Telehealth Work Group	Telehealth
Military Health System Innovations Office and Working Group	Mobile Health
Military OneSource	AfterDeployment, MilitaryKidsConnect
Military Research Suicide Consortium	Psychological Health
Military Student Transition Counselor Program	MilitaryKidsConnect
Military Suicide Research Consortium, Florida State University	Mobile Health
Ministry of Defense, United Kingdom	Psychological Health
Minneapolis Veterans Affairs Medical Center, Minneapolis, Minnesota	TBI
National Center for Child Traumatic Stress	Mobile Health
National Child Trauma Stress Network	MilitaryKidsConnect
National Collegiate Athletic Association	TBI
National Football League	TBI

Organization	Topic
National Institute of Neurological Disorders and Stroke	TBI
National Institute on Disability, Independent Living, and Rehabilitation Research	TBI
National Intrepid Center of Excellence	TBI, Mobile Health
Naval Center for Combat and Operational Stress Control	Mobile Health
Naval Medical Center San Diego, California	TBI, Suicide Prevention
New Zealand Defense Force	Psychological Health
Northwestern University	AfterDeployment
Office of Health Services Policy and Oversight	Telehealth
Office of the Assistant Secretary of Defense, Health Affairs	Telehealth
Office of the Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight	Telehealth
One Mind	TBI
Philadelphia VA Medical Center	Telehealth
Project FOCUS (Families Overcoming Under Stress)	MilitaryKidsConnect
Puget Sound Enhanced Multi-Service Market	Telehealth
Quad Service (Army, Navy, Air Force and Marine Corps) TBI Program Directors	TBI
RAND Corporation	Psychological Health, Mobile Health
RTI International	Psychological Health
San Antonio Military Medical Center, San Antonio, Texas	TBI
San Jose State University	Mobile Health, AfterDeployment
Scottish Centre for Telehealth and Telecare	MilitaryKidsConnect
Screening for Mental Health	AfterDeployment
Seattle University School of Nursing	AfterDeployment
Sesame Workshop	Mobile Health
South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR)	Dream EZ

Organization	Topic
Steilacoom High School Student 2 Student® Program	MilitaryKidsConnect
Substance Abuse and Mental Health Services Administration	Psychological Health, Mobile Health
Suicide Prevention Resource Center	Psychological Health
TBI Model Systems Program	TBI
Transforming Research and Clinical Knowledge in TBI	TBI
TRICARE Family Advocacy Program	AfterDeployment
TRICARE Online	AfterDeployment
Tripler Army Medical Center	Suicide Prevention, Mobile Health
U.S. Air Force Medical Systems	Mobile Health
U.S. Army Aeromedical Research Laboratory	TBI
U.S. Army Medical Command	Psychological Health
U.S. Army Medical Information Technology Center	Telehealth
U.S. Army Medical Research and Materiel Command	Psychological Health
U.S. Army Program Executive Office Soldier	Mobile Health
U.S. Army Public Health Command, Behavioral and Social Health Outcomes Program	Suicide Prevention
U.S. Army Telemedicine and Advance Technology Research Center	Mobile Health, Telehealth, AfterDeployment
U.S. Coast Guard	TBI
U.S. Federal Partners Committee on Women and Trauma	Psychological Health
U.S. Navy & Marine Corps Public Health Center	Mobile Health
U.S. Navy and Marine Corps Reserves Psychological Health Outreach Program	Mobile Health
University of Calirfornia San Francisco, San Francisco VA Medical Center PTSD Program	Suicide Prevention
Uniformed Services University of the Health Services	Psychological Health, TBI, Mobile Health
University of British Columbia	Mobile Health
University of California, Los Angeles, California	Mobile Health, MilitaryKidsConnect

Organization	Topic
University of California, Los Angeles Medical Center, Santa Monica, California	Mobile Health
University of California, San Diego, California	TBI
University of Minnesota, Family Social Science	MilitaryKidsConnect
University of North Dakota	Mobile Health
University of North Texas	AfterDeployment
University of Pittsburgh Graduate School of Public Health for Student Preceptorship	TBI
University of Southern California School of Social Work	MilitaryKidsConnect
University of Washington	Psychological Health, TBI, Mobile Health, Telehealth, Suicide Prevention, AfterDeployment
VA Connecticut Healthcare System	Telehealth
VA Eastern Colorado Health Care System	Suicide Prevention
VA Eastern Colorado Health Care System, Mental Illness Research, Education and Clinical Centers	Suicide Prevention
VA Greater Los Angeles Healthcare System, Sepulveda Ambulatory Care Center	Mobile Health
VA Greater Los Angeles Healthcare System, West Los Angeles Medical Center	Mobile Health
VA National Center for PTSD	Mobile Health
VA Office of Mental Health Services	Mobile Health
VA Palo Alto Health Care System	Suicide Prevention
VA Philadelphia Health Care System	Telehealth
VA Portland Health Care System	Mobile Health, Suicide Prevention, AfterDeployment
VA Puget Sound Health Care System	Mobile Health, Telehealth, AfterDeployment
VA Western New York Healthcare System	Suicide Prevention
VA/DoD Evidence Based Work Group	Psychological Health
VA/DoD Health Executive Council Women's Health Work Group	Psychological Health
VA/DoD Integrated Mental Health Strategic Action Work Groups	Psychological Health

Organization	Topic
Veterans Affairs Boston Health Care System, Boston, Massachusetts	TBI
Veterans Affairs Palo Alto Health Care System, Palo Alto, California	TBI
Wake Forest University Health Sciences, Section on Infectious Diseases	Breathe2Relax use in Cancer Study
Walter Reed National Military Medical Center, Bethesda, Maryland	Psychological Health, TBI, Mobile Health, Telehealth
Warrior Resiliency Program, San Antonio, Texas	Mobile Health
WETA, brainline.org	TBI
White House Office of Science & Technology	Mobile Health/Research-Virtual Hope Box
Wilford Hall Ambulatory Surgical Center, Joint Base San Antonio, Texas	Mobile Health
Womack Army Medical Center, Fort Bragg, North Carolina	TBI



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