

The Use of the Behavioral Health Data Portal for Clinical Outcome Monitoring and Clinical Implications

**CAPT Meghan Corso, Psy.D., Col Scott Sonnek, Ph.D.,
and Adam Rodgers, PMP**

23 July 2020

0855 – 0955 (ET)



“Medically Ready Force...Ready Medical Force”

CAPT Meghan L. Corso, Psy.D., ABPP
Chief, Behavioral Health Clinical Management Team
Medical Affairs
Clinical Support Division
Defense Health Agency
DHHQ, Falls Church VA

CAPT Meghan Corso, Psy.D.



CAPT Meghan Corso currently serves as the Chief of Behavioral Health Clinical Operations at the Defense Health Agency. In this role, CAPT Corso is responsible for Department of Defense (DoD)-wide behavioral health policies, procedural instructions, and Congressional reports. She serves as a DoD representative to several interagency and inter-service task forces which address significant national or international behavioral health concerns with the goal of developing and executing solutions.

CAPT Corso graduated from the American School of Professional Psychology at Argosy University in Washington DC in 2006. She also earned board certification in Clinical Health Psychology in 2012 from the American board of Professional Psychology. CAPT Corso is a Health Services Officer in the United States Public Health Service (USPHS) since 2009. She also honorably served four years as a psychologist in the United States Air Force. CAPT Corso has earned an impressive award history including USPHS Meritorious Service Medal; USPHS Outstanding Service Medal; USPHS Presidential Unit Citation; USPHS Outstanding Unit Award; and U.S. Navy Commendation Medal among others.

Col Scott Sonnek, Ph.D.
Chair, Behavioral Health Clinical Community
Medical Affairs
Clinical Support Division
Defense Health Agency
DHHQ, Falls Church VA

Col Scott Sonnek, Ph.D.



Col Sonnek is the Air Force Director of Psychological Health (DPH) at the Air Force Medical Readiness Agency (AFMRA) in Falls Church, Virginia. The Mental Health Branch at AFMRA is responsible for subject matter expert inputs and engaging senior leaders at the Headquarters-Air Force, Department of Defense, and Congressional levels, as well as the expansion and management of Integrated Operational Support. Col Sonnek represents Air Force Mental Health interests at the Defense Health Agency's (DHAs) Behavioral Health Clinical Community function, deemed the most advanced of all DHA Clinical Communities. The DPH office also administers the mental health (MH) aspects of "True North", a multi-faceted Headquarters Air Force (HAF) initiative to embed various support elements within units at four Air Force installations, expected to expand to 16 total bases in Fiscal Year 2021.

Col Sonnek completed his Clinical Psychology Residency at Wilford Hall Medical Center, Lackland AFB, TX in 1998 and received his Ph.D. in Clinical Psychology from the University of Wyoming in 1999.

Col Sonnek has commanded at flight, detachment, and squadron levels. He has served as a Mental Health Flight Commander at four installations and twice as a Major Command Behavioral Health Consultant. As a faculty member at two psychology internship sites, Lt Col Sonnek has helped train and launch a total of 56 Air Force Clinical Psychologists. He deployed to Iraq in 2009, led the joint mobile Combat Stress Control team with responsibility for the southern half of the country, and completed 18 missions to austere locations. In 2013, Lt Col Sonnek deployed to Bagram Airfield, Afghanistan as the 455th Combat Stress Control Detachment Commander where his team was the theater hub for all psychiatric aeromedical evacuations and recovered/repatriated personnel during a rapid, vast drawdown of forces.

Presenter(s)



Adam T. Rodgers, PMP

Program Manager, Behavioral Health Data Portal

Behavioral Health Clinical Management Team

Clinical Support Division

Defense Health Agency

Joint Base Lewis McChord, WA

Adam T. Rodgers, PMP



Adam Rodgers currently serves as the Program Manager (PM) of the Behavioral Health Data Portal (BHDP) under the Behavioral Health Clinical Management team at the Defense Health Agency. In this role, Adam Rodgers is the principal staff advisor and technical consultant to the Chief, Behavioral Health Clinical Management Team on program management issues, responsible for providing operational support, analysis, metrics development, performance reporting, resource management analysis and strategic planning for the Behavioral Health Data Portal application.

Adam Rodgers graduated from Mount Saint Mary's University, MD with a BS in History on an ROTC scholarship and commissioned into the U.S. Army in 2002. He served six years on active duty as both an Armor and Signal officer before transitioning to the Washington Army National Guard (12 years) where he is currently the operations officer for an Information Operations Brigade. As a civilian, Adam has spent the last 12 years working in IT project/program management, specifically military Behavioral Health (BH). He split that time working as a PM for the National Center for Tele-Health and Technology and then the Army's BH Service Line / DHA BH Clinical Management Team.

Disclosures



- CAPT Meghan Corso, Col Scott Sonnek, and Mr. Adam Rodgers have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- The views expressed in this presentation are those of the presenter(s) and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.
- This continuing education activity is managed and accredited by the Defense Health Agency, J-7, Continuing Education Program Office (DHA, J-7, CEPO). DHA, J-7, CEPO and all accrediting organizations do not support or endorse any product or service mentioned in this activity.
- DHA, J-7, CEPO staff, as well as activity planners and reviewers have no relevant financial or non-financial interest to disclose.
- Commercial support was not received for this activity.

Learning Objectives



At the conclusion of this activity, participants will be able to:

1. Describe the background and conditions leading to the creation of the Behavioral Health Data Portal (BHDP).
2. Outline what BHDP is to include understanding features and functions.
3. Comprehend how DHA uses BHDP to analyze behavioral health data, track patient progress and outcomes, and monitor treatment efforts.

Background



- In 2013, the Assistant Secretary of Defense for Health Affairs issued a memorandum to provide guidance on the collection of BH clinical outcomes.
- The memo requires that clinical outcomes, based on specific validated and standardized measures, be documented throughout BH care using BHDP.
- Furthering this mandate, in July 2018 DHA published DHA-PI 6490.02, which establishes BHDP as the required data collection tool in BH specialty care and Substance Use Disorder (SUD) clinics.

What is BHDP?



- BHDP is a web-based system used by BH staff to collect, track and display a patient's current and/or past BH diagnosis and treatment planning.
- BHDP provides improved patient tracking within and across BH clinics, allows for real-time information regarding Service Member's psychological health readiness, and enhances clinic communications to ensure optimal, coordinated BH care.
- Metrics established and required by DHA-PI 6490.02 are collected from BHDP and used by DHA and clinic leadership to analyze BH data, track patient progress and outcomes, and monitor treatment efforts.

BHDP Equipment

Provider Computer / Portal

URL: <https://bhdp.mods.army.mil/bmc/Public/Splash.aspx>

Access: **.mil network only**



Bar Code Scanner Check-In



Patient Laptop / Kiosk

BHDP Image – No other computer functionality
BHDP Image (Multi or Single Screen) setup by local IMD

Access: **.mil network only**



Key Functions of the BHDP

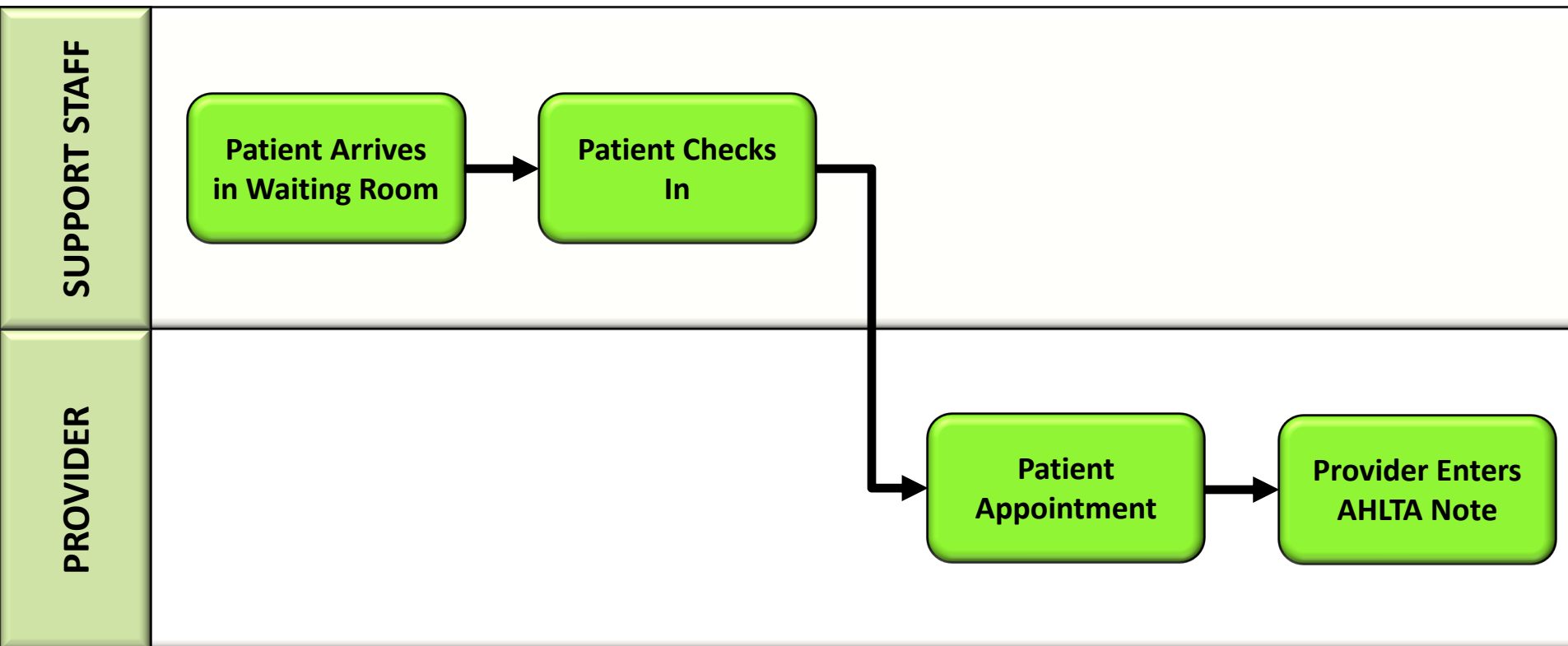


- Rapid check-in capability using identification (ID) card barcode scans
- Sorting and filtering of provider/clinic patient lists
- Tracking of patient care team members
- Real-time graphing of clinical outcomes and symptom presentation for provider dashboards
- Integration of deployment health assessment data
- Standardized documentation templates integrated with patient reported data

Clinic Flow



Without BHDP



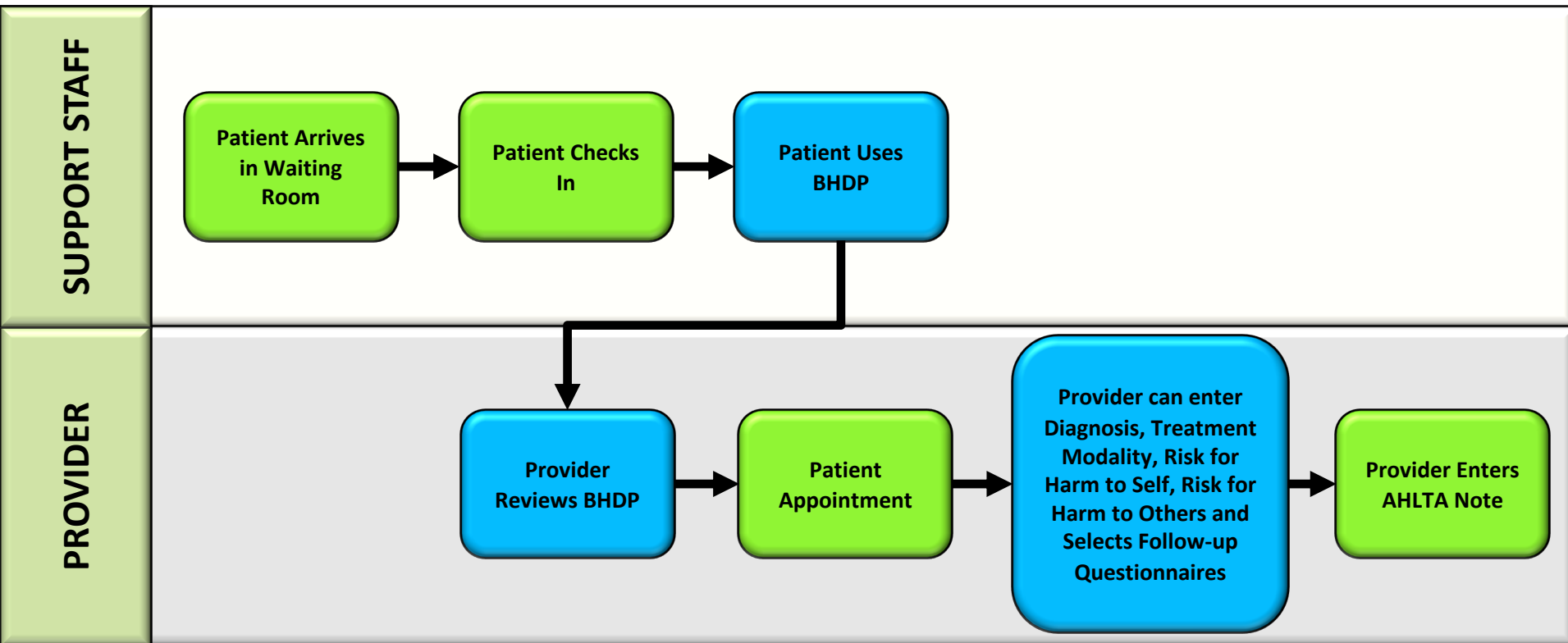
AHLTA- Armed Forces Health Longitudinal Technology Application

“Medically Ready Force...Ready Medical Force”

Clinic Flow



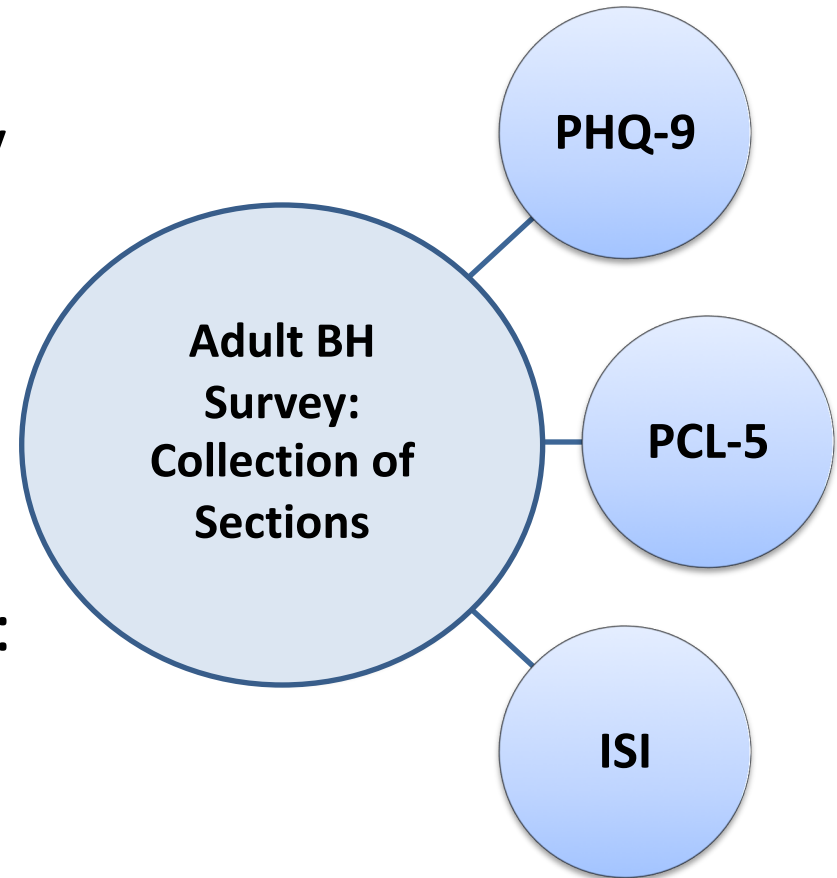
With BHDP



“Medically Ready Force...Ready Medical Force”

Terminology

- **Sections** (e.g., PHQ-9) :
Question subsets, usually
validated questionnaires
- **Surveys** (e.g., Adult
Evaluation or Follow-up) :
A collection of Sections
administered at one time



BHDP Clinical Scales



CLINICAL SCALE	DESCRIPTION
Behavior and Symptom Identification Scale(BASIS)-24	General Distress
Walter Reed Army Institute of Research (WRAIR)	Functional Impairment
4QPTSD -> PCL-5	Post-Traumatic Stress Disorder (PTSD)
PHQ2 -> PHQ9	Depression
Generalized Anxiety Disorder GAD2 -> GAD7	Anxiety
Alcohol Use Disorders Identification Test AUDIT-C -> AUDIT	Alcohol Use
Columbia-Suicide Severity Rating Scale (C-SSRS)	Suicidal Ideation (0-5)
Couples Satisfaction Index (CSI)	Couples Satisfaction
ISI (Optional)	Insomnia Severity Index
Brief Addictions Monitor-BAM (Optional)	Addictions

BHDP Survey Timing



1. Initial Adult Evaluation (15-20 min.):

- **New Patients:** Arrive 30 minutes prior to first session to complete the BHDP
- **Established Patients:** Providers prepare patient for BHDP

2. Follow-up Survey(s) (5-10 min.):

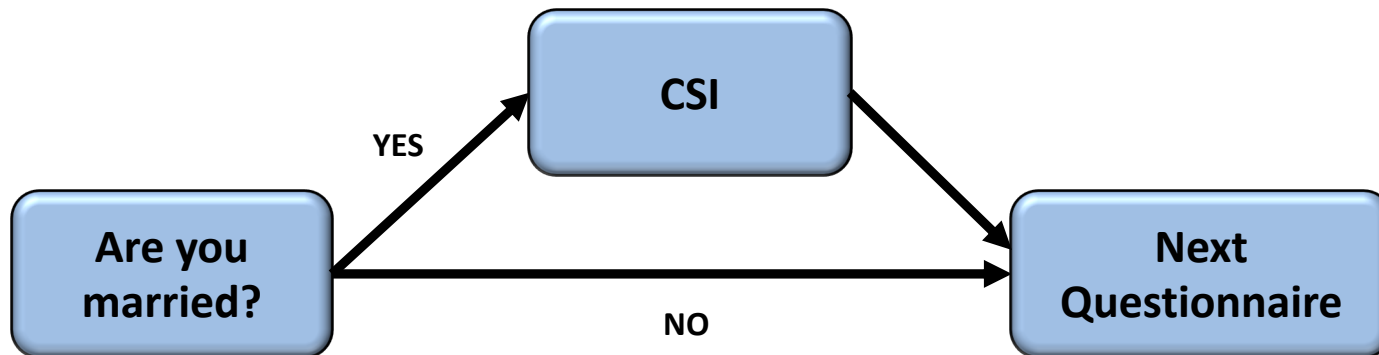
- Patients arrive 15 minutes prior to each follow-up session

Survey “Skip Logic”

- **Skip Logic or Gating Questions:** Patient’s response determines whether additional sections and/or questions are asked.

EXAMPLE

If patient responds positively to having a spouse or significant other, the Couple’s Satisfaction Index (CSI) is administered. If not, CSI is skipped.



Provider Portal / Patient List



Dashboard: Adult BH
logged in: Rodgers, Adam [
[Pt. List](#) |
[User Settings](#) |
[User Guide](#) |
[Help](#) |
[Feedback](#) |
[Reports](#) |
[Admin](#) |
[Logout](#)
]

Patient admission has been successfully completed!

Patient List

High Interest Pt List

Patient List

Search Criteria (MeCurrent10)

Custom Search

Custom Patient Lists

Patient List Columns

test

Currently Viewing - Your pts last checked into my clinic who were checked in within the last 10 hours

Actions	First Name	Last Name	DODID	M/F	DOB	Survey	Last Visit	TxFreq	HarmOther	Harm
<input type="checkbox"/>	Terry	Brooks	0000000003	F	2/15/1956	Not Started	9/06/2016	2	1	3
<input type="checkbox"/>	Greg	Castellano	0000000006	M	3/11/1975	Not Started	9/06/2016	5	1	2
<input type="checkbox"/>	Steven	Erikson	0000000002	M	2/03/1980	Not Started	9/07/2016	5	4	3

Common Searches

- [My Patients Today](#)
- [Clinic Patients Today](#)
- [All My Patients](#)

"Medically Ready Force...Ready Medical Force"

Patient Check-In



Search

Dashboard: Adult BH | Rodgers, Adam | [Pt. List](#) | [User Settings](#) | [User Guide](#) | [Help](#) | [Feedback](#) | [Reports](#) | [Admin](#) | [Logout](#)

Steven Erikson (0000000002) DOB: 3 Feb 1980 (37 y/o) Gender: M Ben: Unknown Phone: Email:

Patient Check In

Military Service: ARMY

Hospital: JOINT (AF) BASE LEWIS-MCCHORD-PDMIS (0125) Army MTF

Clinic: AMC MADIGAN-LEWIS-CDMIS

MEPRS: Multi-Disciplinary Outpatient BH (Multi-D) (BFDA)

Provider: Rodgers, Adam

Treatment Setting: Not Set

Gender: M

DOB: 2/3/1980
(mm/dd/yyyy)

Surveys Taken:
Family Advocacy Program Evaluation: 5 days ago (4/4/2017) - In Progress
IBHC Care: 5 days ago (4/4/2017) - In Progress
BHDP Adolescent Evaluation: 4 days ago (4/5/2017) - Not Started
Air Force BHDP Adult Evaluation: 4 days ago (4/5/2017) - In Progress
Army BHDP Adult Evaluation: 2 days ago (4/7/2017) - Completed

Select	Survey Name	Survey Description
<input checked="" type="radio"/>	Army BHDP Adult Evaluation	The BHDP Adult Evaluation survey
<input type="radio"/>	Primary Care BH Screening	Use this survey for BH screening within primary care clinics
<input type="radio"/>	TBI	Traumatic Brain Injury
<input type="radio"/>	IBHC Care	Use this survey for patients with an IBHC provider appointment
<input type="radio"/>	BHDP Adolescent Evaluation	Adolescent Behavioral Health Survey
<input type="radio"/>	Family Advocacy Program Evaluation	Family Advocacy Program Evaluation
<input type="radio"/>	Army Substance Use Evaluation	Army Substance Use Evaluation

[Click here](#) to return to the Patient List.

"Medically Ready Force...Ready Medical Force"

Patient Portal



Social Security Number:

000111112

Password:

SE1980

Login

Your password consists of your first name initial, last name initial and then the year of your birth – for example, JS1988.

Patient Portal



BHDP

Current Progress

How would you assess your risk for hurting yourself over the next week?



None



Low



Moderate

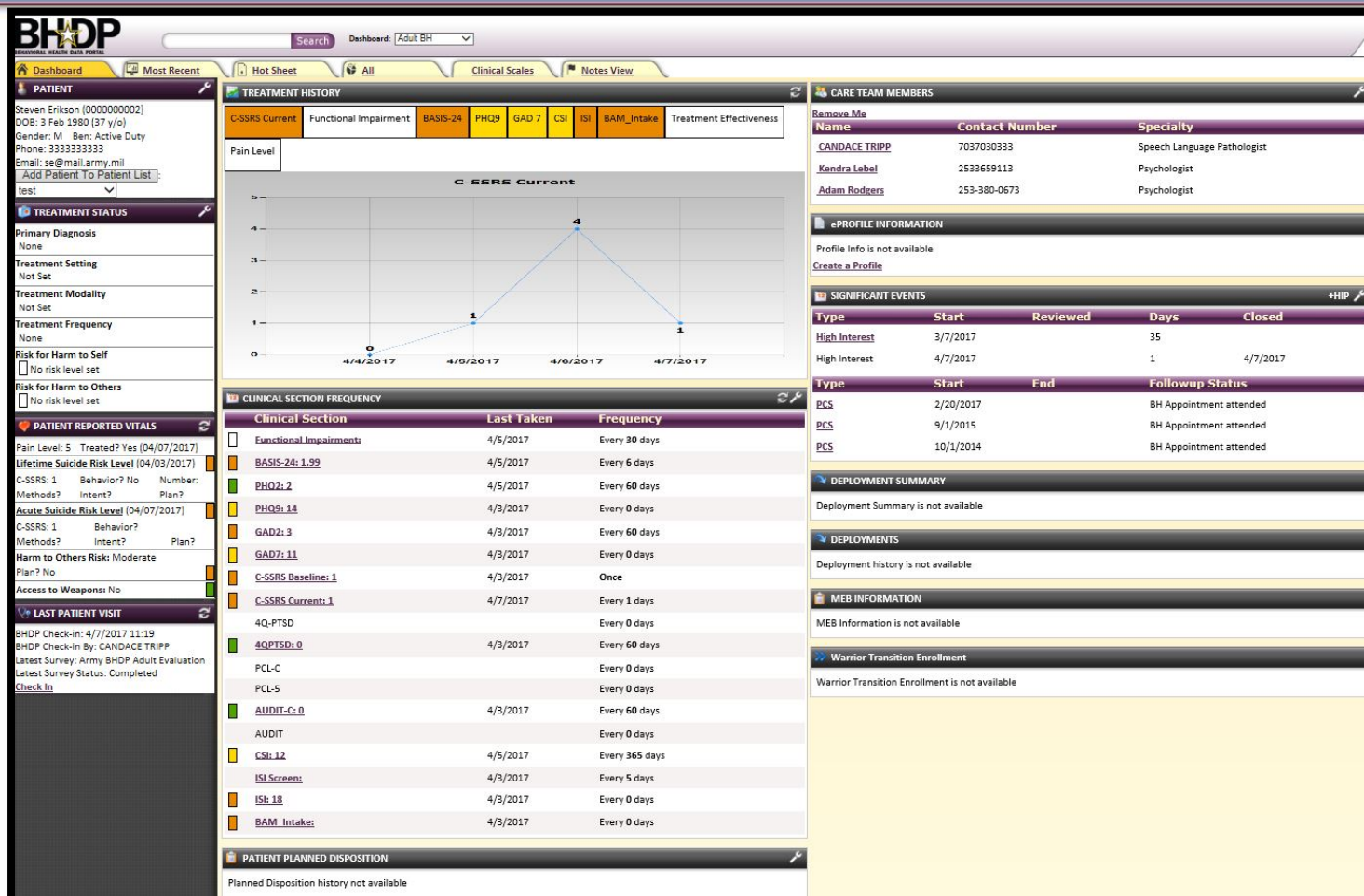


High

Continue

"Medically Ready Force...Ready Medical Force"

Provider Dashboard



“Medically Ready Force...Ready Medical Force”

Provider's Treatment Status Island



Treatment Status Island gives the provider a quick look at the major treatment components:

The screenshot displays the 'Treatment Status Island' interface. On the left, the 'PATIENT' section shows details for Steven Erikson (0000000002), including DOB, gender, and contact information. Below this, the 'TREATMENT STATUS' section lists various diagnostic and treatment categories. The main area shows a 'TREATMENT HISTORY' graph for BASIS-24, with a data point at 1.64 on 6/22/2017. Below the graph is a 'CLINICAL SECTION FREQUENCY' table.

Clinical Section	Last Taken	Frequency
<input type="checkbox"/> Functional Impairment:	11/28/2017	Every 5 days
<input checked="" type="checkbox"/> BASIS-24: 1.85		
<input checked="" type="checkbox"/> PHQ9: 0		
<input checked="" type="checkbox"/> PHQ9: 13		
<input checked="" type="checkbox"/> GAD2: 5		
<input type="checkbox"/> GAD7: This section was stopped because not all questions were answered. no score		

Main diagnostic focus of BH treatment

Only select additional diagnosis if it is a focus of treatment

Choices also include closed case options

Choices based on DoD/VA Suicide CPG.

"Medically Ready Force...Ready Medical Force"

Automated Section Frequency




When a Diagnosis (Army and Air Force-AF) is selected, the appropriate outcome measure is scheduled for 7 or 14 day frequency. If provider would like measure administered more frequently, provider can use clinical discretion to do so


Diagnosis	Therapy	Section	Current Freq Change
PTSD	Prolonged Exposure	PCL-5	7d
PTSD	Cognitive Processing Therapy	PCL-5	7d
PTSD	EMDR	PCL-5	7d
PTSD	Other therapies	PCL-5	14d
Major Depressive Disorder	All Therapies	PHQ9	14d
Adjustment Disorder	All therapies	PHQ9	14d
Bipolar Disorder	All therapies	PHQ9	14d
Panic Disorder	All therapies	GAD7	14d
Generalized Anxiety Disorder	All therapies	GAD7	14d
Other Anxiety Disorder	All therapies	GAD7	14d
Sleep Disorder	All therapies	ISI	14d
Relationship Problem	All therapies	CSI	14d

EMDR- Eye Movement Desensitization and Reprocessing


Lifetime Suicide Risk Level

 **PATIENT REPORTED VITALS**


Pain Level: 9 Treated? Yes (02/07/2015)


Lifetime Suicide Risk Level (01/30/2014) 

C-SSRS: 4 Behavior? No Number:
Methods? Yes Intent? Yes Plan? No

Acute Suicide Risk Level (02/07/2015) 

C-SSRS: 5 Behavior? Yes
Methods? Yes Intent? Yes Plan? Yes


Harm to Others Risk: Moderate Plan? Yes 

Access to Weapons: Yes 


- This information displays patient self-report regarding **lifetime history** of suicide risk level.
- Date of **original** lifetime risk level assessment will always be displayed.

Acute Suicide Risk Level





 **PATIENT REPORTED VITALS**

Pain Level: 9 Treated? Yes (02/07/2015)


Lifetime Suicide Risk Level (01/30/2014) 


C-SSRS: 4 Behavior? No Number:
Methods? Yes Intent? Yes Plan? No

Acute Suicide Risk Level (02/07/2015) 

C-SSRS: 5 Behavior? Yes 

Methods? Yes Intent? Yes Plan? Yes

Harm to Others Risk: Moderate Plan? Yes 

Access to Weapons: Yes 

- Date the last screening was completed by patient will be displayed
- Current risk assessment given at every follow-up visit
- Information will display if completed in the last 30 days
- Harm to others: Displays when completed in the last 7 days.
- **Access to Weapons:** Response will always display.
- Color codes respond to yes/no

BHDP Output – Notes View



BHDP Search Dashboard Adult BH ▼ ers, Adam Pr. List User Settings User Guide Help Feedback Reports Admin Logout

PATIENT
Steven Erikson (0000000002)
DOB: 3 Feb 1980 (37 y/o)
Gender: M Ben: Active Duty
Phone: 3333333333
Email: se@gmail.army.mil
[Add Patient To Patient List](#)
[Test](#)

TREATMENT STATUS
Primary Diagnosis: None
Treatment Setting: Not Set
Treatment Modality: Not Set
Treatment Frequency: None
Risk for Harm to Self: ☐ No risk level set
Risk for Harm to Others: ☐ No risk level set

PATIENT REPORTED VITALS
Pain Level: 5 Treated? Yes (04/07/2017)
Lifetime Suicide Risk Level (04/03/2017)
C-SSRS: 1 Behavior? No Number: Methods? Intent? Plan?
Acute Suicide Risk Level (04/07/2017)
C-SSRS: 1 Behavior? Methods? Intent? Plan?
Harm to Others Risk: Moderate
Plan? No
Access to Weapons: No
Plan? No

LAST PATIENT VISIT
BHDP Check-in: 4/7/2017 11:19
BHDP Check-in By: CANDACE TRIPP
Latest Survey: Army BHDP Adult Evaluation
Latest Survey Status: Completed
[Check In](#)

Notes View
Select note type: **Army BH Intake** Print
This view presents a summary of a patient's treatment that can be used within AHLTA. Select Note Text

Army BH Intake Note

Patient:	Steven Erikson
Gender:	M
DOB:	2/3/1980
Patient DODID:	0000000002

Identifying data: Patient is a married 37 y/o white Active Duty male.

Limits of Confidentiality reviewed with Patient, Patient verbally acknowledged understanding, and signature was obtained. [Reviewed Limited](#)

Use Policy with patient: Yes/No
BH Advanced Directive: Yes/No Location:
Medical Advanced Directive: Yes/No Location:

Appointment type:
☐ Initial evaluation ☐ Command-Directed
☐ Special Duty Screen ☐ Administrative evaluation

Referral by: I decided on my own to come to the clinic.

MILITARY DATA:

Branch: Navy	Rank:
UIC:	Time in Service: 33 yrs
# Deployments: 33	CDR: asdfasdf
Months Deployed: 33	Unit Phone: 3333333333
WTU: No	MOS: job
MEB: No	Special Clearance: No
AdminSep: No	Deployment Related: No
PULHES: UNK	

CC/Background: The patient reports the following problems/difficulties: pain

Patient reports the following additional issues:

Work Performance Issues: No	Spouse/Sig Other Problems: No
Work Colleague Problems: No	Legal Problems: No
Anger Problems: No	Financial Problems: No

Overall level of difficulty in work, home, social functioning: Somewhat difficult

Behavioral Health Vitals (patient reported):

Overall health reported as: Very Good	Pain Level (0-10): 5
C-SSRS score: 1	Is pain currently treated: Yes
Past/Prep Behavior: No	Difficulty in work, home, social functioning: Somewhat difficult
# past attempts (as of 04/03/2017): N/A	Harm to others plan: No
Harm Others Risk (as of 4/7/2017): Moderate	Patient access to weapons: No

Select "Note Text" to copy/paste into EHR

Data formatted as a narrative to serve as a note that may be copied into EHR

Electronic Health Record (EHR)

"Medically Ready Force...Ready Medical Force"

BHDP Metrics



- Primary source of Tri-Service standardized outcomes data used to measure BH treatment efficacy for all behavioral health programs throughout DHA.
- DHA developed treatment outcome metrics for posttraumatic stress disorder (PTSD), and depression disorders using BHDP data. These measures of treatment effectiveness show the rate at which patients with these disorders have a significant reduction or remission of symptoms. Military medical treatment facilities (MTFs) are responsible for these outcome metrics, improving treatment effectiveness for these key BH conditions.
- MTFs, clinics, providers and researchers, and others continue to request de-identified data for operational purposes, Quality Improvement (QI) projects, program evaluations, responses to Joint Commission findings, journal articles, conference presentations, etc.
- With the increased prevalence of BHDP data, DHA is at the forefront of outcomes based research and metrics development nationally.

Surveys Completed



Number of Completed Surveys by Survey Type

All Branches / All Survey Types	Dec-19	Jan-20	Feb-20	Total (Jul 19 – Feb 20)
AF Adult BH	16,496	18,564	16,001	131,399
Army Adult BH	46,912	55,820	46,311	409,845
Navy Adult BH	6,406	7,129	6,442	59,108
Adolescent	2,294	2,907	2,567	20,244
Family Advocacy Program (FAP)	2,320	2,580	2,317	19,123
Internal Behavioral Health Consultant (IBHC)	905	1,097	861	7,954
Primary Care Behavioral Health (PCBH)	4,490	5,403	4,466	47,681
Substance Use	5,434	6,272	5,217	44,615
Traumatic Brain Injury (TBI)	350	391	341	3,321

All Time Surveys Completed **6,154,866**

743,290

“Medically Ready Force...Ready Medical Force”

BHDP Metrics



This page contains dynamic content -- Highest Possible Classification is UNCLASSIFIED//FOR OFFICIAL USE ONLY

DHA CarePoint information portal Gallery Apps Communication Support UpToDate Search UpToDate... Adam Rodgers

BHCC Dashboards

The MHS BH Metrics Dashboard displays process and outcome metrics that are required in the Defense Health Agency Procedural Instruction (DHA-PI) 6490.01, Behavioral Health Treatment and Outcome Monitoring.

Search for Dashboard

BHCC Dashboards

- BH Metrics Summary
- BHDP Adoption Rate
- BHDP Provider Utilization
- MDD Treatment Dosage
- PTSD Treatment Dosage
- EBT Utilization Rate
- PTSD Positive Outcome
- MDD Positive Outcome

BH Metrics Summary

MHS BH Metrics Dashboard Summary

Metric	Target	Actual	Range
BHDP Adoption	72.13%	72.13%	65.10% - 79.16%
Provider Utilization	72.97%	72.97%	65.10% - 79.16%

BHDP Adoption Rate

Map of the United States showing BHDP Adoption Rate by state.

BHDP Provider Utilization Rate

Percentage Compliant Over Time

Date	Percentage Compliant
May 2018	71.25%
Nov 2018	72.84%
May 2019	73.04%

Available Metrics

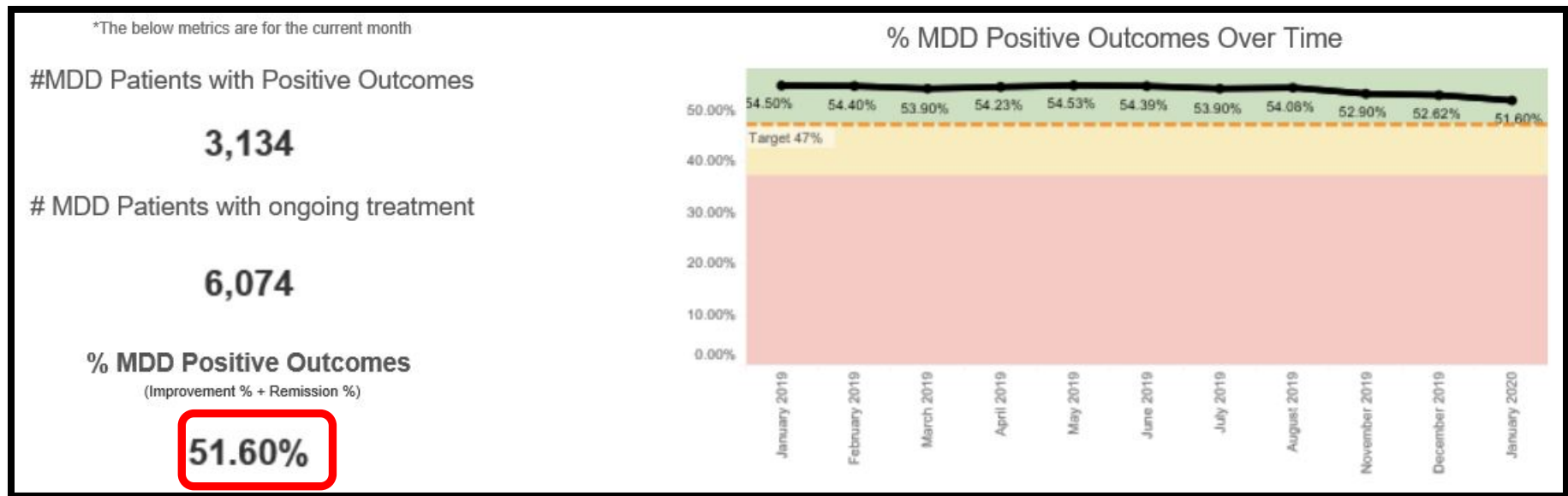
Central repository of all DHA Behavioral Health Metrics

"Medically Ready Force...Ready Medical Force"

Positive Outcomes Over Time - MDD



Major Depressive Disorder (MDD) – Positive Outcomes Over Time TARGET = 47%



Positive Outcomes Over Time - PTSD



PTSD – Positive Outcomes Over Time TARGET = 36%

#PTSD Patients with Positive Outcomes

1,605

PTSD Patients with ongoing treatment

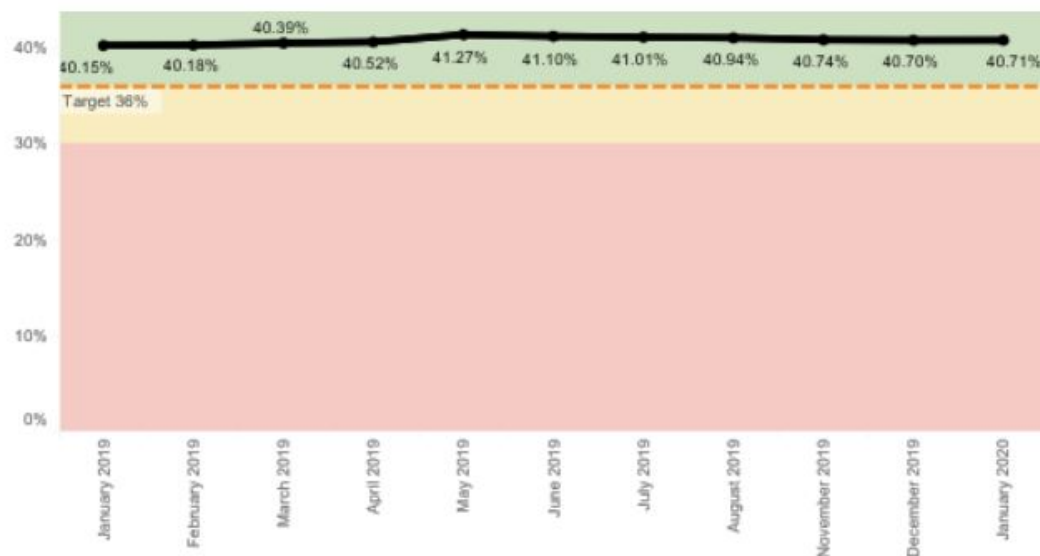
3,943

% PTSD Positive Outcomes

(Improvement % + Remission %)

40.71%

% PTSD Positive Outcomes Over Time

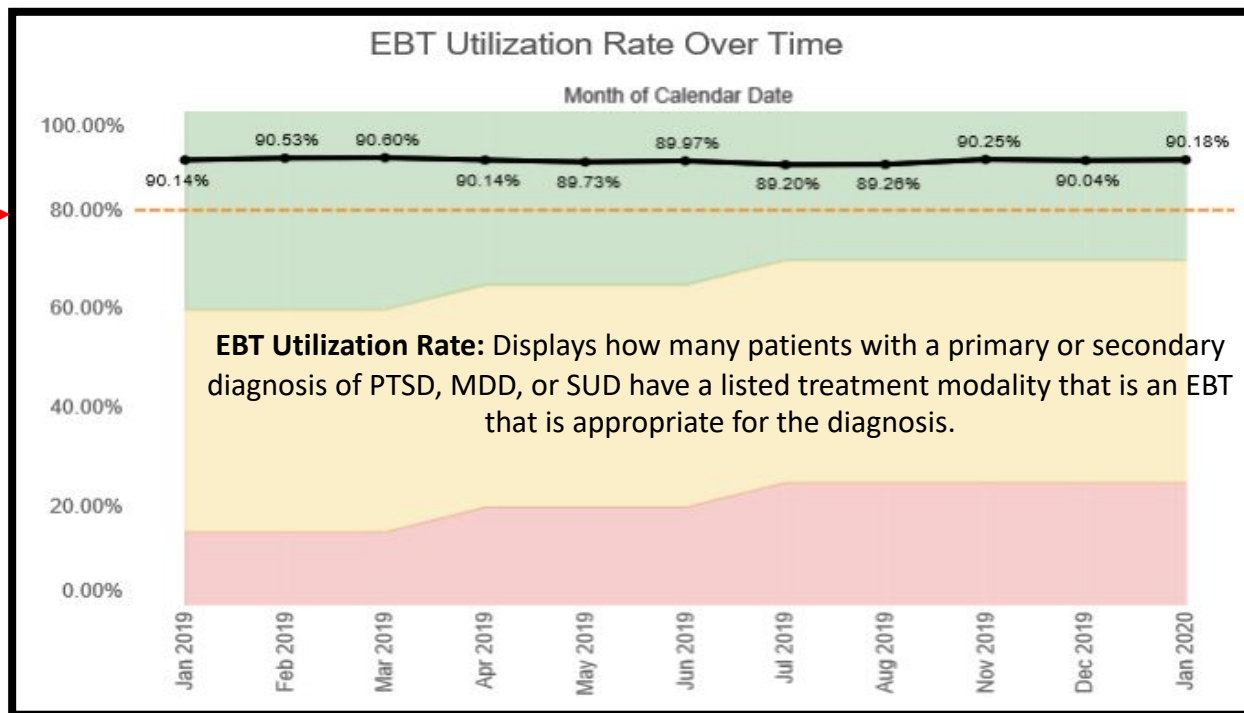


"Medically Ready Force...Ready Medical Force"

Evidence Based Treatment

Evidence Based Treatments = Best Practices / preferred approaches for behavioral health symptom treatment

# of Patients	# of Patients w/ EBT	EBT Utilization Rate
23,909	21,560	90.18%



**TARGET =
80%**

Therapeutic Alliance and Patient Satisfaction



Relationship between the patient and provider. Essential aspect of successful therapy and driver for positive patient outcomes

Percentage of cases with a Therapeutic Alliance Score Greater than 24	68.4%
Percentage of patients satisfied with the ability to get an appointment with their BH provider	80.6%
Percentage of patients satisfied with the friendliness, respectfulness and helpfulness of the non-provider BH support staff within the BH clinic	87.8%
Percentage of patients that said their Command gave them a hard time about coming to BH (Active Duty only)	5.85%

Key Takeaways



- By DoD memorandum and DHA instruction, specialty care and SUD clinics are required to use BHDP to track patient outcomes.
- Collecting patient data at the point of care gives clinicians and patients a tool to discuss treatment progress and inform ongoing treatment planning.
- Without consistent and comprehensive use of BHDP, Mental Health Services (MHS) is unable to reliably monitor BH outcomes.

References



Assistant Secretary of Defense for Health Affairs Memorandum, “Military Treatment Facility Mental Health Clinical Outcomes Guidance,” September 9, 2013.

https://www.pdhealth.mil/sites/default/files/images/docs/OASDmemo_dtd09sep13.pdf

Corso, K.A., Bryan, C.J., Corso, M.L., Kanzler, K.E., Houghton, D.C., Ray-Sannerud, B., & Morrow, C.E. (2012).

Therapeutic alliance and treatment outcome in the primary care behavioral health model. *Families, Systems, and Health*, 30(2), 87-100. <https://doi.org/10.1037/a0028632>

Defense Health Agency Procedural Instruction 6490.02, “Behavioral Health Treatment and Outcomes Monitoring,” July 12, 2018.

Flückiger, C., Del Re, A.C., Wampold, B.E., & Horvath, A.O. (2018). The Alliance in Adult Psychotherapy: A Meta-Analytic Synthesis. *Psychotherapy*, 55(4), 316-340. <http://dx.doi.org/10.1037/pst0000172>

References, cont.



- Lambert, M.J., & Barley, D.E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy*, 38(4), 357-361. <https://doi.org/10.1037/0033-3204.38.4.357>
- Nienhuis, J.B., Owen, J., Valentine, J.C., Winkeljohn-Black, S., Halford, T.C., Parazak, S.E., Budge, S., & Hilsenroth, M. (2018). Therapeutic alliance, empathy, and genuineness in individual adult psychotherapy: A meta-analytic review. *Psychotherapy Research*, 28(4), 593-605.
<https://doi.org/10.1080/10503307.2016.1204023>
- Operations Order 18-02, "Behavioral Health Data Portal Implementation) – USAMEDCOM," October 10, 2017.
- Operations Order 12-47, "Behavioral Health Data Portal Implementation," August 30, 2012.
- Stubbe, D.E. (2018). The Therapeutic Alliance: The Fundamental Element of Psychotherapy. *Focus* 16(4), 402-403. <https://doi.org/10.1176/appi.focus.20180022>

How to Obtain CE/CME Credit



To receive CE/CME credit, you must register by 0745 ET on 24 July 2020 to qualify for the receipt of CE/CME credit or certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 6 August 2020 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

1. Go to URL: <https://www.dhaj7-cepo.com/content/clinical-communities-speaker-series-health-innovations-and-promising-practices-jul-2020>
2. Click on the REGISTER/TAKE COURSE tab.
 - a. If you have previously used the CEPO CMS, click login.
 - b. If you have not previously used the CEPO CMS click register to create a new account.
3. Follow the onscreen prompts to complete the post-activity assessments:
 - a. Read the Accreditation Statement
 - b. Complete the Evaluation
 - c. Take the Posttest
4. After completing the posttest at 80% or above, your certificate will be available for print or download.
5. You can return to the site at any time in the future to print your certificate and transcripts at <https://www.dhaj7-cepo.com/>
6. If you require further support, please contact us at dha.ncr.j7.mbx.cepo-cms-support@mail.mil