



Behavioral Health Provider Training for Post-Deployment Health Reassessment (PDHRA)

For military service members who have returned from deployment

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Introduction: The Post-Deployment Health Reassessment (PDHRA)

The [PDHRA](#) is part of a program offered to all military service members in the Army, Air Force, Marines, and Navy, including the Reserve, National Guard, and Active Duty, who have returned from operational deployment (e.g., war in Iraq or Afghanistan). The PDHRA is designed to identify and address physical and mental health concerns that have emerged since deployment. It provides education, screening, and a global health assessment to identify and facilitate access to care for deployment-related and readjustment concerns.

The PDHRA is generally scheduled to take place within 90 to 180 days after the service member has returned home. While all members are assessed immediately at the end of deployment through a Post-Deployment Health Assessment (PDHA), not all health concerns will present at this single point in time. Readjustment issues may not emerge until the member re-enters their work and family environment. Consequently, the Department of Defense (DoD) developed the [PDHRA](#) – a second post-deployment assessment – as an additional component to its health care initiatives and part of the [Force Health Protection and Readiness](#) program.

The PDHRA includes a 30- to 45-minute [slide](#) or [video](#) presentation, titled “[Battlemind Training](#),” that is presented by a behavioral health specialist; this is then followed by the completion of government form [DD Form 2900](#). The form is usually completed in an electronic or Web-based format and is used to document health concerns, assessment findings, and referrals. Once the form is completed by the service member, a health care provider discusses with the member any health concerns that he/she has indicated on the form. If the service member needs further evaluation or treatment, the provider makes recommendations to appropriate health care or community-based services.

The PDHRA team members typically include one to two physician assistants, one to two administrative staff, a nurse, and a behavioral health specialist.

Magellan’s goal for the [PDHRA](#) is to maximize the power of our behavioral health expertise to support our service members at a most-sensitive time in their lives. While showing them the respect and dignity they deserve, we want to offer support and solution-focused resources in order to improve health care outcomes and positively influence their total health and well-being.

PDHRA Behavioral Health Affiliate Qualifications

Do I Qualify?

- Affiliates must be at least master's-level and possess an active license(s) in the behavioral health field in the state in which the on-site services are being held.
- Affiliates must familiarize themselves with all the materials available in this training and provided to them by [Logistics Health Incorporated \(LHI\)](#).
- Affiliates must be flexible (due to the frequent changes, last-minute information, possible on-site time extensions, etc.).
- Affiliates must have an independent/self-starter type of personality.
- Affiliates must be team players and have a willingness to perform tasks outside the normal scope of job duties in order to maintain the efficiency of the PDHRA event.
- Affiliates must have an understanding and acceptance of the military version of confidentiality and also the general military culture in which they will be working.
- Affiliates must have basic computer knowledge and ability to quickly learn to operate computerized tablets.

I Qualify! Whom Should I Contact?

- If you are interested in participating in a PDHRA event as a behavioral health affiliate, please contact one of the following people at Magellan Health Services:
 - Angie Ruppel – 1-877-326-7525, ext. 72246
 - Magellan Workplace Support – 1-800-997-2273

Magellan representatives can review the PDHRA event with you and answer any further questions you may have. They will also add you to the network of providers utilized for the PDHRA events.

- Once a PDHRA event is scheduled in your geographic area, a Magellan representative will contact you about a week in advance to check your availability to provide the on-site service.

Overview of the U.S. Military

The United States Armed Forces and its Branches

Today's U.S. military, or the United States Armed Forces, consists of five branches – Army, Air Force, Marine Corps, Navy, and Coast Guard. Each of these branches also has a Reserve component, which collectively, make up a significant part of the total military force. The Coast Guard is controlled by the United States Department of Homeland Security. The others are under the command of the [Department of Defense](#). The President of the United States is the Commander in Chief of each branch of armed forces.

In addition to the branches above, each of the 50 states has a [National Guard](#) – Army National Guard and Air National Guard. These are commanded by the state's governor; however, the President of the United States also has authority during national emergencies to assume control of any Guard component. The National Guard has made up a significant portion of the total military force involved in the recent Middle East wars.

The original descriptions/summaries for each military branch came, at least in part, from their own Web sites. They are reintroduced below in order to communicate what each branch wants to communicate to its readers, which is what should be communicated to our providers. The verbiage represents the attitude of service members that they start developing their first day in the military; this is important for each provider to understand as they present Battlemind, mingle with the members, and assess, educate, and try to get through to them in a time of need. This is not just verbiage; it is part of the service member mentality and the military culture.

[ARMY](#)

“The U.S. Army is a key component of the U.S. Armed Forces and the strongest force in the world. It is made up of the best-trained, most dedicated, most respected Soldiers in the world — protecting America's freedoms at home and abroad, securing the homeland, and defending democracy worldwide.”

[AIR FORCE](#)

The United States Air Force has the most sophisticated and technologically advanced aircraft in the world today. Combined with the best-trained pilots, ground crews, and other support personnel, the Air Force ensures air and space superiority and support for virtually every mission undertaken by the U.S. Military. It can attack anywhere, anytime and do so quickly and with precision.

[MARINE CORPS](#)

The Marine Corps has two missions: to make Marines and win battles. As the smallest, most dynamic force in the U.S. Military today, the Marine Corps serves as the aggressive tip of the U.S. military spear. It is also the only forward-deployed force designed for expeditionary operations by air, land, or sea.

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NAVY

The United States Navy is the largest and most powerful naval force in the world and is equipped to handle operations both on and under the sea, in the air, and on the ground, anywhere around the world. Its mission is to have combat-ready Naval forces capable of winning wars, deterring aggression, and maintaining freedom of the seas.

COAST GUARD

The primary role of the United States Coast Guard is to protect the safety of our nation's coasts and waterways. Under this mandate, the Coast Guard performs a variety of missions, including maritime safety, mobility and security, national defense, and the protection of natural resources.

ACTIVE DUTY, RESERVE, NATIONAL GUARD

Members of the military, or service members, can serve in the military either on a full-time or part-time basis. If members are serving full time, they are considered to be on Active Duty; these members put on the uniform at least five days out of the week and work for their respective branches in one capacity or another, in peacetime or wartime. If part-time, these are the citizen-soldiers, -airmen, -marines, and –sailors that are a part of either the National Guard or the Reserve components. Most of these part-time members have full-time civilian jobs, but they have volunteered to serve in the military also. They normally train for one weekend per month and two additional weeks per year; however, they can be activated to perform Active Duty service with short notice. During the recent conflict in the Middle East, these part-time members, especially those in the Army, have been activated and deployed multiple times to Iraq or Afghanistan for as long as 12 to 18 months, sometimes longer.

With more than 200,000 service members currently deployed worldwide, the Department of Defense and its military leadership continues to recognize, especially since the invasion of Iraq in 2003, that members who are deployed to war zones, such as Iraq or Afghanistan, often return home with deployment-related health concerns, family problems, and other psychosocial struggles that tend to surface about three to six months after returning from deployment.

The purpose of the PDHRA is to provide those returning service members an opportunity to identify deployment-related health problems and get assistance from government resources. In order to provide that assistance effectively, it is important to have some understanding of the military and its members.

The Day of the On-site PDHRA

Your Dress Code

- No tennis shoes, no open-toed shoes, no sandals, no beach shoes
- No jeans, no shorts, no skirts, no dresses
- No tank tops or halter tops
- No need to wear suit and tie
- Business casual-dress slacks and nice polo or dress shirt/blouse are appropriate
- May want to dress in layers, as the meeting place may be heated or cooled by large heaters or large fans, there may not be central heat or air conditioning.

Arrival Time

- Typically between 6:00 a.m. and 6:30 a.m., depending on travel arrangements and site location
- Meet your team at hotel lobby or on site
- Be flexible, as start time may be earlier or later depending on the site location, and how many service members must be seen. It is very important that every service member who is present go through the PDHRA process.

Set Up

- Assist the administrative team with room set-up, so as to maximize space and make flow of service members smooth and easy. Identify spaces for physician assistants (PA), nurses, behavioral health specialists, Vet Center and VA representatives, and administrative area; locate a sign-in table and table for tablets.
- Help unpack tablets and, if you are unfamiliar with the tablets, ask another team member to brief you on how to use them. If possible, you may want to ask a PA, so that he or she can also inform you where they would prefer you to document any relevant information from your assessment.
- Verify if site has DVD capabilities for the Battlemind Training presentation. If so, make sure the DVD copy is in cases; if not, be prepared to give oral presentation.
- Identify a room where you will be able to talk in private about confidential issues, where you will be able to complete a brief assessment with the soldier and identify any care issues or concerns. Ideally, the room would be located between the PA and the nurse; however, this is not always possible.

Formation

- The PA may do an introduction of the PDHRA process, team members, and purpose of the assessment.
- The PA may ask you, the behavioral health specialist, to say a few words about the role of behavioral health. At this point, start the **Battlemind** presentation on DVD or do the oral presentation. Depending on how the service members arrive, you may need to do the **Battlemind** presentation once, or several times. The presentation can last 30 to 45 minutes, depending

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on the format used, and whether using the DVD or doing an oral presentation. If any questions or discussion topics come up, you may open up the floor, but it is not necessary to conduct a group discussion of the briefing.

- After the presentation, direct service members to the administrative area where they will begin the actual reassessment portion of the PDHRA process. Service members will complete the **DD Form 2900**. Be available to assist the service members as they fill out the questionnaires. You may hear service members saying that they have done something like this before; let them know that this is different in that they will meet with PA, nurse, and behavioral health specialist, if necessary.
- After service members complete the **DD Form 2900**, direct them to a PA. If the PA identifies that a service member has concerns related to mental health or behavioral issues, they may seek you out and ask you to do an assessment with the service member. *(The nature of the **behavioral health assessment** and the accompanying **documentation** is covered in a later section of this training document.)*
- At the end of the day, after all service members have been through the process, assist the administrative team with breaking everything down. Help put the room back in order – make sure tablets are re-packed, all documentation is complete and put away, all trash and shredded materials are removed from area, and wrap-up paperwork is completed.
- If asked to complete an after-action report, you can complete it there and send with other documentation in the black cases, or you may complete it after the event and e-mail it to LHI.

Flexibility

- It is necessary to be flexible with time, as all service members need to go through the process.
- It is necessary to be willing to help other team members, especially administrative members, as you may have more down time than they will.

Self-Care

- Bring snacks, water or other drinks. You may or may not get a lunch break, and it may be necessary for you to eat on the fly.
- If there is an opportunity for a scheduled lunch, it will be on your own and you will not receive reimbursement for it.

Battlemind Training Presentation

Purpose

The purpose of the Battlemind presentation is to prepare service members for the behavioral health portion of the PDHRA. The presentation highlights mental health and substance abuse problems, in addition to addressing post-traumatic stress symptoms since deployment. The presentation sets the tone for the day, introduces the service members to resources, and can prompt service members to approach the behavioral health specialist to discuss presented issues.

Generally, you are to give the Battlemind presentation right after formation, or prior to the completion of the DD Form 2900. The DVD is the military's preferred presentation format; however, you need to be ready to present this training verbally, in case the site does not have DVD capabilities or you encounter technical problems with the DVD. If presenting verbally, you can give the service members the Battlemind Training brochure so they can follow along. You should be able to find copies of the brochure in the black equipment boxes or at the links below.

Web Links

You can visit the following Web sites to review the Battlemind presentation and outline as well as get copies of the Battlemind Training brochure:

- www.battlemind.org.
- <http://fhp.osd.mil/pdhrainfo/battlemind.jsp>

PDHRA Form (DD Form 2900)

The purpose of the PDHRA is to identify health concerns that have emerged since the most recent deployment and assist in more fully addressing the service member's health care needs and concerns. The assessment is completed on the [DD Form 2900](#). This form is a four-page document typically accessed on a computer tablet, but it is also available in a hard copy format when necessary. The service member indicates his or her current demographics, assignments, medical health, mental health and substance use issues or concerns. A credentialed health care provider will review all health concerns identified on the DD Form 2900 with the service member.

Behavioral Health Assessment

When is a behavioral health assessment necessary?

Information collected from the service member during the PDHRA process is reviewed by a physician assistant (PA). If the PA becomes aware of any “red flag” mental health concern that may require further assessment, you will be called upon to complete a behavioral health assessment. Your goal is to establish a trusting, positive partnership with the service member to facilitate a self-report about their health concerns. You will assess for immediate risk, and determine the service member’s immediate need for further assessment.

What is the behavioral health assessment process?

The assessment process ideally will end in a recommendation to the appropriate resources, so that the service member can receive a more detailed and thorough assessment and treatment. LHI will provide follow-up contact to those service members. *(See the **Resources** section of this training document for resources that may be offered for further assessment and treatment.)* Be careful to observe the mandate of timeliness. These service members have numerous demands on their time during their weekend duty. You should assess them thoroughly, but efficiently (in approximately 15 minutes, unless emergent).

How should I document my contact with a service member?

Record all documentation on the DD Form 2900, on page four under “comments.” You will share this documentation space with the PA’s notes, so be as brief as possible. The contractual agreement that LHI has with the U.S. Military stipulates that the PDHRA process will be one of “assessment only” and will not involve diagnosing of a service member. As a result, use of diagnostic language with any service member or in the documentation is prohibited.

It is also important to remember that the DD Form 2900 will be utilized to help the service member get services or treatment; however, this form also becomes part of that service member’s military medical record. **For that reason, it is imperative that appropriate language be used in the documentation process, especially from a behavioral health perspective.** Below you will find examples of emergent and non-emergent situations, and how they could be documented.

What happens if the service member has an imminent health risk?

If risk is imminent, assist the service member in obtaining the services and assistance they need immediately. It is the role of the behavioral health specialist to assess for and be able to distinguish between situations that are emergent and those that are not. In the PDHRA process, an emergent situation is defined as behavior or actions that indicate the service member’s mental functioning is disturbed or impaired, and he or she may pose a threat to oneself or others.

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If you identify a behavioral health emergency, it is important that you do not leave the service member. The approved practice is to solicit assistance from the team's lead PA, so that the appropriate personnel are notified and arrangements are made for the service member to get immediate assistance. While waiting for help, it is your job to provide that service member with reassurance, and calm him or her as much as possible.

Documentation Example (Emergent Situation):

Member Reports:

- "I can't keep getting up each day and doing this. I have a pistol and today I plan to end my misery."

Example of Documentation:

- Service member needs emergent transport to medical facility for further evaluation and treatment.

It is important to remember that some distress is not uncommon or abnormal for most post-deployment service members, especially if they experienced the death or injury of unit members. When assessing for emergent vs. non-emergent, consider risk as well as functional impairment.

Examples of non-emergent situations:

- Problems at work
- Conflicts with spouse
- Problems with family
- Problems with close friends
- Nightmares
- Avoidance of situations
- Thoughts related to traumatic situations
- Hypervigilance
- Feeling numb or detached from others
- Substance abuse

Documentation Examples (Non-Emergent Situations):

Member Reports:

- Marital strain
- Having poor sleep, and stated "I have nightmares."
- "I get so angry when I drive."
- "My drinking has increased since I came home. I drink to sleep."

Example of Documentation:

- Reports conflict at home. Would benefit from referral for counseling.
- Reports sleep issues. Would benefit from referral for counseling.
- Reports anger management issues. Would benefit from referral for counseling.
- Reports substance abuse issues. Would benefit from referral to Vet Center for further assessment and treatment.

Referral Resources

VA: The VA is a medical system run by the Department of Veterans Affairs. They have facilities located nationwide and in U.S. territories. The care ranges from full-service hospitals to outpatient medical clinics. The VA has multiple specialized health programs to address the needs of services members. They provide substance abuse treatment and inpatient psychiatric care. For more information about the VA, you can go to <http://www1.va.gov/health/>.

To find the nearest VA facility:
<http://www1.va.gov/directory/guide/home.asp?isFlash=1>

Vet Center: The Vet Center is a division of the Department of Veterans Affairs which addresses readjustment counseling and provides outreach services. Services are also available to family members to address service-related concerns. For more information about the Vet Center, you can go to: <http://www.vetcenter.va.gov/>

To find the nearest Vet Center facility:
http://www1.va.gov/directory/guide/vetcenter_flash.asp

Vet Center staff are available toll free during normal business hours at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific).

TRICARE: This is the Department of Defense's managed health care program for active duty military, active duty families, Reserves and Guard, retirees and their families, and other beneficiaries. Service members receive TRICARE benefits until they are 180-days post-deployment.

Please keep in mind that TRICARE may not be the best option for mental health assistance because benefits expire at 180 days post-deployment. If a service member starts treatment with a TRICARE provider, they will probably have to change providers in order to continue to receive military benefits for ongoing care.

For more information go to: <http://www.tricare.mil/>

To find a TRICARE provider go to: <http://www.tricare.mil/providerdirectory/>

Military OneSource: Military OneSource is an employee assistance program that can assist with short-term counseling sessions, emotional support, child care resources, personal finances, relocation information, and resources to deal with special circumstances. The program is free-of-charge, confidential, and available to military personnel and their families. Telephone and online services are available 24 hours a day, seven days a week. The program provides up to six face-to-face counseling sessions with providers in the local community to deal with a variety of issues. The Web site includes locators for education, child care, and eldercare; online articles; referrals to military and community resources; financial calculators; workshops called Webinars; and brief videos

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addressing common issues, such as communicating as a couple, budgeting, and managing anger.

Obtain more information on Military OneSource at 1-800-342-9647 and www.militaryonesource.com.

Unit Resources: Service members have additional resources available within their unit. Members of the command, the unit chaplain, and peers can provide valuable support to service members. Please do not underestimate the power of informal supports.

Additionally, the unit may have a care manager or other care coordinator. These people can assist service members in accessing resources and understanding their benefits. Check with the unit contact to determine if the unit has this kind of resource available.

Your Relationship with the PDHRA Team

During the PDHRA process, you will have the opportunity to meet and work alongside a diverse group of individuals from varied backgrounds and disciplines. Each team typically consists of one to two physician assistants, one to two administrative staff, a nurse, and a behavioral health specialist.

Our goal is to utilize your behavioral health expertise to provide support to the service members, assess for risk, and assist with the overall success of the PDHRA process. This involves working together with the rest of the team members and perhaps performing tasks outside of your primary function. We urge you to be flexible and willing to assist as much as possible in order to assure the success of the PDHRA.

If you have any suggestions to make the process more efficient, feel free to communicate your suggestions to the lead physician assistant or administrative lead for consideration. If you have a clinical issue in which feedback outside of your lead physician assistant is required, please contact the Magellan on-call clinician at the number provided to you prior to your PDHRA event.

Intel or Conference Call with LHI and PDHRA Team Members

- Logistics Health Incorporated (LHI) moderates a conference call for each PDHRA team. The purpose of the call is to provide additional information about the event and communicate last-minute changes.
- This call generally takes place Wednesday or Thursday night prior to the event and lasts 15 to 20 minutes. Even though this time is not financially reimbursed, attending the call with LHI staff will provide you valuable information and may save you time in the long run.
- During the conference call, you will find out information about the unit, such as average age of the unit's service members, the number of service members expected, the unit's job(s) while deployed, and the number of casualties and fatalities. In addition, LHI will inform your team of logistical information such as site details, morning meeting time, and hotel location (if needed). You also will be able to ask questions and get contact information from other team members.
- LHI typically sends you an e-mail mid-week, prior to the event, with call time, phone number and access code. Call a few minutes prior to the designated time for adequate time to access the call. **Please note:** the LHI call center operates on Central Time (CST). The time of the Intel call will be given in CST.

Travel and Reimbursement Procedures

LHI makes all travel arrangements, including air transportation and hotel reservations; however, they will *not* make arrangements for team members who live **within 75 miles** of the event site. (This is stated in the LHI independent contractor agreement. Please contact LHI if you have any questions about this.) If you need a flight or hotel accommodations, let your Delta-T representative know what you need as soon as possible, so he or she can contact LHI with the request.

Lodging

Hotel

- Hotel reservations are made by LHI, but the hotel expenses are *your* responsibility at the time of check in/out.
- For reimbursement, submit a copy of your hotel receipt, along with any other necessary paperwork to Delta-T.
- LHI generally only books hotel rooms for the night preceding the event through the morning of the last day of the event.
- Hotel stays the night of the final day of the event are **not** reimbursed, unless there are significant circumstances. Such circumstances may include:
 - An on-site delay or weather issue that causes you to miss your flight
 - The weather becomes too hazardous for you to safely drive home
 - You have driven more than five hours to the site and a delay causes the event to go later than 5:30 p.m.
- All authorizations for additional hotel nights must be discussed with and confirmed by the LHI emergency on-call staff in order to qualify for reimbursement.

Travel

Flights

- Air travel is only eligible for reimbursement if you live more than four hours from the site location.
- LHI will make all air travel arrangements to accommodate event needs. **You cannot specify when you would like to travel.**
- All air travel receipts **MUST** be submitted to LHI.
- Return flights will depart after 5 p.m. local time on the final day of the event.
- If you request to stay an extra night, it will be at your own expense.
- Weather delays, flight cancellations, mechanical difficulties, missed connections, etc., need to be addressed directly with the airline.

Rental Cars

- The team is generally provided with one rental car to assist with transportation needs. This vehicle is provided by LHI and typically is assigned to LHI staff or the team lead.

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- Magellan does not provide or reimburse for rental cars.

Travel Reimbursement

- Your intentions for travel must be made with the Delta-T representative prior to the event. LHI will then make the necessary arrangements.
- If you choose to drive, Delta-T may be able to reimburse you for your travel time if you include mileage on the expense report provided by Delta-T.
- Delta T will inform you of the mileage reimbursement rate at the time they contract with you.

Reimbursement

Conference/Intel Calls

- Conference or Intel calls are *not* reimbursed.

On-site Time

- The Delta-T representative will provide you with the contracted on-site rate at the time of scheduling.
- Typically, you are contracted for 10 hours on site, usually 6:30 a.m. to 4:30 p.m. local time, but the event may require you to arrive earlier or stay later. **Please be flexible.**
- The agreed-upon contracted rate for on-site time will be explained to you by the Delta-T representative.
- Please **DO NOT** fill out the PDHRA Independent Contractor Invoice sent to you by LHI.
- Use only the forms provided by Delta-T.




Meals

- Meals *may be* reimbursed depending on the situation and this will be explained to you by the Delta-T representative at the time they contract with you.

Reimbursement Forms

- Delta-T's [Temporary Contractor Invoice](#) form.
- Delta-T's [Expense Report](#) form.

Contacts

-  LHI is the main contact for any itinerary, travel and site-related questions, as well as questions that arise during the event. Call 1-608-738-1672 (7 a.m. to 11 p.m. CST) or 1-888-734-7299, ext. 4 (11 p.m. to 7 a.m. CST).
-  Please contact your Delta-T representative at 1-877-297-0217 regarding future events and reimbursement issues.
-  Please contact Angie Ruppel at Magellan Health Services, 1-877-326-7525, ext. 72246 for any training related questions.

After-Action Report

Name:

Site:

Event #:

Date of Event:

Describe your overall impressions of the event:

What were the positive aspects?

Were there any challenges? (If yes, describe.)

Do you feel that you were adequately prepared for the event? (If no, indicate in what areas you feel you were not prepared.)

How could your experience be improved?

Provider Pre-Screening

1. What does PDHRA stand for?
 - A. Post Deployment Health Reassessment
 - B. Post Debriefing Healthcare Re-Appraisal
 - C. Post Deployed Health-Related Assessment
 - D. Post Deployment Health-Related Awareness

2. What is my role?
 - A. Provide a behavioral health assessment
 - B. Present the Battlemind briefing
 - C. Whatever is necessary to make the event successful
 - D. All of the above

3. What is the title of the briefing presented to service members prior to the assessment process?
 - A. Battletech
 - B. Battlemode
 - C. Battlezone
 - D. Battlemind

4. Is this assessment completely confidential?
 - A. True
 - B. False

5. Select the best example of documentation.
 - A. Service member reports PTSD-like symptoms.
 - B. Service member reports sleep concerns; would benefit from further counseling.
 - C. Service member has depression and needs medication.
 - D. Service member has expressed several issues: He only sleeps 4 hours a night. He is having nightmares 4-5 times per week. He is drinking 2-3 beers each night before bed. He and his wife have been arguing often and disagree about parenting. He also recently had to place father in long-term facility. Service member reports desire for counseling.

6. What amount of time is appropriate for a routine assessment?
 - A. 15 to 20 minutes
 - B. 1 hour or more
 - C. 5 minutes
 - D. 45 to 50 minutes

7. Who is my contact(s)?
 - A. Logistics Health Incorporated (LHI)
 - B. Magellan Health Services
 - C. The PDHRA Team Lead
 - D. All of the above

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8. Identify the emergent concern.
 - A. Service member has been having nightmares a couple times a week since return.
 - B. Service member has been struggling to get out bed in the morning and has missed work several times since return.
 - C. Service member reports a concrete plan to hurt him/herself or someone else and has the means to follow through with this plan.
 - D. Service member reports multiple areas of stress and feels like he cannot take it anymore.

9. What is Military OneSource?
 - A. Short-term counseling
 - B. Family resources
 - C. Emotional support
 - D. All of the above

10. Can I wear shorts to a PDHRA event?
 - A. Yes
 - B. No

Frequently Asked Questions About the PDHRA Event

What should I take with me?

You should take a hard copy of the Battlemind briefing, in case you should need to present the briefing without the DVD. The DVD and handouts are typically shipped with all the equipment and supplies that are needed for the event. It is *not* necessary to take copies of the DD Form 2900. Please refer to the Battlemind and Behavior Health Assessment sections of this training document for additional information.

What if I have an emergency the morning of the deployment?

You should call your team lead, assuming you have his/her contact information. If you do not have a way to contact the team lead, you can call the LHI service center to report your issue. Call LHI at 608-738-1672 from 7 a.m. to 11 p.m. CST, or 1-888-734-7299, ext. 4 from 11 p.m. to 7 a.m. CST. You can also call the Emergency On-Call person at 1-608-738-1672 if you are unable to reach someone at the LHI service center.

Do I need to memorize all the military ranks?

No. If you are unsure of a service member's title and rank, it is always appropriate to refer to him or her as "Sir" or "Ma'am."

What if a service member needs assistance or accommodations to complete the DD Form 2900 or the PDHRA process?

If a service member needs accommodations for any reason, you or another member of the PDHRA team can assist. This may include reading the questions aloud to the service member, entering data reported by the service member, moving to an alternate room for privacy, etc. Be creative and flexible in order to assist service members and meet their needs.

Can I refer service members to myself/my practice for counseling?

No, it is not appropriate for you to refer service members to yourself or to anyone with whom you are professionally affiliated. If you have further questions about this issue, please refer to your Magellan contract or speak to a Magellan representative.

What if I need clinical guidance during the event?

Magellan designates an on-call clinical staff person each weekend. This staff member is available to discuss clinical issues that cannot be addressed by your team lead. The phone number of the on-call clinician will be provided to you prior to the PDHRA event.

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What is an LOD?

LOD stands for Line of Duty. The acronym is often used to reference the official form indicating that the service member has injuries as a result of their deployment/service. This form is filled out by the PA and becomes part of the service member's military record after it is signed by his or her command.

Can service members use their private insurance to seek treatment?

Service members can use their private insurance benefits provided by their employer; however, these benefits are separate from their military benefits, and the military would not reimburse the service member for any associated costs (e.g., co-payments, prescriptions). Additionally, if the service member needs consideration from the military for an injury or disability, he/she may have difficulties due to lack of documentation of the issue.

Glossary of Terms

Active Duty: Service members who are serving duty and employed by a branch of the military on a full-time basis.

Battlemind: The briefing provided to service members that helps them utilize their battle strengths to help them make the transition home.

DD Form 2900: The official four-page document on which the service members self-report medical, mental health and substance use concerns. This form becomes part of their military record.

DOD: Department of Defense; the federal department charged with overseeing all branches of the military and ensuring that the military capacity is adequate to safeguard the United States.

FEDS_HEAL: Federal Strategic Health Alliance; a joint initiative headed by the Department of Defense to ensure that U.S. Reserve forces are medically fit to deploy.

IED: Improvised Explosive Device; common name for an explosive device often used in unconventional warfare; also sometimes called a road-side bomb.

LHI: Logistics Health Incorporated; a health care company based in La Crosse, Wisconsin, which provides customized medical and dental services throughout the United States and serves as the primary manager of the PDHRA process.

LOD: Line of Duty; often used to reference the official form indicating that the service member has injuries as a result of their deployment/service. This form is filled out by the PA and becomes part of the service member's military record after it is signed by his or her command.

Military OneSource: This is a benefit that is provided by the Department of Defense to active duty, Guard and Reserve (regardless of activation status) and their families. It offers face-to-face, short-term counseling and provides emotional support and assistance with child care resources, personal finances, relocation information, and resources to deal with special circumstances. The program is confidential and available 24 hours a day, seven days a week.

National Guard: The division of the military made up of part-time volunteers who serve one weekend a month and two weeks a year, unless called by the Governor or the President to serve on a full-time basis during state or national emergencies.

PDHRA: Post Deployment Health Reassessment; a mandated program offered to all military service members, given 90 to 180 days post-deployment and designed to identify and address physical and mental health concerns that have emerged since deployment.

Reserve: Armed forces who are not on active duty but can be called to active service in an emergency.

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TRICARE: The Department of Defense's managed health care program for active duty military, active duty service families, retirees and their families, and other beneficiaries. TRICARE benefits cease 180 days post-deployment.

VA/DVA: Department of Veterans Affairs; a national medical system with care ranging from full-service hospitals to outpatient medical clinics. Services include multiple specialized health programs, substance abuse treatment, and inpatient psychiatric care.

Vet Center: A division of the Department of Veterans Affairs that provides outpatient individual and family counseling and outreach services for deployment-related concerns.

VBIED: Vehicle Borne Improvised Explosive Device; a bomb that is placed in a car or other vehicle, often used as a weapon of assassination.

Web Sites

Below is a list of various Web sites that are referenced throughout this site and were used to put together this training.

<http://www.pdhealth.mil/dcs/pdhra.asp>
<http://www.battlemind.org>
<http://fhp.osd.mil/pdhrainfo/battlemind.jsp>
<http://www.defenselink.mil/specials/insignias/index.html>
<http://fhp.osd.mil/pdhrainfo/media/dd2900.pdf>
<http://fhp.osd.mil>
<http://www.logisticshealth.com>
<http://www.defenselink.mil>
<http://www.ngb.army.mil>
<http://www.goarmy.com>
<http://www.goarmy.com/about/index.jsp?href=tn>
<http://www.airforce.com>
<http://www.marines.com>
<http://www.marines.com/page/usmc.jsp?flashRedirect=true>
<http://www.navy.com>
<http://www.gocoastguard.com>
<http://www1.va.gov/health>
<http://www1.va.gov/directory/guide/home.asp?isFlash=1>
<http://www.vetcenter.va.gov>
http://www1.va.gov/directory/guide/vetcenter_flash.asp
<http://www.tricare.mil>
<http://www.tricare.mil/providerdirectory>
www.militaryonesource.com