

# B-REDI

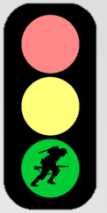
Behavioral Health Readiness Evaluation  
and Decision-Making Instrument

## Training

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LTC James Macdonald, PhD; CPT George Mesias, LCSW

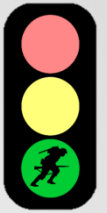
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# Disclosures



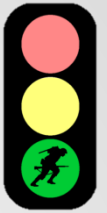
- ▶ The views expressed in this presentation are those of the authors and do not necessarily represent the official policy or position of the U.S. Army Medical Command or the U.S. Army.
- ▶ The presenters have reported no financial conflicts of interest.

# Training Outline



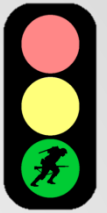
- ▶ Overview
- ▶ Importance of Behavioral Health (BH) Readiness
- ▶ Current Status of BH Readiness Decisions
- ▶ Determining BH Readiness
- ▶ B-REDI Tool
- ▶ Profile Documentation

# Learning Objectives



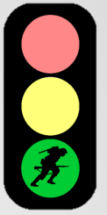
1. Summarize how BH readiness decisions have an impact on soldiers, the unit, and commanders.
2. Identify and be able to locate the current Army policies relevant to BH profiles.
3. Learn how to use the BH readiness tool to enhance clinical judgement when making BH readiness decisions.
4. Summarize the clinical and functional capacity information that should be gathered as part of the process of making a BH readiness determination.
5. Learn how to communicate the need for a duty limitation to soldiers and command.
6. Describe solutions to overcome common obstacles encountered when making and communicating BH readiness decisions.

# Orientation to Training Materials



- ▶ Training Slides
- ▶ B-REDI Tool
  - Paper version
  - Digital version
- ▶ Resource Guide

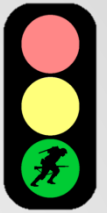
# Purpose of B-REDI Training



- ▶ Behavioral Health Return-To-Duty Decision-Making Processes
  - Clinicians want help
  - Our tool can help
  - Clinic Leadership Requested Training



# What Is BH Readiness?



- ▶ Assessment of a Soldier's capability to perform their duty without limitation, including their eligibility to deploy, with specific regard to behavioral health.
- ▶ Profiles document readiness status.



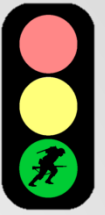
# Case Example

- ▶ SSG Williams (11B) was escorted to the ED by another Soldier after being late to formation and making threats to kill himself.
- ▶ 4 days inpatient, discharged yesterday.
- ▶ New diagnoses of Anxiety Disorder NOS and Insomnia.
- ▶ Prescribed Zoloft and Ambien.
- ▶ Commander just returned from the field.





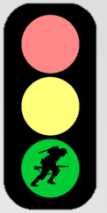
# Who Does Readiness Assessment Effect?



- ▶ Soldier
- ▶ Unit
- ▶ Commander



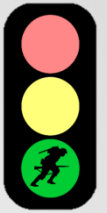
# Significance of Behavioral Health Readiness



- ▶ Importance of BH Providers communicating with Command
- ▶ Risks when Commanders lack knowledge of BH problems



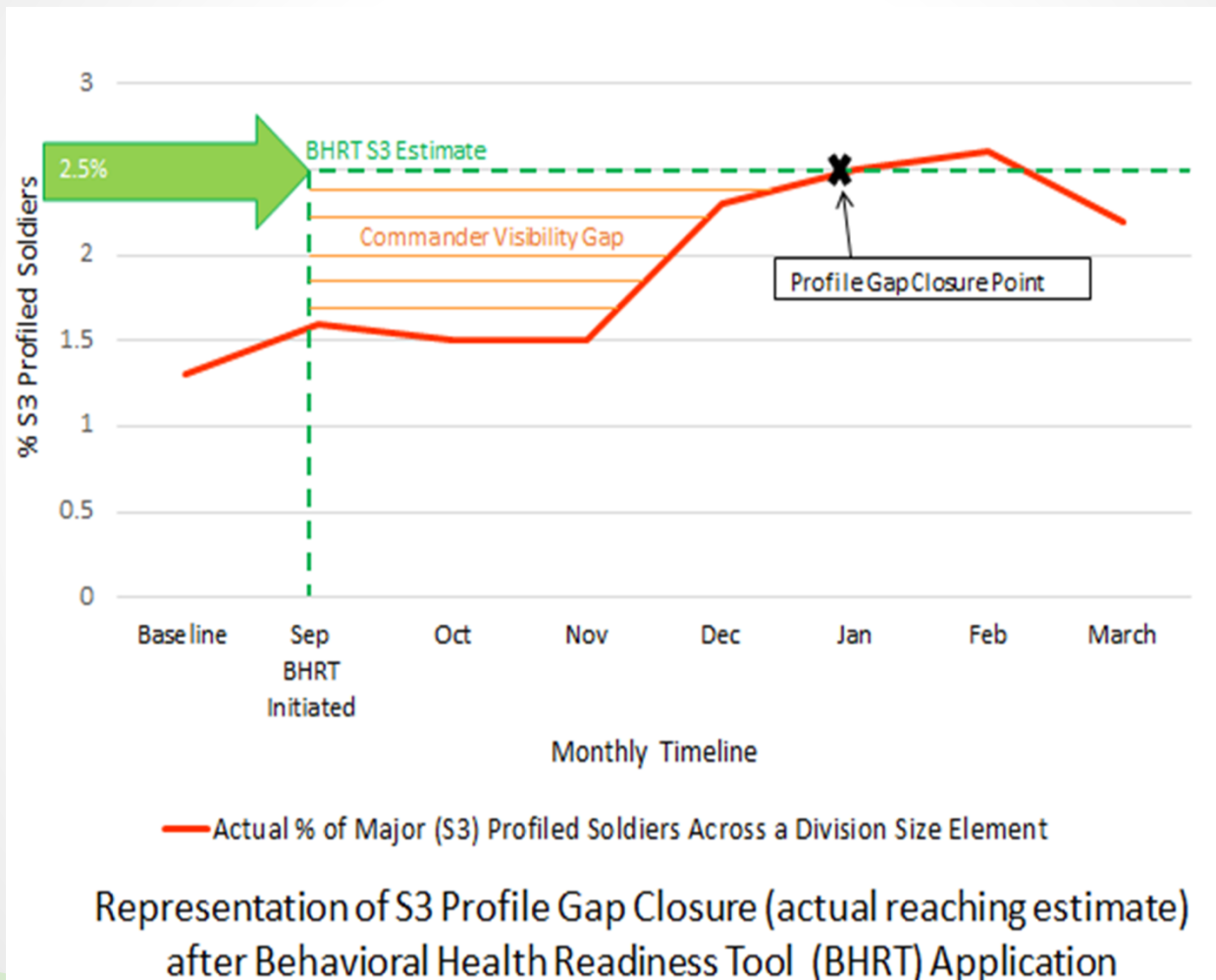
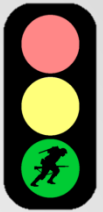
# You Cannot Wait Until SRP to Profile



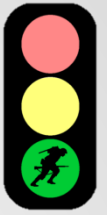
- ▶ Nature of deployments has changed
  - Smaller units, less notice, more disparate environments
- ▶ Units not overstaffed
- ▶ SRP occurs right before movement
  - Little time for waiver process
  - Soldier replaced or unit understaffed → stresses the system
  
- ▶ Profiling before SRP
  - Commander has time to plan and staff
  - BH provider & Commander work together to help Soldier deploy



# Underutilization of BH Profiles



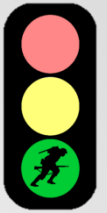
# Provider's Role in BH Readiness Assessment



- ▶ Unique position with multiple allegiances



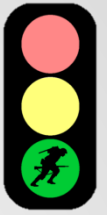
# Current Status of BH-Readiness Decisions



- ▶ Site-specific procedures
- ▶ Differing local guidance
  
- ▶ **WRAIR Qualitative Study – Identified Needs**
  - Training
    - How to write a BH profile
    - MOS/Unit-specific training
    - Policies
    - Suicide Risk Best Practices
    - Role of the BHO
  - Technology/Templates
  - Communication/Relationship with Unit



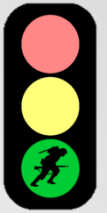
# What Can Help You Make These Decisions?



- ▶ This Training & B-REDI Tool
- ▶ Familiarity with Policies
- ▶ Communication with Colleagues & Command



# How to Determine BH Readiness

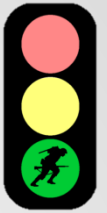


- ▶ Clinical Judgement
- ▶ Relevant Policies





# How to Determine BH Readiness: Regulations & Policies



## Clinical Practice Guidelines

(6) Clinical Practice Guidance for Deployment Limiting Mental Disorders and Psychotropic Medications

## DoD Wide Policies

(9) DODI 6130.03: Medical Standards for Military Service: Retention

(8) DODI 6490.08: Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to SM

(4) COCOM AOR-Specific Force Health Protection Guidance

## Army Specific Policy

(11) OTSG/MEDCOM Memo 16-087: Release of PHI to Commanders

(2) OTSG/MEDCOM Policy Memo 21-019: Behavioral Health eProfiling Standardization Policy

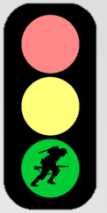
(5) Army Regulation 40-501 Standards of Medical Fitness (Retention & Separation)

(5) Army Regulation 40-502 Medical Readiness (Physical Profiling)

(10) OTSG/MEDCOM Policy Memo 19-001: BH Evaluations for Administrative Separation

(12) OTSG/MEDCOM Policy Memo 21-011: BH At-Risk Management Policy

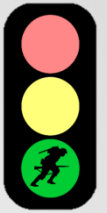
# BH Readiness Decisions: Who Makes Recommendations?



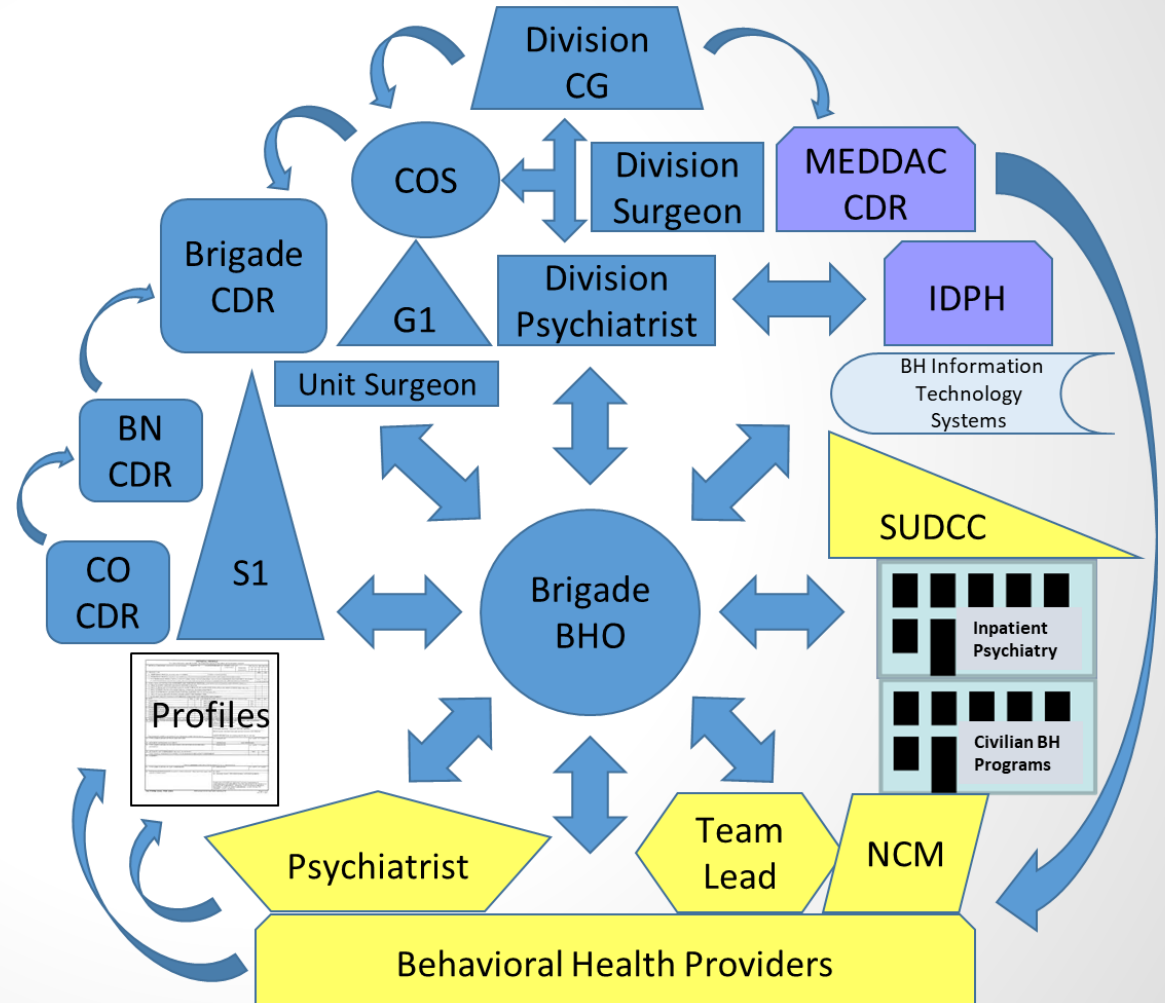
- ▶ Credentialed BH Providers
  - Psychologists, Nurse Practitioners, Social Workers, LPCs, LMHCs, LMFTs need Physician signature IF:
    - Temporary Profile extended >90 days
    - Permanent Profile
  
- ▶ Other Credentialed Medical Providers
  - PAs, Medical Physicians

# BH Readiness Decisions - Division Level

## Who Is Involved?

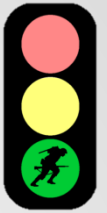


- Behavioral Health (BH)
- Behavioral Health Officer (BHO)
- Commander (CDR)
- Commanding General (CG)
- Chief of Staff (COS)
- Division Personnel (G1)
- Installation Director Psychological Health (IDPH)
- Medical Department Activity (MEDDAC)
- Nurse Case Manager (NCM)
- S1 (Brigade Personnel)
- Substance Use Disorder Clinical Care (SUDCC)

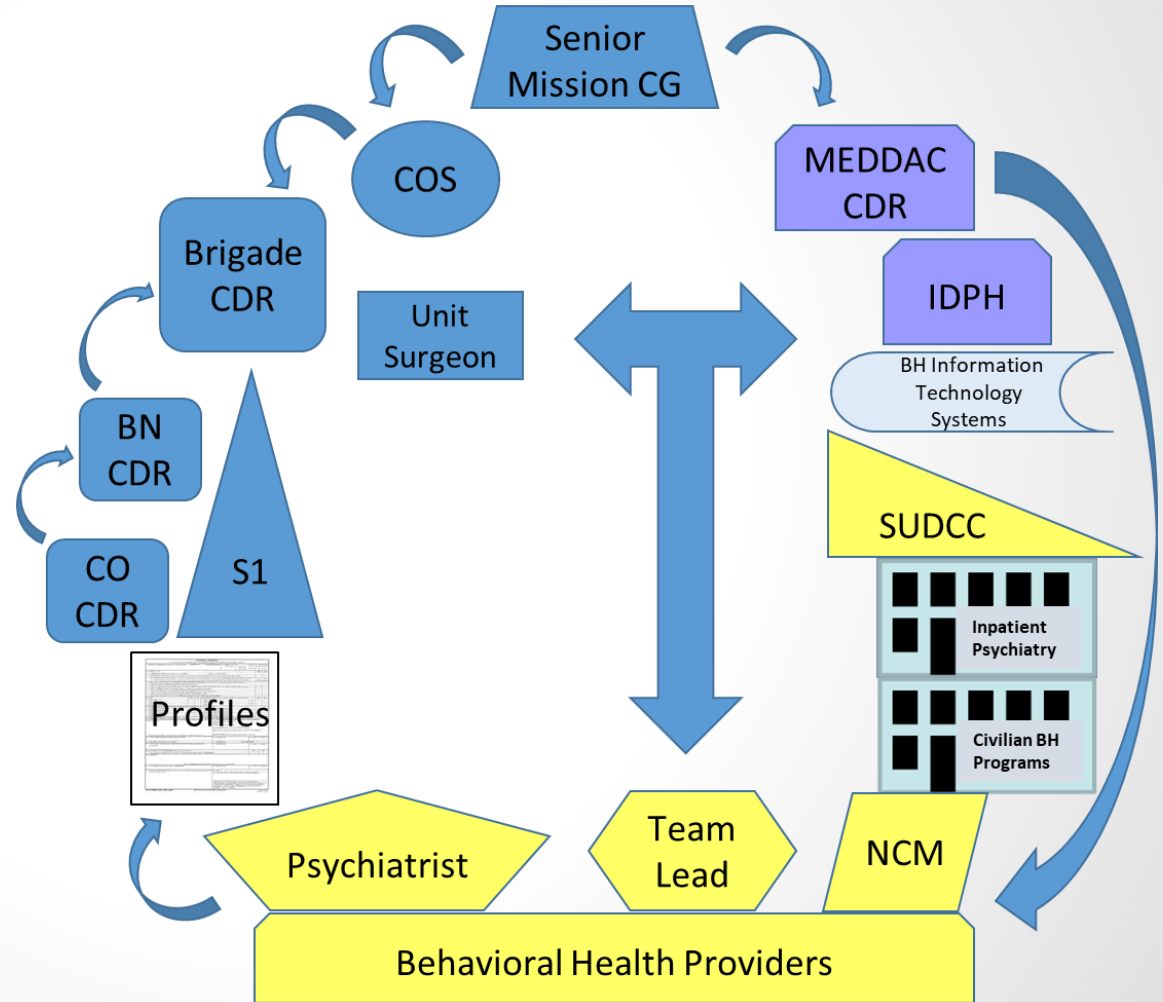


# BH Readiness Decisions – Tenant Units

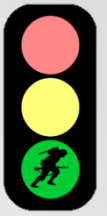
## Who Is Involved?



- Behavioral Health (BH)
- Behavioral Health Officer (BHO)
- Commander (CDR)
- Commanding General (CG)
- Chief of Staff (COS)
- Division Personnel (G1)
- Installation Director Psychological Health (IDPH)
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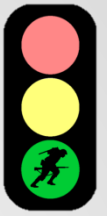
# BH Readiness Decisions: Assessment & Gathering Information



- ▶ Mental Status Exam
- ▶ Safety Assessment
- ▶ Collateral Information
- ▶ Occupational Functioning
  - Educate yourself
  - Assess
    - BHDP WRAIR Functional Assessment
    - Career Progression
    - PT Failure, Administrative Actions
  - Commander Input
- ▶ Medications
- ▶ Change in Treatment Status
- ▶ Deployment AOR-Specific Standards of Fitness

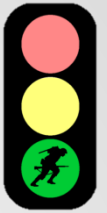


# How to Determine BH Readiness: Guidance for Soldiers in Training



- ▶ Similarities and differences with deployment
- ▶ Consider training environment
  - Treated as deployment?
  - Conditions and resources
- ▶ Training progress



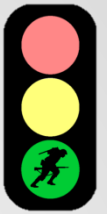


# B-REDI Tool: Purpose

- ▶ Organize information from policies
- ▶ Guide assessment
- ▶ Documents your recommendation
- ▶ Provide structure for notes
- ▶ Facilitate communication
- ▶ Standardize the process

**Aim:** Improve provider confidence & increase accuracy of decisions



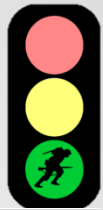


# B-REDI Tool Overview

- ▶ To Be Referenced During & After Clinical Visit
- ▶ 8 Clinical Domains
- ▶ Yes/No Questions (If Yes → Proceed Right)
- ▶ Identifies:
  - Recommended Profiling Action & Duty Status at Each Step
  - Overall Readiness Status
  - Next Steps
- ▶ Excel form (interactive) & Paper form



# B-REDI Tool Paper Form



## Behavioral Health Readiness Evaluation and Decision-Making Instrument (B-REDI)

Instructions: Work down through each Assessment Domain, circling the response in the next column for each domain. If all responses are No, soldier does not require duty limitations. For any Yes responses, review the Profile Criteria. If the Profile Criteria are present, circle the appropriate Profiling Action & Duty Status Category.

Assessment Domain	Circle Response	Profile Criteria	Circle Profiling Action & Duty Status Category	Reference	If Profile Issued, Consider These Next Steps
1) <b>Diagnosis:</b> Is the Soldier diagnosed with a: a. Psychotic, b. Bipolar, c. Eating OR d. Substance use disorder?	No	a) Schizophrenia, Schizophreniform, Schizoaffective or Bipolar I. b) Bipolar II, Bipolar Disorder Unspecified, Brief Psychotic Disorder or Psychosis not due to known cause.	Issue Permanent (S3) Profile	Policy Memo 21-019	Continue to provide care until separation occurs.
	Yes	c) Anorexia or Bulimia Nervosa with no improvement in symptoms or BMI despite treatment. d) Substance use disorder and there is substantial risk for deterioration and/or symptom recurrence in a deployed environment OR if treatment was interrupted.	Issue Temporary Profile With Duty Restrictions for 90 Days Issue Temporary Profile With Duty Restrictions	Policy Memo 21-019	Reassess at each visit. If MRDP reached, issue Permanent Profile. Consider Admin Sep if condition persists but does not amount to a disability per 16-076.
2) <b>Safety Status:</b> Is the Soldier: a. Currently in outpatient BH high-risk/high-interest program, OR b. Suicidal/homicidal ideation with intent or plan, suicide attempt, OR suicidal/violent behaviors in the last 12 months?	No	a) Currently in a high-risk program OR has suicidal/homicidal ideation or behaviors.	Issue Temporary Profile With Duty Restrictions for 30 Days	Policy Memo 21-011	Reassess at each visit. If MRDP reached, issue Permanent Profile. Consider Admin Sep if condition persists but does not amount to a disability per 16-076.
	Yes	b) Within 90 days of deployment AND had suicidal/homicidal ideation or suicidal/violent behaviors within the last 12 months.	Issue Temporary Profile With Duty Restrictions; Soldier Can Deploy With Waiver	COCOM Guidance	Assist with obtaining waiver for deployment if supported by Commander.
3) <b>Occupational Performance:</b> Is Soldier's occupational performance significantly impaired by BH symptoms or side effects?	No	⇒	Issue Temporary Profile With Duty Restrictions	Policy Memo 21-019	Reassess at each visit. If MRDP reached, issue Permanent Profile. Consider Admin Sep if condition persists but does not amount to a disability per 16-076.
	Yes				
4) <b>BH Treatment:</b> Has the Soldier received: a. Inpatient BH, b. Residential OR intensive outpatient treatment OR c. Level 1 or higher substance use treatment in the past 12 months?	No	a) Discharge from inpatient BH hospitalization.	Immediately Prior to Discharge, Issue Temporary Profile With Duty Restrictions for 30 Days	Policy Memo 21-019	Reassess at each visit. If MRDP reached, issue Permanent Profile. Consider Admin Sep if condition persists but does not amount to a disability per 16-076.
	Yes	b) Care in an Intensive Outpatient Program (IOP) or Residential Treatment Facility (RTF).	Issue Temporary Profile With Duty Restrictions until Completion of IOP/RTF	Policy Memo 21-019	Reassess at each visit. If MRDP reached, issue Permanent Profile. Consider Admin Sep if condition persists but does not amount to a disability per 16-076.
		c) Within 90 days of deployment and received substance abuse, inpatient BH or Residential treatment in the last 12 months.	Issue Temporary Profile With Duty Restrictions; Soldier Can Deploy With Waiver	COCOM Guidance	Assist with obtaining waiver for deployment if supported by Commander.
5) <b>Medication:</b> Is the Soldier taking medication to treat a BH disorder?	No	a) Lithium, Valproic Acid, Carbamazepine, another anticonvulsant, a routine Benzodiazepine, Antipsychotic or Barbiturate. b) Insomnia medication used 4+ days/week longer than 3 months.	Issue Temporary Profile With Duty Restrictions	Policy Memo 21-019	Reassess at each visit. If MRDP reached, issue Permanent Profile. Consider Admin Sep if condition persists but does not amount to a disability per 16-076.
	Yes	c) 4 or more psychotropics daily.	Issue Temporary Profile With Duty Restrictions; Soldier Can Deploy With Waiver		
		d) Medication is causing significantly impairing side effects.			
		e) Within 90 days of deployment AND: antipsychotics, medication not feasible in deployed settings, medication hasn't demonstrated symptom stabilization, antidepressant started in past 90 days OR Class II Stimulant for ADHD started in past 90 days.			
6) <b>Stability of Treatment:</b> Does the Soldier have: a. A new diagnosis with active symptoms or side effects that impairs functioning OR b. Less than 3 months stability on current treatment regimen OR c. Risk for significant decompensation without BH support?	No	a) At risk for significant decompensation without adequate BH treatment.	Issue Temporary Profile With Duty Restrictions; Soldier Can Deploy With Waiver	Policy Memo 21-019	Assist with obtaining waiver for deployment if supported by Commander.
	Yes	b) Within 90 days of deployment with a new impairing diagnosis OR has less than 3 months stability on treatment.	Issue Temporary Profile With Duty Restrictions Until 90 Days of Stability Are Achieved; Soldier Can Deploy With Waiver		
7) <b>Standards of Fitness for Deployment:</b> If the Soldier is within 120 days of deployment, do they have a condition limited by the COCOM AOR-Specific Force Health Protection Guidance?	No			Policy Memo 21-019 & COCOM AOR-Specific Guidance	Assist with obtaining waiver for deployment if supported by Commander.
	Yes	Condition listed in the COCOM AOR-Specific Force Health Protection Guidance that requires a waiver for deployment.	Issue Temporary Profile With Duty Restrictions; Soldier Can Deploy With Waiver		
8) <b>Clinical Assessment:</b> Based upon your observations and clinical judgement, does the Soldier require any duty limitations?	No	Clinical BH deterioration supported by factors such as mental status exam (MSE) and BH Data Portal (BHDP) measures OR social/occupational functioning deterioration and/or interference with ability to carry out MOS.	Issue Temporary Profile With Duty Restrictions; Soldier Can Deploy With Waiver	Policy Memo 21-019	Assist with obtaining waiver for deployment if supported by Commander. Reassess at each visit. If MRDP reached, issue Permanent Profile. Consider Admin Sep if condition persists but does not amount to a disability per 16-076.
	Yes				

OVERALL READINESS STATUS -- Circle Most Restrictive Option That Applies

Soldier Does Not Require A Profile And	Temporary Profile With Duty Restrictions Issued;	Temporary Profile With Duty Restrictions Issued	Permanent Profile Issued
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# B-REDI Tool Excel Form



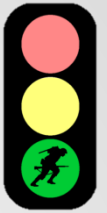
Behavioral Health Readiness Evaluation and Decision-Making Instrument (B-REDI)					
<p><b>Instructions:</b> Work down through each <b>Assessment Domain</b>. If the answer is <b>Yes</b> to any <b>Assessment Domain</b>, select <b>Yes</b> from the drop-down menu in the <b>Response</b> column. Then review the <b>Profile Criteria</b>, and select the appropriate profile action in the <b>Profiling Action &amp; Duty Status Category</b> column. If the answer is <b>No</b> to the <b>Assessment Domain</b>, select <b>No</b> in the <b>Response</b> column and <b>N/A</b> in the <b>Profiling Action &amp; Duty Status Category</b> column.</p> <p style="text-align: center;"> <a href="#">Click This Column</a> <span style="margin-left: 200px;"><a href="#">Click This Column</a></span> </p>					
Assessment Domain	Response	Profile Criteria	Profiling Action & Duty Status Category	Reference	If Profile Issued, Consider These Next Steps
<b>1) Diagnosis:</b> Is the Soldier diagnosed with a: a. Psychotic, b. Bipolar, c. Eating OR d. Substance use disorder?	No	a) Schizophrenia, Schizophreniform, Schizoaffective or Bipolar I.	N/A	Policy Memo 21-019	
		b) Bipolar II, Bipolar Disorder Unspecified, Brief Psychotic Disorder or Psychosis not due to known cause.	N/A	Policy Memo 21-019	
		c) Anorexia or Bulimia Nervosa with no improvement in symptoms or BMI despite treatment.	N/A		
		d) Substance use disorder and there is substantial risk for deterioration and/or symptom recurrence in a deployed environment OR if treatment was interrupted.	N/A		
<b>2) Safety Status:</b> Is the Soldier: a. Currently enrolled in an outpatient BH high-risk/high-interest program, OR b. Experienced suicidal or homicidal ideation with intent or plan, a suicide attempt, suicidal behaviors OR displayed violence to others in the last 12 months?	No	a) Currently in a high-risk program OR has suicidal or homicidal ideation or behaviors.	N/A	Policy Memo 21-011	
		b) Within 90 days of deployment AND had suicidal/homicidal ideation or suicidal/violent behaviors within the last 12 months.	N/A	COCOM Guidance	
<b>3) Occupational Performance:</b> Is the Soldier's occupational performance significantly impaired by BH symptoms or treatment side effects?	No	➡	N/A	Policy Memo 21-019	
<b>4) BH Treatment:</b> Has the Soldier received: a. Inpatient BH, b. Residential OR intensive outpatient treatment OR c. Enrolled in Level 1 or higher substance use treatment in the past 12 months?	No	a) Discharge from inpatient BH hospitalization.	N/A	Policy Memo 21-019	
		b) Care in an Intensive Outpatient Program (IOP) or Residential Treatment Facility (RTF).	N/A		
		c) Within 90 days of deployment and received substance abuse, inpatient BH or Residential treatment in the last 12 months.	N/A	COCOM Guidance	
<b>5) Medication:</b> Is the Soldier taking medication to treat a BH disorder?	No	a) Lithium, Valproic Acid, Carbamazepine, another anticonvulsant, a routine Benzodiazepine, Antipsychotic or Barbiturate.	N/A	Policy Memo 21-019	
		b) Insomnia medication used 4+ days/week for longer than 3 months.			
		c) 4 or more psychotropics daily.			
		d) Medication is causing significantly impairing side effects.			
<b>6) Stability of Treatment:</b> Does the Soldier have: a. A new diagnosis with active symptoms or treatment side effects that impairs functioning OR b. Less than 3 months of stability on current treatment regimen OR c. Risk for significant decompensation without adequate BH support?	No	a) At risk for significant decompensation without adequate BH treatment.	N/A	Policy Memo 21-019	
		b) Within 90 days of deployment with a new impairing diagnosis OR has less than 3 months stability on treatment.	N/A		
<b>7) Standards of Fitness for Deployment:</b> If the Soldier is within 120 days of deployment, do they have a condition limited by the AOR Standards of Fitness?	No	Condition listed in the AOR Specific Standards of Fitness that requires a waiver for deployment.	N/A	Policy Memo 21-019 & COCOM AOR-Specific Guidance	
<b>8) Clinical Assessment:</b> Based upon your observations and clinical judgement, does the Soldier require any duty limitations?	No	Clinical BH deterioration supported by factors such as mental status exam (MSE) and BH Data Portal (BHDP) measures OR social/occupational functioning deterioration and/or interference with ability to carry out MOS.	N/A	Policy Memo 21-019	
<b>OVERALL READINESS STATUS</b>		<b>OVERALL NEXT STEPS</b>			
Soldier Does Not Require A Waiver And No Duty Limitations Are Necessary		None Required			

# Motivating Case Example Using the B-REDI Tool

- ▶ SSG Williams (11B) was escorted to the ED by another Soldier after being late to formation and making threats to kill himself.
- ▶ 4 days inpatient, discharged yesterday.
- ▶ New diagnoses of Anxiety Disorder NOS and Insomnia.
- ▶ Prescribed Zoloft and Ambien.
- ▶ Commander just returned from the field.



# Profile Level & Duration



## ▶ Profile level

- Permanent
- Temporary



## ▶ Profile length

- Temp profile > 30 days = DL1 = MRC3 = Non-deployable\*
- Temp profile ≤ 30 days = MRC1 or MRC2 = Deployable

\*Final deployability determination made by Commander after review of profile

DL=Deployment Limiting; MRC=Medical Readiness Class

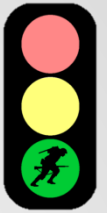
# BH Readiness Decisions: Documentation



## NEW PHYSICAL PROFILE (DA FORM 3349)

PHYSICAL PROFILE RECORD											
The proponent agency for this form is the Office of the Surgeon General											
SECTION 1: SOLDIER INFORMATION											
1. NAME (Last, First, Middle Initial) Doe, John, S	2. RANK COL	3. DoD ID NUMBER 123-45-6789-1	4. COMPONENT COMPO 3 (Reserve)	5. CURORG J	6. UIC WSBWA0						
7. UNIT, ORG., STATION, ZIP CODE OR APO, MAJOR COMMAND 94 <sup>th</sup> CSF (A. Co.), N. Little Rock, AR 72118, 807 <sup>th</sup> MDSC			8. AOC/MOS/SQ/JOB/TITLE 66H/Med Surg Nurse/Clinical Head Nurse								
SECTION 2: PERMANENT PROFILE											
9. REASON FOR PROFILE: (In Lay Terminology)	10.	P	U	L	H	E	S	11. PROFILE CODES	12. PROFILING PROVIDER	13. APPROVING AUTHORITY	14. DATE
High blood pressure		2							Smith, M MD	Tom, H MD	02022016
Hearing Loss				3				W	Field, S MD	Tom, H MD	12202015
Low back pain			2						Craig, M MD	Tom, H MD	05152004
COMBINED PULHES		2	1	2	3	1	1				
SECTION 3: ACTIVE TEMPORARY PROFILE(S) AS OF:											
15. REASON FOR PROFILE: (In Lay Terminology)	16. SEVERITY	17. MECHANISM OF INJURY	18. DUTY STATUS	19. EXPIRATION DATE	20. DAYS ON PROFILE	21. PROFILING PROVIDER					
Ankle pain	Severe	Sports	AD	02122016	10	Smith, M MD					
Shoulder pain	Moderate	Training	AD	03012016	40	Smith, M MD					
Thumb pain	Mild	Off-Duty Activities	AD	03022016	30	Field, S MD					
22. TOTAL DAYS ON TEMPORARY PROFILE IN THE LAST 12 MONTHS: 10 24 MONTHS: 40 DATE: 02022016		23. IS SOLDIER AVAILABLE TO TAKE RECORD APFT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "NO", ANTICIPATED APFT AVAILABILITY DATE: 03022016									
SECTION 4: FUNCTIONAL ACTIVITIES											
24. A SOLDIER MUST BE REFERRED TO THE DISABILITY EVALUATION SYSTEM (DES) IF THERE IS AT LEAST ONE PERMANENT (P) "3" IN THE PULHES AND LIMITATION(S) NOTED IN THE FUNCTIONAL ACTIVITIES. TEMPORARY (T) LIMITATIONS DO NOT CAUSE REFERRAL TO DES. INDICATE THOSE ACTIVITIES THAT THE SOLDIER CANNOT PERFORM BY PLACING AN "N" IN THE APPROPRIATE COLUMN(S).											
a. Physically and/or mentally able to carry and fire individual assigned weapon?											N
b. Ride in a military vehicle wearing usual protective gear without worsening condition?											
c. Wear helmet, body armor, and load bearing equipment (LBE) without worsening condition?											N
d. Wear protective mask and MOPP 4 for at least 2 continuous hours per day?											
e. Move greater than 40 lbs. (e.g. duffel bag) while wearing usual protective gear (helmet, weapon, body armor, LBE) up to 100 yards?											N
f. Live and function, without restrictions in any geographic or climatic area without worsening condition?											
25. ADDITIONAL PHYSICAL RESTRICTIONS (CHECK IF APPLICABLE)											
<input checked="" type="checkbox"/> a. LIFTING/CARRYING RESTRICTION: MAXIMUM WEIGHT RESTRICTION: Permanent: 40 lbs. Temporary: 20 lbs.											
<input checked="" type="checkbox"/> b. STANDING LIMITATION: Permanent: 0 min Temporary: 60 min											
<input checked="" type="checkbox"/> c. MARCHING WITH STANDARD FIELD GEAR: Permanent: Time: min / Distance: mi   Temporary: Time: 0 min / Distance: 0 mi											
26. MEDICAL/ADMINISTRATIVE BOARD STATUS: MEB MAR2 Complete ND-PEB (USAR/ARNG ONLY)											
SECTION 5: MEDICAL INSTRUCTIONS TO UNIT COMMANDER (PERMANENT RESTRICTIONS LISTED IN BOLD TYPE)											
27. Soldier needs to maintain a 90-day supply of his medication. This Soldier has a permanent hearing loss that requires him to maintain his hearing aids and a 6-month supply of batteries. A comprehensive evaluation has determined that the Soldier may have hearing difficulties, especially in noise. Commanders should be aware of this limitation and ensure the Soldier's hearing capability does not interfere with assigned tasks. Recommend fitting with tactical earplugs or tactical communication and protection system (TCAPS) for training and deployments. Refer to the installation Army Hearing Program manager for mission-specific recommendations. Adherence to these recommendations will minimize the likelihood that the Soldier will sustain further hearing loss. Soldier may not stand for more than 60 minutes for the next 10 days, load-bearing limitation to 20 pounds for the next 10 days. Soldier may not lift more than 20 pounds for the next 21 days. Soldier must complete his assigned exercises three times a day.											
DA FORM 3349, 2016 PREVIOUS EDITIONS ARE OBSOLETE PAGE 1 OF 2											

NAME: Doe, John, S	RANK: COL	DoD ID NUMBER: 123-45-6789-1	DATE: 02022016					
CONTINUATION (From page 1, Section 5)								
SECTION 6: ARMY PHYSICAL FITNESS TEST (SEE FM 7-22)								
	P		T		P		T	
28. APFT EVENT	YES	NO	YES	NO	YES	NO	YES	NO
2 MILE RUN		X		X	APFT WALK		X	
SIT-UPS		X		X	APFT SWIM		X	
PUSH-UPS		X		X	APFT BIKI		X	
SECTION 7: PHYSICAL READINESS TRAINING CAPABILITIES (SEE FM 7-22; ACTIVITIES RELATED TO PERMANENT CONDITIONS ARE IN BOLD TYPE)								
30. RESTRICTED: No running, jumping, lifting or Military Movement Drills. No combatives. Conditioning Drill 1: No Power Jump or V-Up. No Heal Hook or Leg Tuck. Load bearing: No foot march or movements with body-arm/truck. No standing in gear. Walk at own pace and distance not to exceed 15 minutes. Must be able to maintain 3mph without pain or limp, otherwise must use Endurance Training Machine. Shoulder Stability Drill, Push-Up/Sit-Up Drill, Overseas Arm Pull.								
MODIFIED: Preparation Drill, Conditioning Drill 1 (Mountain Climber, Leg Tuck and Twist, Modified Push-Up). May perform crunches. Strength Training Machines/ Free Weight Training: at own weight and tolerance*. Endurance Training Machines: Elliptical. Swim at own tolerance**. Climbing Drill 1 (Strait- Arm Pull, Pull-Up, Alternating Grip Pull-Up). 4 for the Core, Hip Stability Drill, Recovery Drill.								
STANDARD: Preparation Drill: Forward Lunge. Endurance Training Machines: Bike, Upper Body Cycle. Recovery Drill: *Soldier may modify these activities and the movements required to reach the starting position in accordance with Ch 6, FM 7-22.								
**When performing Strength Training, must ensure that the position or movement does not strain the spine. Climbing Drill: must execute caution when mounting and dismounting the bar; if spotters are not able to safely assist or if the Soldier has to jump down to the ground, this activity should be restricted and not performed.								
***May participate in approved aquatic rehabilitation program.								
Soldier will be placed in Level 1 (gym-based) or Level 2 Reconditioning Program according to entry and exit criteria in Ch 6, FM 7-22. Soldier should perform injury specific exercises as prescribed by the medical provider during unit Physical Readiness Training. Additional Physical Readiness Training RESTRICTIONS: No Guerrilla Drill No Obstacle Course No Conditioning Drill 2 and 3								
SECTION 8: UNIT COMMANDER								
31. COMMANDING OFFICER: Digital Signature 12345678					32. DATE: 02022016			
DA FORM DA 3349, 2016				PREVIOUS EDITIONS ARE OBSOLETE		PAGE 2 OF 2		



SECTION 2: PERMANENT PROFILE											
9. REASON FOR PROFILE: (In Lay Terminology)	10.	P	U	L	H	E	S	11. PROFILE CODES	12. PROFILING PROVIDER	13. APPROVING AUTHORITY	14. DATE
High blood pressure	2								Smith, M MD	Tom, H MD	02022016
<b>COMBTNED PULHES</b>		<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>				
SECTION 3: ACTIVE TEMPORARY PROFILE(S) AS OF:											
15. REASON FOR PROFILE: (In Lay Terminology)	16. SEVERITY	17. MECHANISM OF INJURY	18. DUTY STATUS	19. EXPIRATION DATE	20. DAYS ON PROFILE	21. PROFILING PROVIDER					
Ankle Pain	Severe	Sports	AD	02122016	10	Smith, M MD					
Anxiety	Severe		AD	03012016	40	Field, S MD					
Insomnia	Mild		AD	03022016	30	Field, S MD					
22. TOTAL DAYS ON TEMPORARY PROFILE IN THE LAST: 12 MONTHS: <u>10</u> 24 MONTHS: <u>40</u> DATE: <u>02022016</u>							23. IS SOLDIER AVAILABLE TO TAKE RECORD APFT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "NO", ANTICIPATED APFT AVAILABILITY DATE: <u>03022016</u>				

## PULHES Designation

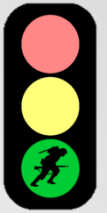
- 1 = High Level Medical Fitness
- 2 = Some Activity Limitations
- 3 = Significant Activity Limitations
- 4 = Military Duty Must Be Drastically Limited

# Documentation of BH Readiness Decisions



- ▶ Use eProfile (MODS)
- ▶ DA Form 3349, Physical Profile
- ▶ If profile indicated, state how Commander can support treatment plan
- ▶ Enclosure 1 – Sample Text
- ▶ Commander makes final decision
- ▶ Notes entered into Electronic Medical Record

# Communication of BH Readiness Decisions



- ▶ Talking to the Soldier
  - Discuss at 1<sup>st</sup> session that profiles are a possibility
  - Tell Soldier and print out form
  
- ▶ Talking to the Commander
  - May not be near a computer to receive eProfile
  - Place realistic limitations
  - Commanders do want to be part of the team to help



# Duty Limitations: What to Do When a Profile is Needed



- ▶ Adjusting/Removing the Limitation



- ▶ Waivers for Deployment
  - COCOM Specific Guidance
  - BHO



# Practice Activity



- ▶ Refer to the activity document

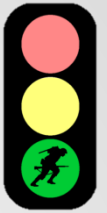


# Activity Discussion



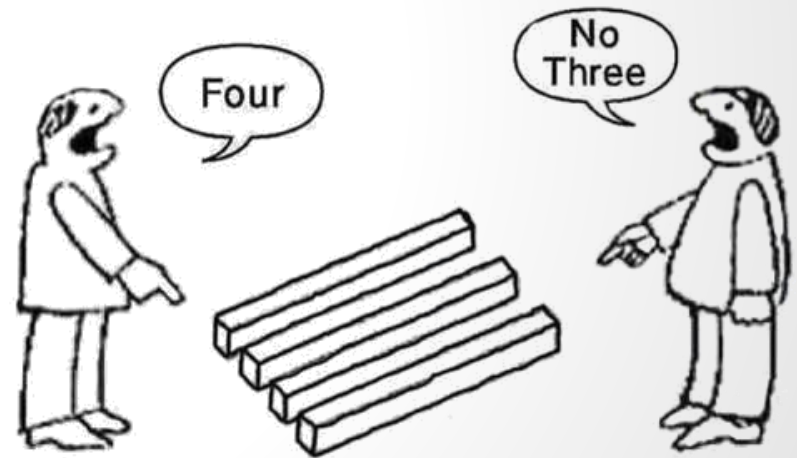
- ▶ Overall readiness status
- ▶ Important pieces of information
- ▶ If Profile/Waiver – who did you talk to after making decision?
- ▶ Importance of gathering information from all parties

# Anticipated Problems & Solutions 1



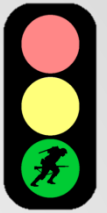
- ▶ Soldier doesn't want to be on profile/threatens not to return to treatment
  - Without profile Soldier and Unit are more vulnerable
  - Don't delay until SRP

- ▶ Disagreement among colleagues
  - Case consultation



- ▶ Command disagrees with your recommendation

# Anticipated Problems & Solutions 2



- ▶ Tracking (profile returned, 2<sup>nd</sup> signature needed)
  - Reminder tool
  - At-Risk list includes profile status
  - Review returned/pending signature list
  
- ▶ Process Errors
  - Integrate into peer review





# Questions?

Contact Information:

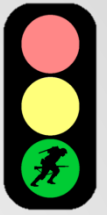
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**Thank You!**

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