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<td>CDR King Hollis</td>
<td>Mental Health Updates</td>
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Curriculum Review

Please start on the quizzes as soon as you find a seat! Put your name on the quiz and **pass to the end of the row (left) when you are done.** Thank you!

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<tr>
<th>January</th>
<th>May</th>
<th>August</th>
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<tbody>
<tr>
<td>Chest Pain- Dr. Oakley</td>
<td>Dental- LT Meadows (IDC’s)</td>
<td>GYN – Dr. Heaton (IDC’s)</td>
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<td>Triage- LT Feroli</td>
<td>Ultrasound- Dr. Hurst (MO’s)</td>
<td>Radiology - Dr. Lee (MO’s)</td>
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<td>Shock- Dr. Mecklenburg</td>
<td>Poisoned Patient – Dr. Carstairs</td>
<td>Ortho – Dr. Bernhardson</td>
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<td>Pulm. Emerg- Dr. Powers</td>
<td>Allergic Rxn’s – Dr. Clapp</td>
<td>EKG – Dr. Oakley</td>
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<td>Acute Pain- Dr. Voogd</td>
<td>Trauma – Dr. Wisniewski</td>
<td>Ophtho – Dr. Valerio</td>
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<td>Surgical Abdomen- Dr. Ignacio</td>
<td>Psych Emergencies – Dr. Ong</td>
<td>November</td>
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<td>Airway Management- Dr. Hauff</td>
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<td>Prev Med – LT Sammons</td>
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</table>
Fleet Mental Health

CDR S. King Hollis, PMHNP
Mental Health Fleet Liaison
Contact: 619-556-8090

With gratitude for contribution/consultation from William M. Hunt, Ph.D.

I have no financial or professional relationships to disclose
Topics Covered

- Helping patients access appropriate mental health/wellness resources:
  - Fleet Mental Health
  - Fleet and Family Support
  - Military One Source
  - Chaplains
- 1st line MH: Overview Therapeutic Communication
Fleet Mental Health

- Fleet Mental Health has a catchment area of 150,000-175,000
- An estimated 26.2% of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year
- 50% of individuals in their life time will have mental health diagnosis
- Demand for Mental Health services remains high
Initial care guidelines

- Most common dx: Adjustment disorder, Depression, Anxiety, Insomnia
- Start medications as appropriate: SSRI, non-benzo anxiolytics, sedatives
- Encourage adequate sleep, nutrition, exercise, R & R, teach COSC
- Consider referrals for routine stressors
  - Fleet and Family Support Center
  - Military One Source
  - Chaplain
Fleet and Family Support Center
866-923-6478

- Appropriate referrals: adjustment, transition, relationship, family, occupational problems
- Services: Individual and couples counseling, educational groups (managing money, parenting, communication skills, anger and stress management)
- Uncomplicated mental health (i.e., no suicidality, homicidality or medication issues)
- FFSC refers to FMH when needed
- No documentation in medical record
Military One Source
1-800-342-9647

- Up to 8 free counseling sessions in the community
- Will refer to a provider or Tricare for complex MH or additional f/u prn
- Focus on individual and couples problems
- Also help with financial counseling, relocation assistance, deployment support, etc.
- No documentation in medical record
Chaplaincy

- Chaplains are trained in counseling (individual, family)
- Experts in managing spiritual/moral crises
- Duty Chaplain available 24/7
- Referrals appropriately made from Chaplains to MH prn
- No documentation in medical record
Mental Health Referrals

- Complex and/or comorbid mental health, i.e. depression unresponsive to monotherapy, insomnia, hx suicidality, early sobriety, divorce pending, etc.
- Concerns about FFD/deployability
- Clearly indicate desired consult, i.e., psychology and/or psychiatry
- “Routine” consult unless time critical, i.e., suicide risk, psychoses, imminent underway
“SHIP” Tips for writing a consult

- Symptoms
- History of mental and pertinent medical health
- Interventions/med trials
- Precipitating factors

Patient is a 24 year-old, Caucasian male IT2 suffering from depressed mood, anhedonia, difficulty sleeping, reduced appetite, and suicidal ideation with no plan or intent. He has a history of 2 depressive episodes as a teen that were successfully treated with therapy and medication. Currently on Zoloft 50mg x 2 weeks. Current episode began when patient’s wife unexpectedly filed for divorce 1 mos ago. Deployment scheduled for June 2016. Labs WNL. PT’S # AND PROVIDERS #.

Priority: Routine
Tips (cont’d)

- For urgent consults
- Send consult as usual, indicate 24hrs
- Call Duty provider for consultation
- After 1400, patient proceeds to ED, accompanied, if immediate safety concerns
- Helpful to understand ship’s optempo/imminent underway, etc. for disposition planning
THERAPEUTIC COMMUNICATION

- Objectives
- Define therapeutic communication
- Identify the types of communication
- Identify and define therapeutic communication techniques
- Identify barriers to therapeutic communication
COMMUNICATION IN GENERAL

- Communication is a process by which information is conveyed and received. It is the meaningful exchange of information between two or more living creatures.
- A process by which two living beings interact and influence each other.
- Words, tone of voice, body language are extremely powerful.
- The goal of communication is understanding.
TWO BASIC TYPES OF COMMUNICATION

- **Verbal** communication: Written and spoken words
- **Non-Verbal** communication: actions, emotions or behaviors. These are cues that are not always clear or straightforward and are not all intentional: maintaining a good eye contact, smiling, crying, touching, facial expressions, tone of voice and body language
- 80-90% communication is nonverbal
- Essentially all behaviors conveys some message
THERAPEUTIC COMMUNICATION INCLUDES

- Provider responsibilities:
  - Respect patient privacy
  - Be courteous
  - Listen to the patient
  - Maintaining a good eye contact
    * Avoid excessive staring (i.e., aggression, paranoia)
    * Be mindful of patient’s cultural background
  - Pay close attention to both verbal and nonverbal cues
  - Display Unconditional Positive Regard
  - Provide safety
COMMUNICATION TECHNIQUES

- Giving information
- Using Silence- can be positive and therapeutic
- Accepting- via verbal or non verbal
- Recognition/Observation- “I noticed you are looking tired.”
- Offering self- “I’m available when you would like to talk.”
- Broad Openings- “Tell me how things have been going.”
- General leads- yes, nodding, ‘and then. . .’
- Providing time sequence- ‘Did this happen before. . .after?’
- Encouraging insight- ‘What do you think you are experiencing?’
- Restating/ Paraphrasing
COMMUNICATION (cont’d)

- Reflecting-directing back to the patient
- Focusing (tangential, circumferential)
- Exploring
- Clarifying
- Presenting reality
- Summarizing/clarifying
- Suggesting collaboration
- Encouraging formulation of plan of action
COMMUNICATION BARRIERS

- Rejecting- “I don’t want to hear about that”
- Disapproving “That’s bad”
- Disagreeing “I don’t believe that”
- Advising “I think you should. . .”
- Challenging, demanding proof
- Defending-’A recruiter would never do that’
- Belittling- conveys lack of empathy
- Stereotyped comments- ‘Here’s a straw.’
Summary

- PCMs/GMOs/IDCs - first line for mental health support
- Initial pharmacotherapy and supportive therapy
- Consider Consultation to resources prn
- Consider Consultation with Mental Health Fleet Liaison, FFSC, Chaplain prior to referrals
Questions/Comments

- Thank you for your kind attention
Non-Emergency Self-Referred Civilian Medical Procedures
BUMEDINST 6320.72
Non-emergent care

• Definition: Care that is not medically indicated
• Self-referred civilian medical procure
• Can be inpatient or outpatient procedure
Documented counseling

• Patient must receive documented counseling from PCM or military medical department (MMD)

• The CO must be notified by the PCM or military medical department in cases that may lead to decreased mission readiness

• In cases that are determined to have potentially negative impact on mission readiness by a PCM or MMD, the Service Member’s Commanding Officer or designee must give a written approval

• If a member receives a medical procedure without documented counseling and CO approval, the CO will refer the patient to a PCM or MMD to determine any impact on mission readiness and ability of the patient to perform required duties
RECOMMENDED COUNSELING ENTRIES ON THE SF 601 OR PAGE 13 FOR NONEMERGENCY MEDICAL CARE WITHOUT PRIOR APPROVAL

1. Per BUMEDINST 6320.72, I have been counseled by, or in the presence of a medical department office. I understand the significance of receiving unauthorized civilian medical care.

2. I am seeking care outside a federal source for the following health care:

I understand the availability of health care from a federal source.

3. I understand the requirement for prior approval if the government is expected to defray any costs for this care.

4. I have been informed of the possible compromise of disability benefits should a therapeutic misadventure occur.

5. I have been notified that should hospitalization become necessary or other time is lost from my place of duty, such lost time may be charged as “ordinary leave”.

6. I have been notified that the government cannot be responsible for out-of-pocket expenses that I may incur by and insurance carrier or that I am unable to pay for the cost of the contemplated care.

7. I have been directed to report to a Uniformed...
7. I have been directed to report to a Uniformed Services Medical Facility ( Preferably Navy) upon completion of this episode of care for determination of fitness and continued service.

Witness__________________________  Counselor__________________________  Service Member__________________________
Printed Name
Rank, Position,
Unit
Printed Name
Unit

Note: These are only recommendations. If you use an SF 600, ensure that the patient identification information is completed.
Social Work Waterfront Support Initiative
Navy Social Work

• Clinical mental health providers
• Focus on individual and environment
• Advocate for at risk/ under served populations

IDC Manned Ships

• Limited mental health resources
• Mental health situations negatively impact command/ mission readiness
• High prevalence of LIMDU for mental health
Initiative

• Facilitate and support Mind Body Medicine groups

Anticipated Outcomes

• Enhanced resiliency skills
• Decreased stress and anxiety
• Improved sleep hygiene
• Positive impact on mental health and fleet readiness
Team

- LCDR Narro: Social Work Department Head
- ENS Stickler
- ENS Henderson
- ENS Zimmer

- POC:
  - LCDR Narro: 619-532-5618
  - ENS Henderson: 619-750-2303
NEPMU-5
Disease & Injury Report

• What: Investigation of barriers to D&I reporting

• Why: Transition from weekly submission of D&I to EMR surveillance sub-par

• When: 01Feb2016 - 15Mar2016

• Where: IDC/MO work spaces (I will come to you)

• Who: LT Leith States MC USN (FMF), DIVO PHS, NEPMU-5 619-556-7083, leith.j.states.mil@mail.mil
POC
• HM2 Bender
  or
• Jen Knapp PhD (Formerly Wright)
  LT USN MSC
NEPMU- 5
Operations Department
3235 Albacore Alley, Naval Base 32nd St
San Diego, CA 92136
Jennifer.a.knapp3.mil@mail.mil
Office: (619) 556-4892

NEPMU-5
Pest Control DD FORM
1532
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NEPMU-5
Pest Control DD FORM

- HM2 Bender
  or
- Jen Knapp PhD (Formerly Wright)
  LT USN MSC
  NEPMU-5
  Operations Department
  3235 Albacore Alley, Naval Base 32nd St
  San Diego, CA 92136
  Jennifer.a.knapp3.mil@mail.mil
  Office: (619) 556-4892
NMCSD Optometry Clinics

- 6 clinics
  * NMCSD     0600-1600
  * North Island     0700-1600
  * MCRD     0700-1530
  * NTC     0700-1530
  * Naval Station     0630-1530
  * Miramar     0630-1600
Walk-In Clinic

- Miramar (AM only)
  Tuesday
  Thursday
- Naval Station (AM only)
  Tuesday
  Thursday
  Friday

**************First come, First Serve**************
New POC

- **Outgoing:** LT Brent Collins

- **Incoming:** LT Victoria Piamonte
  - DIVO, NAVAL STATION 32ND ST. OPTOMETRY DEPARTMENT
  - FLEET LIASION COORDINATOR
  - 619-556-8065/8063
  - VICTORIA.F.PIAMONTE.MIL@MAIL.MIL
Fleet Dental

Sara A. Chilcutt LCDR DC USN
Fleet Division Officer/ Fleet Liaison Officer
NBHC Naval Base San Diego
Fleet Office: (619) 556-4797
Front Desk: (619) 556-8239/40
sara.a.chilcutt.mil@mail.mil
Director, MRD CDR Hoang has volunteered to see common general surgery pathology on Fridays at Dept of Surgery, NMCSD to fast track fleet referrals, including:

- Soft tissue (lipoma, epidermal inclusion cyst, pilonidal cyst);
- Anal disease (hemorrhoid, anal/rectal abscess);
- Screening colonoscopy
- Symptomatic cholelithiasis
- Hernia (ventral, incisional, inguinal, umbilical)

- Gen surg matrix referral rules still apply.

Conditions requiring long term follow up will not be included in active duty clinic, unless discussed with MRD Physician Supervisors.

Include “forward to Dr. Hoang” in body of the referral.
Upcoming Meetings

• **February 24**th  @ 1000-1200
  - Hypo/Hyperthermia
  - MEDEVAC’s

• **March 30**th  @ 1000-1200
  - Mind Body Medicine
  - Pre-exposure Prophylaxis for HIV

• **April 27**th  @ 1000-1200
  - Wound Care/Skin Closure/Suturing/Local anesthesia/digital block
  - GI bleed/DRE/Prostatitis