



Psychological Health External Advisory Subcommittee

**Charles J. Fogelman, Ph.D.
Chair**



Overview

- **Subcommittee Membership**
- **June Meeting Summary**
- **Future Meetings**
- **Current Questions Posed to Subcommittee**
- **Subcommittee Recommendation Pertaining to Applied Behavioral Analysis Therapy for Children with Autism Spectrum Disorders (ASDs)**



Subcommittee Membership

- **Dr. Charles Fogelman**
- **Dr. Robert Anders**
- **Dr. Richardean Benjamin**
- **Dr. Robert Certain**
- **Dr. Christopher Colenda**
- **RADM Peter Delany**
- **Dr. Thomas Detre**
- **Dr. John Fairbank**
- **Dr. Jesse Fann**
- **Dr. Kurt Kroenke**
- **Dr. John Krystal**
- **Dr. David Kupfer**
- **Dr. Brett Litz**
- **Dr. Shelley MacDermid Wadsworth**
- **Dr. James Campbell Quick**
- **Dr. Patricia Resick**
- **Dr. Martin Seligman**
- **Dr. Thomas Uhde**



June 29-30, 2009 Meeting Agenda & Briefers

- **Core Board Meeting Debrief—Dr. Fogelman**
- **External Questions: Review of Autism Question and Response**
- **Data Update: MHS/TRICARE Mental Health Data—Dr. Michael Dinneen and Mr. Chris Martin**
- **Complicated Conditions: Update on Suicide Prevention Task Force—CDR Feeks**
- **Complicated Conditions: Exceptional Family Member Program—Ms. Shemille Flinta**
- **New/spotlight: Current Challenges of Mental Health Care Delivery in the Military—CDR John Ralph**



June 29-30, 2009 Meeting Agenda & Briefers (Continued)

- **Monitoring: Mental Health Task Force Report Implementation—COL Nancy Fortuin**
- **Force Robustness: Army Comprehensive Soldier Fitness—BG Rhonda Cornum**
- **Force Robustness: Human Systems Optimization Implementation Update—Dr. Jill Carty, Dr. John Davison, and Dr. Mark Paris**
- **Monitoring: Relationship with DCoE—Dr. Fogelman**



Future Meetings

- **Scheduled as follows:**
 - **October 19-20, 2009**
 - **December 3-4, 2009**
 - **All tentatively scheduled in the National Capital Region**
- **Future meetings will follow agenda template**



Questions Tasked to the Psychological Health Subcommittee

- **Request by Dr. Kelley, the Deputy Assistant Secretary of Defense (DASD) for Health Affairs and Clinical & Program Policy to review the scientific evidence surrounding Applied Behavioral Analysis (ABA) and provide comments on the following:**
 - Treatment intensity and duration
 - Short-term and long-term effects associated with ABA
 - Alternative treatments for autism that may provide comparable benefit to ABA therapy
- **Request by Ms. Embrey, the DASD for Force Health Protection and Readiness Programs to review the Automated Neurocognitive Assessment Matrices (ANAM), which is a Pre-Deployment Neurocognitive Assessment Testing tool**
 - Provide recommendations on use
 - Determine added value of sections on language, memory, attention, executive function, and cognition
 - Examine inclusion of symptoms and patient history, mood, and sleepiness scales, as well as, measures of response inhibition and effort



Subcommittee Recommendations Pertaining to ABA Therapy

- ASDs require the **integration of habilitative treatments** as a minimum acceptable standard for illness management.
- Based on available evidence, Early Intensive Behavioral Interventions (EIBI) **may produce short-term gains in IQ and for adaptive behavior**, but not for other impairments associated with ASDs.



Subcommittee Recommendations Pertaining to ABA Therapy (Continued)

- Due to **insufficient evidence**, conclusions cannot be drawn regarding the:
 - Long-term efficacy of any current intervention strategies
 - Relative efficacy of ABA and other forms of EIBI



Subcommittee

Recommendations Pertaining to ABA Therapy (Continued)

- **Clinical trials addressing current gaps in knowledge are recommended**, especially comparisons of various treatments and interventions in both the short and long term.
 - **Establishing partnerships**, such as with the NIH, is encouraged to accomplish this objective.
- The implementation of **individualized case management strategies** that take into account regional variability in treatment resources is strongly endorsed.



Questions?

Other Considerations?

Offers of Advice and Assistance?



Supplemental Slides



Subcommittee Priorities for Action

- **Identification, coordination, and integration of care of patients with comorbid or complicated conditions**
 - Family involvement
 - Issues pertaining to alcohol and substance abuse
 - Post-Traumatic Stress Disorder
 - Major realms, including:
 - Interpersonal violence
 - Stigma
 - Suicide
 - Impact on career



Subcommittee Priorities for Action (Continued)

- **Care delivery/systems**
 - **Efficiency**
 - Best practices
 - Dissemination
 - **Workforce**
 - Leadership development
 - Training
 - Supervision
 - Cultural sensitivity
 - Diversity
- **Force robustness**
 - Resilience
 - Prevention
 - Protection



Agenda Template

- **Administrative issues**
- **Review of questions tasked to Subcommittee**
- **Review of questions raised by Subcommittee**
- **Briefing on new issue/program**
- **Status or recent data regarding:**
 - **Treatment**
 - **Resilience**
 - **Descriptive analytical data**
- **Monitoring, guidance, and advice**
- **Feedback**



Meeting Feedback Form

- **Please provide a numerical ranking for each, where 1=Wretched and 7=Transcendent**
 - Value to you in your role as a Subcommittee member
 - Value of to you in general
 - Substance, on average (name best if you wish)
 - Presenters, on average (name best if you wish)
 - Organization and flow of meeting



Meeting Feedback Form (cont)

- **Compared to other Subcommittee meetings so far, on balance this one was:**
 - Better
 - Worse
 - About the same
- **Any suggestions about ways to improve, particularly in regard to organization and flow, but really in any realm?**

Please provide a numerical ranking for each, where 1= Wretched and 7=Transcendent

___ Value to you in your role as a Subcommittee member

___ Value to you in general

___ Substance, on average (Name best if you wish)

___ Presenters, on average (Name best if you wish)

___ Organization and flow of meeting

Compared to other Subcommittee meetings so far, on balance this one was:

“Better”

“Worse”

“About the same”

Any suggestions about ways to improve, particularly in regard to organization and flow, but really in any realm?