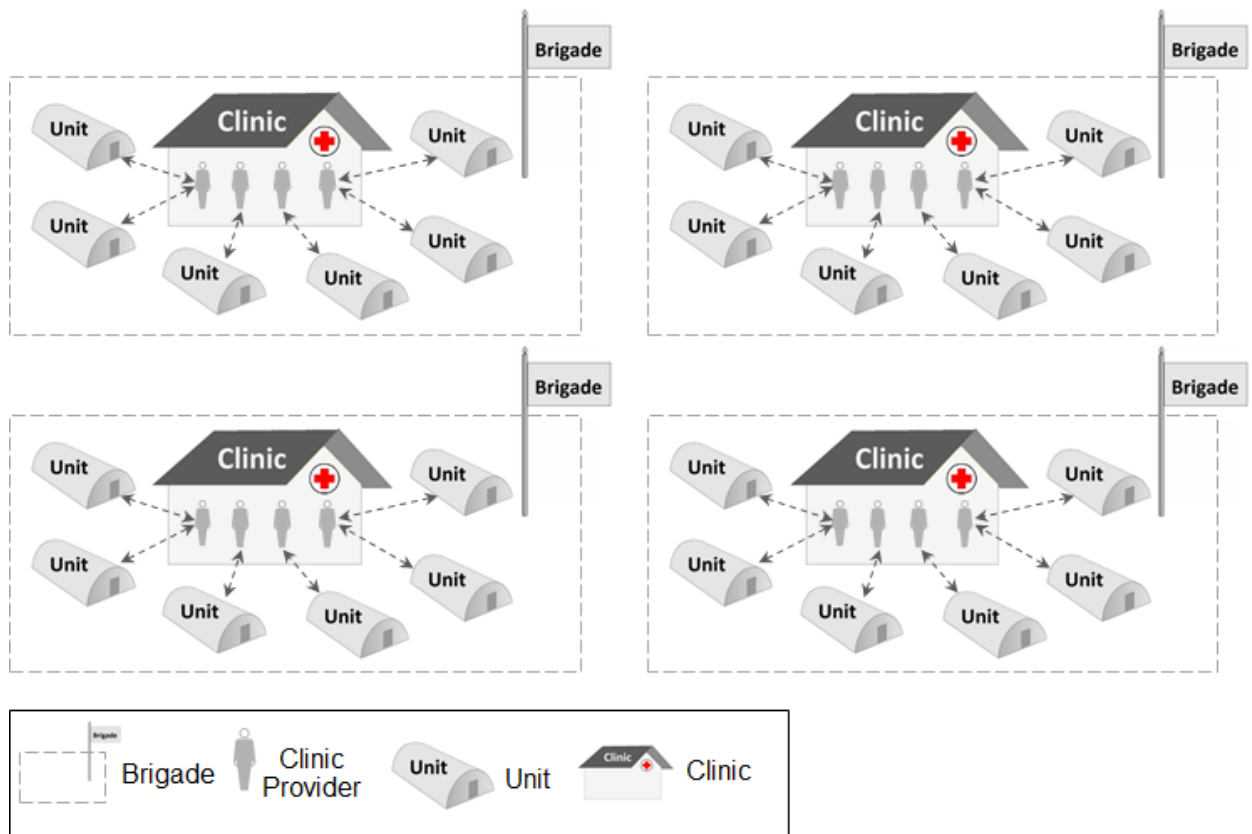


ONLINE APPENDIX

Appendix A: Outpatient Mental Health Clinics for Each Brigade with Providers Assigned to Work with Specific Units (~6–12 Commanders per Unit)

Example of Army Post Comprising Four Brigades



Appendix B: Differences between Providers and Commanders Studied

	Providers	Commanders
Percentage male	36%	89%
Percentage civilian	65%	0%
Percentage uniformed*	35%	100%
Percentage over 35 years old	50%	16%
Percentage non-white	16%	21%
Percentage with prior military experience in Mental Health (e.g., uniformed provider in air force, navy, or army)	27%	0%
Percentage of providers with prior military experience in core (non-medical) war-fighting function	11%	N/A
Percentage who have deployed to a combat zone	14%	100%
Percentage with advanced degrees (MA or Ph.D.)	100%	0%
Percentage new providers in role < 6 months	9%	N/A
Percentage providers in role 6 months–2 years	36%	N/A
Percentage providers in role 2–5 years	55%	N/A

*Includes seven uniformed providers who were part of the Public Health Service (PHS), a special corps that supports public health and disease prevention.

Appendix C

Table C1. Peripheral Expert–Line Manager Dyad Relational Histories*

Dyad[†]	Peripheral expert characteristics	Phase I: Rapidly getting in tactics	Phase II: Rapidly proving oneself tactics	Phase III: Using relational expertise tactics	Rapid relationality: All 3 phases complete before conflict[‡]	Commander regularly follows provider recommendations
Provider71C Cmdr72C	Civilian, female	Yes (1)	Yes (4, 5)	Yes (7, 8)	Yes	Yes
Provider71C Cmdr74C	Civilian, female	No	No	No	No (B)	No
Provider71C Cmdr99C	Civilian, female	Yes (1)	Yes (4, 5)	Yes (7, 8)	Yes	Yes
Provider71C Cmdr76C	Civilian, female	Yes (1)	Yes (4, 5)	Yes (7, 8)	Yes	Yes
Provider80C Cmdr79C	Uniformed, male	Yes (1, 2, 3)	Yes (5, 6)	Yes (7, 8)	Yes	Yes
Provider80C Cmdr93C	Uniformed, male	Yes (1, 2, 3)	Yes (5, 6)	Yes (7, 8)	Yes	Yes
Provider80C Cmdr77C	Uniformed, male	Yes (1, 2, 3)	No	No	No (A)	No
Provider23C Cmdr81C	Civilian, male	Yes (1, 2)	Yes (5, 6)	Yes (7, 8)	Yes	Yes
Provider65C Cmdr67C	Civilian, male	Yes (2)	No	No	No (A)	No
Provider81C Cmdr94C	Civilian, female	No	No	No	No (B)	No
Provider81C Cmdr80C	Civilian, female	Yes (1)	Yes (4, 5, 6)	Yes (7, 8)	Yes	Yes
Provider81C Cmdr69C [§]	Civilian, female	Yes (1)	Yes (4, 5, 6)	Yes (7, 8)	Yes	Yes
Provider78C Cmdr100C	Civilian, female	No	No	No	No (A)	No
Provider78C Cmdr90C	Civilian, female	Yes (1, 2)	Yes (5, 6)	Yes (7, 8)	Yes	Yes
Provider78C Cmdr92C [§]	Civilian, female	Yes (2)	Yes (6)	Yes (7, 8)	Yes	Yes
Provider11C Cmdr61C	Uniformed, female	Yes (2)	Yes (5, 6)	Yes (7, 8)	Yes	Yes
Provider66C Cmdr73C	Uniformed, male	Yes (2)	Yes (4, 5, 6)	Yes (7, 8)	Yes	Yes
Provider68C Cmdr70C	Civilian, female	Yes (1)	Yes (5, 6)	Yes (7, 8)	Yes	Yes
Provider04C Cmdr07C	Uniformed, female	Yes (2)	Yes (4, 5, 6)	Yes (7, 8)	Yes	Yes
Provider13A Cmdr90A	Civilian, female	Yes (1, 2)	Yes (3)	Yes (7, 8)	Yes	Yes
Provider13A Cmdr91A	Civilian, female	Yes (1, 2)	No	No	No (A)	No

Dyad	Peripheral expert characteristics	Phase I: Rapidly getting in tactics	Phase II: Rapidly proving oneself tactics	Phase III: Using relational expertise tactics	Rapid relationality: All 3 phases complete before conflict	Commander regularly follows provider recommendations
Provider16A Cmdr08A	Uniformed (PHS), male	Yes (1, 2, 3)	Yes (4, 5, 6)	Yes (7, 8)	Yes	Yes
Provider16A Cmdr20A	Uniformed (PHS), male	Yes (1, 2, 3)	Yes (4, 5, 6)	Yes (7, 8)	Yes	Yes
Provider15A Cmdr17A	Uniformed, female	Yes (2)	Yes (4, 6)	Yes (7, 8)	Yes	Yes
Provider25A Cmdr21A	Civilian, female	Yes (2)	No	No	No (D)	No
Provider48A Cmdr43A	Civilian, female	Yes (1, 2)	Yes (4, 5)	Yes (7, 8)	Yes	Yes
Provider41A Cmdr95A	Civilian, female	Yes (1, 3)	Yes (4)	Yes (7)	Yes	Yes
Provider23A Cmdr35A	Civilian, female	No	No	No	No (A)	No
Provider23A Cmdr50A	Civilian, female	Yes (1, 2)	Yes (4, 6)	Yes (7, 8)	Yes	Yes
Provider24A Cmdr29A	Civilian, male	Yes (2)	No	No	No (D)	No
Provider24A Cmdr37A	Civilian, male	Yes (2)	No	No	No (D)	No
Provider07A Cmdr45A	Uniformed (PHS), male	Yes (2, 3)	Yes (5, 6)	Yes (7, 8)	Yes	Yes
Provider06A Cmdr39A [§]	Civilian, Male	No	No	No	No (C)	Yes
Provider08B Cmdr24B	Uniformed (PHS), male	Yes (2)	Yes (6)	No	No (D)	No
Provider08B Cmdr50B	Uniformed (PHS), male	Yes (2)	Yes (6)	No	No (D)	No
Provider23B Cmdr35B	Civilian, male	Yes (1, 2)	Yes (4, 5, 6)	Yes (7, 8)	Yes	Yes
Provider31B Cmdr32B	Civilian, female	Yes (1)	Yes (5, 6)	Yes (7, 8)	Yes	Yes
Provider45B Cmdr29B	Civilian, male	No	No	No	No (A)	No
Provider45B Cmdr25B	Civilian, male	No	No	No	No (A)	No
Provider12B Cmdr39B	Civilian, female	Yes (1)	Yes (4, 5)	Yes (7, 8)	Yes	Yes
Provider12B Cmdr37B	Civilian, female	Yes (1)	Yes (4, 5)	Yes (7, 8)	Yes	Yes
Provider43B Cmdr26B	Civilian, female	Yes (1)	Yes (5)	Yes (7)	Yes	Yes
Provider44B Cmdr34B	Civilian, female	Yes (1)	Yes (5, 6)	Yes (7)	Yes	Yes
Provider05B Cmdr15B	Uniformed, female	Yes (1, 2, 3)	Yes (4, 6)	Yes (7, 8)	Yes	Yes

Dyad	Peripheral expert characteristics	Phase I: Rapidly getting in tactics	Phase II: Rapidly Proving Oneself Tactics	Phase III: Using Relational Expertise Tactics	Rapid relationality: All 3 phases complete before conflict	Commander regularly follows provider recommendations
Provider05B Cmdr16B	Uniformed, female	Yes (1, 2, 3)	Yes (4, 6)	Yes (7, 8)	Yes	Yes
Provider04B Cmdr20B	Civilian, male	Yes (1)	Yes (5)	Yes (7, 8)	Yes	Yes
Provider04B Cmdr22B	Civilian, male	Yes (1)	Yes (5)	Yes (8)	Yes	Yes
Provider02D Cmdr12D	Uniformed, female	Yes (2, 3)	Yes (5, 6)	Yes (7, 8)	Yes	Yes
Provider04D Cmdr08D	Uniformed (PHS), female	No	No	No	No (B)	No
Provider04D Cmdr09D	Uniformed (PHS), female	Yes (1)	No	No	No (C)	No
Provider104D Cmdr109D	Civilian, female	Yes (1, 2)	Yes (5, 6)	Yes (7, 8)	Yes	Yes
Provider105D Cmdr110D	Uniformed, female	Yes (2)	Yes (5, 6)	Yes (7, 8)	Yes	Yes
Provider03D Cmdr11D	Uniformed, female	No	No	No	No (E)	No
Provider03D Cmdr07D	Uniformed, female	No	No	No	No (E)	No
Provider13D Cmdr100D	Civilian, male	No	No	No	No (E)	No
Provider101D Cmdr107D	Civilian, female	No	No	No	No (E)	No
Percentage of Dyads Successful at Each Stage		79% (44 of 56)	66% (37 of 56)	63% (35 of 56)	63% (35 of 56)	64%** (36 of 56)

* The numbers in parentheses denote the specific rapid rationality tactics used as corroborated by the provider and commander. Rapidly getting in tactics: 1 = preempting a line manager's concerns, 2 = highlighting connections to the core, 3 = getting vouched for by the core. Rapidly proving oneself tactics: 4 = making a grand commitment gesture, 5 = regularly sacrificing for the core, 6 = maintaining existing jurisdictional boundaries. Continuously using relational expertise tactics: 7 = privileging the line manager's culture, 8 = affirming the line manager's authority.

† The characters at the end of each Provider and Commander numeric code, "A, B, C, or D," correspond with the army post where the provider-commander dyad was located.

‡ The letters in parentheses denote the primary reason a conflict occurred before all three phases of rapid relationality were completed: A = early major conflict or a string of minor conflicts; B = delay in initiating contact; C = new provider unaware of importance of rapid relationality; D = provider unwilling or unable to utilize rapid relationality tactics (e.g., believes professional expertise is sufficient); E = clinic gave providers an unusually high patient load so there is minimal time for command interaction and leaving the clinic.

§ Denotes the three commanders who started off not initially resistant to mental health services and, in two cases, initiated contact with the provider. In all three cases, these commanders suffered from and sought treatment for PTSD or related mental health conditions themselves and were thus unusually supportive from the start.

** The reason 36 dyads regularly followed provider recommendations but only 35 dyads completed all three phases is because one dyad contained a new provider who did not utilize rapid relationality tactics but was successful nonetheless because his commander was one of the three commanders (denoted with a §) who started off supportive of mental healthcare services.

Table C2. Rapid Relationality between Provider13 and Commander90; Not Commander91

Commander90 initially resistant, but now regularly follows Provider13's recommendations

Commander90 explained how he, like most commanders, had a negative impression of Army Mental Health services before being assigned to Provider13: "I had a negative perception—people want nothing to do with it [Mental Health services]. And you know one person can ruin it for everyone, so you know one guy who's a shit bag using it to get out of work and you think the whole thing is full of shammers."

Provider13 was aware of this negative impression from the beginning but eventually won his support for her recommendations in support of his soldiers seeking care. She shared, "They were hesitant to work with me at the beginning . . . [but now] Commander90 is now really easy to get ahold of, he picks up his cell phone, and he is willing to go with whatever I recommend. When he says, 'What do you recommend?' and I tell them . . . they say, 'That's what we're gonna do then.'"

Phase I: Getting in (Tactics used: Preempting line concerns; highlighting connections to the core)

Commander90 did not respond to Provider13's initial requests to meet, so she just showed up at his office.

She noted, "If a commander doesn't answer my phone call, then I just walk over. I'm like, 'I saw your car!'" She then "got in" by highlighting her connection to the core as a veteran army provider: "I think having the military background helped a lot. . . . I made sure they knew right away that I was prior duty. That matters to them."

Phase II: Proving oneself (Tactics used: Maintaining existing jurisdictional boundaries)

Provider13 used her early access and understanding of the commander's unit to prove herself quickly by demonstrating to Commander90 that she was not just "handing out med boards" and was policing jurisdictional boundaries by treating different severity cases differently. Commander90 noted, "Since I've been here, things have been good with Mental Health. It has been a big improvement working with Provider13. . . . There is a thin line between a soldier who is just complaining and a soldier who really needs help, but Provider13 is good here at weeding them out."

Phase III: Utilizing relational expertise (Tactics used: Privileging line manager's culture)

Provider13 regularly utilized relational expertise tactics by privileging Commander90's culture, such as by using the proper military language to demonstrate respect for the commander. She explained, "And the Sergeant Major, knowing to not call him 'Sir' but calling him 'Sergeant Major.' I think that's something a civilian might be inclined to call him 'Sir.' . . . I don't know, just little things like that which mean a lot and then it gives you more respect that you know how the military works."

Influence maintained despite major conflict between Provider13 and Commander90

Provider13 and Commander90's relationship withstood many major conflicts, including when a soldier was arrested and Provider13 was unable to clear him to be discharged from the army because she believed this incident was related to an untreated mental health condition. Even though this decision upset Commander90, who worried about undermining discipline in his unit by "rewarding bad behavior" with a medical retirement, their relationship survived. Provider13 recounted, "Commander90 and I kept going back and forth over e-mail . . . I kept saying, 'I'm sorry I can't do that.' And so then we ended up meeting . . . and he's like, 'I don't understand why, please explain this to me.' I had a good relationship with him at that point . . . and I said, 'From a mental health perspective . . . this is what I have to do.' At that point he said, 'Sigh, okay.'"

Failed rapid relationality due to early conflict between Provider13 and Commander91

Though Provider13 was experienced at building influential relationships, she struggled when conflict occurred before she had a chance to do so, closing her window of opportunity. This occurred with Commander91 over a similar conflict as with Commander90. Provider13 explained how she lost her influence after this conflict: "[Name of Commander91's unit] I don't have the best rapport with. I thought a lot about when it happened, and I think that there was a case [where the commander wanted to discharge a soldier for a disciplinary violation after being arrested]. . . . I said, 'We need to treat him, we'll have to treat him.' And I think he [the commander] was unhappy. . . . he just really didn't afford me a lot of respect after that."

In this case Provider13 described how she had such limited influence that she mostly had to wait for command to change: "I didn't get another chance. I just sort of waited it out."
