In 1997, seeing opportunities to more efficiently and effectively deliver behavioral health services, the U.S. Air Force (USAF) began integrating behavioral health into the primary care setting. This primary care initiative became known as Behavioral Health Optimization Program or “BHOP” (Air Force Medical Operations Agency, 2014). In 2012, the Department of Defense adopted the Primary Care Behavioral Health model and funding was provided to hire psychologists and social workers to work as Internal Behavioral Health Consultants (IBHCs) at military treatment facilities across the Department of Defense. Despite hiring a number of IBHCs, the USAF experienced significant challenges with retention. Landoll, et al., (2018) reported that 54% of USAF IBHCs hired between September, 2012 and November, 2014 quit or were fired within 8 months of employment. Although reasons for IBHC turnover are not widely understood, smaller facilities and lack of specialty training in integrated care (Hall et al., 2015) have been offered as possible factors.

A significant restructuring of the DoD’s IBHC training was completed in March of 2017. Changes were introduced to include a three week pre-training orientation training, a more detailed and specific core competency tool, an extra-day of Phase I training, and use of tri-service mentors to provide ongoing phone mentoring and a site visit to conduct required Phase II training at the IBHC’s clinic.

**Objectives**

This project aimed to examine the impact of training changes within the Department of Defense’s Primary Care Behavioral Health Program on the Air Force’s ability to successfully train and retain IBHCs.

**Methods**

USAF training data was examined to explore the number of IBHCs who left their position within a year of their Phase I training, as well as Phase I training failure rates. Those trained from Jan 2016 - February of 2017 were compared to those trained from March of 2017 to April of 2018. Retention differences between small, medium, and large facilities were also examined.

**Results**

<table>
<thead>
<tr>
<th>IBHC Attrition/Retention/Phase I Failure</th>
<th>Jan 2016 – Feb 2017 n = 36</th>
<th>Mar 2017 – Apr 2018 n = 43</th>
<th>Chi Square</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quit/Fired ≤ 8 months Number (Percentage)</td>
<td>9 (25.0%)</td>
<td>7 (16.3%)</td>
<td>0.9227</td>
<td>0.337</td>
</tr>
<tr>
<td>Quit/Fired ≤ 12 months Number (Percentage)</td>
<td>16 (44.4%)</td>
<td>15 (34.9%)</td>
<td>0.7512</td>
<td>0.386</td>
</tr>
<tr>
<td>Retained Number (Percentage)</td>
<td>20 (55.5%)</td>
<td>28 (65.1%)</td>
<td>0.7512</td>
<td>0.386</td>
</tr>
<tr>
<td>Failed Phase I</td>
<td>0 (0.0%)</td>
<td>2 (4.7%)</td>
<td>*0.498</td>
<td>Not significant</td>
</tr>
</tbody>
</table>

*The Fisher exact test statistic value

**Conclusions**

- With increased training efforts, retention of USAF IBHCs has improved only slightly
- Phase I failure rates have increased slightly
- Size of the MTF did not appear to be associated with IBHC retention rates
- Findings suggest that an increased emphasis on training and mentoring IBHCs may result in improved IBHC retention.

**Future Plans**

- Continue current emphasis on training and mentorship of new IBHCs
- Improve networking of IBHCs through creation of BHOP Active Duty Element Leaders
- Continue to gather data on reasons for IBHC retention and attrition

**References**


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