



**CHIMNEY TRAIL  
HEALTH**

---

**WHITE PAPER**

# **Forging Elite Behavioral Health And Resilience Across The U.S. Armed Forces**

**CDR Matthew Brown, USNR**

Chief Executive Officer - Chimney Trail Health

**Dr. Leah Blain, PhD**

Chief Clinical Officer - Chimney Trail Health

---



---

**1st Issue: THE WILL TO FIGHT AND WIN SERIES**



# NAVIGATION

**01** Introduction

---

**02** The Challenge

---

**06** Chimney Trail Health's Solution

---

**07** Why CBt?

---

**11** Alignment to DOD Initiatives

---

**13** Initial Program Outcomes

---

**15** Conclusion

---

**16** About Chimney Trail Health

---

**18** Sources

---

## OUTLOOK

---

# The Need To Forge A New Trail

The U.S. Department of Defense (DoD) has made considerable strides in addressing mental health challenges among service members, but the complex issues they face—such as stress, burnout, and suicide risk—require ongoing, evidence-based solutions. Chimney Trail Health, a leader in preventive behavioral health training, offers a highly customizable program that directly addresses these challenges. Drawing on decades of empirical research in Prospect Theory, Cognitive Behavioral Theory (CBT), adult learning, and design thinking, our serialized Waypoint Kit training program has been meticulously crafted to deliver solutions that promote resilience, foster behavioral change, and enhance mission readiness across all branches of the armed forces—all in engaging and accessible formats.

“

**After 22 years of military service and 1 year with civil service, this is the best training I have ever taken.**

**- Master Sergeant**  
U.S. Marine Corps



## OUTLOOK

---

# The Challenge

### Where have we been and where can we go with whole-of-force wellness?

According to the 2023 Suicide Prevention and Response Independent Review Committee (SPRIRC) Final Report, rates of suicide remain stubbornly high and elevated relative to civilians, with approximately **519** service members dying by suicide in 2021.<sup>1</sup> In addition to increased suicide risk, U.S. military service members are at increased risk for a range of behavioral health concerns, including depression (**23%**),<sup>2</sup> anxiety (**15.4%**),<sup>3</sup> and substance use (**11%**),<sup>4</sup> all of which also increase suicide risk. This ongoing crisis reflects a need for more effective mental health support and prevention strategies, customized to the military experience and varied to promote engagement.

In the midst of this crisis, access to effective treatment and preventive tools is paramount, but as the SPRIRC report highlights, access is severely impeded across the military: **38%** of military personnel do not seek care due to stigma and fear of career impact, critical provider shortages and long waits for those who do seek care, and a lack of access to evidence-based treatments that are proven to address their concerns.<sup>1</sup>

Given these risks, service member suicide prevention and behavioral healthcare is a **core mission competency**. Yet, the SPRIRC report notes that “At all installations, service members from every Service and at all ranks agreed that the content, frequency/dosage, and means of delivering suicide prevention training are ineffective and serve only to ‘check the block’” (p. 43).<sup>1</sup> The report goes on to strongly recommend that suicide prevention training be modernized and varied across military career cycles, drawing upon a variety of topics and teaching modalities to boost engagement.

“

**I got more out of this training than I have gotten out of 4 years of therapy.**

**- Cadet 1/c**  
Air Force ROTC

## BY THE NUMBERS

---

# 23%

Suffer Clinical  
Depression

Taken together, this evidence highlights an urgent need for accessible, diverse, evidence-based solutions that support suicide prevention training and bolster resilience across the armed forces.

# 15.4%

Suffer Clinical  
Anxiety



*The ongoing behavioral health crisis in our armed forces demands more effective mental health support and prevention strategies, customized to the military experience and varied to promote engagement.*

# 11%

Experience  
Substance Use  
Disorder



## CHIMNEY TRAIL HEALTH'S SOLUTION

# A Category-Defining, Evidence-Based Solution

Chimney Trail Health provides a serialized training program designed to address suicide prevention training and resilience-focused skill development through a tailored approach. Chimney Trail Health's engaging and evidence-based Waypoint Kit program employs preventive Cognitive Behavioral training (CBt) to **equip service members with skills to identify and challenge the maladaptive thought patterns that lead to isolation, destructive levels of anxiety and depression, and suicide**—in themselves and others.

## Chimney Trail's training program includes:

Four mail-delivered Waypoint Kits are included with every Chimney Trail experience.

1.

A kickoff seminar that sets the foundation for the training .

2.

Followed by four bimonthly Waypoint Kits, delivered directly to the participant, containing:

- A magazine-style Waypoint Book, which guides participants through progressive CBt skill development.
- Instructions for hands-on activities designed to solidify their learning.
- High-quality gear to complete the activity and keep as a reminder of their knowledge gained and behaviors changed.



In-person training / webinar that supports program efficacy.

# The Chimney Trail Difference

Critically, the Waypoint Kit training program targets a key risk factor that drives suicidal ideation and behavior: destructive cognitive distortions.<sup>5</sup> But this training goes beyond just helping service members prevent the worst outcomes.

The Waypoint Kit curriculum helps service members enhance their overall warfighting-readiness. It serves as an evidence-based performance improvement tool and provides a nonclinical skills-based training that can help address a range of stressors when clinical care is not needed or not feasible. Further, the training serves as a primer to fast-track progress in clinical care, if needed.

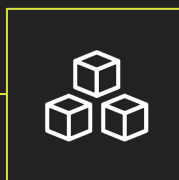


## Key Features of the Waypoint Kit Solution

Drawing on decades of empirical research in Prospect Theory, Cognitive Behavioral Theory (CBT), adult learning, and design thinking, our Waypoint Kit training program is:



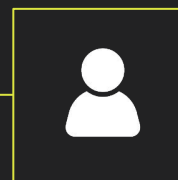
**Evidence-Based  
at Every Level**



**A Serialized  
Curriculum**



**Prevention  
Focused**



**Generalizable**



**Something  
Real**



# CHIMNEY TRAIL HEALTH'S SOLUTION

---



## 1. Proven Tools Made Simple:

The Waypoint Kit program integrates proven tools within a rigorously designed, multifaceted learning approach to make the tools that work accessible, increase engagement, and facilitate retention of skills.



## 2. Serialized Curriculum:

Delivered bimonthly over a 6-month period; Waypoint Kits create an extended learning opportunity to facilitate actual behavior change so service members can build CBT skills progressively and integrate them generally by practicing them in their daily lives.<sup>6</sup>



## 3. Focus on Prevention:

Aligning with the suicide prevention findings from the SPRIRC report that emphasize the need for continuous proactive support,<sup>1</sup> proactive intervention is central to the Chimney Trail Health approach.



## 4. Generalizable:

CBT skills are generalizable and can help individuals overcome multisystemic stressors, bolstering suicide prevention, increasing warfighting-readiness, and forging elite warrior ethos in one fun training program.



## 5. Something Real:

Studies routinely show that mental health apps, though cheap and abundant, do not promote engagement—with some studies noting **96-97%** churn rates within the first month.<sup>7</sup> In contrast, hands-on experiences and learning in novel environments both promote memory retention.<sup>8</sup>



## PREVENTING CRISIS PROACTIVELY

---

# Training For What?

### Where have we been and where can we go with whole-of-force wellness?

People often don't realize there is a problem until they are in crisis. Yet, due to a confluence of processing biases, including stigma, psychological dissonance, and confirmation biases, people also often struggle to see how they would benefit from preventive behavioral health training. **Thus, the critical first steps in suicide prevention and resilience training are building awareness of—and motivation to address—the problem.**

Fortunately, Prospect Theory offers an evidence-based, relatable, and engaging avenue to build insight and motivation. Prospect Theory highlights that the human brain has two processing speeds: fast (or automatic) for rapid processing of everyday inputs, and slower (or intentional) for more complex and demanding tasks.<sup>9</sup> While this two-channel system is helpful in allowing us to react quickly in high pressure and life threatening situations, it also leaves us vulnerable to developing patterns of processing errors outside of our intentional awareness.

Decades of study of Prospect Theory, across dozens of fields and applications, have illuminated these patterns and yielded fun and relatable activities and examples that spotlight the cognitive distortions to which we are all prone. Drawing upon these tools and lessons learned, the Chimney Trail Health training program uses Prospect Theory as a foundation to introduce and normalize why our brains are likely to make the kinds of errors that lead to destructive levels of anxiety and depression, as well as suicidal ideation—and to show how to tackle them.

## Why Cognitive Behavioral training (CBT)?

Cognitive Behavioral Theory (CBT) offers an extensive and well researched framework and toolkit to address the potentially destructive, automatic processing errors highlighted by Prospect Theory. CBT has been tested and used extensively in the field of



## WHY CBT?

---

psychotherapy (also known as Cognitive Behavioral Therapy) and is found to be effective in virtually every population and for every problem yet tested. A recent meta-analysis concluded that **“CBT will remain effective in conditions for which we do not currently have available evidence... We need to recognize the consistent evidence for the general benefit which CBT offers”** (p. 1).<sup>10</sup>

Broadly speaking, CBT theorizes that our thoughts drive our emotions and resulting urges and behavior.<sup>11</sup> Thus, our thoughts play a large role in shaping our reactions to situations. However, given that the majority of processing in the human brain happens automatically, we are often unaware of the thoughts that shape our emotions and behavioral responses to daily situations. CBT-based tools teach learners how to identify,

**CBT-based interventions have been found to be particularly effective in addressing suicide risk among individuals at a range of risk levels.**<sup>12</sup>

challenge, and revise their potentially harmful automatic thoughts to address—or prevent—negative outcomes,

such as anxiety, depression, and suicidal ideation and behavior.

CBT-based interventions have been found to be particularly effective in addressing suicide risk among individuals at a range of risk levels.<sup>12</sup> **Moreover, CBT tools are highly effective in addressing the most common mental health concerns facing service members,** including anxiety, depression, and others.<sup>10</sup> Thus, CBT tools are not only helpful during a crisis (i.e., once suicidality emerges), but they also successfully address many of the root causes of suicide before a crisis emerges.

**But can CBT be helpful before a problem even emerges?**

Fortunately, recent study has focused on preventive applications of the same CBT-based tools. These nonclinical, Cognitive Behavioral trainings (CBt) draw upon the same robust Cognitive Behavioral Theory that has been tested for decades, using the same well-validated tools honed across the psychotherapy literature, and have now **been shown to be effective in preventing the development of behavioral health concerns in numerous studies.**<sup>13</sup>

# 20x

**We've lost more than 20 times as many active duty service members and veterans to suicide as to combat since 9/11/01. Countless others on the edge.**

## The Role of Experiential Learning in Behavior Change

In the rush to address the emerging mental health crisis, an overwhelming number of solutions have been advanced. For example, as of May 2023, there were more than 10,000 mental health apps available on the market.<sup>14</sup> Studies routinely show that mental health apps, though cheap and abundant, do not promote engagement or behavior change, with studies noting 96-97% churn rates within the first month.<sup>7</sup>

Similarly, traditional “train and hope” methods of training without ongoing practice or follow-up have been demonstrated to yield poor results over time, with an average finding that 75-80% of training information is lost following a single-event training.<sup>8</sup> Conversely, hands-on experiences and learning in novel environments promote memory retention.<sup>8</sup>

Ongoing, experiential learning—or learning through hands-on activities—is a critical component of the Chimney Trail Health approach. Four decades of research have demonstrated strong effects of experiential learning in enhancing retention and engagement, especially when combined with cognitive exercises.<sup>15,16</sup> The tactile and interactive elements of the Waypoint Training Kits allow service members to apply CBT techniques in real-world scenarios, increasing the likelihood of long-term behavior change.<sup>6</sup>



## WHY CBT? (cont'd)

---

# Something Real: Adaptation of CBT for Military Environments

As noted above, **CBT tools are highly adaptable and have been demonstrated to be effective across cultures, languages, problems, and contexts, including with military populations.**<sup>10</sup>

CBT is particularly effective in high-stress populations like military personnel and has been shown to improve problem-solving skills<sup>1</sup> and cognitive flexibility,<sup>18</sup> which are essential for maintaining focus during challenging missions.

The SPRIRC report emphasizes the importance of cultural adaptation in mental health interventions.<sup>1</sup> By incorporating military-specific scenarios and language into the Cognitive Behavioral training, we increase the relevance and impact of the training. This adaptation ensures that the skills taught in each kit

are directly applicable to the stressors faced by service members, making them more likely to engage with, and benefit from, the program.

Perhaps most importantly, service members routinely demonstrate a reluctance to seek care, and the military behavioral health system continues to face staffing challenges. Thus, a nonclinical, yet highly evidence-based training, focused on adaptable cognitive tools that can be used to address a range of stressors, is uniquely suited to the current reality of the complex and demanding military environment.

# 90%

**of Service members would limit what they share with military mental health providers because of privacy concerns and security clearance.**<sup>19</sup>

**(Traditional MH isn't working!)**

## ALIGNMENT WITH DoD INITIATIVES

---

Chimney Trail Health’s program directly aligns with DoD’s key mental health and resilience initiatives as outlined in Secretary Hegseth's remarks upon taking office when he said, “We will revive the warrior ethos and restore trust in our military. We are American warriors. We will defend our country. Our standards will be high, uncompromising, and clear.”. This remains consistent with the 2023 SPRIRC report.<sup>1</sup> Our focus on early, sustained intervention matches the DoD’s goals of reducing suicide rates, improving resilience, and restoring hard-nosed **WARRIOR ETHOS**:

### 1.

#### **Foster a Supportive Environment:**

Each Waypoint Kit is designed to increase connectedness, with a hands-on activity designed to include others, be it family or fellow service members, according to the participant’s preference.

### 2.

#### **Improve the Delivery of Mental Health Care:**

Waypoint CBT toolkits offer preventive engagement in generalizable tools to prevent mental health concerns from emerging and can serve as a primer for clinical behavioral health care, if needed.

### 3.

#### **Address Stigma and Other Barriers to Care:**

The Waypoint Curriculum normalizes that everyone deals with cognitive distortions and offers tools to identify and address these patterns early. These tools empower warriors and their families to tackle the root causes of anxiety, depression, and self-harm.

### 4.

#### **Revise Suicide Prevention Training:**

The SPRIRC Final Report highlights that tailored, serialized training addresses underreporting of mental health issues by creating a safe, consistent touchpoint for service members.

### 5.

#### **Promote a Culture of Lethal Means Safety:**

Chimney Trail Health in partnership with the Defense Suicide Prevention Office, has introduced the “The Complete Marksman” Kit, supplementing the Waypoint Kit program to help service members identify and address cognitive distortions tied to elite firearms operations and safety culture.



# INITIAL PROGRAM OUTCOMES

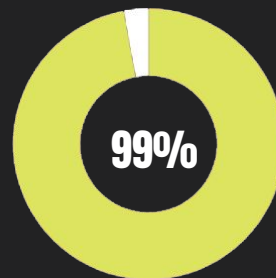
## Results That Matter

To date, Chimney Trail Health has engaged with units from every branch of the military, with numerous ongoing pilots across the globe. We focused on a tiered evaluation strategy as we partnered with units and commands to refine our training program, focusing on: 1) satisfaction with our curriculum, 2) engagement with the training program, and 3) sustained behavior change.

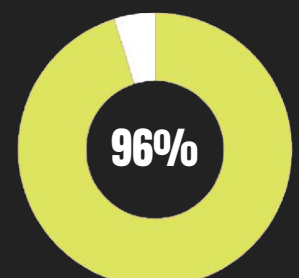
## Initial Engagement and Satisfaction

As we know from the SPRIRC report (2023), service members from all branches routinely report that standard suicide prevention training is not helpful and does not respect their time.<sup>1</sup> Thus, our first aim was to ensure that service members felt respected by our training program and that it was a good use of their time. Results from hundreds of military participants have overwhelmingly confirmed that the Chimney Trail Health program meets this mark.

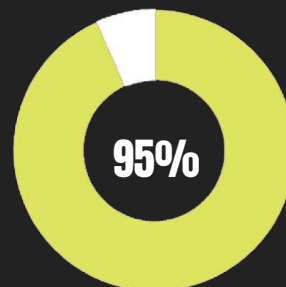
### Waypoint Kits Trainee Survey Responses



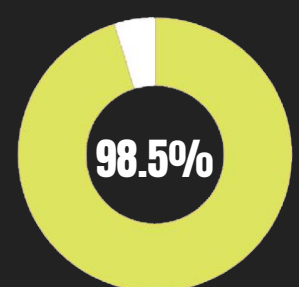
The presenter respected my time.



This training improved my psychological literacy.



I wish my leaders had this training.

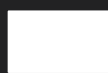


I recommend this training.

### Answer Key



= Yes



= No

## PROGRAM OUTCOMES

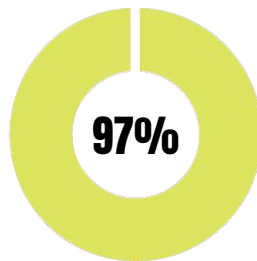
### Ongoing Engagement

As an ongoing training program, sustained engagement is at the heart of our model. Our second critical target was sustained engagement to facilitate behavior change. To date, **100%** of surveyed participants have reported positive engagement with the ongoing curriculum.

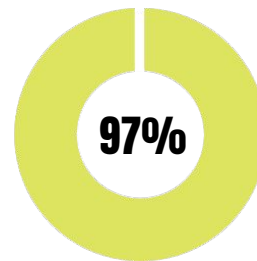
#### Waypoint Kits Trainee Survey Responses



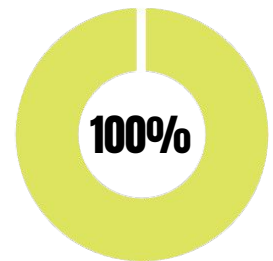
Enjoyed your experience with Chimney Trail Health CBT program so far.



Waypoint Kits improved your understanding of Cognitive Behavior Theory.



Educational material in the Waypoint Booklets is easy to understand.



The gear included in the Waypoint Kits is helpful for completing the activities.

### Behavior Change Data Collection and Outcomes Assessment Strategy

As our in-run programs reach completion, we will expand our analyses to include behavior change and wellness outcomes. Preliminary outcomes indicate high levels of sustained satisfaction, ability to use cognitive tools, and positive emotional and behavior change outcomes resulting from sustained kit engagement. This will be a critical area of continued evaluation and the results of these analyses will be included in future editions of this white paper.



# Chimney Trail Health Serves To Eliminate...

- Suicide
- LIMDU
- Profile Chits
- Separations for the Convenience of the Service

*Together we can meaningfully improve operational readiness.*



## FORGING ELITE WARRIOR ETHOS

---



## It Starts With Chimney Trail Health

Chimney Trail Health offers an evidence-based, scalable solution that supports the Department of Defense's commitment to preventing suicide and improving mental health and resilience among service members. Waypoint Kits are customizable and allow service members to engage at their own pace, in a private and comfortable setting, anywhere in the world. By implementing the Waypoint Kit program, the DoD can provide service members with the proactive, continuous support they need to thrive, ensuring both their well-being and mission readiness.

We invite the DoD to collaborate with Chimney Trail Health to implement the scalable, individually-focused Waypoint Kit solution across all branches, addressing the urgent need for suicide prevention training, mental health support, and building resilience for the future.

“

**Every military unit should have this.**

**- Guardian**

U.S. Space Force



# ABOUT CHIMNEY TRAIL HEALTH

---

Chimney Trail Health is a preventative behavioral health organization dedicated to providing accessible, evidence-based tools that empower individuals and families to thrive. We specialize in **preventive Cognitive Behavioral training (CBt)**, equipping people of all ages with skills to manage stress, reduce anxiety, and navigate life's challenges. At Chimney Trail, we believe mental health support should be proactive, engaging, and available to everyone.

Our programs combine cutting-edge research with expert guidance to deliver CBt in an approachable and memorable way. With input from experts at leading institutions like Johns Hopkins, Stanford, and the University of Pennsylvania, our curriculum bridges the gap between clinical expertise and real-world application. Whether you're seeking to improve resilience, foster emotional wellness, or support loved ones, Chimney Trail offers tools that make lasting, healthy mental states achievable.

Founded by experts in clinical psychology, performance enhancement, and military service, Chimney Trail is committed to making a positive impact. Our mission is to push back the tide of anxiety and depression by teaching participants the principles of Cognitive Behavioral Theory and how to apply them in daily life—before the crisis.

## Author Bios



**CDR Matthew Brown, USNR**  
**Chief Executive Officer**  
Chimney Trail Health

Matthew Brown, a US Navy Reserve Commander and Bochnowski Family Fellow at Stanford's Hoover Institution is co-founder and CEO of Chimney Trail Health. Drawing on his experience as a naval officer, warship captain, and senior advisor for SEAL Team 17, he saw the need for accessible Cognitive Behavioral tools. Collaborating with leading experts, he developed a nonclinical, prevention-first CBt curriculum to combat anxiety and depression for all ages.



**Dr. Leah Blain, PhD**  
**Chief Clinical Officer**  
Chimney Trail Health

Dr. Leah Blain is a licensed clinical psychologist, Beck Certified Therapist and Supervisor, and CCO for Chimney Trail Health. She spent the last decade building and running cutting-edge behavioral health clinics, most recently at the University of Pennsylvania, where she launched a specialized Cognitive Behavioral Therapy program for veterans and military family members. An evidence-based, trauma-focused therapist, she previously ran randomized clinical trials for PTSD, depression, sleep, and more.



“

**Every one of us is Captain of our own actions, intentions, feelings, and thoughts. Let's use the best tools we can to THINK BETTER.**

**- Matthew Brown**

CEO | Chimney Trail Health

# Works Cited

1. Suicide Prevention and Response Independent Review Committee. (2023). **Preventing Suicide in the U.S. Military: Recommendations from the Suicide Prevention and Response Independent Review Committee.** Department of Defense. <https://media.defense.gov/2023/Feb/24/2003167430/-1/-1/0/SPRIRC-FINAL-REPORT.pdf>
2. Moradi, Y., Dowran, B., & Sepandi, M. (2021). **The global prevalence of depression, suicide ideation, and attempts in the military forces: A systematic review and Meta-analysis of cross sectional studies.** *BMC Psychiatry*, 21(1), 510. <https://doi.org/10.1186/s12888-021-03526-2>
3. Hoerster, K. D., Lehavot, K., Simpson, T., McFall, M., Reiber, G., & Nelson, K. M. (2012). **Health and health behavior differences: U.S. Military, veteran, and civilian men.** *American Journal of Preventive Medicine*, 43(5), 483–489. <https://doi.org/10.1016/j.amepre.2012.07.029>
4. Teeters, J., Lancaster, C., Brown, D., & Back, S. (2017). **Substance use disorders in military veterans: Prevalence and treatment challenges.** *Substance Abuse and Rehabilitation, Volume 8*, 69–77. <https://doi.org/10.2147/SAR.S116720>
5. Fazakas-DeHoog, L. L., Rnic, K., & Dozois, D. J. A. (2017). **A cognitive distortions and deficits model of suicide ideation.** *Europe's Journal of Psychology*, 13(2), 178–193. <https://doi.org/10.5964/ejop.v13i2.1238>
6. Salas, E., Tannenbaum, S. I., Kraiger, K., & Smith-Jentsch, K. A. (2012). **The science of training and development in organizations: What matters in practice.** *Psychological Science in the Public Interest*, 13(2), 74–101. <https://doi.org/10.1177/1529100612436661>
7. Baumel, A., Muench, F., Edan, S., & Kane, J. M. (2019). **Objective user engagement with mental health apps: Systematic search and panel-based usage analysis.** *Journal of Medical Internet Research*, 21(9), e14567. <https://doi.org/10.2196/14567>
8. Schomaker, J. (2019). **Unexplored territory: Beneficial effects of novelty on memory.** *Neurobiology of Learning and Memory*, 161, 46–50. <https://doi.org/10.1016/j.nlm.2019.03.005>
9. Kahneman, D. (2011). **Thinking, fast and slow.** Farrar, Straus and Giroux.
10. Fordham, B., Sugavanam, T., Edwards, K., Stallard, P., Howard, R., Das Nair, R., Copsey, B., Lee, H., Howick, J., Hemming, K., & Lamb, S. E. (2021). **The evidence for cognitive behavioural therapy in any condition, population or context: A meta-review of systematic reviews and panoramic meta-analysis.** *Psychological Medicine*, 51(1), 21–29. <https://doi.org/10.1017/S0033291720005292>
11. Beck, J. S. (2011). **Cognitive behavior therapy: Basics and beyond**, (2nd ed). Guilford Press.
12. D'Anci, K. E., Uhl, S., Giradi, G., & Martin, C. (2019). **Treatments for the prevention and management of suicide: A systematic review.** *Annals of Internal Medicine*, 171(5), 334. <https://doi.org/10.7326/M19-0869>
13. Werner-Seidler, A., Calear, A. L., & Christensen, H. (2019). **Cognitive-behavioral prevention programs.** In *Handbook of cognitive-behavioral therapies*, (4th ed) (pp. 383–407). The Guilford Press.
14. King, D. R., Emerson, M. R., Tartaglia, J., Nanda, G., & Tatro, N. A. (2023). **Methods for navigating the mobile mental health app landscape for clinical use.** *Current Treatment Options in Psychiatry*, 10(2), 72–86. <https://doi.org/10.1007/s40501-023-00288-4>
15. Burch, G. F., Batchelor, J. H., Heller, N. A., Shaw, J., Kendall, W., & Turner, B. (2014). **Experiential learning - what do we know? A meta-analysis of 40 years of research.** *Developments in Business Simulation and Experiential Learning: Proceedings of the Annual ABSEL Conference*, 47. <https://absel-ojs-ttu.tdl.org/absel/article/view/2127>
16. Burch, G. F., Giambatista, R., Batchelor, J. H., Burch, J. J., Hoover, J. D., & Heller, N. A. (2019). **A meta-analysis of the relationship between experiential learning and learning outcomes.** *Decision Sciences Journal of Innovative Education*, 17(3), 239–273. <https://doi.org/10.1111/dsji.12188>
17. Chen, S.-Y., Jordan, C., & Thompson, S. (2006). **The Effect of Cognitive Behavioral Therapy (CBT) on Depression: The Role of Problem-Solving Appraisal.** *Research on Social Work Practice*, 16(5), 500–510. <https://doi.org/10.1177/1049731506287302>
18. Nagata, S., Seki, Y., Shibuya, T., Yokoo, M., Murata, T., Hiramatsu, Y., Yamada, F., Ibuki, H., Minamitani, N., Yoshinaga, N., Kusunoki, M., Inada, Y., Kawasoe, N., Adachi, S., Oshiro, K., Matsuzawa, D., Hirano, Y., Yoshimura, K., Nakazato, M., ... Shimizu, E. (2018). **Does cognitive behavioral therapy alter mental defeat and cognitive flexibility in patients with panic disorder?** *BMC Research Notes*, 11(1), 23. <https://doi.org/10.1186/s13104-018-3130-2>
19. Wong, E. C., Waymouth, M., McBain, R. K., Schell, T. L., Hindmarch, G., Vidal Verástegui, J., Welch, J., Beckman, R. L., Robbins, M. W., Engel, C. C., & Gore, K. L. (2024). **Perceptions of mental health confidentiality policies and practices in the U.S. military.** RAND Corporation. <https://doi.org/10.7249/RR2681-1>
20. Austin, L. (2023, September 26). **New DoD Actions to Prevent Suicide in the Military.** <https://media.defense.gov/2023/Sep/28/2003310249/-1/-1/1/NEW-DOD-ACTIONS-TO-PREVENT-SUICIDE-IN-THE-MILITARY.pdf>



---

# The Will To Fight And Win.

---



**CHIMNEY TRAIL  
HEALTH**

---

# Move Forward

## CONTACT

**POC:** Matthew Brown

**Phone:** +1 (720) 930 5390

**Email:** [matthew@chimneytrail.com](mailto:matthew@chimneytrail.com)

**Website:** [www.chimneytrailhealth.com](http://www.chimneytrailhealth.com)

---

---

**Get Started With Chimney Trail**



**Scan The QR Code.**

