



Contents

Welcome ..... 1
Spotlight on Stigma..... 1
Adapting Evidence-Based Treatments for Web Interventions..... 2
Provider Portal ..... 3
'There & Back' Podcast Series ..... 3

New & Notable

As of June 2010, afterdeployment.org has welcomed 109,085 users to the site.

afterdeployment.org is now sharing their videos on YouTube, click here.

The Department of Defense is designing many tools to meet your needs. We want your input! Click here to contact us if you're interested in contributing ideas and joining in on product development.

Click here to download afterdeployment.org's marketing materials!



Welcome to afterdeployment.org's Quarterly Newsletter!

Much has transpired since our last newsletter. The site underwent a major refresh in early March. The renovation included a new 'look and feel,' improved navigation, and the introduction of a learning management system (LMS) that will enhance the user-experience and the site's capacity to organize content and offer curriculum-based learning.

I want to be sure to note that in April the site surpassed the 100,000 visitor milestone!

Remember, visitors to the site can benefit from a sense of community by staying connected with our page on Facebook and Twitter profile. You can also find our warrior and family 'personal stories' on YouTube!

A few words about future planning. A community forum and an expert blog are slated to be available in September. User-centered capabilities to upload information (deployment stories, videos, photos) are scheduled to be available within the next six to twelve months.

Lastly, we are pleased to announce that a provider portal is scheduled to launch in September 2010. The content is being worked collaboratively with our VA colleagues. Find out more about the provider portal on page three of this newsletter.

As always, we appreciate your feedback, and many thanks for logging on to afterdeployment.org.

Robert Ciulla, Ph.D.
Acting Chief
Population & Prevention Programs |P3|
National Center for Telehealth and Technology |T2|

Spotlight on Stigma

Stigma is defined as "a mark of disgrace or infamy; a stain or reproach, as on one's reputation." Ask yourself these questions: Do you believe that getting help for a behavioral problem is a sign of personal weakness?

If you answered "yes" to any of these questions, consider these ten reasons to get past worries about "stigma:"

- 1. Unless you deal with it directly, the problem won't go away.
2. Avoidance can become a bad habit.
3. The problem may be affecting others.
4. As with medical diagnoses, behavioral diagnoses are used constructively to direct treatment.
5. Ongoing behavioral problems left unresolved can and will have a negative impact on a military career.
6. Behavioral problems that get resolved reflect positively on your diligence and dedication to tackle issues and find solutions.
7. When problems are resolved, you're free to put your energies into other projects and activities.
8. When problems are resolved, your productivity improves.
9. Your command understands that you will perform better when behavioral problems are not interfering.
10. It's a sign of strength, not weakness, to get help when help is needed.

Check out afterdeployment.org's Stigma module, found in the Resources section's eLibrary. You can also find a Stigma assessment scale on the home page.





## Adapting Evidence-Based Treatments for Web Interventions

### Upcoming Events

13<sup>th</sup> Annual Force Health Protection Conference  
Phoenix, AZ  
August 5-13, 2010

American Psychology Association  
118th Annual Convention  
San Diego, CA  
August 12-15, 2010

13th Annual European Symposium on Suicide Prevention  
Rome, Italy  
September 1-4, 2010

### Publications & Presentations of Interest

Chandra, A., Sandraluz, L.C., Jaycox, L.H., Tanielian, T., Burns, R.M., Ruder, T. & Han, B. (2009). Children on the homefront: the experience of children from military families. *Pediatrics*, 125 (1): 13-68.

Tuerk, P.W., Yoder, M., Ruggiero, K.J., Gros, D.F., & Acierno, R. (2010). A pilot study of prolonged exposure therapy for posttraumatic stress disorder delivered via telehealth technology. *Journal of Traumatic Stress*, 23 (1): 116-123.

### Contact Us!

Send feedback or questions to: [information@afterdeployment.org](mailto:information@afterdeployment.org)

Written by:

*Julia Hoffman, Psy.D., National Center for Telehealth & Technology and the National Center for PTSD, Palo Alto*

Years of scientific inquiry and clinical practice have identified highly effective methods for treating psychological disturbances and fostering resilience. When crafting interventions for the web, strategic adaptation of these evidence-based practices (EBP) is important for a variety of reasons. While EBPs target a particular clinical disorder, adjustment problems fall along a continuum of severities and overlap significantly with other clinical, subclinical, and functional concerns. In fact, for a variety of reasons, including stigma and subclinical distress, standard face-to-face (FTF) care may not always be desired or appropriate. In order to provide effective treatments to those whose needs are not met with traditional approaches, it is necessary to modify existing treatments to fit distress levels delivery modalities.

Precedent exists for successful adaptation of EBPs. Bibliotherapy (using text-based materials instead of FTF care) has been demonstrated to be effective for a variety of clinical problems. And there is growing literature on the effectiveness of computer-aided psychological treatments.<sup>1</sup> *afterdeployment.org's* subject matter experts combine these findings with knowledge of EBPs in order to optimize delivery of web-based self-management strategies for service members and their families.

To ensure that we offer the highest quality guidance to returning service members, *afterdeployment.org's* content is based largely on the principles of cognitive-behavioral therapy (CBT), a broad category of intervention with more than 40 years of research support for addressing numerous clinical and functional problems. In cases where Department of Defense and/or VA Clinical Practice Guidelines (CPG) exist for a particular problem area, content development has focused on recommended treatments. For example, *afterdeployment.org* currently uses adaptations of *Stress Inoculation Therapy* for managing trauma triggers, *CBT* for depression, and *Image Rehearsal Therapy* for nightmares.

In domains where CPGs are unavailable, subject matter experts review the scientific literature to inform a topic area's structure and content. For example, the site's resilience module has some basis in *Problem Solving Therapy*. Subject matter experts also investigate existing empirically supported web-based products, as they provide a "proof of concept" for managing specific problems. For example, DESTRESS,<sup>2</sup> a web-based program for PTSD, is incorporated into *afterdeployment.org's* posttraumatic stress materials.

Once existing EBPs are identified, the *afterdeployment.org* team translates the materials for the web, while ensuring that the principles of the treatments are not compromised. Opportunities for interactions and personalization are identified. Scripts take into consideration typical Internet use; in other words, content is developed to accommodate a user's tendency to review Internet content quickly. Material is versioned so that individuals with various learning styles, distress levels, and time constraints can find useful material on the site that is consistent with core principles of EBPs.

While using the web to deliver care offers tremendous promise, substantial translation challenges remain. For example, web-based care inherently lacks many of the important aspects of FTF care, e.g., the interpersonal relationship with one's therapist that helps make traditional care safe and effective. Instead of being deterred by this shortcoming, subject experts explore creative ways to approximate the bond via the Internet that one creates with a therapist. For example, the project team is gradually moving toward video-based narration and personal stories from service members to increase the user's connection to the content. Keeping the central principles of EBPs at the forefront of content development, *afterdeployment.org* is continuously working to leverage the incredible potential of web-based care. ♦

<sup>1</sup> Marks, I. & Cavanagh, K. (2009). Computer-aided psychological treatments: Evolving issues. *Annual Review of Clinical Psychology*, 5, 121-141.

<sup>2</sup> Litz, B. T., Engel, C. C., Bryant, R. A., et al. (2007). A randomized, controlled proof-of-concept trial of an Internet-based, therapist-assisted self-management treatment for posttraumatic stress disorder. *American Journal of Psychiatry*, 164, 1676-1683.





### What People are Saying

“This is a great self help tool, and positive first step to help people find solutions to their difficulties.” – Family Member

“It is kind and positive--solution oriented--non judgmental. The interactive quality lets people come to their own understanding...” – Service Member

“Like most: that it is interactive and can direct veterans to help themselves in a practical manner.” – Provider

**Disclaimer**  
The views expressed in this newsletter are not necessarily those of the Department of Defense (DoD), or the Defense Centers of Excellence (DCoE). The appearance of external hyperlinks does not constitute endorsement of the linked websites by DoD, DCoE or afterdeployment.org.

### Provider Portal

Providers have inquired about guidelines for using *afterdeployment.org* materials in tandem with their clinical practice. In fact, a specialized *provider portal* is currently in development.



Below are some of the materials that will be available in the provider portal.

**Training:** The Palo Alto National Center for PTSD and the Center for Deployment Psychology, are collaborating to identify training programs that can be published on *afterdeployment.org*. These programs would include a core set of comprehensive professional development training materials. Some of the programs will link to continuing education units (CEU)-based training. Once launched, additional training opportunities will be rolled into the site regularly.

**Support Tools:** To augment FTF care, the provider portal will offer curricular-based training, with guidelines for integrating *afterdeployment.org's* interactive workshops into clinical practice.

**Clinical Practice Guidelines:** Links to Clinical Practice Guidelines (PTSD, depression, mild TBI, etc.) will be available.

**Assessments:** Providers will learn about and have access to the twenty-nine assessments available on *afterdeployment.org*. The assessments will be offered in PDF format for review and printing. Information will be available on the use of the scales, their sources, and selected references.

**“Compassion Fatigue:”** Because behavioral health providers working in military settings are frequently exposed to trauma details and imagery, the provider portal will offer a dedicated self-assessment and interactive self-care workshop for building provider resilience. A forum for exclusive provider use is also planned.

**Veterans Service Organizations (VSO):** A quick tips section supporting VSO volunteers will include brief information concerning PTSD and pointers concerning military culture.

**Primary Care:** Brief reference materials will be available to support primary care workers in assessing and referring service personnel with adjustment concerns.

If you have ideas for resources you'd like to see on the *provider portal*, please contact the *afterdeployment.org* project management office at [information@afterdeployment.org](mailto:information@afterdeployment.org).

### “There & Back” Podcast Series

*afterdeployment.org* launched the first podcast in its *There & Back* series during the Winter 2009. The podcast series, available from *afterdeployment.org*, iTunes and Zune, is intended to provide the military community with quick access to topical materials in both web-based and mobile formats. The episodes, moderated by a subject matter expert, portray service members recounting their personal struggles. The *There & Back* series has addressed the following topics: post-traumatic stress disorder, depression, anger management and alcohol abuse. The most recent podcast in the series, released 6 August, discusses suicide in the military.

