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Web-Based Applications: A Guide for Clinicians



t2health.dcoe.mil/contact
 mrmc.dcoe.t2-ad@mail.mil

National Center for Telehealth & Technology
 9933C West Hayes Street
 Joint Base Lewis-McChord, WA 98431

TEL: (253) 968-1914
 FAX: (253) 968-4192

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INTRODUCTION

At the same time that the U.S. military's campaigns in Afghanistan and Iraq were underway, a social revolution was taking place in the use of Web-based technologies. Developments that came out of these coincident events – the particular needs of the military during and following combat deployments and the advent of health technologies – led to the creation of tech tools to support service members and their families (Wilson, 2008).

Web-based health technologies offer many benefits to a military that is both tech-savvy and routinely mobile:

- Quick, anonymous access to information.
- Self-management of mild symptoms via interactive behavior-change strategies.
- Customizable, self-paced learning.
- Direct links to person-to-person assistance, hotlines and call centers.
- Content refreshing to keep pace with current research.
- Features can be updated with minimal effort to keep current with latest technology.
- Preventative efforts supported by educational and assessment features.
- Electronic-based assessments improve data aggregation and tracking capabilities.
- Providers can access various types of content to assist with clinical and educational practices: between-session assignments, videos, resource locators, etc.

Web-Based Applications: A Guide for Clinicians offers an introduction to the use of Web-based resources in clinical and educational settings. The Guide focuses on two websites developed by the National Center for Telehealth & Technology (T2): AfterDeployment and Military Kids Connect® (MKC). AfterDeployment was developed to provide users with a self-care solution; its topics and interactive features address the needs of service members, veterans and their families dealing with life problems following a deployment. MKC was developed to meet the psychological needs of military children adjusting to a parent's sustained absence from the home.

Though developed primarily for behavioral health professionals, this Guide can also be used by clinicians and educators who diagnose, treat and work with individuals with problems resulting from the demands of military deployments. It is also useful for dealing with the special circumstances experienced by service members and their families during the reintegration into the home setting following a deployment.

The first section of the Guide is a tutorial on the use of the resources contained in AfterDeployment. The second section describes MKC's resources for supporting educators, as well as school counselors and health care providers who work with issues commonly faced by children in military families.



1.1 AFTERDEPLOYMENT WEBSITE: BACKGROUND

Because traditional military culture emphasizes strength and self-reliance, many service members view psychological problems as a sign of personal weakness or “mental illness.” A 2004 landmark study reported: “Of those whose responses were positive for a mental disorder, only 23 to 40 percent sought mental health care. Those whose responses were positive for a mental disorder were twice as likely as those whose responses were negative to report concern about possible stigmatization and other barriers to seeking mental health care” (Hoge, 2004).

An Institute of Medicine (IOM) study found that 13 to 20 percent of the 2.6 million service members deployed to Iraq or Afghanistan since 2001 may suffer from post-traumatic stress disorder (PTSD)(Institute of Medicine of the National Academies, 2012). The IOM noted that only slightly more than half of those diagnosed with PTSD actually received treatment. This “treatment gap” was viewed to be the result of three factors: stigma, difficulty accessing care and health care workers not suitably trained to treat PTSD.

1.2 AFTERDEPLOYMENT WEBSITE: OVERVIEW

In 2006, Congress mandated the U.S. Department of Defense to develop an online resource addressing PTSD and other mental health conditions commonly occurring after a deployment (NDAA, 2006, 2007). In response, the Defense Department’s National Center for Telehealth & Technology (T2) developed and maintains the AfterDeployment website.

Initially launched in August 2008, AfterDeployment’s target audience is the entire military community: specifically, service members, veterans and family members. In December 2010, a “provider portal” was introduced to add support for health care professionals treating patients with behavioral health issues.

The website was designed to work as a self-care solution. While the general congressional mandate was to focus on the period after deployment, the site’s content, crafted to provide topical comprehensiveness, evolved to more broadly cover the entire deployment spectrum, from pre-deployment through deployment to redeployment. Features were developed to provide an immersive, interactive experience (see the self-management workshops later in this Guide). The material was aimed at a diverse population with the aim of normalizing adjustment problems following a deployment.

In addition to the core topics (discussed later in this Guide) the website includes various other features: polls, cognitive exercises, inspirational quotes, health tips, links to external resources, an FAQ, a glossary, community forums and expert blogs, a geocator to find providers based on region/zip code, a link to a live chat with a health consultant, hotline information and a media toolkit.

While many of the site's topics (e.g., post-traumatic stress, depression and substance abuse) present users with tools to limit the impact of behavioral health conditions (tertiary prevention), the inclusion of content not focused on psychopathology (such as resilience, health and wellness, and spirituality) gives users opportunities to target personal and emotional growth (primary prevention).

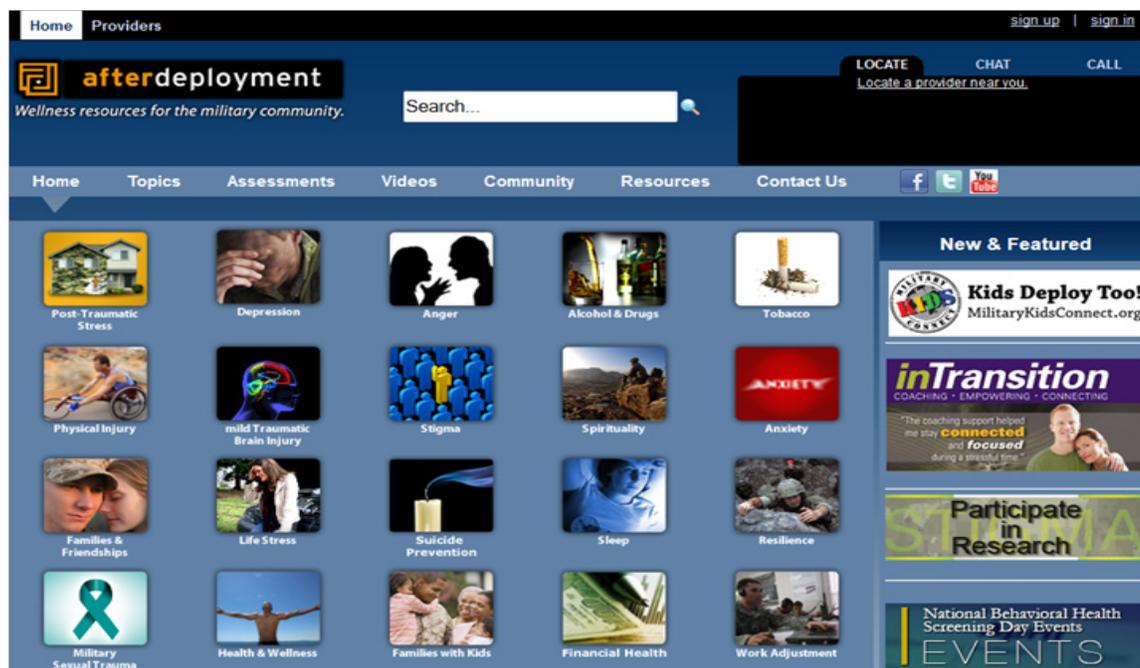
Over time, and subsequent to evolving use cases, community-of-practice feedback, and ongoing technical and content development, AfterDeployment has experienced a paradigm shift in its overall utility; currently, the website also serves an adjunctive role in support of face-to-face clinical encounters.

1.3 AFTERDEPLOYMENT WEBSITE: CURRENT FEATURES

This section provides a general overview of AfterDeployment's core topics and components.

Topics. Broadly, AfterDeployment's 20 topics cover clinical, psychosocial and spiritual issues, and provide access to content associated with prevention (Figure 1). These wide-ranging materials address family concerns, conflict resolution, work adjustment, substance abuse and the concept of stigma. Each topic contains common core components: self-assessments, information libraries, self-management workshops, video stories of service members and families discussing their deployment challenges and references to additional resources.

Figure 1. The AfterDeployment Home page



Web-Based Applications: A Guide for Clinicians



Self-Assessments. Twenty-nine online self-assessments encompass all the topic areas covered on AfterDeployment (See Appendix A). Detailed disclaimers throughout the site state that assessment results are not intended to provide a diagnosis and are not a substitute for professional consultation. Should a user yield a score on a clinical measure in a range consistent with a possibly significant diagnosis, he or she is advised by the system to share the results of the assessment with an appropriate health care professional.

Libraries. Each topic provides an in-depth library of printable information. Patients may also choose to use the libraries to share information with family members.

Self-Management Workshops. Many of the topics offer workshops containing video documentaries that provide an overview of the area and workbooks involving interactive exercises designed to support actual skills development. The development of all of the workshops was rigorous; only evidence-based interventions and best practices were included. Integrated “hands-on” guidance available in the workshops enables users to personalize recommended self-help strategies, including deep-breathing exercises, individualized trauma-trigger records and conflict-resolution exercises. Users are guided through the selection and use of interactive workshops as real-time supplements to treatment or as homework assignments to do between treatment sessions.

Video Stories. Many of the topics use a video documentary format with short videos that include a narrator who provides a tutorial for the topic and guides the user through each educational segment; scenes of actors playing service members and family members; and interviews with health care providers. The videos also reference other sections of the topic as a supplement to face-to-face cognitive behavioral therapy.

Videos. This section contains short videos providing personal stories featuring actual service members, their families and health care providers working in military settings. The focus of the interviews includes coping with the demands of deployment, managing the family during the service member’s sustained absence from the home and the challenges faced by the entire family during the reintegration period following a deployment. Some topics also have short videos providing useful facts and tips.

Community. This section provides access to community forums where users can participate and share their concerns, as well as a link to blog entries provided by behavioral health experts.

Resources. This section provides links to many useful websites, books and podcasts on topics available on AfterDeployment. Sections include:

- **Getting Help:** Find out about seeking professional help, the role of psychologists, psychiatrists, social workers and other behavioral health professionals, and common beliefs that interfere with seeking face-to-face help with a psychological health professional.
- **Library:** See the earlier section on Libraries.
- **Links & Books:** Find outside links and suggestions for additional reading resources, organized around each of the AfterDeployment topic areas.
- **Frequently Asked Questions:** Obtain answers to common questions about AfterDeployment.
- **Site Help:** Get answers to common technical questions about AfterDeployment.
- **Glossary:** Find definitions for behavioral health terms that are used on AfterDeployment.

Locate. Users can locate a provider or a clinic near them by clicking on the LOCATE tab in the upper-right corner of the page.

Chat. Users can text with a professional immediately by clicking on the CHAT tab located in the upper-right corner of the page.

Call. Users can talk with a professional immediately by clicking on the CALL tab located in the upper-right corner of the page.

1.4 AFTERDEPLOYMENT WEBSITE: DETAILED DESCRIPTION OF TOPIC RESOURCES – POST-TRAUMATIC STRESS

Clicking on the **Post-Traumatic Stress** icon on the AfterDeployment Home page leads to the **Post-Traumatic Stress** topic (Figure 2).

Figure 2. The Post-Traumatic Stress Home page



This page has the following sections:

Start Here! is the entry point for this topic. Clicking the button introduces a video coach, who describes the topic layout and serves as a guide in the other sections shown on this page.

The **Video Stories** section gives an overview of post-traumatic stress (PTS) and describes how stress is normal after a traumatic event, but that people can learn how to control it, rather than letting it control them. The five modules lead the viewer through the stories of three service members and how they lived with and ultimately learned to cope with their PTS. The videos use a narrator, dialogue from service members and commentary from a military psychologist to describe PTS symptoms and coping mechanisms, as well as how symptoms can affect personal relationships. The videos also note how to use all the other sections of this topic to supplement face-to-face cognitive behavioral therapy.

The **PTS Workbook** provides users with interactive tools and exercises to help them reduce their stress. After opening the workbook, clicking the play button below the **Take the tour!** label (Figure 3) plays a short tutorial in which the site's coach provides an overview of the workbook sections and directions on how to use the interactive components. As the user progresses through the workbook, the coach provides information about the topic and serves as a guide through the sessions. Note that there are references throughout the modules to obtaining in-person care and using other resources on AfterDeployment.

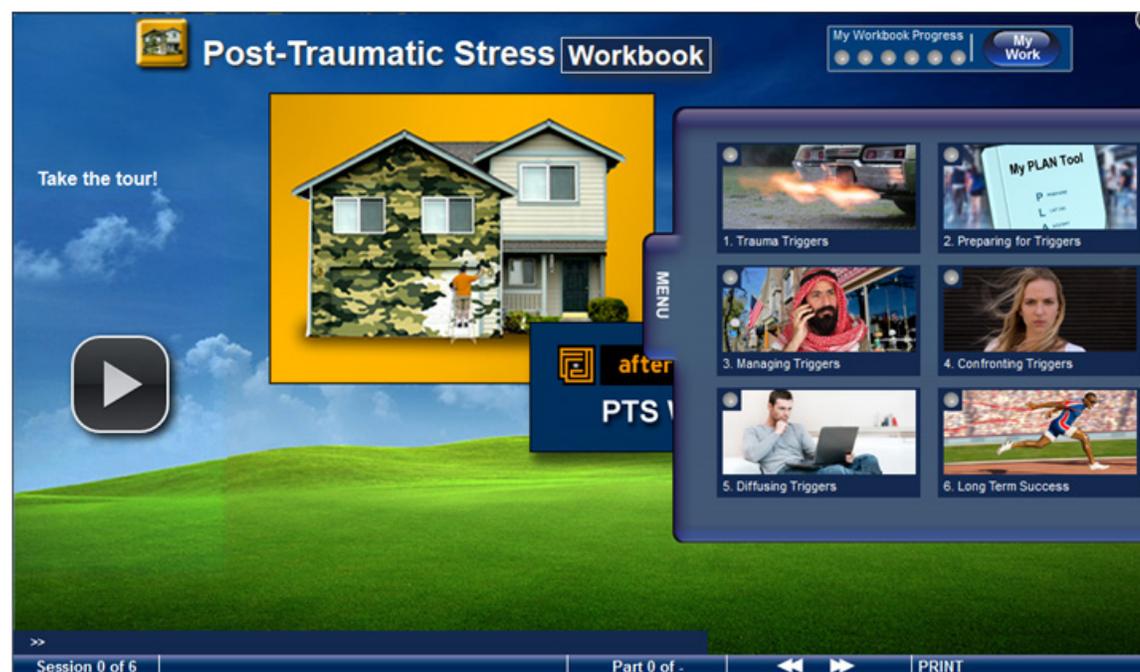
Figure 3. The user can take a tour of the PTS Workbook



Clicking on the **MENU** tab on the right side of the page gives access to six interactive sessions (Figure 4), which include:

- Trauma Triggers
- Preparing for Triggers
- Managing Triggers
- Confronting Triggers
- Diffusing Triggers
- Long Term Success

Figure 4. The interactive sessions in the PTS Workbook

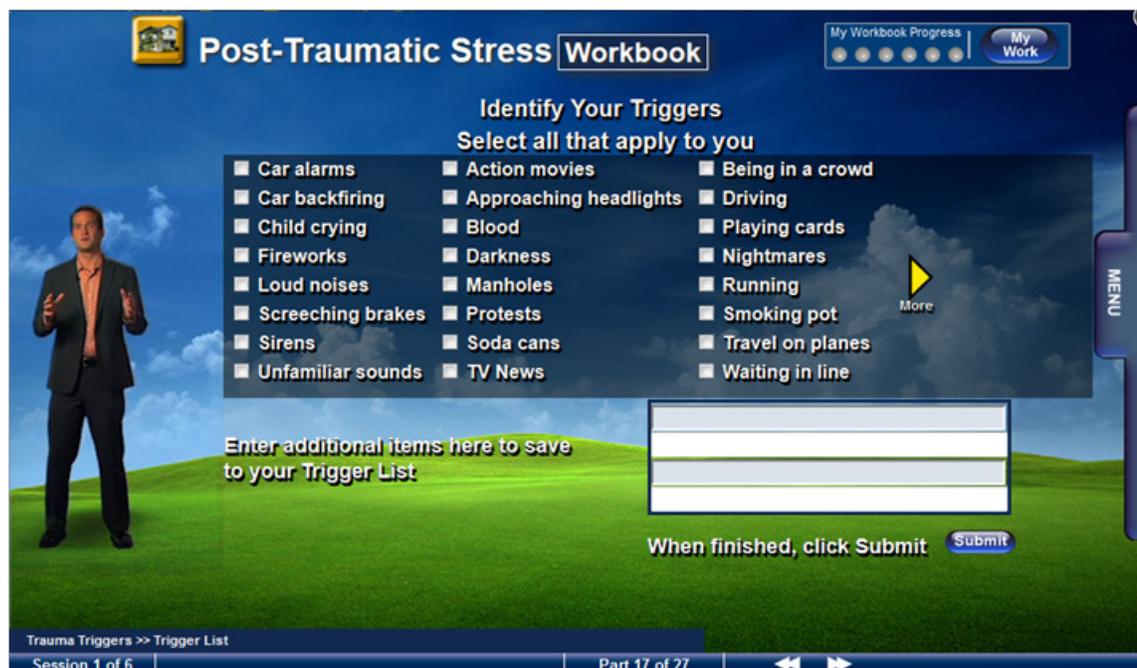


While users can view the sessions in any order, the best approach is to start at the beginning and use the sessions in sequence. Because behavior change isn't easy, the workbook has been designed to offer encouragement, normalize the trauma and deal with possible forms of resistance.

Session 1: Trauma Triggers provides an overview of the six video sessions. The video narrator describes how both a person's mind and body automatically respond to triggers. A user learns how to identify their triggers and understand how triggers affect their emotions, physical responses and behavior. Using the story of a service member named John, the benefits of making a trigger list are discussed, such as regaining control, discovering unknown triggers and tracking improvements.

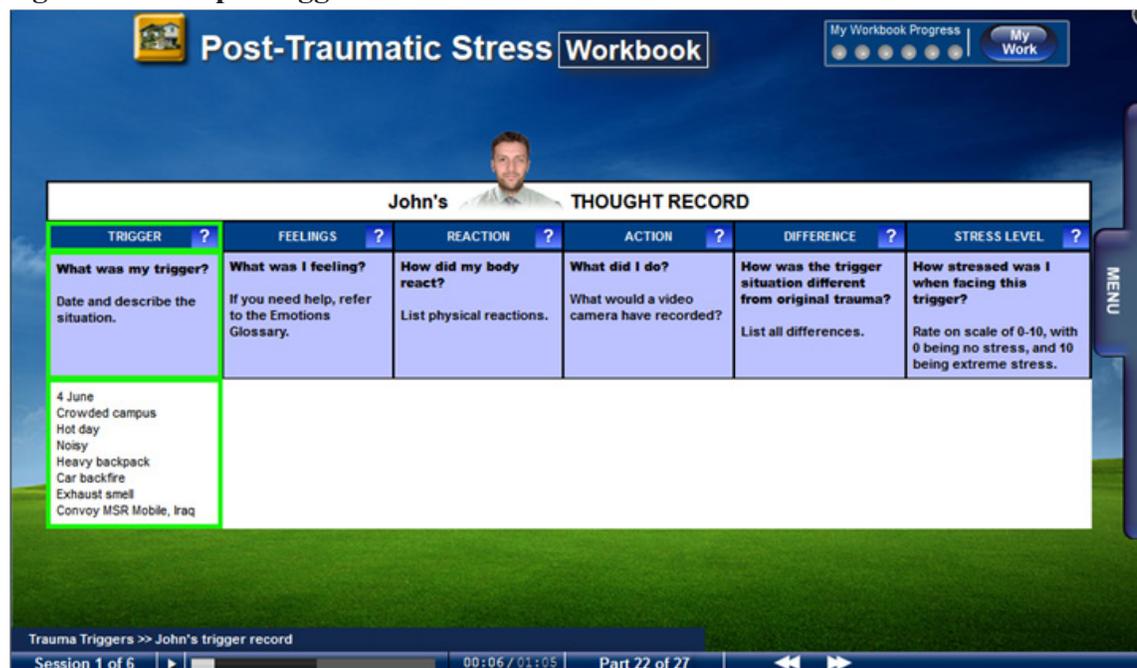
Users are encouraged to view the entire session, which takes about 20 minutes to complete. As users proceed through the workbook, they are asked to answer questions and fill in information about how well they are coping. For example, a checklist prompts users to identify their triggers (Figure 5). If a particular trigger is not indicated on the list, users can enter additional triggers by typing them in the text box.

Figure 5. The trigger list can be personalized



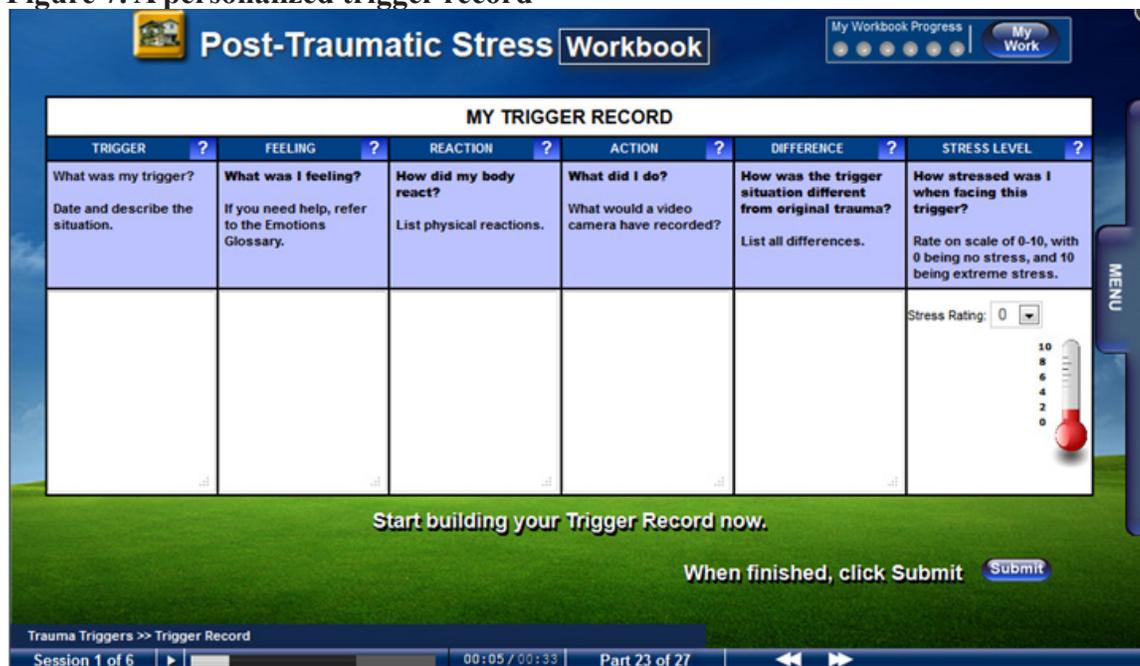
To help users understand the exercise, the session provides an example of a trigger record (Figure 6). Users can click on the question mark in each section to hear further explanation.

Figure 6. A sample trigger record



After viewing the example, the workbook prompts users to fill in their own trigger records. (Figure 7).

Figure 7. A personalized trigger record



The screenshot shows a web application interface for a 'Post-Traumatic Stress Workbook'. At the top, there's a title bar with 'Post-Traumatic Stress Workbook' and a 'My Work' button. Below this is a table titled 'MY TRIGGER RECORD' with six columns: TRIGGER, FEELING, REACTION, ACTION, DIFFERENCE, and STRESS LEVEL. Each column has a question and instructions. The 'STRESS LEVEL' column includes a stress rating scale from 0 to 10 with a thermometer graphic. At the bottom, there's a 'Submit' button and a progress indicator showing 'Session 1 of 6' and 'Part 23 of 27'.

TRIGGER ?	FEELING ?	REACTION ?	ACTION ?	DIFFERENCE ?	STRESS LEVEL ?
What was my trigger? Date and describe the situation.	What was I feeling? If you need help, refer to the Emotions Glossary.	How did my body react? List physical reactions.	What did I do? What would a video camera have recorded?	How was the trigger situation different from original trauma? List all differences.	How stressed was I when facing this trigger? Rate on scale of 0-10, with 0 being no stress, and 10 being extreme stress.
					Stress Rating: 0 10 8 6 4 2 0

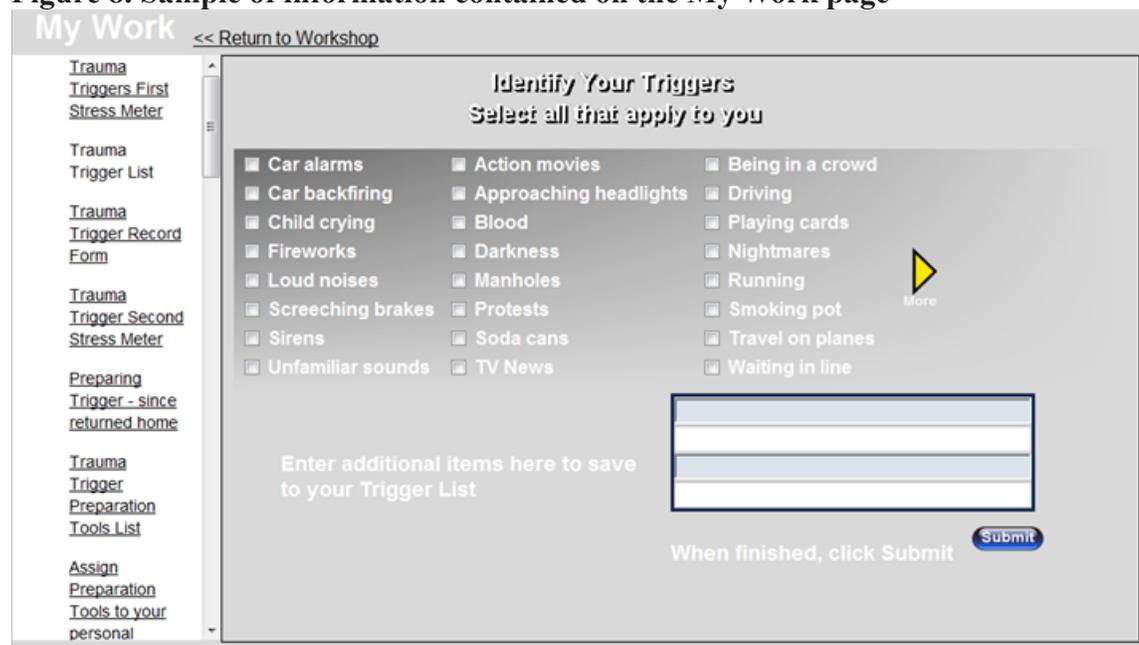
Start building your Trigger Record now.

When finished, click Submit [Submit](#)

Trauma Triggers >> Trigger Record
Session 1 of 6 | 00:05 / 00:33 | Part 23 of 27

The My Work page, accessed by clicking on a button on the upper right, saves the user's information within the workbook (Figure 8).

Figure 8. Sample of information contained on the My Work page



The screenshot shows the 'My Work' page with a sidebar on the left containing navigation links like 'Trauma Triggers First Stress Meter', 'Trauma Trigger List', 'Trauma Trigger Record Form', 'Trauma Trigger Second Stress Meter', 'Preparing Trigger - since returned home', 'Trauma Trigger Preparation Tools List', and 'Assign Preparation Tools to your personal'. The main content area is titled 'Identify Your Triggers' and asks the user to 'Select all that apply to you'. It features a list of 15 items with checkboxes: Car alarms, Car backfiring, Child crying, Fireworks, Loud noises, Screeching brakes, Sirens, Unfamiliar sounds, Action movies, Approaching headlights, Blood, Darkness, Manholes, Protests, Soda cans, TV News, Being in a crowd, Driving, Playing cards, Nightmares, Running, Smoking pot, Travel on planes, and Waiting in line. There is a 'More' button and a text input field for additional items. A 'Submit' button is at the bottom right.

My Work << Return to Workshop

Identify Your Triggers
Select all that apply to you

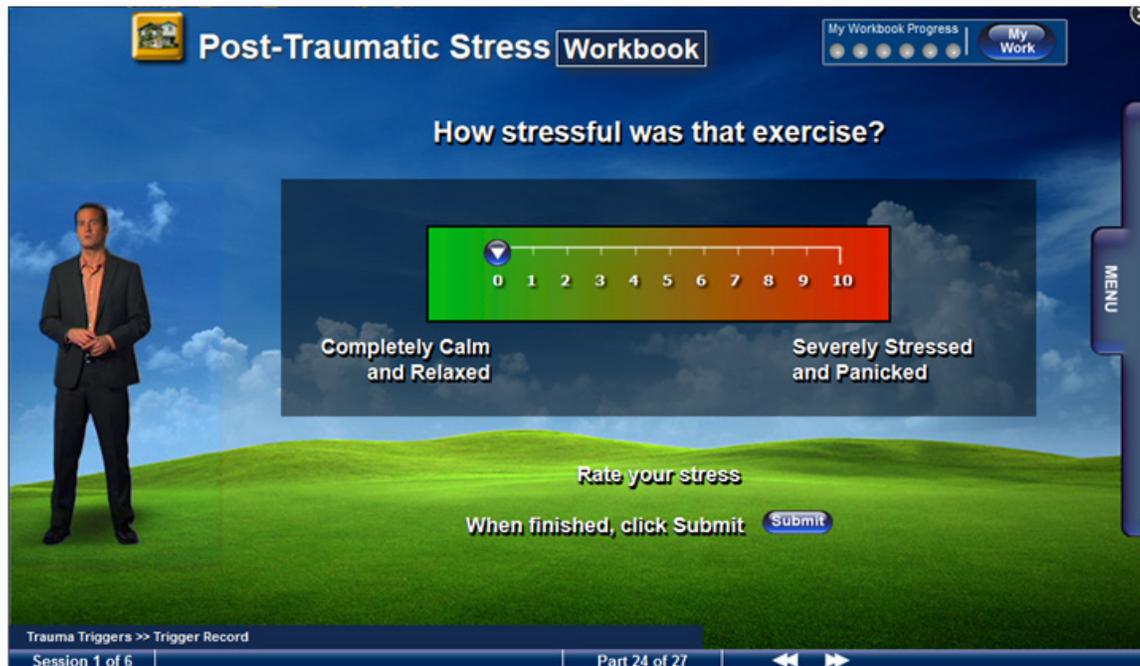
- Car alarms
- Car backfiring
- Child crying
- Fireworks
- Loud noises
- Screeching brakes
- Sirens
- Unfamiliar sounds
- Action movies
- Approaching headlights
- Blood
- Darkness
- Manholes
- Protests
- Soda cans
- TV News
- Being in a crowd
- Driving
- Playing cards
- Nightmares
- Running
- Smoking pot
- Travel on planes
- Waiting in line

Enter additional items here to save to your Trigger List

When finished, click Submit [Submit](#)

Periodically, the workbook checks in with users to see how they are progressing and to check on their stress levels (Figure 9).

Figure 9. Users can rate their stress level after an exercise



Like a therapist might do at the end of a session, the workbook coach reviews the session, referencing the areas that were covered and the particular takeaways (Figure 10).

Figure 10. The coach summarizes the content covered in each session





As users gradually learn ways to manage their triggers, the remaining sessions in the workbook will use the responses that they provided in earlier sessions. The rest of the sessions are summarized as follows:

Session 2: Preparing for Triggers teaches the user to plan in advance to anticipate trauma triggers that might be faced during day-to-day activities. The four-step PLAN tool (Prepare, Let Go, Accept and Note) is a strategy to help reduce a trigger's impact by having a user make a list of triggers they expect to face, learn techniques to help them let go of worries the triggers may cause, discover ways to accept uncomfortable feelings that triggers may bring up and record the techniques they find helpful. The goal is to minimize the impact that triggers have and to help a service member return to a normal life.

Session 3: Managing Triggers describes the RID tool (Relax, Identify and Decide), for use with triggers or stressful situations. This tool introduces cognitive and behavioral strategies to manage unexpected triggers. First, individuals develop a plan to use a relaxation tool such as a deep-breathing exercise to manage emotional responses to triggers. They then identify the difference between the original trauma and current triggers. Finally, they learn that they can choose a response to a trigger as part of a planning process. Problems with the use of avoidance as a response to triggers is identified and strategies to use during exposure are described and integrated into a plan. Video modeling is included to demonstrate the points.

Session 4: Confronting Triggers teaches approaches to confronting triggers by learning how to develop strategies for planning gradual exposure to a hierarchy of personal triggers. Users are provided with the rationale and strategies to allow them to stay in the presence of a trigger until arousal diminishes. The strategies include creating a list of coping strategies and cognitive reframing to help cope with catastrophic thinking and accept the presence of physical symptoms.

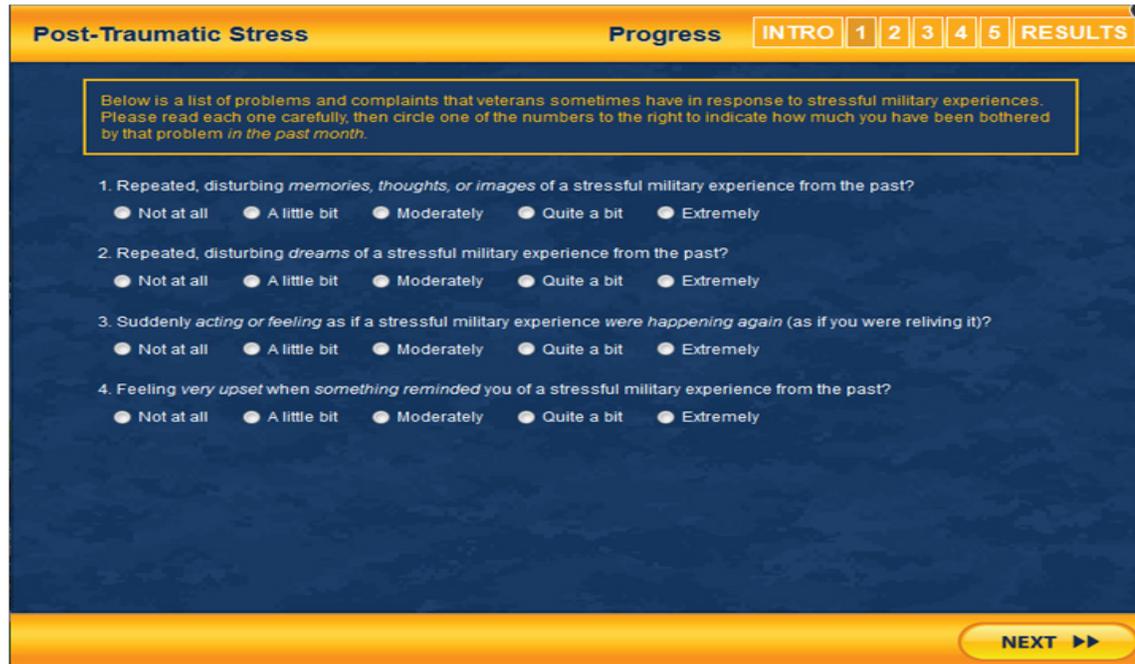
Session 5: Diffusing Triggers uses a structured writing task to help users process and gain control over traumatic memories. Individuals learn to address distressing thoughts and memories by putting their story together into a coherent narrative and using that process to reduce both arousal and avoidance of distressing thoughts.

Session 6: Long Term Success helps users learn to use strategies to cope with triggers and to create a personal coping plan.

Clicking on the **PTS Assessments** tab opens the Assessment pop-up window, which provides a brief introduction to post-traumatic stress and an overview of the resources on AfterDeployment. Because adjustment difficulties generally occur co-morbidly (e.g., PTSD co-occurring with depression and alcohol problems), this page also has links to additional assessments on AfterDeployment, offering users other tools to evaluate their overall level of coping.

By clicking on the first link in the list, **Post-Traumatic Stress**, and after viewing the disclaimer, clients can access the PCL-M, a military version of the PTSD Checklist developed and validated for use with service members (Figure 11). Upon completing a five-minute, 17-item questionnaire to assess current status, users receive feedback about the level of symptoms associated with post-traumatic stress they are reporting. Questions assess the frequency of disturbing thoughts, dreams or feelings related to military experiences and their possible contributions to disturbed sleep, thinking and emotions.

Figure 11. Page 1 of the PCL-M Assessment for PTSD



Post-Traumatic Stress Progress **INTRO** 1 2 3 4 5 **RESULTS**

Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem *in the past month*.

1. Repeated, disturbing *memories, thoughts, or images* of a stressful military experience from the past?
 Not at all A little bit Moderately Quite a bit Extremely
2. Repeated, disturbing *dreams* of a stressful military experience from the past?
 Not at all A little bit Moderately Quite a bit Extremely
3. Suddenly *acting or feeling* as if a stressful military experience were *happening again* (as if you were reliving it)?
 Not at all A little bit Moderately Quite a bit Extremely
4. Feeling *very upset* when *something reminded* you of a stressful military experience from the past?
 Not at all A little bit Moderately Quite a bit Extremely

NEXT ►►

After completing the PCL-M and clicking the **Get Results** button, a user's results are displayed on the **YOUR RESULTS** tab on a sliding scale from Low to High. Information in the **RECOMMENDATIONS** and **RESOURCES** tabs offers suggestions that vary depending on whether the PCL-M indicates low, moderate or high symptom severity.

Following are the results, recommendations and resources from AfterDeployment for the three degrees of severity: Low Symptom Severity, Moderate Symptom Severity and High Symptom Severity.

Low Symptom Severity:

Based upon a result of low acuity for post-traumatic stress, the tabs contain the following information:

YOUR RESULTS Tab:

Your score reflects that you are not experiencing symptoms that are typically associated with post-traumatic stress. Although only a healthcare professional can provide an actual diagnosis of post-traumatic stress, or its absence, your results suggest that your experience is not similar to the experience of individuals suffering from post-traumatic stress.

RECOMMENDATIONS Tab:

Your results suggest you are managing this area of your life. Because maintaining healthy habits means a lifestyle that includes stress management and finding balance, we encourage you to check out the many tools in the Life Stress topic.



And, you may want to join one of our community forums, where you can network with others on a range of topics. Even if you're not struggling with a worried style of thinking, you may find that reaching out to others can be rewarding.

You're also encouraged to check out other assessments on AfterDeployment to learn if you are having problems in other areas. You can find links to these tools under the **RESOURCES** tab located above.

RESOURCES Tab:

AfterDeployment contains many tools, videos, exercises and educational materials that may interest you. On the main page you can choose a topic of interest under the **Topics** button, find the Peer-2-Peer Forum under the **Community** button, and select an assessment under the **Assessments** button.

To read more about a topic check out the **Library** found under the **Resources** tab on the main page.

Click here to see the materials in the **Life Stress** library.

Moderate Symptom Severity:

Based upon a result of moderate acuity for post-traumatic stress, the tabs contain the following information:

YOUR RESULTS Tab:

Although only a healthcare professional can provide an actual diagnosis, you are reporting some experiences which are similar to some moderate symptoms associated with post-traumatic stress.

RECOMMENDATIONS Tab:

Having experiences that are somewhat similar to those associated with post-traumatic stress doesn't mean you have posttraumatic stress disorder (PTSD). It does mean that you should look into the concerns you are reporting because they can be upsetting and distressing. If you've experienced these symptoms for more than a few weeks, or they are getting worse, you should consult your health care provider. If you don't have one, you can locate a provider or a clinic near you by clicking on the **LOCATE** tab in the upper-right corner of the website. You can also print the results of this assessment and share them with your health care provider. If you have more immediate concerns, you can talk with a professional right now by clicking on the **CALL** or **CHAT** tabs, also found in the upper-right corner of the website. Both the **CALL** and **CHAT** options are available 24-7.

Another way to explore these experiences is to check out the materials in AfterDeployment's **Post-Traumatic Stress** topic. When someone is experiencing the kinds of distressing symptoms you report, problems are often present in other areas of life. You can determine where other problems may exist or the extent of the problem by taking additional assessments. Managing these kinds of concerns on your own can be difficult. The support you can find by joining the community forum may help. In the forum, you can network with others on a range of topics. You can find links to these tools under the **RESOURCES** tab located above.

these topics listed here, or under the **Topics** button on the main page. From any of these topic pages you can jump into a workshop, assessment or access the library booklet for that topic.



RESOURCES Tab:

You can locate a provider or a clinic near you by clicking [HERE](#) or on the **LOCATE** tab in the upper-right corner of the website. You can talk with a professional right now by clicking **CALL** or **CHAT** in the upper-right corner of the website. Both the **CALL** and **CHAT** options are available 24-7.

The post-traumatic stress materials on AfterDeployment can be accessed below or under the **Topics** button on the main page. Concerns with post-traumatic stress can be accompanied by problems with depression, general stress, anger and sleep. Concern about what others might think of your experience can also create a reluctance to consult with mental health providers when necessary because of an unrealistic fear of stigma. You can find these topics listed here, or under the **Topics** button on the main page. From any of these topic pages you can jump into a workshop, assessment or access the library booklet for that topic.

Post-Traumatic Stress

Depression

Sleep

Life Stress

Anger

Stigma

You can find links to related assessments below, or you can access all of AfterDeployment's assessments under the **Assessments** button on the main page.

Depression

Stress

Anger

Sleep

Stigma

You might find it helpful to discuss this and other topics in the Community forums. You can find the Peer-2-Peer Forum under the **Community** button on the main page.

High Symptom Severity:

Based upon a result of high acuity for post-traumatic stress, the tabs contain the following information:

YOUR RESULTS Tab:

Although only a healthcare professional can provide an actual diagnosis, your score indicates that you are experiencing a significant number of symptoms that are similar to those associated with post-traumatic stress.



RECOMMENDATIONS Tab:

Having experiences that are very similar to those associated with post-traumatic stress suggests that you should look into these concerns because they can be very upsetting and disruptive of your life. If you've experienced these symptoms for more than a few weeks, or they are getting worse, you should consult your health care provider immediately. If you don't have one, you can locate a provider or a clinic near you by clicking on the **LOCATE** tab in the upper-right corner of the main page. We recommend you take a copy of the results of this assessment and share them during your appointment.

If you have more immediate concerns, you can talk with a professional right now by clicking on the **CALL** or **CHAT** tabs, also found in the upper-right corner of the main page. Both the **CALL** and **CHAT** options are available 24-7.

We encourage you to check out the materials in the AfterDeployment **Post-Traumatic Stress** topic. Also, when someone is experiencing the kinds of distressing symptoms you report, problems are often present in other areas of life. You can determine where other problems may exist or the extent of the problem by taking additional assessments. And, because managing these kinds of symptoms on your own can be difficult, you may want to join one of our community forums for support. In the forums, you'll be able to network with others on a range of topics. You can find links to these tools under the **RESOURCES** tab located above.

RESOURCES Tab:

You can locate a provider or a clinic near you by clicking [HERE](#) or on the **LOCATE** tab in the upper-right corner of the website. You can talk with a professional right now by clicking **CALL** or **CHAT** in the upper-right corner of the website. Both the **CALL** and **CHAT** options are available 24-7. The post-traumatic stress materials on AfterDeployment can be accessed below or under the Topics button on the main page. Concerns with post-traumatic stress can be accompanied by problems with depression, general stress, anger and sleep. Concern about what others might think of your experience can also create a reluctance to consult with a mental health provider when necessary because of an unrealistic fear of stigma. You can find these topics listed below, or under the Topics button on the main page. From any of these topic pages you can jump into a workshop, assessment or access the library booklet for that topic.

Post-Traumatic Stress

Depression

Sleep

Life Stress

Anger

Stigma



You can find related assessments below. Or, you can access all of AfterDeployment's assessments under the **Assessments** button on the main page.

Depression

Stress

Anger

Sleep

Stigma

To read further about any of these topics, check out the Library found under the Resources tab on the main page.

[Click here](#) to open the Post-Traumatic Stress library booklet.

You might find it helpful to discuss this and other topics in the Community forums. You can find the Peer-2-Peer Forum under the **Community** button on the main page.

The **PTS Library** is a booklet that describes four general types of post-traumatic stress reactions (Figure 12). The Library emphasizes that these are normal responses to traumatic events, where the brain is trying to process shocking events and regain some sense of control. Stimuli that trigger unwanted thoughts and reactions are described, as well as several useful tools that can be used to identify triggers and gain control over natural reactions to them. These include keeping a trigger record to help recognize which events can trigger a response, understanding how to plan to avoid triggering situations and learning specific techniques for managing physiological and emotional reactions that can occur in response to triggers.

Figure 12. Example pages from the PTS Library



Note: The booklet opens in a new pop-up browser window. To return to the main **Post-Traumatic Stress** page from any page of the booklet, just close this window.

PTS Resources lists additional resources to learn more about post-traumatic stress:

- Library (an online booklet described previously)
- Links & Books (providing links to articles on other Web-based resources, books and blogs on post-traumatic stress)
- Forums (providing lists of community forum postings by service members and their families)
- Articles (information about treating PTSD and other educational materials)
- Tips (brief descriptions of ideas of things to do to help with symptoms and concerns)
- Facts (point by point descriptions of good things to know about PTSD)

The **More Videos** section contains short videos with information about PTSD, and personal stories by service members, veterans, and providers about how they've coped with the demands of deployment (Figure 13).

Figure 13. Video-based personal stories provide a look at real-life experiences with post-traumatic stress



The following list of videos offers a sample of the compelling, short (one- to five-minute) personal stories:

- **Positive outcomes of deployment** relates an individual’s recognition of the benefits of his deployment, such as closer friendships, a greater love for family and a commitment to develop a stronger bond with his daughter.
- **Treating the wounded** details a doctor’s experiences prepping badly injured soldiers for surgery at a combat support hospital in Baghdad and how the terrible wounds he saw changed his perspective on what’s important in life.
- **Dealing with distance** records the observations of a military wife as she remembers the difficulties caused by separation—both physical and emotional—from her husband and the first days back home after deployment, and how the family had to adapt as he began to process what he had experienced.
- **Seeking help and support** is a message from a combat doctor about how every person experiencing a deployment is going to be changed and will need to adapt—that it’s a medical problem, not a sign of weakness—while noting that there continues to be considerable stigma associated with getting help.
- **Dealing with memories** describes a doctor’s difficulty getting used to performing trauma surgery and how he was affected by the grueling schedule and gruesome environment.

1.5 AFTERDEPLOYMENT WEBSITE: PROVIDER RESOURCES

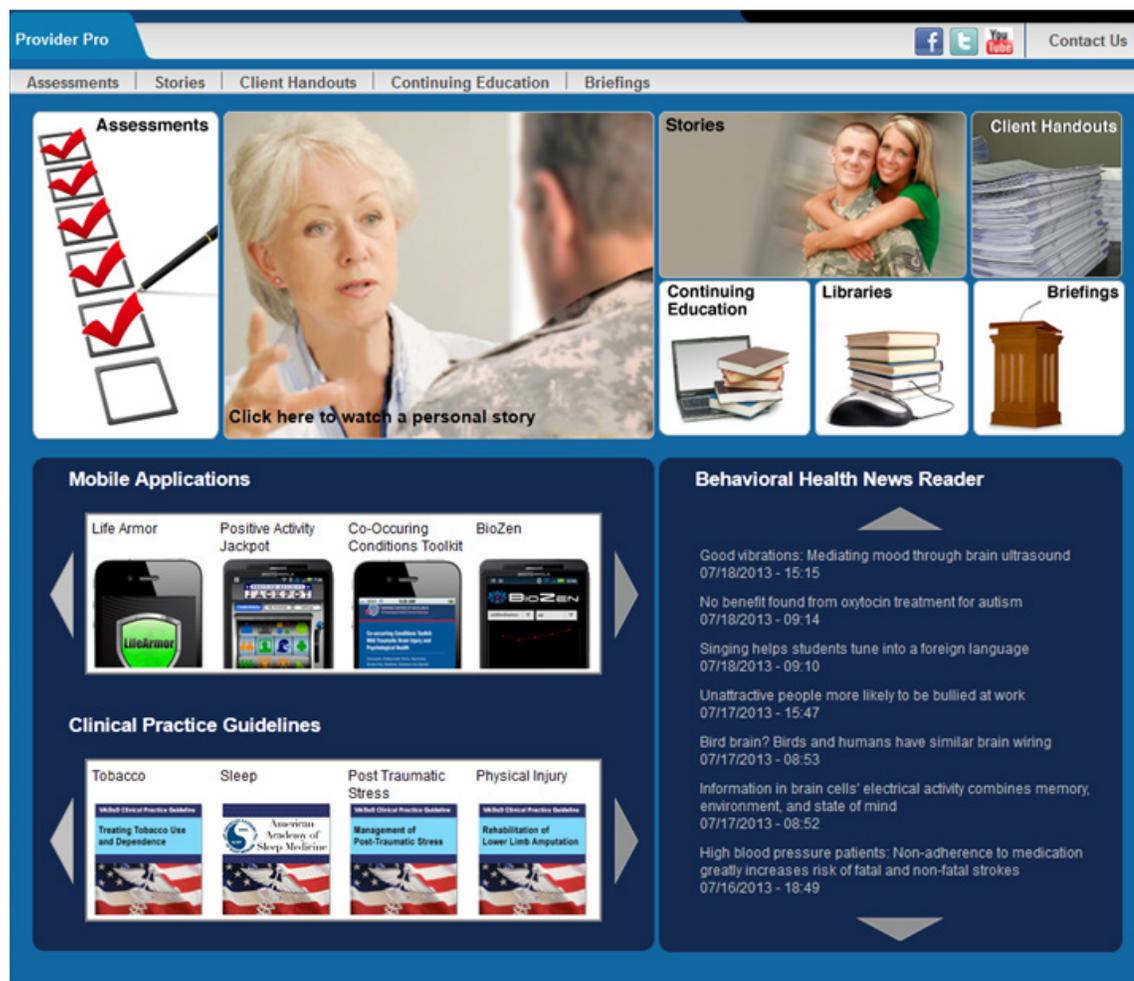
During clinical encounters, in addition to the materials provided in the individual topics, additional resources in the Provider Pro section of AfterDeployment can be useful (Figure 14). This provider portal was introduced to AfterDeployment in December 2010 to add support for health care professionals who treat patients with behavioral health issues related to the deployment cycle. Since its launch, this section (accessed by clicking on the **Providers** tab in the upper-left corner of the AfterDeployment main page) has consistently ranked as one of the most-visited areas of the website.

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The resources available include clinical practice guidelines and links to continuing medical education (CME) courses offered online. Additional tools for providers include treatment tips, client handouts summarizing important information on each of the topic areas, RSS feeds linking to reports on new developments in mental health and PowerPoint briefings allowing providers to easily disseminate information to colleagues.

Figure 14. The Provider Pro section offers resources for health care professionals



The areas of the Provider Pro section include:

Assessments: Of particular note is detailed interpretive information for providers on each AfterDeployment self-assessment. Included is a brief description of each assessment, the scoring algorithms and interpretations of scores, and references to journal articles describing their standardization and demonstrated psychometric properties. There is a printable copy of each assessment and in a number of instances, user self-assessment scores are interpreted for providers by convenient low, medium or high acuity levels.



This comprehensive assessment information allows clinicians to make informed decisions about the assessments before recommending them to patients. Patients can be directed to take assessments during an office visit or at home to be reviewed with the provider during a subsequent appointment. The ease of access to a wide variety of standardized assessments with automatic scoring creates a low response cost for both patient and provider. Ideally, this easy access increases the likelihood that information gathered by providers from the assessments will be used to inform treatment decisions and track progress.

Video Stories: The **Click here to watch a personal story** (the larger video box on the page) and **Stories** sections have short videos in which actual service members discuss how they sought help to address their problems. The **Stories** section provides direct access to personal-stories videos arranged by topic.

Client Handouts: The printable PDF handouts in this section provide information and tips for dealing with most of the topics on AfterDeployment and are a useful resource for patients.

Continuing Education: This section has links to free online courses and presentations (also available as downloadable podcasts) for health care providers on PTSD and related topics. Courses are hosted on the National Center for Post-Traumatic Stress Disorder website (part of the U.S. Department of Veterans Affairs).

Libraries: Described earlier in this Guide, the library sections furnish clinicians with valuable additional tools to aid their patient encounters. Library content can be accessed either via a page-turning flip book or a PDF document. These sections allow easy access to psychoeducation that can be reviewed with a patient during a treatment session or that can serve as patient homework and discussed when questions arise.

Briefings: Printable PDF handouts are provided in this section for two different audiences. Several provide resources to prepare military family members for what to expect before, during and after the deployment of a family member, along with suggestions on how to cope during the separation. Other briefings for civilian health care professionals acquaint them with military culture and give clinical guidance in assessing and treating service members and veterans. With a focus on PTSD and TBI, the information discusses treatment options and factors to consider (e.g., access to services, availability, safety, patient preferences, etc.).

Mobile Applications: These popular mobile apps produced by T2 are tools that service members can download and use to help them gain control over various adjustment difficulties. These applications can be used as stand-alone stress-reduction tools or as an adjunct to psychological treatment.

Clinical Practice Guidelines: These guidelines from the U.S. Department of Veterans Affairs give guidance in assessing and treating service members and veterans.

Behavioral Health News Reader: This section links to ScienceDaily. Best known for showcasing the top science news stories from the world's leading universities and research organizations, ScienceDaily is updated several times a day with breaking news and feature articles. Articles and videos are integrated with photographs and illustrations, with links to journals and academic studies, related research and topics, and a custom search function that allows access to the site's extensive archives.

FREQUENTLY ASKED QUESTIONS: AFTER DEPLOYMENT

BACKGROUND:

Who developed the site?

AfterDeployment was developed by the National Center for Telehealth & Technology (T2) located at Joint Base Lewis-McChord, WA, a component center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. Many people and organizations contributed to development of the content including the National Center for PTSD, the Department of Veterans Affairs and the Department of Defense. A list of people and organizations involved in developing AfterDeployment can be found on the website.

USE IN CLINICAL PRACTICE:

Why should I use AfterDeployment in my practice?

- √ Online content provides easy-to-access clinical tools across a broad spectrum, 24/7.
- √ Clinical trends can be systematically (i.e., electronically) tracked.
- √ Educational and assessment features support prevention (as well as intervention).
- √ Online adjunctive therapeutic exercises support skill development.
- √ Continuity of care (between clinic appointments) is fostered.
- √ Online “homework” assignments reinforce treatment objectives between sessions.
- √ Frequent assessment data recording allows better progress tracking and user feedback.

But won't Web-based resources change the provider-patient relationship?

Health technologies are transforming the way that health care is delivered. Such technologies represent a paradigm shift; a move away from a “doctor-knows-best” approach to a more patient-centric model. Clinical practice in an “age of connectivity” will involve several components: an educated consumer who is more fully integrated into his/her treatment; the popularity of social networks and crowd-sourcing as a means to consume and evaluate health information; the advent of wearable sensors that allow users to track exercise and nutrition regimens and obtain physiological feedback; advancements in user interfaces (a conversational exchange with the software); files that can upload from a device directly into an electronic health record; “virtual” clinics; and synchronous and asynchronous communication methods (email, texting, instant messaging) that will significantly alter traditional notions about appointment scheduling and the office setting. However, the core fundamentals of effective practice will continue to be essential in psychological treatments: comprehensive diagnostics, establishing a therapeutic alliance, knowing the evidence and treatment planning.

Are Web-based health technologies ever contraindicated?

Web-based resources have become increasingly common options for people seeking health information. All information provided on AfterDeployment has been researched by experts in a specific topic area using the best available evidence and validated assessment instruments. Although the tools and resources provided are intended for self-care, they may also be incorporated into clinical practice by health care providers (or the consumer). The diagnostic intake should carefully assess not only the patient's presenting problem and degree of symptom severity and social dysfunction,

but also the patient's level of interest and acceptance in using technologies in support of a treatment plan. As is the case with any treatment method, the resources and tools provided should be carefully evaluated to be sure that the method "fits" the patient's clinical presentation. Eventually, certification procedures will assist both providers and end users with decision-making.

Does the site have a fundamental clinical orientation to content (e.g., cognitive-behavioral)?

Yes, the general approach relies on cognitive-behavioral methods. The focus is on improving understanding about issues that are causing concern, challenging problematic thought patterns and beliefs, and identifying ways to replace these with more adaptive responses, as well as introducing methods to develop useful skills that will promote more healthful behaviors.

What do you mean when you talk about a "self-care solution"?

The information and training available on AfterDeployment are delivered in a way that the user can follow on their own and in their own time without requiring direct feedback. By taking the assessments and completing activities contained in the workbooks, users can learn about their coping and what steps they may take to improve. The resources on AfterDeployment are not intended as an alternative to face-to-face therapy and recommendations are made to seek further treatment as indicated by results of assessments.

PREVENTION:

Can I use the site preventatively?

AfterDeployment offers instruction and resources on a wide array of concerns frequently confronted by service members and their families. It is common to experience multiple issues at one time or another, or in combination. Therefore, it may prove useful to recommend to patients that they spend some time using a topic that they may not need currently but may in the future. For instance, someone using the resources for post-traumatic stress may not currently be having problems with sleep but may find that using the sleep materials concurrently may serve to avoid problems later.

EVIDENCE:

Are there any published articles pertaining to AfterDeployment?

Yes. An article published by researchers at T2, "afterdeployment.org: A web-based multimedia wellness resource for the postdeployment military community" (Bush et al., 2011, *Professional Psychology: Research and Practice* 42(6):455-62) discusses the background and implementation of AfterDeployment and its self-care applications. A list of related publications is available at <http://t2health.dcoe.mil/research-publications.html>.

What about evidence-based? Are randomized controlled trials underway?

All topic materials on AfterDeployment were developed by experts in their respective fields and are based on established best practices and evidence. Several randomized controlled trials (RCTs) of AfterDeployment resources have been done or are underway. These include a pilot study evaluating use of the PTS module in student veterans (Bush et al., 2014, *Psychological Trauma*:



Theory, Research, Practice, and Policy, 6(2):109-19), a study of rural veterans with alcohol misuse and PTSD (ongoing), and a study investigating care for depression and PTSD in a primary care setting (ongoing).

Can I use the site as the basis for an original research project?

It is possible to use AfterDeployment resources as part of original research. For more information, contact AfterDeployment staff by clicking on the Contact Us link on AfterDeployment.

HIPAA (Health Insurance Portability and Accountability Act):

What about HIPAA?

AfterDeployment collects neither HIPAA-protected health information (PHI) nor personally identifiable information (PII).

REGISTRATION:

Does a user have to register in order to use the website?

Users are not required to register or to sign in to access the site's content.

WORKBOOKS:

Why are the workbooks referred to as “interactive”?

The workbooks on AfterDeployment contain components that require users to enter responses as they progress through the materials presented. Much of the interactivity in the workbooks is designed to allow users to tailor the materials to their individual needs. For instance, in the PTS topic users can enter specific circumstances that trigger stress reactions and rate the intensity of their responses. These data are then used as part of exercises to learn to control their triggers.

Can a user simply log on and use the workbooks, or is some form of registration required?

Users can access the workbooks without registering. However, if a user chooses to store their workbook exercises between logons and track their progress, the software system must be able to recognize the user from one logon to the next. This necessitates that users register with the site. However, registration is anonymous and simply involves inventing a username and password. In fact, the site provides explicit instructions to a registrant that name, social security number, email address or other personally identifying information should not be used in creating the user name and password. Users do have the option to provide demographic information such as gender, marital status, ethnicity and age range; however, such information does not constitute personally identifiable information.

ASSESSMENTS:

What about the assessments – can a user simply log on and take an assessment?

No registration is required to take any of the site's self-assessments.



Can a user send his/her assessment results to their provider?

It is not possible to send assessment results directly from the site to a provider. If users have access to a printer they could print their results and bring them to their provider at their next session. Of course, an enterprising user might copy/paste their assessment results into an email or take a snapshot of the results page and paste that snapshot into an email.

Are the assessments available for public use?

Many of the assessments are in the public domain and available for use without authorization. However, some assessments require authorization before use typically due to copyright restrictions (none of the assessments on AfterDeployment require licensing fees). Information on how to obtain authorization for use is available from the Provider Pro page by selecting the Assessments tab and clicking the “assessment details” link in the applicable assessment section.

Is there background information about the assessments that includes validation and scoring?

Yes, each assessment has information about how it was developed, what studies were performed to validate the instrument, and how to administer and score the assessment and interpret the results.

Can the assessments be given to patients as handouts in the form that they appear on the website?

Yes, every assessment is available on the website in a printable PDF document that can be downloaded and printed for patient use.

COMMUNITY:

Can providers chat with one another on the site to discuss clinical cases?

There is no capability currently on AfterDeployment that allows providers to communicate with each other within the website. If you wish to interact with other providers who are interested or have experience with using AfterDeployment you may want to join the AfterDeployment Community of Providers by going to www.Linkedin.com.

I noticed that the site has a blog. How do I learn more about how to contribute to the blog?

We welcome contributions to the AfterDeployment blog. You may contact us by clicking on the Contact Us link for more information.

How do I get my book (article, website, etc.) linked to AfterDeployment?

We are not able to publicize private and for-profit products. However, if you have information or products that you feel would be of benefit to AfterDeployment’s audience, you may contact us by clicking on the Contact Us link on AfterDeployment.

OTHER RESOURCES:

Does the site provide any handouts that I can use in my practice?

Yes, each topic has information available that can be downloaded, printed and distributed to patients and clients. From the **Provider Pro** page, select the **Client Handouts** tab to find patient information handouts organized by topic.



Are there any materials available on AfterDeployment that will help me as a health care professional learn more about how to work with culturally diverse patients?

Yes, from the **Provider Pro** page, select the **Continuing Education** tab to go to the **Special Populations** section that provides additional resources addressing aging, African American, Hispanic and Asian American/Pacific Islander veteran populations.

Does AfterDeployment provide any resources that will give more in-depth information on any of the topic areas contained in AfterDeployment?

Yes, from the **Provider Pro** page, select the **Briefings** tab to find resources for both online viewing and downloading. These provide in-depth information on PTSD and mTBI, along with useful information not specifically covered in the AfterDeployment topic modules, such as how to work with military patients (“Learn About Military Care”) and coping with the different stages of deployment.

How can I become better at assessing PTS in my patients?

The National Center for Post-Traumatic Stress Disorder developed a course called “Comprehensive Assessment of PTSD” that provides instruction on the necessary elements to conduct quality PTSD assessments and reports. This course is available for continuing education (CE) credit and can be accessed from the **Provider Pro** page by selecting the **Continuing Education** tab, clicking **Background and Assessment** at the bottom of the page, and then launching the **PTSD 101: Assessment** course.

HELP:

Is there a section on the site to go to for help in navigating the site?

A sitemap is available that lists all of the sections contained in the site, along with their subdivisions. A link to the sitemap is available at the bottom of each page.

Is there a contact person to check in with if I have questions about using the site in my practice?

The best way to contact someone with questions about AfterDeployment is to click on the Contact Us link at the top of every page.

NEXT ITERATIONS:

Is AfterDeployment going to add content or make any other changes?

Several changes to AfterDeployment are underway, some that are currently in development will be coming in the near future and some are still being formulated . Upcoming changes will include adding and updating content on existing topics, consolidating topical content and changing the overall look and feel of the site. Coming later will be some new and innovative ways to make the content more accessible and engaging for our users. One of the most significant innovations will be to make AfterDeployment’s content easier to use on mobile devices.

2.1 MILITARY KIDS CONNECT WEBSITE: BACKGROUND

This section of *Web-Based Applications: A Guide for Clinicians* was designed for teachers, other school staff (such as counselors, nurses or psychologists) and health care providers (such as pediatricians or family practitioners). It provides the background of the *Military Kids Connect* website (*MKC*), gives a brief summary of its features and offers suggestions on how the site's material can be used.

The website offers value for military children in the following ways:

- Easy and anonymous access to supportive information (computer with Internet connection necessary)
- Learning that can be customized and self-paced
- Connections to other military kids through online forums

2.2 MILITARY KIDS CONNECT WEBSITE: OVERVIEW

Today's military kids grow up in a world where multiple parental deployments are more common than not. Deployments to Iraq and Afghanistan have affected nearly two million military children. A 2011 RAND study suggested that the distress that some military youth experience can result in anxiety symptoms and emotional difficulties before, during and after a parent's deployment (Chandra, 2011).

As recently as 2009, despite the Internet's popularity among children, there was little Web-based content specifically designed to support military youths' response to the many stressors that they confront when a parent is deployed. To fill this gap, in September 2010, the National Center for Telehealth & Technology (T2) began development on the *Military Kids Connect* (*MKC*) website with the intent to develop content in support of child and family readiness throughout the deployment cycle. In fact, subsequently, the January 2011 Presidential Study Directive-9 "Strengthening Our Military Families: Meeting America's Commitment" called for a Government-wide effort to "enhance the well-being and psychological health of the military family." (Presidential Study Directive 9, 2011) The creation of *MKC* was the first DoD Web-based application to provide psychological support to military children ages 6-17.

The website provides access to age-appropriate resources to help children prepare for the unique psychological challenges related to military life – from pre-deployment through a parent's or caregiver's return – and enables them to develop a set of skills in order to get through long and often difficult separations and situations.

As the military environment evolves, the ongoing development of the website will support skill development around psychological issues related to transitions such as reintegration, geographical relocations and transitioning from military to civilian life. Planned site enhancements will focus on: strengthening the online military youth community, teaching stress and anger management, and educating about mild traumatic brain injury (mTBI). Features will include graphic novels, an interactive commenting system, a comic creator and interactive stress management tools.

2.3 MILITARY KIDS CONNECT WEBSITE: CURRENT FEATURES

This section of the Guide focuses on introducing school staff and health care providers to *MKC* content, particularly with respect to concerns they may encounter with military-connected students or patients. As the youth tracks are described, readers are encouraged to open these sections of the website in a separate browser window and review the various areas discussed.

MKC features customized content organized into three age-specific tracks (Figure 1):

- Kids (ages 6-8)
- Tweens (ages 9-12)
- Teens (ages 13-17)

There are two additional tracks for adults who support military children:

- Teachers & Educators
- Parents & Caregivers

Figure 1. MKC Welcome page



Tracks for Youth and Purpose of Their Activities

Each youth track has its own Home page called Home Base, where all of the website content designed for their age group can be found. The content on the website has been carefully designed by psychologists to address specific needs, and the materials and resources provided in each track are matched to the appropriate age level.

Activities are grouped in various ways to help kids explore the website. A general description follows of some of the activities found on the various youth track pages and how they are designed to support military youth. This summary gives just a brief overview of the content on MKC; educators and clinicians are encouraged to open the website in a separate browser window while reviewing the following section, so they can explore the variety of activities and resources available.

Types of activities include:

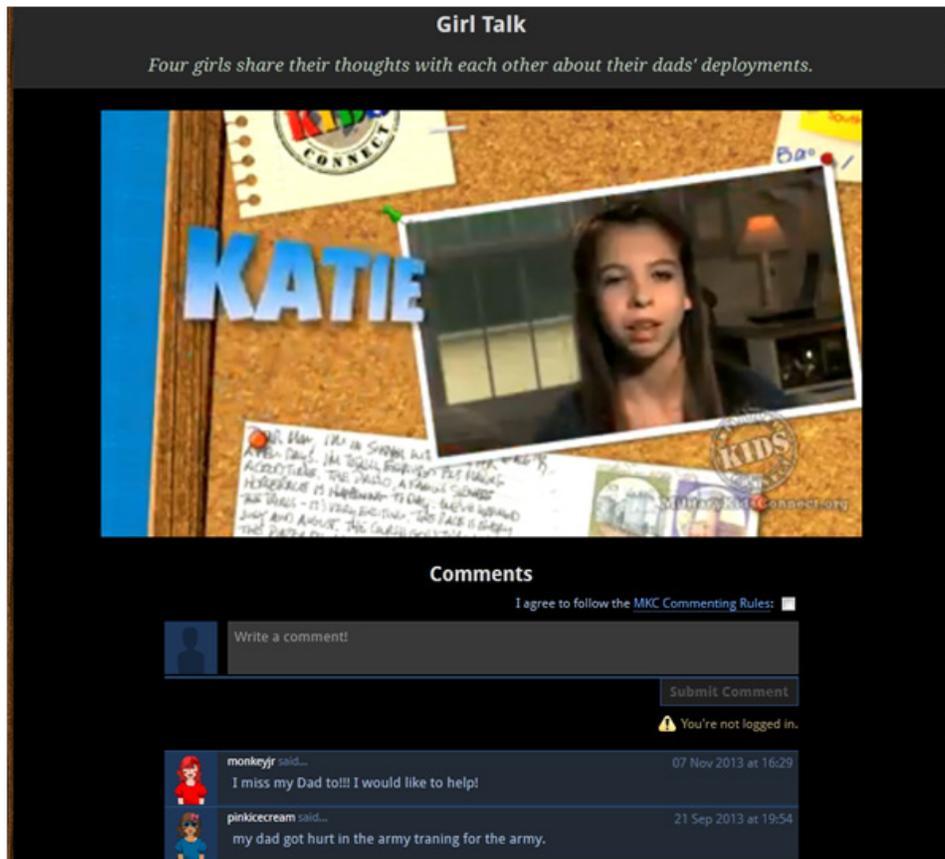
- **Activities that reduce the fear of the unknown** include *Where Are You Going?*, an interactive world map and several related games that let kids explore cultural aspects of a high-deployment country and view the weather and time of a deployed parent's location (Figure 2).

Figure 2. *Where Are You Going?* interactive map



- **Activities that normalize the experience of deployment and help kids learn coping skills through role models** include videos of military youth talking about their experiences with deployment, while other videos show how families cope during pre- and post-deployment periods. Also included are first-person narratives about common experiences and coping tips, and deployment-related vignettes about common dilemmas, potential choices and consequences. Youth can even offer comments about what they would do in different situations (Figure 3).

Figure 3. Personal Story video with comments



- **The Tough Topics section provides content to help children and families deal with the consequences of war.** Covering topics such as physical injury and posttraumatic stress disorder (PTSD), these activities help youth better understand and cope with such experiences. In addition, experts in the field give parents and professionals tips on working with children facing these challenges.

- **Tools that teach coping skills and games that provide distraction** are popular activities that give kids lots of ways to deal with the stress of deployment. These activities include creating their own comics, Stress Detective (an interactive tool for learning how stress impacts their bodies; see Figure 4) and blasting away stress in a fun game.

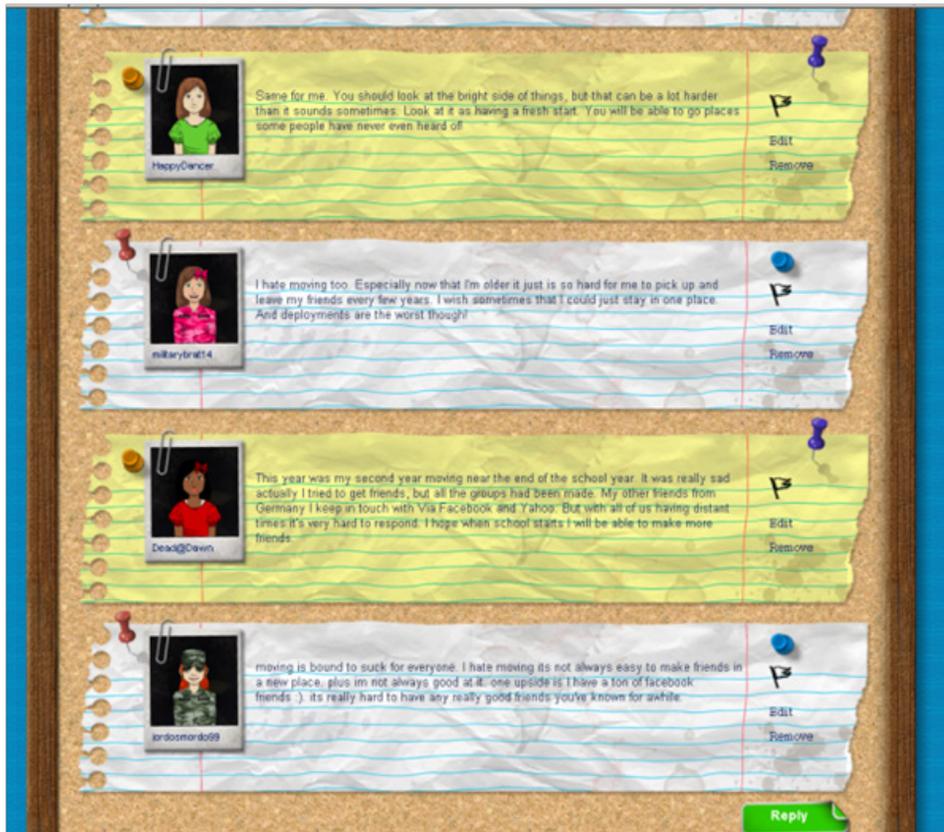
Figure 4. *Stress Detective* game



- **Communication activities help children communicate with the absent parent**, including creating a video log or a scrapbook to show their parent what they are doing while they are gone. Deployed parents and their children can compete with each other by playing the same game to earn the highest score.

- **Participating in the site's monitored online forums connects kids to other military kids undergoing similar experiences.** The message board page provides a unique online community where kids can share their own ideas, experiences and suggestions to get and give peer-to-peer support (Figure 5).

Figure 5. Monitored message board page



Tracks for Adults

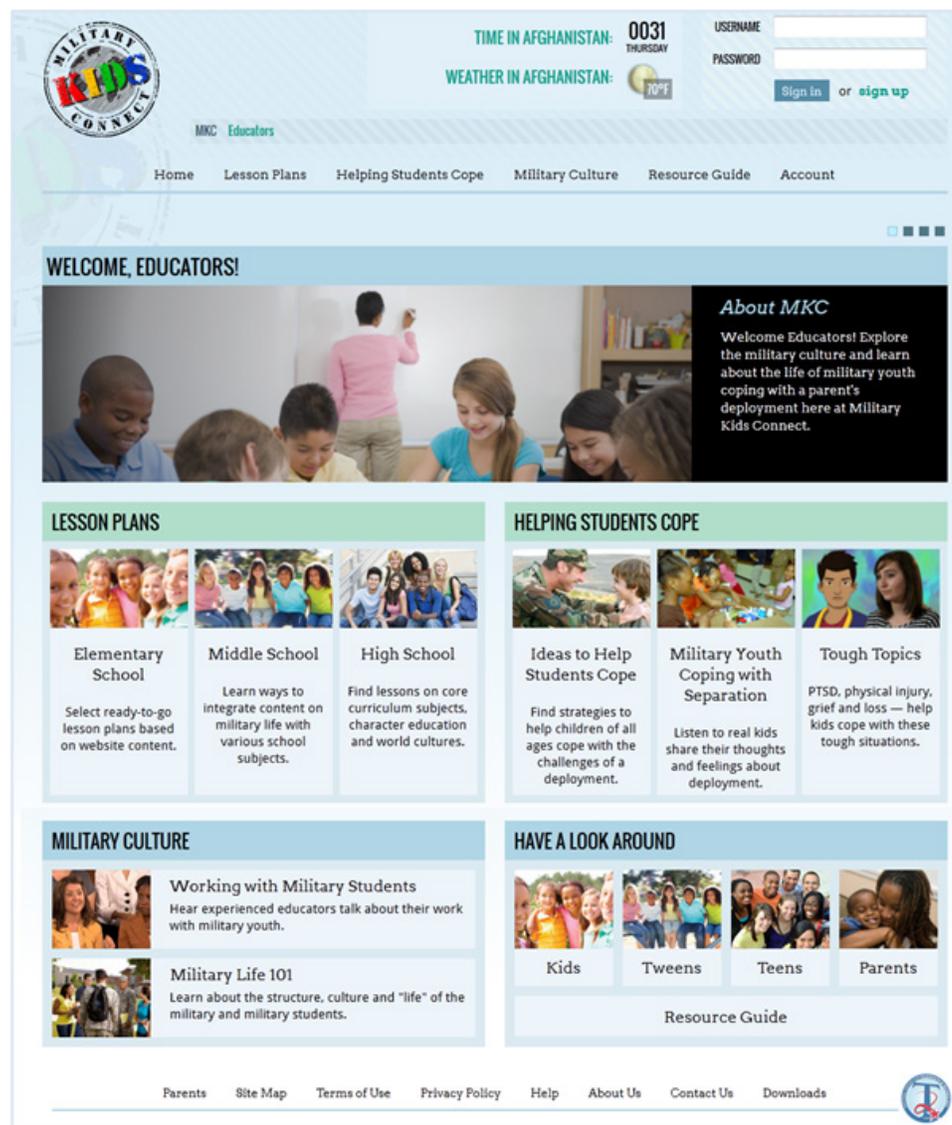
The Educators and the Parents & Caregivers tracks are intended to help adults support youth who find themselves challenged by the transitions that military life often presents. Both of these adult tracks can be accessed from the Welcome page; alternatively, they can also be accessed at the bottom of each page in the three youth tracks.

This section focuses on the Educators track. Similar resources are available on the Parents & Caregivers track. Adults will also find helpful content on the children's tracks as discussed earlier in understanding the psychology of a military child / tween / teen coping with the stressors specific to a military family.

The Educators Home page includes several core topics (Figure 6):

- Welcome message
- Lesson Plans
- Helping Students Cope
- Military Culture
- Have a Look Around
- Resource Guide

Figure 6. Educators Home page



The screenshot shows the Military Kids Connect Educators Home page. At the top left is the Military Kids Connect logo. To the right, there is a weather widget for Afghanistan showing 0031 on Thursday and 70°F. A login section includes fields for Username and Password, with 'Sign in' and 'Sign up' buttons. A navigation menu below the header includes Home, Lesson Plans, Helping Students Cope, Military Culture, Resource Guide, and Account. The main content area starts with a 'WELCOME, EDUCATORS!' banner featuring a photo of a teacher and students, and an 'About MKC' text box. Below this are four main sections: 'LESSON PLANS' with sub-sections for Elementary School, Middle School, and High School; 'HELPING STUDENTS COPE' with sub-sections for Ideas to Help Students Cope, Military Youth Coping with Separation, and Tough Topics; 'MILITARY CULTURE' with sub-sections for Working with Military Students and Military Life 101; and 'HAVE A LOOK AROUND' with sub-sections for Kids, Tweens, Teens, and Parents, plus a Resource Guide link. The footer contains links for Parents, Site Map, Terms of Use, Privacy Policy, Help, About Us, Contact Us, and Downloads, along with a small logo.

Web-Based Applications: A Guide for Clinicians



- **Welcome, Educators!** offers an introduction to the content on *MKC* for educators. This includes providing detailed lesson plans, ideas for helping students cope with their challenges, a look into the world of military culture and an exploration of available resources for military-connected kids, families and educators.
- **Lesson Plans** provides ready-to-go lesson plans based on the content on *MKC* and organized by grade level (Figure 7). Lesson plans are tailored to each age group and provide detailed content, instructions for use and handouts. Topics are designed to integrate with common subject areas and include military life (social studies), communication challenges during and following deployment (English), and transportation and travel to and from different parts of the world (math).

Figure 7. Lesson Plans page

The screenshot shows the 'Lesson Plans' page of the Military Kids Connect website. At the top left is the 'MILITARY KIDS CONNECT' logo. To the right, there's a weather widget for Afghanistan showing '0039 THURSDAY' and '68°F'. A login section includes fields for 'USERNAME' and 'PASSWORD' with 'Sign in' and 'sign up' buttons. Below the navigation menu (Home, Lesson Plans, Helping Students Cope, Military Culture, Resource Guide, Account), the 'Lesson Plans' section is titled. A descriptive paragraph states: 'These lesson plans integrate website content about military life and world cultures with key concepts in Language Arts, Math, and other subject areas. Each of these ready-to-go lesson plans includes the content, instructions and handouts required.' Three categories are listed: 'Elementary School' (grades 1-4), 'Middle School' (grades 5-8), and 'High School' (grades 9-12). Each category includes a small image of children and a brief description of the lesson plans available. At the bottom, there's a footer with links for 'Parents', 'Site Map', 'Terms of Use', 'Privacy Policy', 'Help', 'About Us', 'Contact Us', and 'Downloads', along with a small circular logo.

- **Helping Students Cope** includes six sections (Figure 8).

Figure 8. Helping Students Cope page



MILITARY KIDS CONNECT

TIME IN AFGHANISTAN: 0043 THURSDAY
WEATHER IN AFGHANISTAN: 88°F

USERNAME:
PASSWORD:
Sign in or sign up

MKC Educators Helping Students Cope

Home Lesson Plans Helping Students Cope Military Culture Resource Guide Account

Helping Students Cope

Youth coping with the deployment of a parent may find school a haven amidst the turmoil in their lives. Find information, videos, and activities to support your work with this unique population.

- Typical Student Behaviors**
Discover common reactions children of various ages have to a parent's deployment. Children tend to react to a parent's deployment in certain predictable ways. Learn behaviors you can expect to see in your students as they go through a deployment.
- Ideas to Help Students Cope**
Find strategies to help children of all ages cope with the challenges of a deployment. Many students use school and their school relationships to help them cope with the challenges of a parent's deployment. Through lesson plans, counseling groups and school-wide activities, find ways to make your school supportive of military students.
- Military Youth Coping with Separation**
Listen to real kids share their thoughts and feelings about deployment. Dr. Keith Lemmon, a military pediatrician, interviewed military youth coping with a deployment and captured their real-life experiences on film. The video and related group materials are useful both for personal awareness and professional viewing with students or teachers.
- Tough Topics**
Explore material for children and parents on grief and injuries of war. Children and parents sometimes have to handle the unthinkable with the loss or injury of a military parent. Through animated graphic novels, videos of real kids and interviews with experts, children and parents can find helpful information and support as they navigate these difficult life challenges. Educators will also find these materials helpful as they learn more about students' common emotions and questions during such times.

- o **Typical Student Behaviors** describes common reactions students may have as they respond to a parent's or caregiver's deployment.
- o **Ideas to Help Students Cope** gives ideas for creating lesson plans and classroom activities based on deployment, tips on providing support for military students and resources for school counselors and administrators.
- o **Military Youth Coping with Separation** has videos of actual military teens sharing their thoughts and feelings about how they coped with deployment, along with a guide and handouts for group discussions.
- o **Stress Management Plan** helps teens create a personalized plan to cope with stress, whether from deployment or from another life stressor.
- o **Stress Detective** is a fun activity to help users notice how their body responds to stress and what they can do to feel better.



o **Tough Topics** has materials for children, teenagers and parents on coping with the following serious topics:

- ▶ Posttraumatic Stress Disorder (PTSD)
- ▶ Mild Traumatic Brain Injury (mTBI)
- ▶ Physical Injury
- ▶ Grief & Loss

- **Military Culture** is an introduction to life in the military. Hear educators talk about their work with military youth and learn about the structure and culture of the military. A full **Military Culture Educator In-Service Training** packet is available free via the Contact Us link on the website.
- **Have a Look Around** explores other sections of MKC.
- **Resource Guide** has an extensive list of materials covering an entire spectrum of military-connected student and educator needs.

Safety Concerns When Using Online Resources

A critical concern when creating an online resource for children involves safety measures and safeguards. Major parental concerns include:

- Sexual predation of minors by adults
- Bullying and harassment by peers
- Viewing harmful, problematic and illegal content

MKC takes every measure to meet industry standards. To develop the site, care was taken to ensure that the website follows all applicable federal guidance while still achieving the intent of this critical project.

The following actions were developed to keep military children safe during their use of the website.

- **No personal identifiable information (PII) is collected** (e.g., age, name, email and personal photos); in this way, there is little likelihood for either predators or cyberbullies to identify users. This standard exceeds the requirements identified by the Children's Online Privacy Protection Act (COPPA).
- **All user-generated content is reviewed by MKC moderators prior to posting.** Live moderation functions to screen content, remove posts with PII and ensure that comments and posts are age-appropriate and non-discriminatory. In addition, technical filters provide an initial screen for inappropriate language and content that includes PII. Moderation is used not only to screen content but to recognize predatory online behavior and eliminate it from the website. An escalation process is in place to respond to behaviors of a clinical nature (i.e., suicidal/homicidal behavior).

FREQUENTLY ASKED QUESTIONS: MILITARY KIDS CONNECT

Who developed the Military Kids Connect (MKC) website?

The *MKC* website (militarykidsconnect.dcoe.mil) was developed by the National Center for Telehealth & Technology (T2). A component center of the Defense Center of Excellence (DCoE) and the Department of Defense (DoD), T2 took shape in 2008, to test, evaluate and leverage available and emerging software and hardware in support of psychological health and traumatic brain injury as they affect the military community.

As an educator, how can MKC help?

The children of military families experience stressors not commonly encountered by children of other families. For example, during deployment a parent may be absent from the family for long periods of time with limited communication. On return from deployment, a parent may behave differently from what the child remembers and expects. *MKC* contains various materials to assist educators, including topics on military culture, lesson plans for classroom use and coping strategies for students experiencing stress. The site also contains several videos to better understand a child's point of view during times of stress.

What is the value to users of MKC?

MKC was designed to enhance the resilience of military children of all ages throughout the deployment cycle. The tween and teen message boards connect military kids and enable opportunities for peer support; interactive maps and online scrapbooks encourage parent-child interaction; documentary-style videos capture the experience of military youth; instructional vignettes provide guidance as youth are faced with age-specific dilemmas; and educational games help to distract users from everyday pressures. The website's overarching design is intended to promote learning through skills development.

Why was MKC created?

MKC was developed when a gap was found in websites for military kids whose parent or caregiver was deployed. Deployments to Iraq and Afghanistan have affected nearly two million military children. The key finding of a 2010 RAND study suggested military youth experience distress resulting in anxiety symptoms and emotional difficulties before, during and after a parent's deployment. Despite the accessibility and popularity of the Internet among children, there was no website specifically designed to support children whose caregivers deploy. Military Kids Connect was designed to fill this gap.

Is the website just for kids?

There are separate sections on the website for kids at different ages as well as sections especially designed for adults. *MKC* features customized content organized into three age-specific tracks: Kids (ages 6-8), Tweens (ages 9-12) and Teens (ages 13-17). There are two tracks for adults who support military children: one for educators and one for parents and caregivers.

Is the website just for kids from military families or can anyone use it?

The site is designed specifically for military kids and the adults who care for these children.



However, anyone can use the site to better understand the unique challenges faced by military families.

I see there is a message board for children. How are kids kept safe?

Various measures are in place to ensure safety during use of the message boards. All user-generated content is electronically filtered and reviewed by MKC moderators prior to posting. MKC complies with the Children's Online Privacy Protection Act (COPPA), with registration being anonymous and no personal identification information being collected.

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GLOSSARY

Catastrophic Thinking – A process where a person continues to worry that something bad will happen, even in the face of realistic information that it probably won't.

Children's Online Privacy Protection Act (COPPA) – An act that protects children under 13 years in age from online collection of personal information.

Cognitive Reframing – A process that changes the way a person views ideas or events.

Community Forum – An online discussion site where users can discuss concerns with other users.

Deployment – The process of extending or moving out a military unit.

Evidence-Based Intervention (EBI) – Treatments that have been proven effective through outcome evaluations.

Graphic Novel – A novel authored as a comic strip.

Home Base – The Home page for each age group on the Military Kids Connect website

Message Board – See Community Forum.

PII – Personally Identifiable Information, such as age, name, email or personal photos.

Podcast – A program (as of music or talk) made available in digital format for automatic download over the Internet.

Post-Traumatic Stress (PTS) – A psychological reaction occurring after experiencing a highly stressing event (such as wartime combat, physical violence or a natural disaster) that is usually characterized by depression, anxiety, flashbacks, recurrent nightmares and avoidance of reminders of the event.

Primary Prevention – According to the Center for Disease Control (CDC), methods used to prevent a person from getting a disease.

Reintegration – To bring something back together; with deployment, this is the process of returning to family, community and work.

Secondary Prevention – According to the Center for Disease Control, methods that target a person after a disease has occurred, but before the person notices that anything is wrong.

Stigma – A mark of disgrace associated with a particular circumstance. In other words, a group of people are stigmatized or rejected if they are seen as different from or worse off than their peers.



Stressor – An environmental condition, external stimulus or event that causes stress.

Tertiary Prevention – According to the Center for Disease Control, methods that target a person who already has symptoms of a disease.

Text Box – An area on a computer form in which the user can type text, usually allowing from several words or lines to unlimited text.

Traumatic Brain Injury (TBI) – A blow or jolt to the head or a penetrating head injury that disrupts normal brain function.

Web-Based Application – A program that is accessed on a website over a network connection that communicates using HyperText Transfer Protocol (HTTP). It can be accessed by any device with an active Internet connection, including a computer, tablet or smartphone.. The term may also be applied to a computer software application that is coded in a browser-supported programming language (such as JavaScript, combined with a browser-rendered markup language like HTML) and reliant on a common Web browser to render the application executable



APPENDIX A: AFTERDEPLOYMENT SELF-ASSESSMENTS

Topic	Assessment Name
Alcohol and drugs	ASSIST (Alcohol, Smoking and Substance Involvement Screening Test)
Anger	Dimension of Anger Reactions (DAR)
Anxiety	Patient Health Questionnaire–Anxiety
Anxiety	Patient Health Questionnaire–Panic
Anxiety	Penn State Worry Questionnaire
Depression	Patient Health Questionnaire (PHQ-9)
Depression	Adult Hope Scale
Families with kids	Caregiver Self-Assessment Questionnaire
Families with kids	Parenting Sense of Competence Scale
Health and wellness	Satisfaction with Life Scale
Life stress	Perceived Stress Scale
mTBI	Self-Efficacy for Symptom Management Scale
Military sexual trauma	PCL-S (With opportunity to specify traumatic event)
Physical injury	Response to Stressful Experience Scale (Physical Injury)
Post-traumatic stress	PCL-M
Families and friendships	Friendship Scale
Families and friendships	Locke Wallace Marital Adjustment Test
Families and friendships	Post Deployment Social Support Scale subsection of the Deployment Risk and Resiliency Inventory (DRRI)
Families and friendships	Multidimensional Scale of Perceived Social Support
Resilience	Heartland Forgiveness Scale
Resilience	Interpersonal Generosity Scale
Resilience	Gratitude Questionnaire-Revised
Resilience	Life Orientation Test–Revised (LOT-R)
Resilience	Response to Stressful Experience Scale
Sleep	Rate Your Sleep
Spirituality	Brief RCOPE
Stigma	Self-Stigma of Seeking Help Scale
Tobacco	Modified Fagerstrom Test for Nicotine Dependence
Work adjustment	Self-Efficacy Scale for Work Adjustment

Source: Bush, N. E., Bosmajian, C. P., Fairall, J. M., McCann, R. A., & Ciulla, R. P. (2011). Afterdeployment.org: A web-based multimedia wellness resource for the postdeployment military community. *Professional Psychology: Research and Practice*, 42(6), 455-462. doi: 10.1037/a0025038.



APPENDIX B: AFTERDEPLOYMENT CASE STUDY

Approaches to implementing AfterDeployment in a clinical context are illustrated below.

Sergeant Smith: A Hypothetical Case Study

Following his recent return from a combat deployment, Sgt. Smith presents to a primary care clinic, describing various symptoms, including anxiety, weight loss and sleep difficulty. The provider conducting the evaluation suspects that the presenting complaints are the manifestation of a behavioral health condition, possibly depression or, given the service member's recent combat experiences, post-traumatic stress. The primary care provider documents the encounter in the record and generates a referral to the installation's behavioral health clinic. Dr. Davis, psychologist, conducts the initial interview and has determined that Sgt. Smith is presenting with post-traumatic symptoms.

Dr. Davis (Clinic Psychologist):

Sgt. Smith, do you have Internet access in your home?

Sgt. Smith:

Yes, ma'am, broadband, and a fairly new desktop computer that I got just before deploying.

Dr. Davis:

Do you ever check into health-related websites to get information about a problem that you are having?

Sgt. Smith:

Like WebMD? I got some good information from WebMD after I injured my arm. I like the assessments and the videos.

Dr. Davis:

Good. Have you ever heard of a website called AfterDeployment?

Sgt. Smith:

No, but it sounds military.

Dr. Davis:

It is. It was developed by a team at the National Center for Telehealth & Technology, located at Joint Base Lewis-McChord near Seattle, Washington.

Sgt. Smith:

Should I check it out?

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Dr. Davis:

Yes. We're going to look at it now so I can show you some things. It has several topics that are very pertinent to what you are going through. The topic that I want you to look at between now and your next appointment is the one called Post-Traumatic Stress.

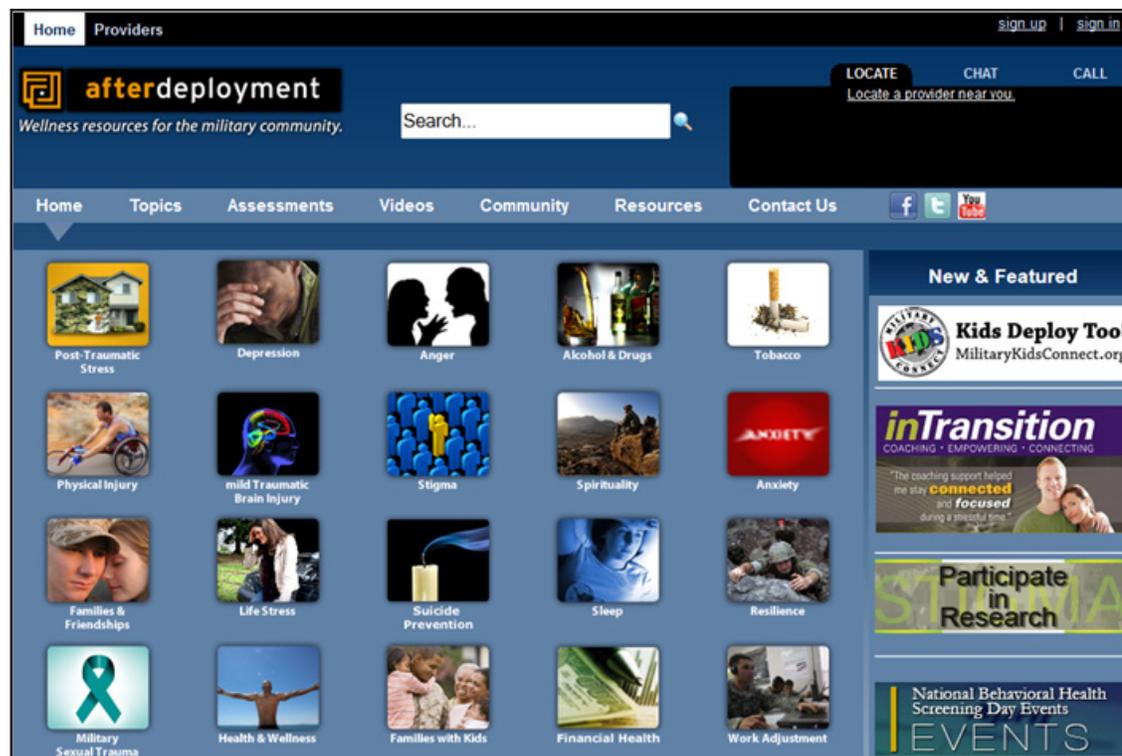
Sgt. Smith:

What does it have in it?

Dr. Davis:

Here--let's take a look [provider logs on to the site from her desktop computer]. This is the website's Home page. It has many topics.

Figure 1. AfterDeployment Home page (afterdeployment.dcoe.mil)



Dr. Davis:

Double-clicking on the **Post-Traumatic Stress** icon (Figure 2) takes you to the Post-Traumatic Stress section of the website (Figure 3).

Figure 2. Post-Traumatic button on AfterDeployment home page



Figure 3. Post-Traumatic Stress Home page



Figure 4. Video Stories



Dr. Davis:

On the Post-Traumatic Stress home page, you'll find videos that discuss PTS (Figure 4).

Web-Based Applications: A Guide for Clinicians



At the bottom of the page, there is a **PTS Library** icon that you can click to access information about PTS that you and your spouse can read through (Figure 5).

Figure 5. PTS Library icon

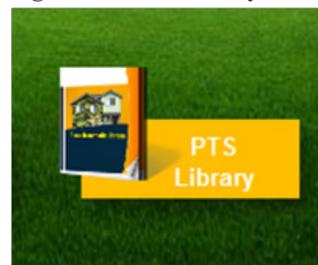


Figure 6. More Videos icon



There is also a **More Videos** icon that accesses video stories from service members and veterans discussing their deployment experiences (Figure 6).

Sgt. Smith:

Looks like a lot of good information. Where should I start?

Dr. Davis:

Before your next appointment, I want you to click on the **Start Here!** button on the Post-Traumatic Stress Home page and listen to the overview (Figure 7).

Figure 7. Start Here! button

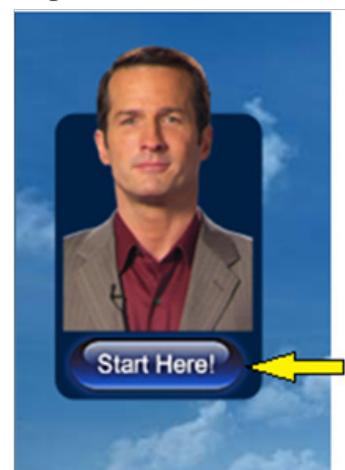


Figure 8. Video Stories



Then I want you to view the first two video stories, the one called “Introduction to PTS” and the one called “Reactions and Triggers” (Figure 8).

Sgt. Smith:

Ok, sure. Anything else?

Dr. Davis:

Yes. I want you to click on the More Videos icon and look through these videos (Figure 9). I'm sure you'll find that many other service members have had experiences that are similar to yours.

Figure 9. More Videos icon



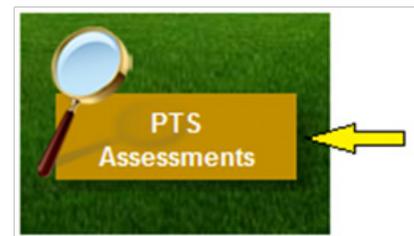
Sgt. Smith:

That would be good to know, for me and my wife. I have to admit, sometimes I feel like I'm letting myself and my unit down.

Dr. Davis:

The material on AfterDeployment will help you to see that what you're experiencing is a common reaction. Now, there's one more exercise that I want you to do on the site—and that's also on your assignment sheet. See this icon, the one named PTS Assessments? I want you to take the PTS assessment and bring your results to our next session (Figure 10).

Figure 10. PTS Assessments icon



Sgt. Smith:

Looks like I've got some homework, right Doc?

Dr. Davis:

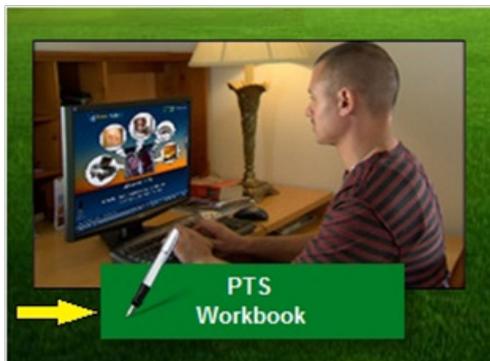
That's right. Next week, we'll talk about the Post-Traumatic Stress Workbook, which is another section that has some good exercises.

During the next session, after reviewing the previous week's homework, Dr. Davis introduces the interactive workbook.

Dr. Davis:

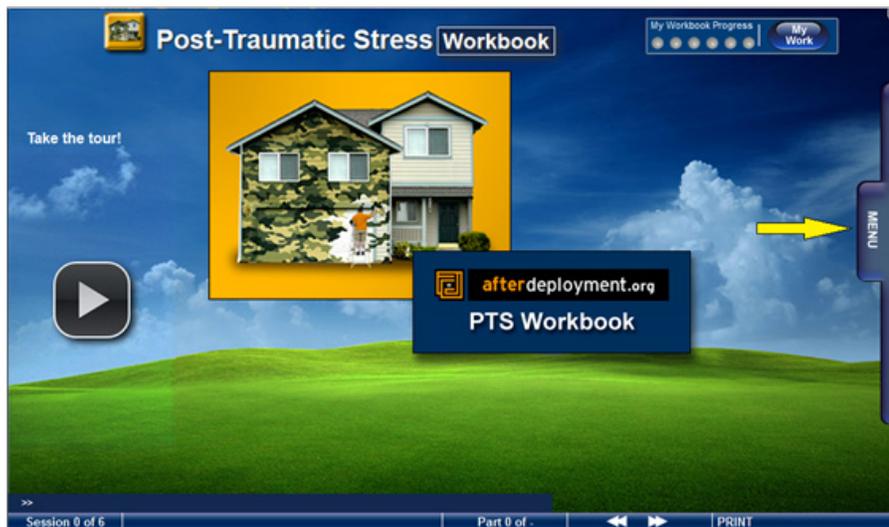
Good work. You viewed the coach's introduction and the educational videos, and you heard from other service members and families about their deployment experiences. I have a new assignment that I want you to complete between now and next week. Let me show you. First, go to the Post-Traumatic Stress home page, then click on the **PTS Workbook** tab (Figure 11).

Figure 11. PTS Workbook tab



Once in the PTS workbook, click on the MENU tab on the right (Figure 12).

Figure 12. PTS Workbook Menu



That's where you'll find the Workbook sessions (Figure 13).

Figure 13. PTS Workbook sessions



Dr. Davis:

The workbook has a number of features. In the upper-right corner, you will see a progress bar that tells you how many sessions you have completed. You can also check the exercises you have completed by clicking the My Work button. In order for the website to save your information from one session to the next, be sure to sign up - registration is anonymous. On the bar at the bottom of the page, you can track your session progress (Figure 14).

Sgt. Smith:

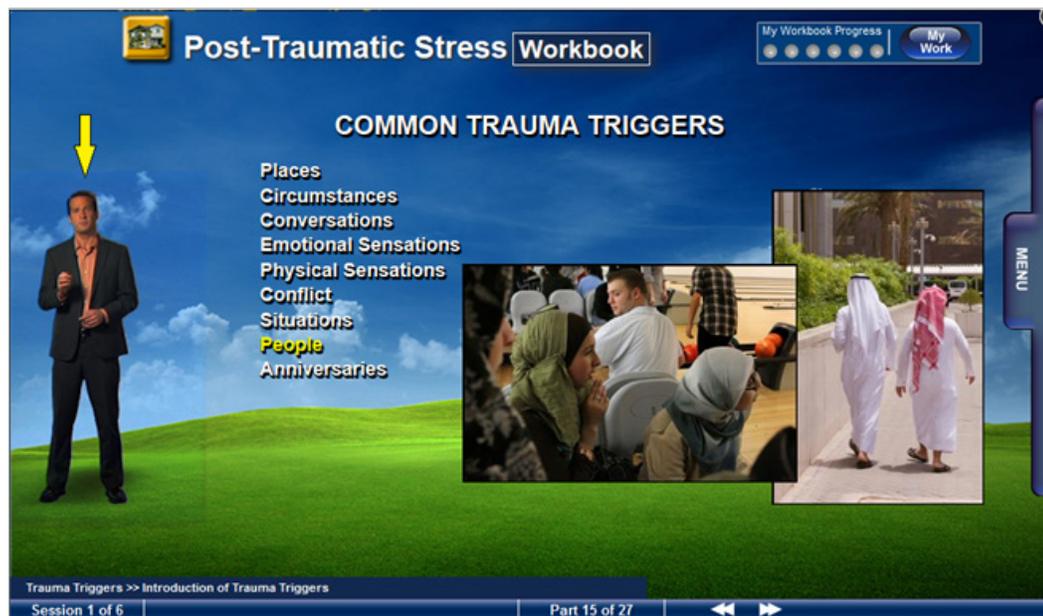
Seems pretty simple, Doc. Should be easy for me to keep on track.



Dr. Davis:

Yes, and navigating the workbook is easy, too. A persistent feature throughout the workbook is the coach. The coach provides information about the topic and serves as a guide through the sessions (Figure 15).

Figure 15. AfterDeployment coach



Sgt. Smith:

O.K., what's next?

Dr. Davis:

While you can view the sessions in any order, the best approach is to start at the beginning and use the sessions in sequence. Click on the first session, 'Trauma Triggers' (Figure 16).

This workbook session will teach you about trauma triggers and how they affect your emotions and stress level.

Sgt. Smith:

It seems like there is a lot to do here. How does it work?

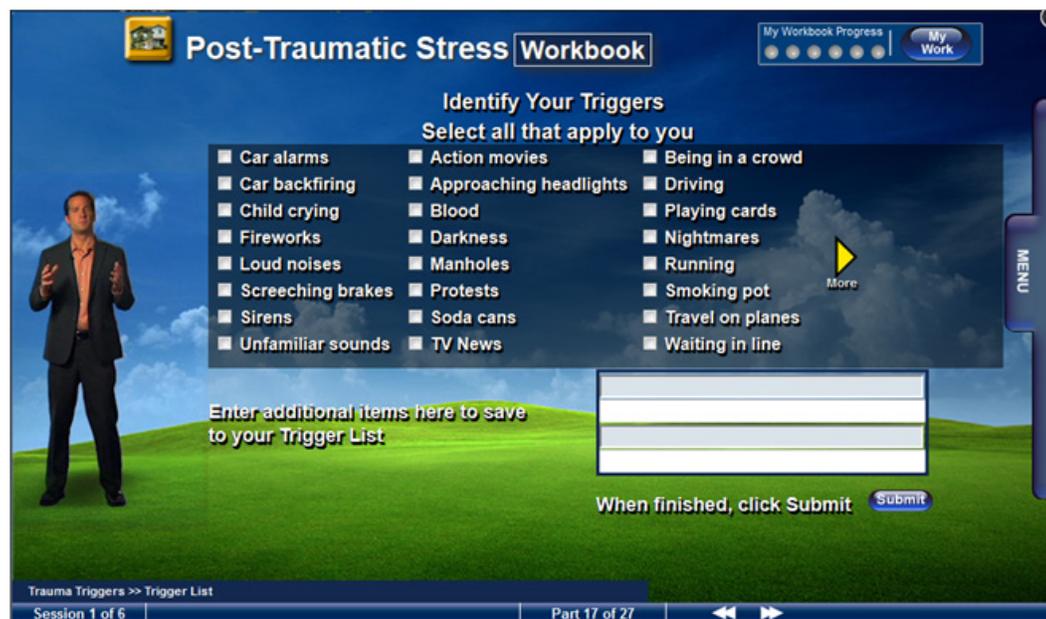
Figure 16. PTS Workbook sessions



Dr. Davis:

As you proceed through the workbook, you will be asked to answer questions and fill in information about how you're coping. For example, you will see a checklist on the page with prompts for you to identify the things that trigger you (Figure 17).

Figure 17. Post-Traumatic Stress Workbook triggers page



If you don't find your trigger on the list, you can write it in the free text section. That's the box on the page where you can type in anything you want.

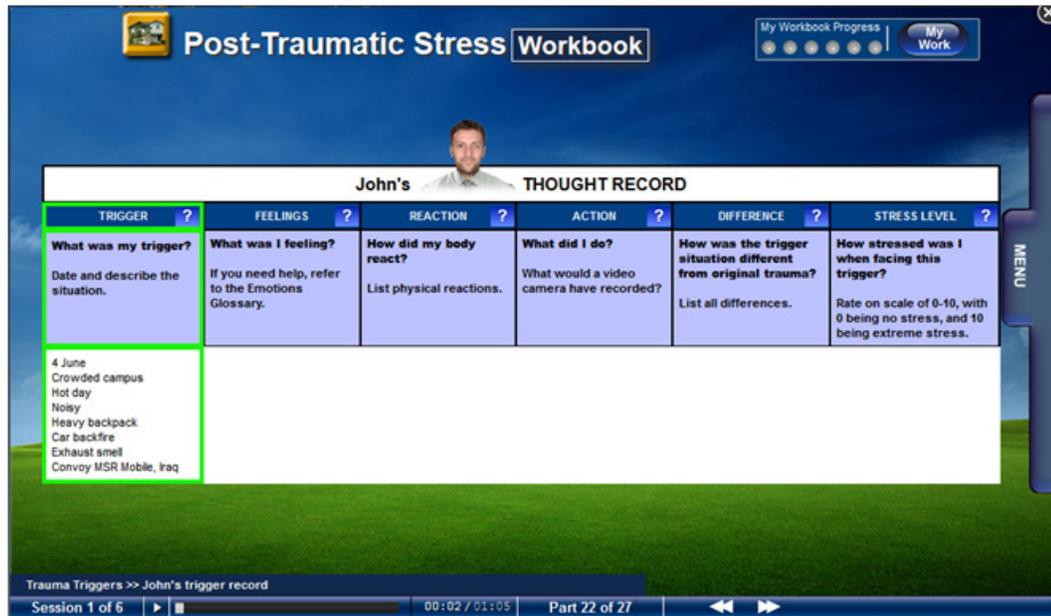
Sgt. Smith:

What do I do after I figure out what my triggers are?

Dr. Davis:

To help you understand this exercise, this session provides an example trigger record (Figure 18).

Figure 18. Example Trigger Record



The screenshot displays a web-based application interface for a 'Post-Traumatic Stress Workbook'. At the top, there is a title bar with 'Post-Traumatic Stress Workbook' and a progress indicator 'My Workbook Progress' with a 'My Work' button. Below the title bar is a header for 'John's THOUGHT RECORD' with a small profile picture of John. The main content is a table with six columns: TRIGGER, FEELINGS, REACTION, ACTION, DIFFERENCE, and STRESS LEVEL. Each column has a question and instructions. The TRIGGER column contains a list of triggers: '4 June', 'Crowded campus', 'Hot day', 'Noisy', 'Heavy backpack', 'Car backfire', 'Exhaust smell', and 'Convoy MSR Mobile, Iraq'. The table is set against a background of a green field and blue sky. At the bottom, there is a navigation bar with 'Trauma Triggers >> John's trigger record', 'Session 1 of 6', a progress bar, '00:02 / 01:05', and 'Part 22 of 27'.

TRIGGER ?	FEELINGS ?	REACTION ?	ACTION ?	DIFFERENCE ?	STRESS LEVEL ?
What was my trigger? Date and describe the situation.	What was I feeling? If you need help, refer to the Emotions Glossary.	How did my body react? List physical reactions.	What did I do? What would a video camera have recorded?	How was the trigger situation different from original trauma? List all differences.	How stressed was I when facing this trigger? Rate on scale of 0-10, with 0 being no stress, and 10 being extreme stress.
4 June Crowded campus Hot day Noisy Heavy backpack Car backfire Exhaust smell Convoy MSR Mobile, Iraq					

Be sure to listen to the example and the entire session. It has been developed to be engaging and brief. In fact, this entire session takes about 20 minutes to complete.

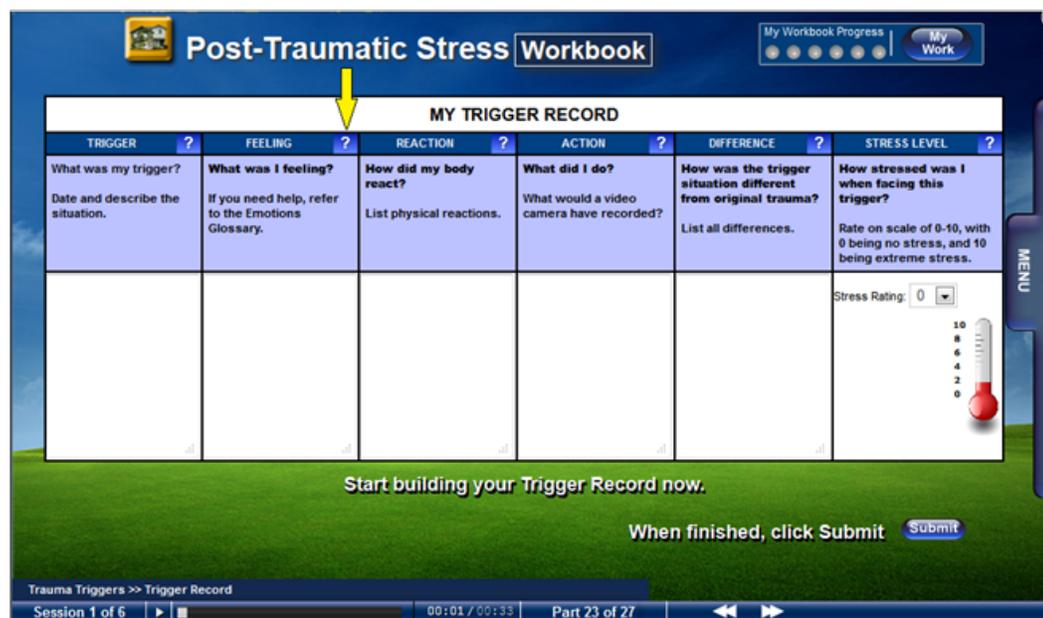
Sgt. Smith:

This part is a little more complicated. How do I know if I'm doing it right?

Dr. Davis:

If you get stuck, click on the question marks to get help. The coach will narrate an explanation of the section that you're having difficulty with (Figure 19).

Figure 19. Trigger Record Help



TRIGGER ?	FEELING ?	REACTION ?	ACTION ?	DIFFERENCE ?	STRESS LEVEL ?
What was my trigger? Date and describe the situation.	What was I feeling? If you need help, refer to the Emotions Glossary.	How did my body react? List physical reactions.	What did I do? What would a video camera have recorded?	How was the trigger situation different from original trauma? List all differences.	How stressed was I when facing this trigger? Rate on scale of 0-10, with 0 being no stress, and 10 being extreme stress.
					Stress Rating: 0 10 8 6 4 2 0

Start building your Trigger Record now.

When finished, click Submit

Trauma Triggers >> Trigger Record
Session 1 of 6 00:01 / 00:33 Part 23 of 27

Sgt. Smith:

That's great. Knowing there is help available relieves some of the nervousness I feel when I fill these things out.

Dr. Davis:

Working through the example should help you out. After you have seen the example, the workbook will prompt you to fill in your own trigger record. As you gradually learn ways to manage your triggers, the remaining sessions in the workbook will use the responses that you provided in earlier sessions.

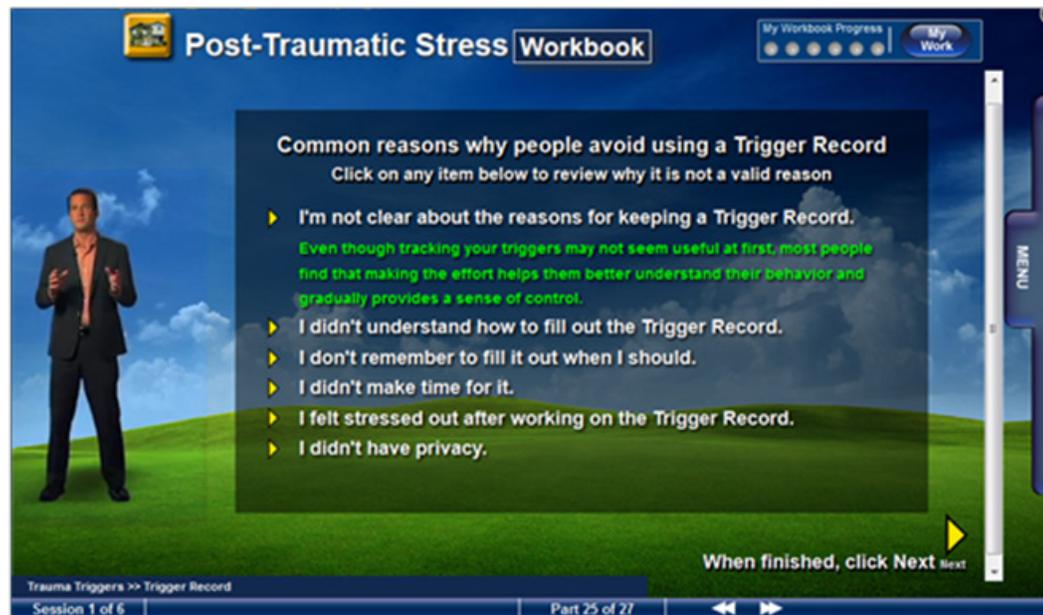
Sgt. Smith:

The example makes it look pretty easy. Sometimes I avoid filling out these things if I get stressed or it takes too long.

Dr. Davis:

Because behavior change isn't easy, the workbook has been designed to offer encouragement, 'normalize' the trauma, and deal with possible forms of resistance (Figure 20).

Figure 20. Common reasons why people avoid using a trigger record



Sgt. Smith:

Some of these are the exact reasons I avoid filling things like this out. It's good to see other people feel the way I do. I guess I don't need to feel stressed out about it.

Dr. Davis:

The workbook will help you manage your stress. Periodically, the workbook will check in with you, see how you're doing. This is a check on your stress level. AfterDeployment also includes skills training to help with learning how to relax. Another time, we can talk about a mobile app called Breathe2Relax.

Sgt. Smith:

Thanks. I really appreciate the help in reducing my stress.

Dr. Davis:

Go ahead and complete session 1. We will review the results in your next session.

Sgt. Smith:

Sure thing, Doc. Thanks.



APPENDIX C: APPLYING MILITARY KIDS CONNECT CONTENT IN COMMON EDUCATIONAL SCENARIOS

The *Military Kids Connect (MKC)* website provides access to age-appropriate resources to help children prepare for the unique psychological challenges related to military life--from pre-deployment through a parent's or caregiver's return--and enables them to develop a set of skills to get through long and often difficult separations and situations. MKC offers informative activities, entertaining games to support learning, helpful videos and interesting user surveys that can guide and reinforce understanding, resilience and coping skills in military children and their peers.

Web-Based Applications: A Guide for Clinicians provides an overview of the MKC website resources and features with detailed descriptions of the tools included that can be used by educators and health care providers in their work with military children.

This appendix uses hypothetical scenarios to give educators and health care providers examples for bringing the site's content into their professional activities. The material can also provide the basis for teacher in-services or professional training.

For each scenario, suggestions are offered for the following audiences:

- Teachers/educators
- School counselors/psychologists
- Health care providers (includes pediatricians, family practitioners, psychologists and therapists)

There are sections in *MKC's* Educators track aimed at supporting an understanding of the emotions and stressors that often accompany sustained separations that are especially useful for helping any adult working with military youth. Some of the topics covered in *MKC* that have particular interest for an educator working with a child from a military family include:

Military Youth Coping with Separation (in the Helping Students Cope area): Watch the video, which has real military kids (in the Tweens and Teens age groups) talking about what they feel and how they cope with stress when a parent is deployed. The accompanying Group Facilitator's Guide offers example questions to help kids open up and discuss their thoughts and feelings.

Military Culture: When working with military youth, understanding the many unique experiences and circumstances that these children encounter is paramount. The **Military Culture** section explains the importance of becoming familiar with these concerns. For example, military families frequently move to accommodate the service member's career development. As a result, military kids often find themselves adjusting to new schools and the necessity of making new friends. There is the additional challenge of coping with a parent's deployment and that parent's sustained separation from the family. Further, military culture is a world unto itself. The format of the Military Culture section consists of an article describing the structure of the military, along with the unique language that is commonly used, as well as a video (short and long versions) where experienced teachers and counselors describe what they have learned working with military youth. A full in-service training packet is available for free by contacting the MKC website.



Hypothetical Case Scenarios: Practical Ways to Use MKC Materials

The following section provides several common scenarios and related MKC materials that may be useful.

Scenario A:

Joe is 11 years old. His father is soon to deploy to Afghanistan, his second deployment in three years.

Initially, Joe felt that since he had done well during his father's first deployment, he would manage the anticipation of the second deployment without difficulty. But as the time for his dad's departure approaches, Joe finds that he is worrying more about his father's safety. He was counting on frequent communication with his father via video chat, but his father warns him that during this deployment, they cannot depend on regular and predictable communication.

Joe has begun to have difficulties at school, including conflicts with other students and withdrawing from opportunities to interact with other students.

MKC Resources for Educators:

Joe's teacher, Mrs. Smith, is aware that Joe's father will be deploying to a combat environment. Mrs. Smith recognizes that other students may be affected also. Mrs. Smith can find several **Lesson Plans** on MKC that address changes in families when faced with deployments. Mrs. Smith uses the lessons to help affected students know that they are not alone, as well as help non-affected students better understand and support their peers. Mrs. Smith takes time during class to introduce MKC to her students.

- Mrs. Smith reviews several MKC **videos** to better understand Joe's concerns. She schedules a time to meet with Joe during which he admits that he is worried about his father's deployment. Mrs. Smith offers to be available to talk whenever Joe wants. She lets the school counselor know about Joe's situation and contacts Joe's parents to offer support.
- Mrs. Smith checks out the **Helping Students Cope** section of MKC to better understand her students. The **Typical Student Behaviors** section describes common reactions that students have in response to a deployment. She also views the **Ideas to Help Students Cope** section to learn about tips that can be used in the classroom.



MKC Resources for School Counselors/Nurses/Psychologists:

- The school counselor invites Joe to participate in a new support group for military kids. MKC resources for the support group include the **Military Youth Coping with Separation** video and the **Group Facilitator’s Guide**.
- The counselor explores other potentially helpful resources in MKC’s **Resource Guide**, for instance: “Deployment: It’s Not a Game” and the “Military Families Near and Far” videos.
- The counselor shows the school nurse an activity called Stress Detective that teaches kids about the physical effects of stress. The nurse plans to use the activity as a conversation starter with students.

MKC Resources for Health Care Providers (Pediatricians, Family Practitioners):

- Joe’s mother tells the family doctor about the deployment. The doctor encourages her to watch some of the **videos** on MKC together with her son as a way to start a conversation with Joe about his concerns.
- The doctor refers the mother to various counseling resources, including several that the doctor recently discovered in MKC’s **Resource Guide**.
- Joe tells the doctor about his worry for his father. The doctor suggests that Joe use the **creative self-expression tools** on MKC as one way to manage his worry.



Scenario B. *Jane’s family, the only military family in the community, lives over 50 miles from a military installation. Jane’s mother, in the Army Reserves, has just returned from Afghanistan. After the immediate joy of the reunion, things have not been going well at home. Jane’s mother sleeps a lot, doesn’t want to go to Jane’s school activities, and seems constantly on edge and irritable. Jane doesn’t talk about what’s going on at home, and her friends can’t relate to Jane’s problems. There are signs that Jane is having difficulty in school: her attention wanders off to her home problems and her grades have begun to suffer. Jane’s father recognizes that Jane is struggling but doesn’t know how to support her.*

MKC Resources for Teachers:

- Jane’s teacher is unaware of Jane’s home problems. Some families facing deployment or reintegration may not think to inform the school of this major change in the family’s circumstances. For many Reserve and National Guard families, a deployment is the first time they experience the stress of active duty military service. At a parent-teacher conference held to discuss Jane’s inattentiveness in the class and declining grades, Jane’s teacher learns for the first time about the family’s situation. The teacher has no experience working with military-connected students, but recalls hearing about the MKC website. She finds the information in the **Military Culture** section especially helpful, including the **Military Life 101** primer that explains the differences between active duty and reserve personnel.
- Jane’s teacher reviews MKC’s three **youth tracks** to understand the emotional experience of youth coping with a parent’s military deployment. Jane’s teacher was surprised to learn that it is often the post-deployment phase that is the most difficult for families.
- Jane’s teacher realizes that most of her students know little about military-connected experiences. After checking with Jane, she uses a **Lesson Plan** from MKC such as “Military Life 101” that helps all her students “walk in their shoes” to promote understanding and empathy for military-connected families. Jane’s teacher introduces all her students to MKC.

MKC Resources for School Counselors/Nurses/Psychologists:

- After hearing about Jane’s situation, the school’s counselor and psychologist request the **Military Culture Educator In-Service Training** packet from the MKC website. They conduct an in-service training for their entire district using materials from MKC. They show the **Military Culture** video in the Educators track and several of the videos about children and families coping with deployments. They also inform their colleagues about many of the resources they found in the **Resource Guide** on MKC, such as free tutoring and SAT/ACT prep classes for military-connected students. The state’s School Liaison Officer for reserve troops also speaks at the training.
- The school counselor met with Jane several times. After Jane told her that her mom had been diagnosed with Posttraumatic Stress Disorder (PTSD), the counselor began watching the graphic novel and videos in the **Tough Topics** material on MKC with Jane to see how other kids cope with a parent who has PTSD.



MKC Resources for Health Care Providers (Pediatricians, Family Practitioners):

- Since the family continued to be under significant stress, Jane’s father sought the help of a family therapist. Jane, now familiar with MKC, mentioned the website to the family therapist.
- The therapist, recognizing that Jane’s mother was experiencing stress-related symptoms, saw that both parents had little understanding of the impact of post-deployment PTSD on children. Now knowledgeable about MKC, the therapist suggested that Jane’s parents review the **Tough Topics** content on MKC regarding PTSD to better understand their children’s experiences.
- Since Jane enjoyed logging on to MKC, the family therapist introduced several activities from the website as part of the treatment plan. The therapist recommended the **Stress Management Plan** to look at both cognitive and behavioral changes. In addition, with the permission of Jane’s parents, the therapist encouraged Jane to use the **social networking features** on MKC to connect to other military youth.