



Spotlight on Women's Health Cyberseminar Series

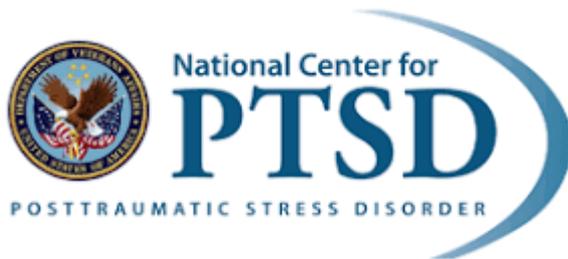
Sponsored by the VA Women's Health Research Network

Emerging Evidence on Technology-based Treatment of Women Veterans' Mental Health

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Amy Street, PhD, National Center for PTSD

February 1, 2022



Evaluation of Web-based CBT for Women Veterans with PTSD

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Health Services Research & Development
VA Puget Sound Healthcare System



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Mentors: T Simpson; B Litz; A Sadler; A Hamilton; S Millard

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Study adaptation, design, and methods of a web-based PTSD intervention for women Veterans



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ABSTRACT

Women Veterans are a rapidly growing population with high risk of exposure to potentially traumatizing events and PTSD diagnoses. Despite the dissemination of evidence-based treatments for PTSD in the VA, most women Veteran VA users underutilize these treatments. Web-based PTSD treatment has the potential to reach and engage women Veterans with PTSD who do not receive treatment in VA settings. Our objective is to modify and evaluate Delivery of Self Training and Education for Stressful Situations (DESTRRESS), a web-based cognitive-be-



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BRIEF REPORT

A Randomized Trial of an Online, Coach-Assisted Self-Management PTSD Intervention Tailored for Women Veterans

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Objective: Scalable, efficiently delivered treatments are needed to address the needs of women Veterans with PTSD. This randomized clinical trial compared an online, coach-assisted cognitive behavioral intervention tailored for women Veterans with PTSD to phone monitoring only. **Method:** Women Veterans who met diagnostic criteria for PTSD were randomized to an 8-week web-based intervention, called Delivery of Self Training and Education for Stressful Situations (DESTRRESS)-Women Veterans version (WV), or to phone monitoring only ($N = 102$). DESTRRESS-WV consisted of online sessions and 15-min weekly phone calls from a study coach. Phone monitoring included 15-min weekly phone calls from a study coach to offer general support. PTSD symptom severity (PTSD Symptom-Checklist-4-Version 5 [PCL-5]) was evaluated pre- and post-treatment, and at 3 and 6 months post-treatment. **Results:** More participants completed phone monitoring than DESTRRESS-WV (96% vs. 76%, $p = 0.01$), although treatment satisfaction was significantly greater in the DESTRRESS-WV condition. We failed to confirm the superiority of DESTRRESS-WV in mean-to-mean slope changes in PTSD symptom severity. Both treatments were associated with significant reductions in PTSD symptom severity over time. However, post-hoc analysis of treatment completers and of those with baseline PCL-5 ≥ 33 revealed that the DESTRRESS-WV group had greater improvement in PTSD symptom severity relative to phone monitoring with significant differences at the 3-month follow-up assessment. **Conclusions:** Both DESTRRESS-WV and phone monitoring resulted in significant improvements in women Veterans' PTSD symptoms. DESTRRESS-WV may be an appropriate care model for women Veterans who can engage in the demands of the treatment and have higher baseline symptoms. Future research should explore characteristics of and the methods of reliably identifying women Veterans who are most likely to benefit.

Background

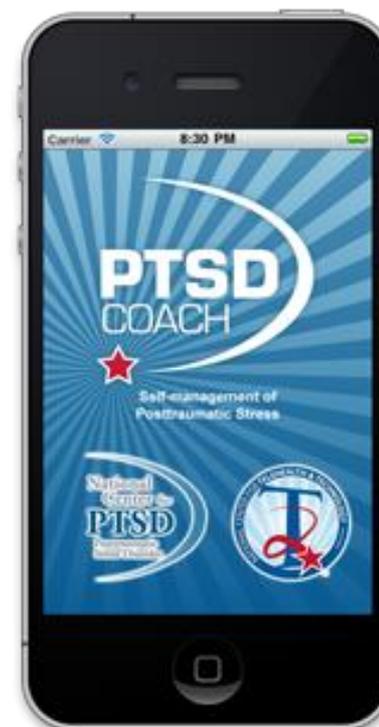
- Women Veterans report higher prevalence of PTSD compared to women civilians and men Veterans¹
- Although there are evidence-based treatments for PTSD, most Veterans do not access them²
- Women Veterans report many barriers to accessing care, including concerns about stigma, privacy, and discomfort with VA³



Technology Tools and PTSD



The screenshot shows the PTSD Coach Online website. At the top, there is a dark blue header with the National Center for PTSD logo on the left, the text "PTSD COACH ONLINE" in the center, and the VA logo and U.S. Department of Veterans Affairs logo on the right. Below the header, there are navigation links for "Home" and "FAQs". The main content area features a large image of a field with tall grasses and a purple flower. Overlaid on this image is the text "I want to work on my" in large white font, followed by "Choose a problem to work on from the list or view all tools" in smaller white font. To the right of this image is a list of symptoms: "worry or anxiety", "anger", "sadness or hopelessness", "sleep problems", "trauma reminders", "avoidance of stressful situations", "disconnection from people", "disconnection from reality", "problem solving skills", and "direction in life". Below the main content area, there is a red heading "Welcome to PTSD Coach Online. Tools to help you manage stress." followed by a video player titled "PTSD Coach Online: Introduce..." with a play button icon. Below the video player is the text "Meet a coach". To the right of the video player is a paragraph: "PTSD Coach Online is for anyone who needs help with upsetting feelings. Trauma survivors, their families, or anyone coping with stress can benefit."



Web-based Interventions

- Web-based CBT promising approach¹
- Web intervention for PTSD, and only one for Veterans, is Delivery of Self Training and Education for Stressful Situations (DESTRESS)²
- 2 DESTRESS trials showed improvement in PTSD compared to controls^{2,3}
 - Primarily designed for men
 - Only handful of women participated in trials
 - Despite women's greater compliance, not as much improvement as men's

DESTRESS

DE-Stress
Delivery of Self Training and Education for Stressful Situations

User Login

To login, enter your id and password below.

ID:

Password: **Login**

DE-STRESS - Windows Internet Explorer

http://www.de-stress.org

File Edit View Favorites Tools Help

DE-STRESS

BOSTON UNIVERSITY SCHOOL of Medicine **DE-STRESS** **NIMH**

Delivery of Self TRaining and Education for Stressful Situations

Logout

You have logged in times.
You have 6 days left to complete the 42 day program.

Homework Check In:

- Did you complete your narrative yesterday?
- What was your experience of writing the new story?
- Did you have any new memories or details to add to your trauma narrative?
- How effective were the coping strategies you used?

If you completed your narrative, please fill out the form below

If you did not complete your narrative, please complete those exercises before moving on to the next assignment. Need to review yesterday's exercises? Click [here](#).

First, we would like you to share what you have written with your trainer. Please type your narrative in the box below

Next, please record your observations from your **Trauma Narrative Worksheet (writing)** below:

Date and time of event:	<input type="text"/>
SUDS (0-100) before writing	<input type="text"/>

How to Use the Web Site

Contact

[Email Trainer](#)

[Phone Trainer](#)

Worksheets

[- Trauma Narrative Worksheet \(Writing\)](#)

[- Trauma Narrative Worksheet \(Reading\)](#)

[- Thought Monitoring Worksheet](#)

Educational Materials

[- Reexperiencing symptoms](#)

[- Avoidance symptoms](#)

[- Shutting down emotions](#)

[- Hyperarousal symptoms](#)

[- Anger Management](#)

[- Challenging Maladaptive Thoughts](#)

[- Cognitive Reframing](#)

[- Coping Styles](#)

[- Deep Breathing Technique](#)

[- Healthy Coping](#)

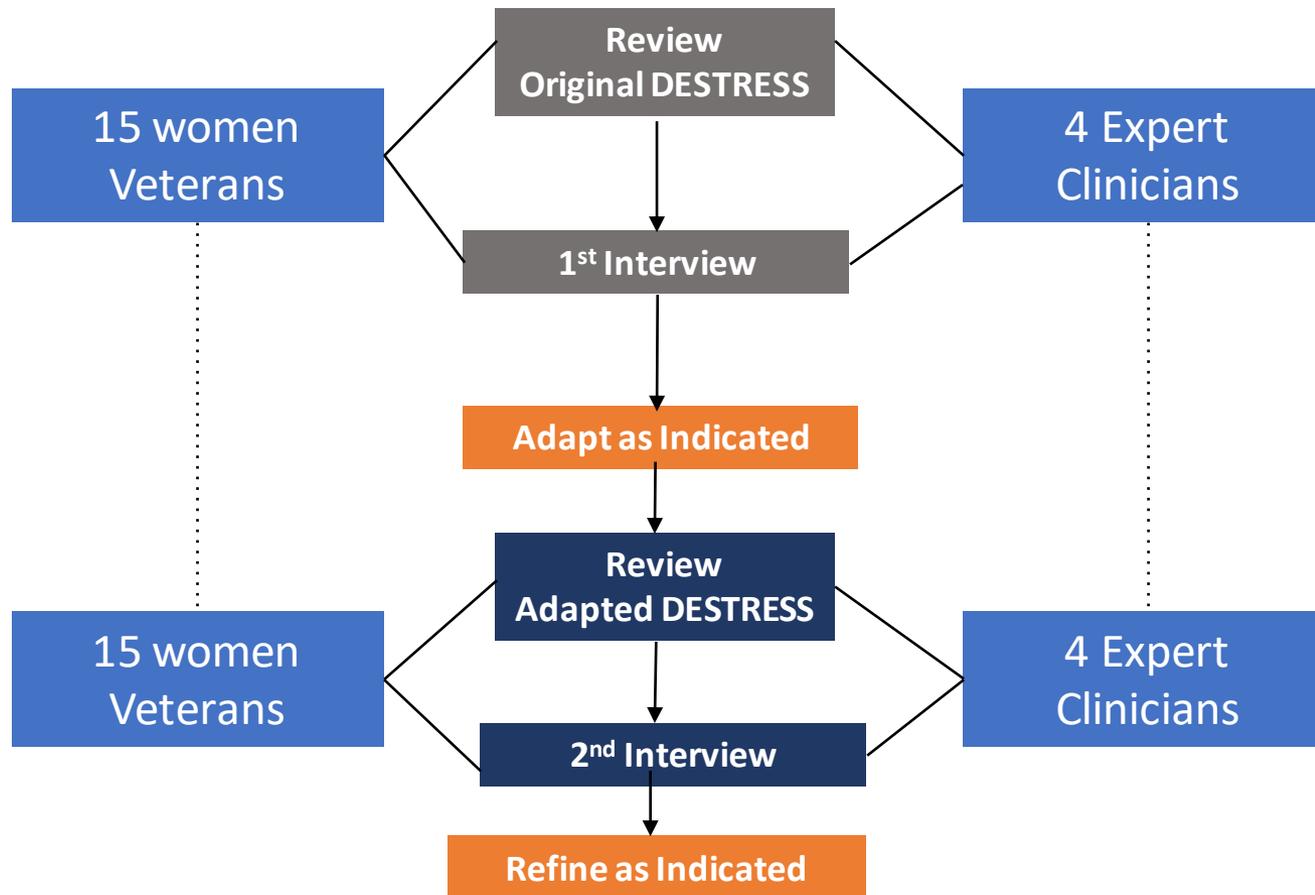
[- Muscle Relaxation Technique](#)

Internet 100%

CDA Specific Aims

1. Elicit women Veterans' and expert clinicians' perspectives on DESTRESS to inform changes
2. Conduct RCT with women Veterans with PTSD who receive DESTRESS-Women Veterans version or phone monitoring only
 - Evaluate treatment engagement/drop out; changes in PTSD over 6 months

Aim 1 Study Flow



Qualitative Findings

*“I struggle at times with my **social support**...I’ve lost friendships, intimate relationships over [PTSD]. I think it should be given a little more space [in the program].”*

*“With women, especially the MST, our **self-worth** and our **self-value** is so diminished ...[we] don’t value [ourselves.]”*

*“The **phrases** you might use could be offensive... Illogical, irrational thinking **have negative connotation**. Unhelpful thinking is more appropriate.”*

DESTRESS

WOMEN VETERANS

*Delivery of Self Training and
Education for Stressful Situations*

Welcome

Sessions

Resources

Quotes

Contact Us

Sign Out

Welcome to DESTRESS-WV, a website that was specifically designed for women Veterans with posttraumatic stress symptoms. Please select the Sessions tab in order to launch a session.



[Courage and Fear](#) | [Inner Strength](#) | [Persistence](#) | [Optimism](#) | [Attitude](#) | [Self-Acceptance](#)



Courage is like a muscle. We strengthen it by use.

Ruth Gordo
American screenwriter, playwright, and author

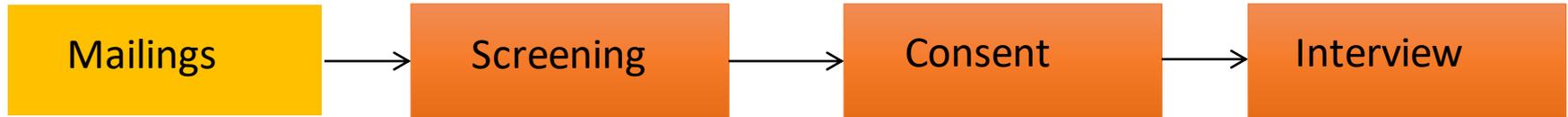
I have not ceased being fearful, but I have ceased to let fear control me.

Erica Jong
American author

Do one thing every day that scares you.

Eleanor Roosevelt
American politician

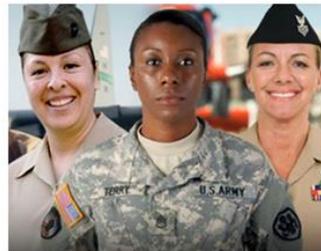
Recruitment



- ~**34,000** women on recruitment list
- **200** new letters mailed biweekly
- **8.4%** response rate

**Are you a
Woman Veteran
with Post Traumatic
Stress Disorder
(PTSD)?**

**You may be eligible for a
research study
funded by the
Veterans Health
Administration (VA)**



DEPARTMENT OF VETERANS AFFAIRS
VA Puget Sound Health Care System
Seattle Division
1660 South Columbian Way
Seattle, WA 98108-1557

[Date]

[Address Block]

Dear [Name],

Many women who served in the military experience troubling symptoms, including symptoms of posttraumatic stress disorder (PTSD). We identified you through national VA Medical Records as a woman Veteran who may have PTSD but has not had recent mental health treatment in the VA. The VA is working to develop and test new treatments to help women with PTSD. Our new research study, "Evaluation of Web-Based CBT for Women Veterans with PTSD," will test an Internet treatment for PTSD compared to a phone-only condition.

Many women Veterans with PTSD symptoms may find it difficult to get mental health care. This program allows you to receive treatment over the Internet and/or phone with no travel required. Study participants have a 50% chance of getting treatment over the Internet. The Internet treatment involves signing into the study website twice a week for about 30-60 minutes each time, for 8 weeks total. You would also receive brief weekly phone calls from a study coach for support. The online treatment aims to help reduce stress, teach coping skills, and identify ways to be less negatively impacted by a traumatic event. If you are not assigned to the Internet treatment, you would receive brief weekly calls for 8 weeks from a study coach. You would also complete 4 online surveys at various time points (beginning of study, after 8-week treatment, and 3 months and 6 months later). Participation from start to finish would last 9 months.

Please read the enclosed brochure and if you are interested in learning more about the study, contact **Konstantina Yantsides** at (206) 277-4328. If we don't hear from you, we will send you a second letter and may call you to ask if you are interested in being in the study.

Your participation is voluntary. Whether you participate or not will have no effect on the medical care that you receive at the VA or elsewhere. If you would like to confirm that this study invitation is valid, you may call the VA's Institutional Review Board at (206) 277-1715.

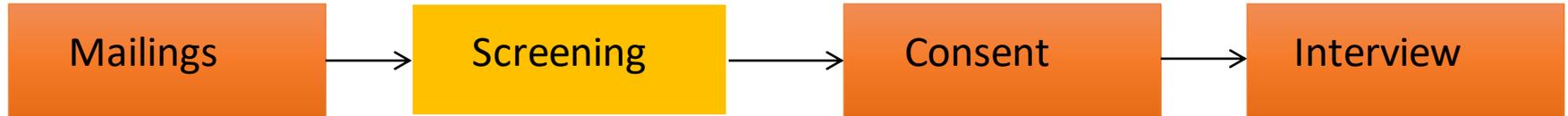
Thank you in advance for considering becoming involved in this research study.

Sincerely,

Keren Lehavot

Keren Lehavot, PhD
Clinical Psychologist
VA Puget Sound Health Care System
(206) 277-1511

Recruitment



Pre-Eligibility Screener Items

- OK to include a VA employee

1. How do you identify your gender?

- 1. Male → Go to Thank you and Terminate
- 2. Female → Go to Q2
- 3. Transgender → Go to Thank you and Terminate

2. How old are you? _____

→ If under 18, go to Thank you and Terminate

3. Have you served in the US Armed Forces?

- 1. Yes, has served → Go to Q4
- 2. No, has not served → Go to Q5
- 3. Not a Veteran → Go to Thank you and Terminate

4. Are you still serving on active duty in the US Armed Forces?

- 1. Yes, still on active duty → Go to Thank you and Terminate
- 2. No, not on active duty → Go to Q6

5. Did you ever serve in the National Guard or on other reservist-type duty?

- 1. Yes, served → Go to Q6
- 2. No, did not serve → Go to Thank you and Terminate

6. Do you have routine access to a computer?

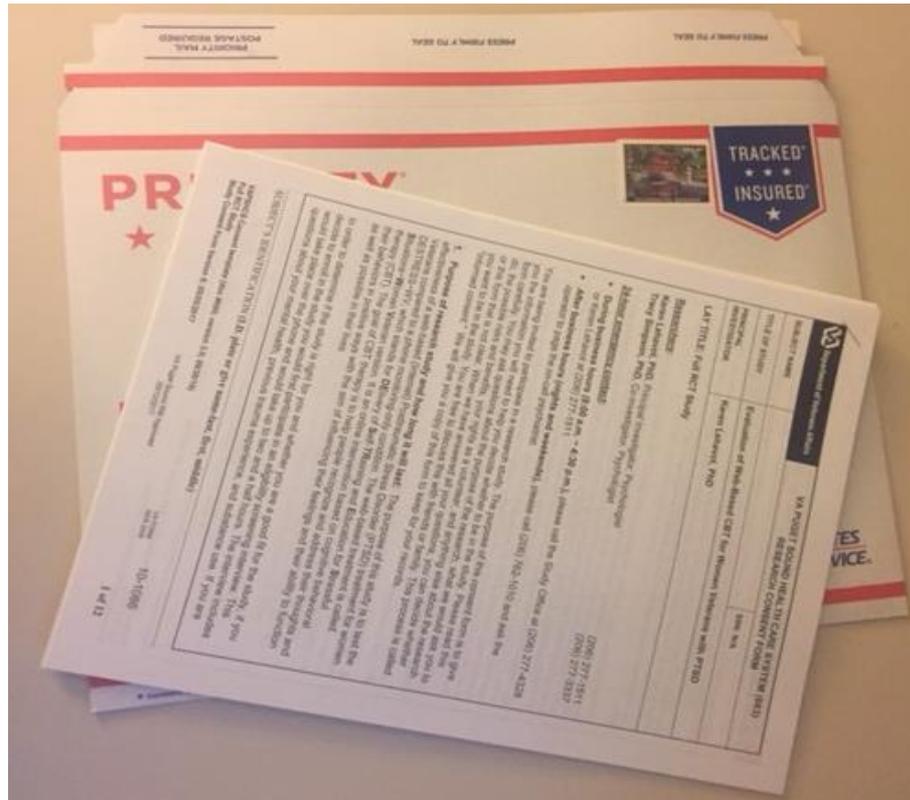
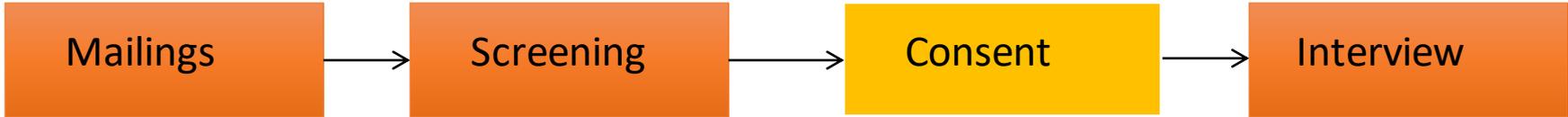
Ask "what kind of access?", not to exclude, but to confirm if the situation will work. Is it private? If she will access computer at work or library, ask her is this a place where you can be comfortable doing sensitive PTSD treatment sessions? Will it be doable, safe, secure for you to potentially (if in DESTRESS) spend 2 hours for treatment sessions each week? Use our judgement if need to explore further.

- 1. Yes → Go to Q7
- 2. No → Go to Thank you and Terminate

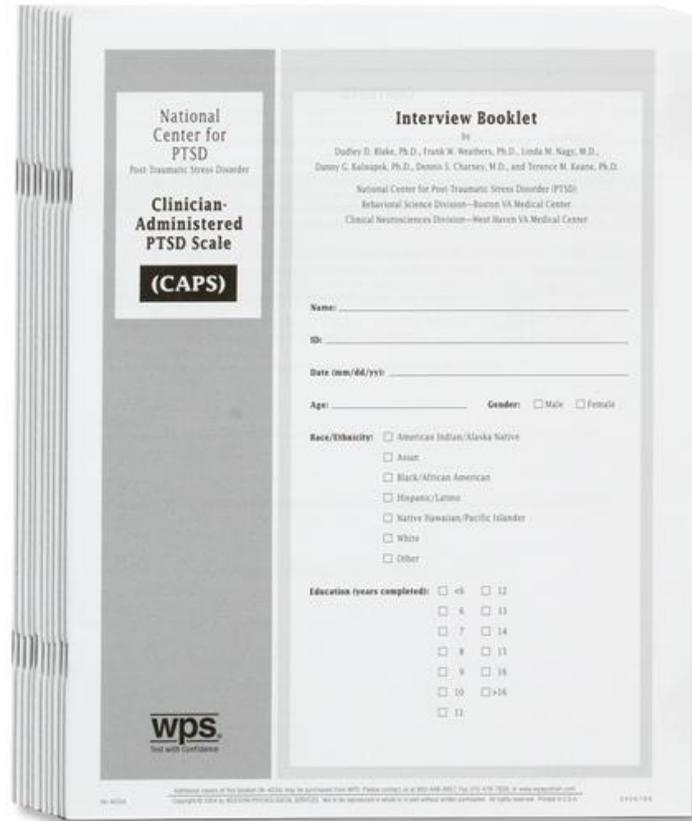
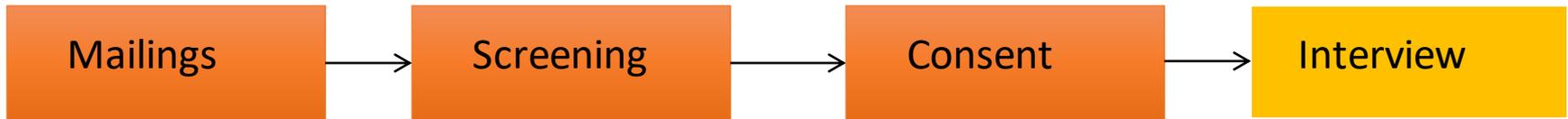
7. Do you have routine access to the Internet?

- 1. Yes → Go to Q8
- 2. No → Go to Thank you and Terminate

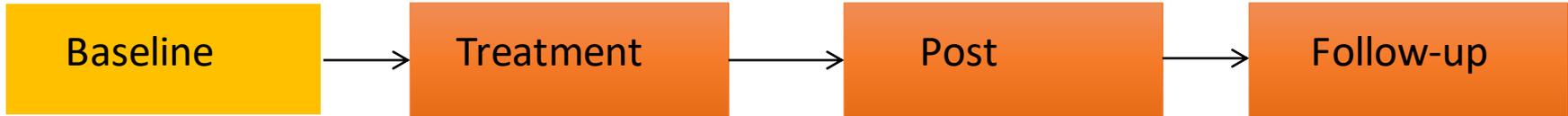
Recruitment



Recruitment



Retention



DESTRESS-WV Baseline Survey (Full RCT)

5%

Welcome to the DESTRESS-WV Baseline Survey!

Thank you for your participation in the Women Veterans Study. We greatly appreciate your time and participation.

This survey will take approximately 60-90 minutes to complete. The survey includes a range of questions about your mental health and well-being. You may experience discomfort when answering questions that are sensitive for you, but you always have the option of not answering any question that you do not wish to answer.

Should discomfort arise and you would like someone to talk with, please contact our **Study Office at (206) 277-4328**. You can also contact the **Veterans Crisis Line at 1-800-273-TALK (8255) and press 1** for further assistance. The Veterans Crisis Line connects Veterans with qualified, caring Department of Veterans Affairs responders through confidential support 24 hours a day, 7 days a week.

You are eligible to receive \$25 for participating in this survey. Your participation is voluntary. You can decide not to participate in this study or withdraw at any time without losing any of your rights or benefits.

We know privacy matters to you. You will not be asked to provide your name or other identifying information in this survey. Instead, your data will only be linked to your unique Study ID, not to your name. The survey website includes a level of data security and privacy that meets the VA standards (as detailed in the informed consent earlier).

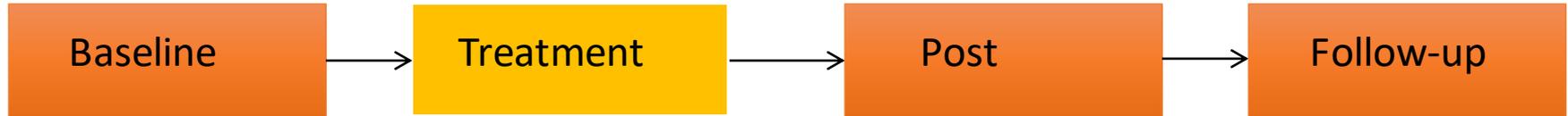
You may print this page or any other page when taking the survey by going to "file" at the top left-hand corner of the screen and selecting "print."

What is your Study ID?

(four-digit Study ID)

Next

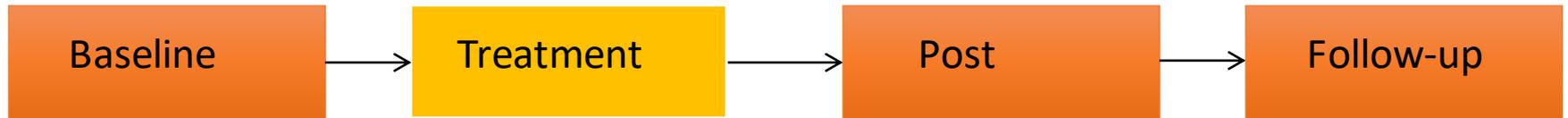
Retention



- **Randomized** to DESTRESS-WV or Phone Only
- 1st call:
 - Overview, expectations
 - Safety plan
- 8 coaching calls (~15 min):
 - Short PCL for symptom monitoring
 - **Phone:** listening, open-ended Qs
 - **DESTRESS:** homework support

SAFETY PLAN	
Step 1: Warning signs:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:	
1.	_____
2.	_____
3.	_____
Step 3: People and social settings that provide distraction:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Place _____
4.	Place _____
Step 4: People whom I can ask for help:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Name _____ Phone _____
Step 5: Professionals or agencies I can contact during a crisis:	
1.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3.	Local Urgent Care Services _____ Urgent Care Services Address _____ Urgent Care Services Phone _____
4.	VA Suicide Prevention Resource Coordinator Name _____ VA Suicide Prevention Resource Coordinator Phone _____
5.	VA Suicide Prevention Hotline Phone: 1-800-273-TALK (8255), push 1 to reach a VA mental health clinician
Step 6: Making the environment safe:	
1.	_____
2.	_____

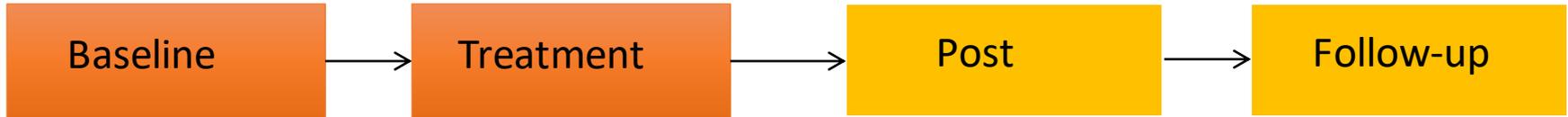
Retention



Topics:

- Deep breathing and PMR
- Social support
- ABCs and challenging unhelpful thoughts
- In-vivo exposures
- Core beliefs
- Imaginal exposures
- Relapse prevention

Retention



DESTRESS-WV 6-Month Survey (Full RCT)

5%

Welcome to the DESTRESS-WV 6-Month Survey!

Thank you for your participation in the Women Veterans Study. We greatly appreciate your time and participation.

This survey will take approximately 60-90 minutes to complete. The survey includes a range of questions about your mental health and well-being. You may experience discomfort when answering questions that are sensitive for you, but you always have the option of not answering any question that you do not wish to answer.

Should discomfort arise and you would like someone to talk with, please contact our **Study Office at (206) 277-4328**. You can also contact the **Veterans Crisis Line at 1-800-273-TALK (8255) and press 1** for further assistance. The Veterans Crisis Line connects Veterans with qualified, caring Department of Veterans Affairs responders through confidential support 24 hours a day, 7 days a week.

You are eligible to receive \$30 for participating in this survey. Your participation is voluntary. You can decide not to participate in this study or withdraw at any time without losing any of your rights or benefits.

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You may print this page or any other page when taking the survey by going to "file" at the top left-hand corner of the screen and selecting "print."

What is your Study ID?

(four-digit Study ID)

Next

RCT Sample

- 508 screened, 296 passed screen (58%)
- **102** randomized
 - Mean age 49
 - 69% White
 - 75% heterosexual
 - 49% reported MST as index trauma event
- Retention:
 - 88-92% completed follow-up assessments at each time-point
 - 7% dropped out or LTFU after randomization

Feasibility and Acceptability

- Treatment completion:
 - 39 of 51 in DESTRESS-WV (**76%**)
 - 49 of 51 in Phone Monitoring (**96%**)
- DESTRESS-WV group completed average of 13 (out of 16) sessions
- DESTRESS-WV group reported greater satisfaction with treatment experience and delivery
- Satisfaction with study coach high in both groups

Main Findings

Mean Change in PTSD Symptom-Checklist (PCL) by Study Condition Across Time (DESTRESS–WV)

PCL total	DESTRESS–WV		Phone monitoring		DESTRESS–WV – phone monitoring		<i>p</i> value
	Mean (<i>SE</i>)	95% CI	Mean (<i>SE</i>)	95% CI	Mean (<i>SE</i>)	95% CI	
Intent-to-treat, <i>n</i> = 102	(<i>n</i> = 51)		(<i>n</i> = 51)				0.15*
Baseline ^a	46.3 (2.0)		44.4 (2.0)		1.9 (2.9)		
Post – baseline	-13.1 (2.1)	(-18.1, -8.2)	-8.9 (2.0)	(-13.6, -4.1)	-4.3 (2.9)	(-11.1, 2.5)	0.32
3-month – baseline	-13.8 (2.1)	(-18.7, -8.9)	-7.5 (2.0)	(-12.2, -2.8)	-6.3 (2.9)	(-13.1, 0.4)	0.073
6-month – baseline	-11.4 (2.1)	(-16.2, -6.5)	-8.9 (2.0)	(-13.6, -4.1)	-2.5 (2.9)	(-9.3, 4.3)	0.72
Treatment completers, <i>n</i> = 88	(<i>n</i> = 39)		(<i>n</i> = 49)				0.041*
Baseline ^a	46.0 (2.3)		45.1 (2.0)		0.9 (3.1)		
Post – baseline	-14.2 (2.3)	(-19.6, -8.9)	-9.3 (2.0)	(-14.1, -4.5)	-4.9 (3.0)	(-12.1, 2.2)	0.25
3-month – baseline	-15.9 (2.3)	(-21.3, -10.6)	-7.6 (2.0)	(-12.4, -2.9)	-8.3 (3.0)	(-15.4, -1.2)	0.017
6-month – baseline	-11.8 (2.3)	(-17.2, -6.3)	-9.1 (2.0)	(-13.9, -4.3)	-2.6 (3.1)	(-9.9, 4.6)	0.72
Baseline PCL ≥ 33, <i>n</i> = 90	(<i>n</i> = 44)		(<i>n</i> = 46)				0.031*
Baseline ^a	49.0 (2.1)		46.5 (2.0)		2.5 (2.9)		
Post – baseline	-15.7 (2.3)	(-21.1, -10.3)	-9.7 (2.1)	(-14.7, -4.6)	-6.0 (3.1)	(-13.4, 1.3)	0.13
3-month – baseline	-16.5 (2.3)	(-21.8, -11.1)	-7.7 (2.1)	(-12.7, -2.7)	-8.7 (3.1)	(-16.0, -1.5)	0.014
6-month – baseline	-12.7 (2.3)	(-18.0, -7.3)	-9.4 (2.1)	(-14.4, -4.3)	-3.3 (3.1)	(-10.6, 4.0)	0.58

DESTRESS-WV Feedback

“Challenging avoidance has helped me to heal at deeper level. Due to this program, I have been able to reframe my experience in a greater way than I had anticipated.”

“There was enough anonymity for me to comfortably open up. It was totally relevant to me and I could tell those who created the program understood my experience so I felt connected.”

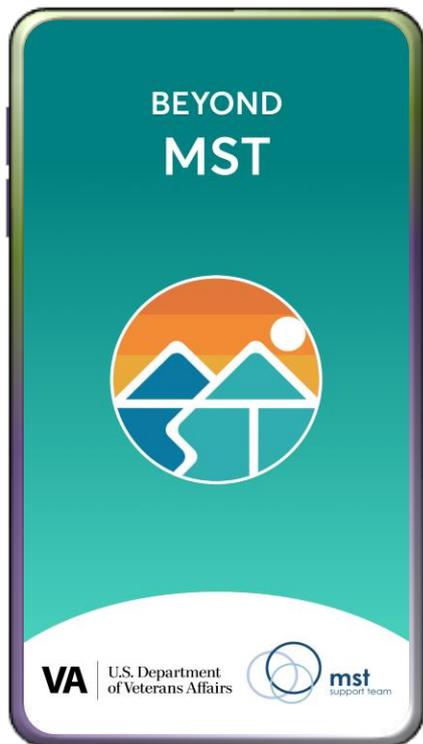
Phone Monitoring Feedback

“I really appreciated being able to talk to someone who I felt like was in my corner, with no pressure...Having that support and talking things out, just knowing that someone who cared and wouldn't judge me was so helpful to understand why I feel like I do about the problems I face.”

“The human element of one-on-one responses and interaction was instrumental.”

Conclusions

- In this RCT, lower dropout and higher rates of treatment and study completion compared to those typically seen in PTSD clinical trials
- DESTRESS-WV was not superior to phone monitoring in ITT analyses and had lower rates of treatment completion (but participants expressed greater satisfaction)
- Phone-based, therapeutic contact may be worthwhile public health intervention to consider
- Both phone support and DESTRESS-WV may represent low-cost, feasible strategies to enhance access to PTSD care for women Veterans



Beyond MST

The Self-Care Mobile App
for Veterans who Experienced
Military Sexual Trauma (MST)

Amy Street, PhD
Women's Health Sciences Division
National Center for PTSD at
VA Boston Healthcare System





What is Military Sexual Trauma?



- Military sexual trauma (MST) is the term used by VA to refer to experiences of **sexual assault** or **sexual harassment** experienced during military service
 - Any sexual activity during military service in which someone was involved against their will or unable to say no
 - MST can occur on or off base, while an individual was on or off duty
 - The identity of the perpetrator does not matter
 - The reason for the assault or harassment also does not matter (e.g., hazing)
- People of all ages, races and ethnicities, genders, sexual orientations and eras of service have experienced MST
- In terms of known rates, when screened by a VHA health care provider, about 1 in 3 women and 1 in 50 men report experiencing MST



What is the Impact of MST?



- There is no single way that individuals respond to MST, and survivors are remarkably resilient, wherever they are in their recovery journey
- Many people may have no significant long-term difficulties
- Many others have mental health and/or physical health difficulties afterwards, sometimes for years. Among those seen in VHA for health care:
 - Common mental health diagnoses include posttraumatic stress disorder (PTSD), depressive disorders, anxiety disorders and substance use disorders; challenges with self-care, shame or self-blame can further affect healing
 - Physical health conditions are also common and can impact health
- Experiencing MST may be associated with readjustment concerns, employment and school issues, relationship difficulties or spiritual crises
- It also has been found to be associated with increased risk for suicide even after accounting for specific conditions like PTSD or depression



Benefits of Mobile Apps for Mental Health



- Widespread use of “smart phones”
- High levels of interest in using apps for mental health concerns among Veterans
- Growing evidence base supporting the benefits of mobile apps (like *PTSD Coach*)
- Access to supportive information and tools without travel and logistics (*childcare, work, etc.*)
- Many opportunities for innovative use as part of a larger mental health treatment strategy

Owen, J.E., Kuhn, E., Jaworski, B.K., McGee-Vincent, P., Juhasz, K., Hoffman, J.E. and Rosen, C. (2018). VA mobile apps for PTSD and related problems: public health resources for veterans and those who care for them. *Mhealth*, 4, 28-44.



The National Center for PTSD Self-Help Mobile Apps



PTSD Coach supports the self-management of posttraumatic stress disorder (PTSD).



PTSD Family Coach is for partners, family members, and other loved ones of individuals who may be experiencing PTSD.



AIMS for Anger Management (Anger and Irritability Management Skills) is an app for anyone experiencing problematic anger.



Couples Coach is for partners who want to improve their relationship and explore new ways to connect.



COVID Coach is for managing stress related to the COVID-19 pandemic.



Insomnia Coach is designed for anyone who would like to improve their sleep.



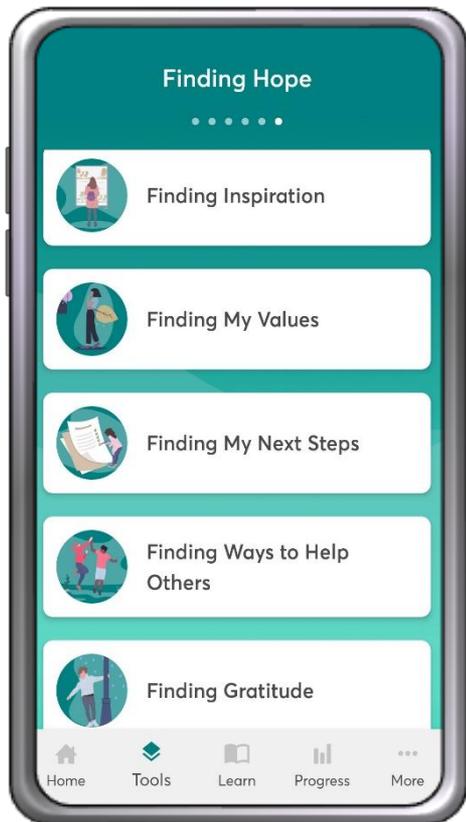
Mindfulness Coach is designed to help people regularly practice mindfulness.



VetChange is an app for anyone who is concerned about their drinking and PTSD.



Why a Mobile App for MST Survivors?



- Potential struggles with shame, self-blame, isolation and disconnection
- Sense of being “the only one” or different even from other trauma survivors
- Potential barriers to care
- Significant privacy concerns
- Diverse range of reactions and commonly associated diagnoses
- Diverse needs and preferences
- Sub-populations with additional concerns



The National Center for PTSD Apps Are...



- Free & publicly available in the app marketplaces
- Private: do not share or require personal information
- Fully Section 508-compliant
- Evidence-informed
- Tailored to Veterans & VA providers, can be used by anyone

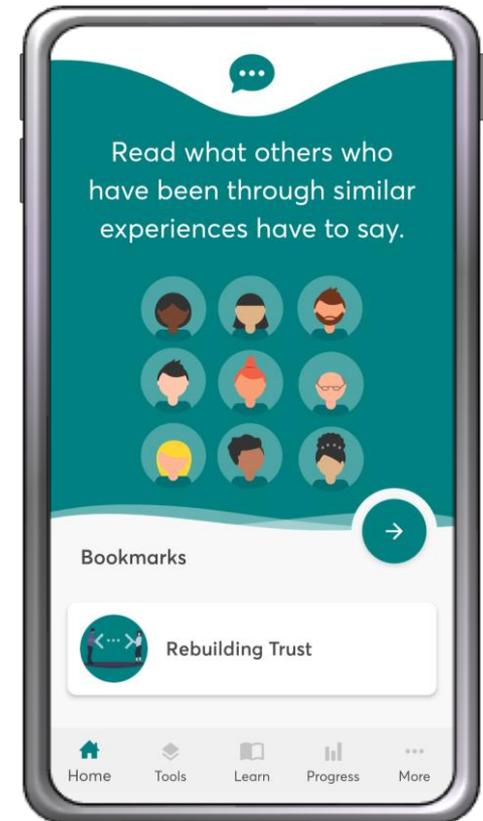




Beyond MST

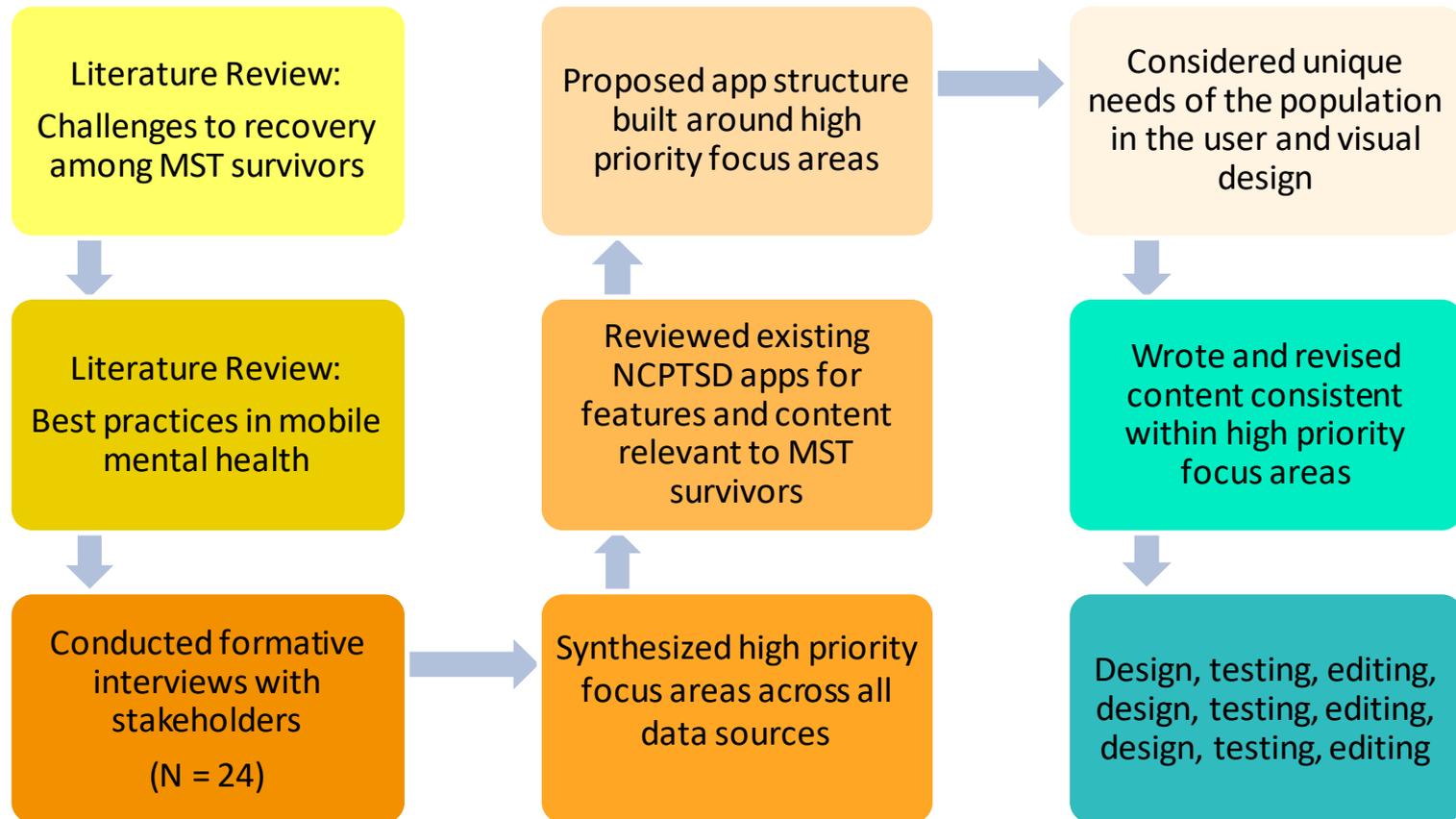


- A **free, secure mobile app** created by the National Center for PTSD and the MST Support Team specifically to support the health and well-being of MST survivors
- A **convenient and trauma-sensitive** way to get information, build skills to address mental and physical health concerns, and decrease isolation and hopelessness
- A **hopeful and inspiring self-help** resource, useful alone or in conjunction with treatment
- Focused on a **range of challenges** MST survivors may experience, rather than a specific diagnosis or problem
- Appropriate for survivors of **all backgrounds** and gender identities and at all stages of recovery
- **Informed by input from MST survivors** and professionals with expertise in working with them





Beyond MST Development Process





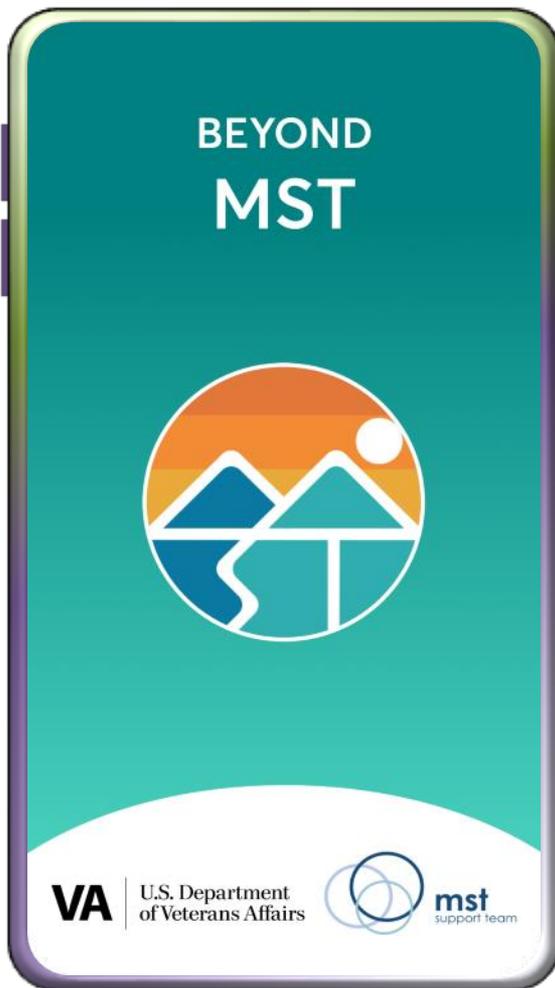
Themes from Formative Interviews



- Loneliness and isolation
- Significant stigma, shame and
 - self-blame
- Need for greater sense of safety and control
- Concerns about privacy
- Limited awareness of VA treatment resources
 - Particularly true for non-VA users
 - May include distrust of VA
- Need for specific skills:
 - Distress tolerance, particularly in response to trauma reminders
 - Grounding
 - Behavioral activation
 - Soliciting support from close others



Core Components of *Beyond MST*





Navigation in the App



Home screen

- Coach
- Recommendations
- Bookmarks
- Menu ribbon





Core Content Areas in *Beyond MST*



Tools and learn topics are organized into six different themes or content areas:



Countering Self-Blame

Learn how self-blame can keep you stuck and how challenging it can help you heal



Strengthen Relationship Skills

Learn how to build healthy relationships and challenge unhealthy relationship beliefs



Building Support

Learn about different kinds of support and identify people who can support you



Prioritizing Health and Wellness

Learn about common health concerns and make plans to care for your body and mind



Finding Calm and Balance

Practice skills for managing stress and emotions and staying in the present moment



Finding Hope

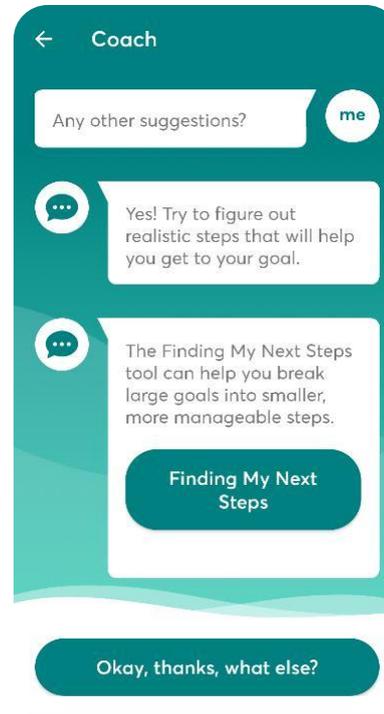
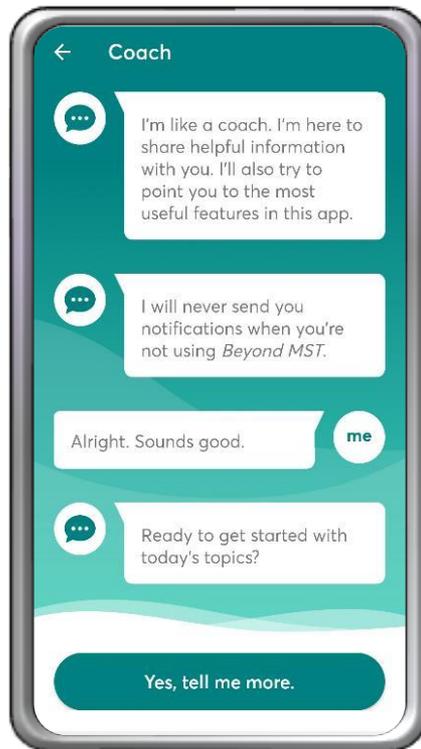
Fight hopelessness and isolation by exploring values, motivation, and inspiration to continue healing



Core Components of *Beyond MST*: Coach



Coach - simulated “chat” to teach users about the app, give helpful tips and highlight key features





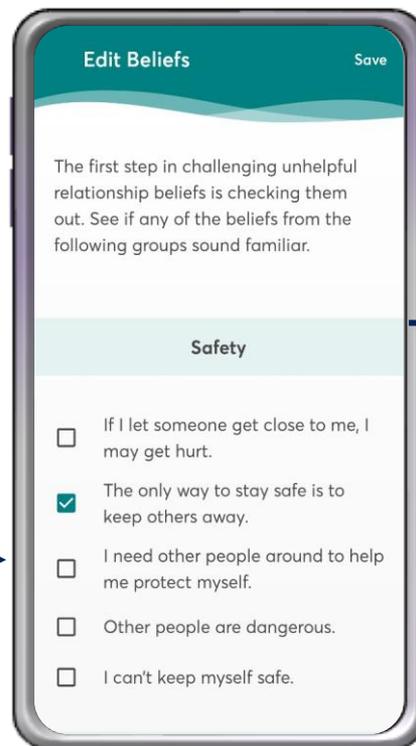
Core Components of *Beyond MST*: Tools



33 Tools to teach, build and practice skills



Swipe left/right to navigate through the different themes

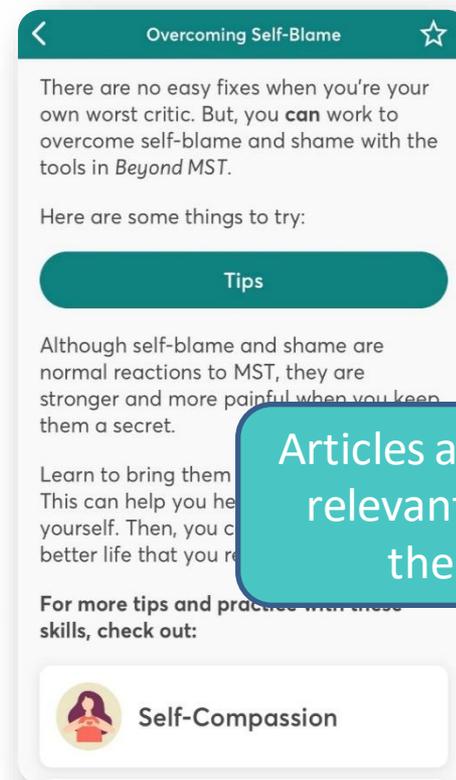
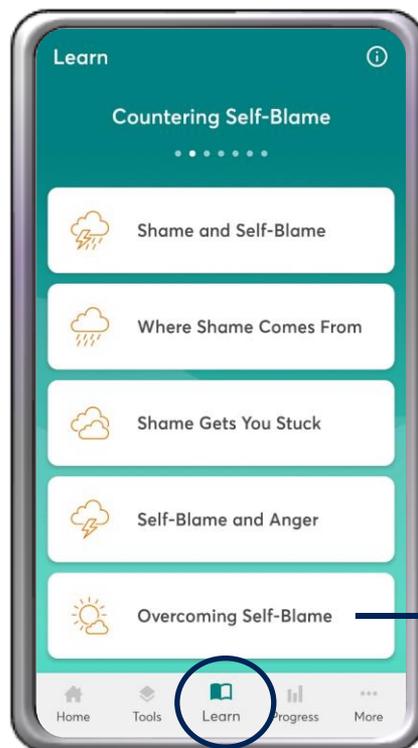
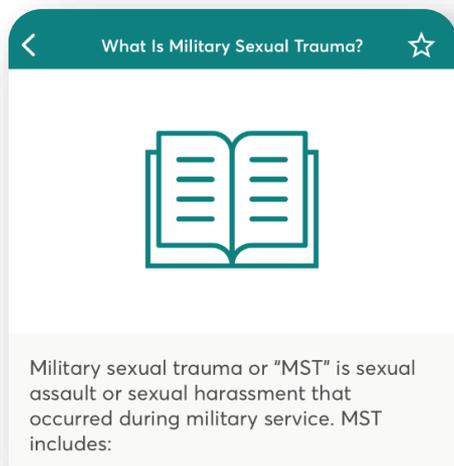




Core Components of *Beyond MST: Learn*



Learn - 49 brief readings about MST and other relevant topics



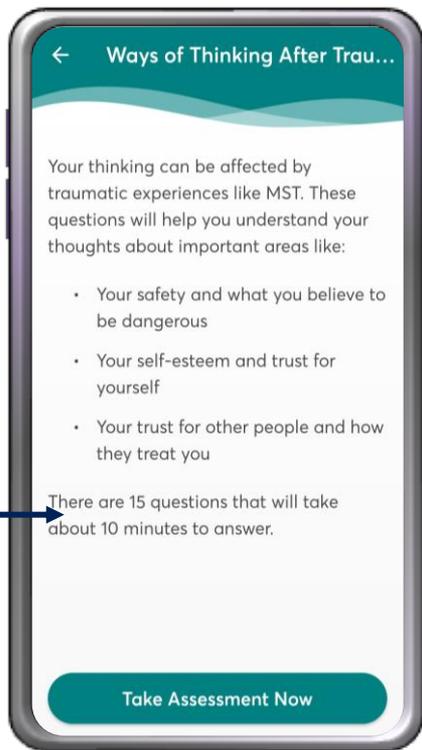
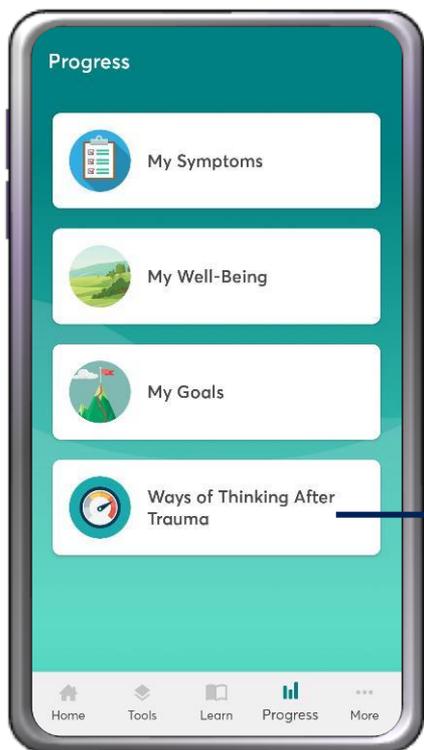
Articles also link to relevant tools in the app



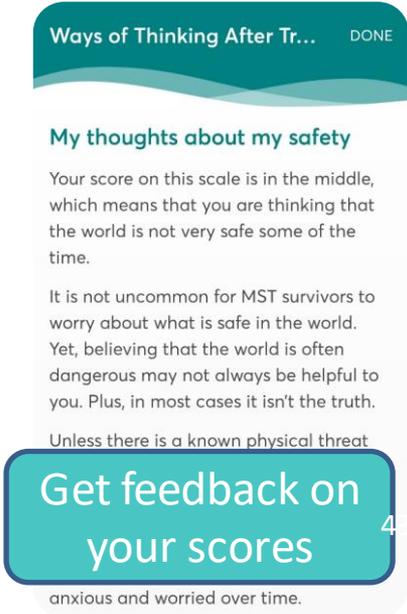
Core Components of *Beyond MST*: Progress



- Assess symptoms and trauma-related cognitions
- Set and track personal goals



Track progress over time



Get feedback on your scores



Initial Feedback So Far is Encouraging



- >7000 downloads; Positive Ratings for iOS (App Store rating **4.7** out of 5) and Android (Play Store rating **4.6** out of 5)
- Currently conducting feedback interviews with *Beyond MST* users
- Validation and a feeling that the tools target MST survivors' key concerns
- Excitement at the range and amount of content and happiness to see this kind of resource being developed by VA



- Gravitation to **Self-Compassion** exercises for relaxation; may be due in part to initial home screen message with a suggestion to try this out, but also an encouraging topic helpful to users wherever they are in their healing process
- Appreciation for the attention to diversity and representation in the images
- Interest in Progress features and being able to track their progress and download data



What We Hope It Means for Survivors

- Access to supportive and healing information and resources in a free, private and convenient format
- Flexible options for a range of survivors at various stages of healing
 - Self-help and coping for less distressed individuals and those not in care
 - A complement to care for relatively more distressed individuals
 - Extra support for working on areas that are not a primary focus of treatment
- Decreased stigma, isolation and hopelessness
- A powerful illustration and reminder of key messages we want all survivors to hear: *You're not alone*, and *we believe in you*





What We Hope it Means for Others



- For health care professionals
 - A digital outreach tool when you can't give handouts or brochures
 - An easy-access, low-burden resource to share with survivors
 - A quick way to educate others about MST (peers, colleagues, trainees, family members, etc.)
 - A new source of information and support for your work
- For family members, friends, those who support survivors and the public
 - Accessible education about MST and recovery; suggestions for how to support survivors more effectively; tools to support relationships
 - A new way to see, experience and share VA's commitment to and sensitivity in supporting MST survivors
 - Help (we hope) for survivors of other types of sexual and interpersonal trauma, too



Resources and Ways to Learn More



- Scan the QR code on the right to download and explore
 - Use the tools yourself (“**Sleeping Better**”, “**Planning for Self-Care**”, “**Finding My Values**”, “**Finding Inspiration**”, etc.)



- Visit and share the [Beyond MST information website](#)
 - View and share the [short overview video](#)
 - Read and share the [one-page flyer](#)
 - Also find it on the [VA App Store](#) website, in the VA App Catalog and on VA devices for Veterans



- Recommend it to people who might benefit, and listen to their reactions and comments



Resources and Ways to Learn More



- **Tell us how you feel** about the app by rating it in the App and Play Stores
 - Ratings and reviews help to spread the word more effectively to other survivors and help them to find it more easily, too
- **Send feedback about bugs** or specific features to MobileMentalHealth@va.gov (or just “Send us Feedback” from the Settings menu in the app)
- Take the online course, [Integrating National Center for PTSD \(NCPTSD\) Mobile Apps into Veteran Mental Health Care](#), VHA TRAIN ID 1090455
 - Brief videos demonstrating how to introduce mobile apps into treatment in general, address key points or questions and use apps in appointments

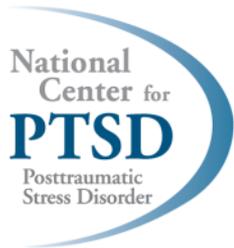


Thank you, and Questions

Thank you for your interest in supporting Veterans who have experienced MST!



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Discussant: Jennifer Strauss, PhD



National Lead and Women's Mental Health
Program Manager, Office Mental Health and
Suicide Prevention in VA Central Office.

Get Involved!

- ✓ **Subscribe to the VA WHRN Listserv** at https://www.research.va.gov/programs/womens_health/listserv.cfm
- ✓ **Contact** Adriana Rodriguez, Ph.D., WHRN Consortium Program Manager, at Adriana.Rodriguez3@va.gov with ideas for future cyberseminars focused on women's health.

