

**PROJECT DE-STRESS**  
**“A COGNITIVE BEHAVIORAL  
INTERVENTION FOR VICTIMS OF  
MASS VIOLENCE”**

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*VSO-MSO Roundtable Meeting*

*24 June 2004*

**DHCC**

**DEPLOYMENT HEALTH CLINICAL CENTER**



# DE-STRESS

DELivery of Self TRaining and Education for Stressful Situations

## Project De-Stress:

Delivery of  
Self-TRaining and  
Education for  
Stressful  
Situations



# DE-STRESS

DElivery of Self-TRaining and Education for Stressful Situations

- NIMH – funded pilot study
- In collaboration with the Boston University School of Medicine, the National Center for PTSD and, Boston VA Medical Center

## *Purpose:*

To compare two **web-based interventions** (Stress Inoculation Training vs. Supportive Care) designed to reduce post-traumatic stress symptoms in DoD healthcare beneficiaries exposed to a military-related trauma delivered on a secure web-based model of training.

# A Cognitive-Behavioral Intervention for Victims of Mass Violence

## Principle Investigators

LTC Charles C. Engel, Jr., MD, MPH- WRAMC

Brett Litz, PhD- Boston Dept. of VA Medical Center

Richard Bryant, PhD- University of New South Wales

LTC Dermot Cotter, - WRAMC

## Walter Reed Army Medical Center Team

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Ambereen Jaffer, MPH



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How do we increase opportunity for self care after exposure to military trauma?

- Preventive
- Educational
- Self –guided
- Professionally monitored
- Ease of access
- Portable
- Primary Care resource
- Normalize Post Operational Stress Reactions
- Non-stigmatizing
- Empowering
- Increase resiliency
- Soldier readiness
- Teach coping skills
- Reach large numbers
- Provider Efficient





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## *Rationale:*

### *Medical/Socioeconomic Impact*

- Average work loss: 3.6 days/month
- Annual productivity loss: \$ 3 billion
- Medical utilization: mean general medical visits in past year
  - PTSD 5.3
  - any anxiety disorder 4.4
  - Major depression 3.4

(Kessler, 2000, Kessler et al, 1999)



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## *Primary hypothesis:*

Stress Inoculation Training (SIT) will reduce the level of post-traumatic stress symptoms in participants relative to Standard Care (SC), and to participants' pre-treatment levels



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## *Secondary Hypotheses:*

- SIT will lower arousal, anxiety and worry about future stressors thereby reducing PTSD symptoms
- SIT will lead to greater reductions in depression and maladaptive trauma-related beliefs
- SIT will lead to greater functional status and better interpersonal functioning leading to soldier stress hardiness and readiness
- Compliance with home work and web-use will mediate negative outcomes/embed change



## *Methodology:*

### Stress Inoculation Training Features:

- Applying stress management strategies in real time
- Teaches stress is inevitable- Have a game plan!
- Coping adaptively with stress and situations that trigger recall of trauma
- Prepares to address challenges that will arise (e.g., anniversary dates, stressful times).across the life course



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## *Methods:*

- National Capitol Region MTF'S
- Study Length-August'02-August'05
- Recruitment –100 male/female Military health care beneficiaries with exposure to military trauma since 9/11/01
- Randomly assigned to SIT or SC group



*Methods:* Design: SIT vs. SC

- 2 hour pre-treatment assessment
- 2 hour face-to-face training session, followed by self-guided, self-paced, participation
- 8-weeks of daily homework prompted, promoted, and ***monitored by stress mgmt. expert 24/7 over a highly secure web site***
- Post-treatment assessments at:
  - 8 weeks, 3 months, 6 months



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## *Who Can Participate? "PTS-like syndromes"*

- ✓ Experiencing mild to moderate symptoms as a result of a military-related trauma
- ✓ Experiencing sleep difficulties, anxiety, irritability, depression and/or anger
- ✓ Recurring bad memories/dreams of trauma
- ✓ Eligible for DoD health care
- ✓ Age 18 or older



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## *Who Cannot Participate ?*

- x Early ASAP treatment without sobriety
- x Currently experiencing active suicidal ideation
- x Currently receiving trauma-focused treatment
- x Inadequate comprehension of English
- x Grossly inadequate social support

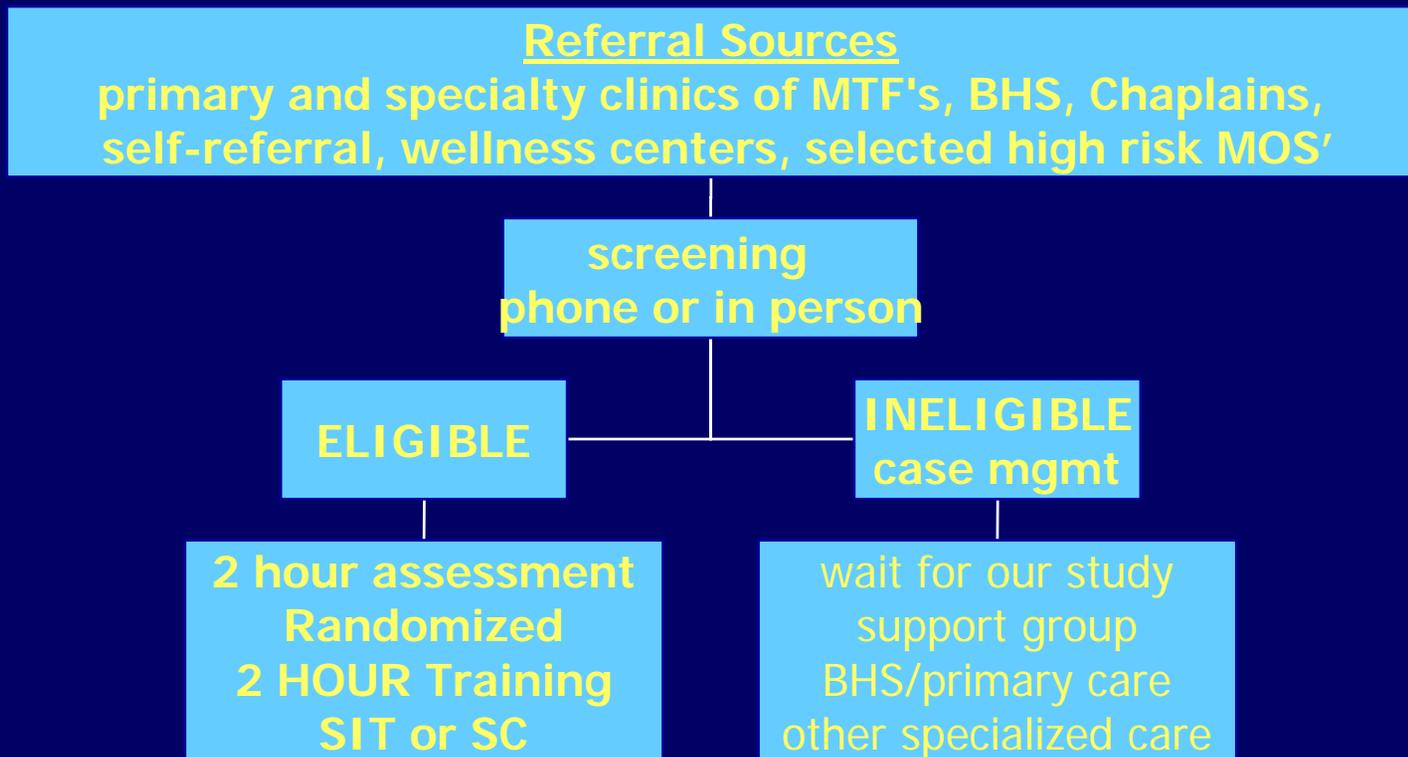


*Its Appeal in a Military Setting: SAFE (Safe, Anonymous/Accessible, Free, Educational)*

- Voluntary participation
- Confidential-----Non-stigmatizing
- NO Mental Health record
- Educationally-based training
- Case management when needed
- No profile or weakness attributed
- No threat to security rating
- Provides "draino for stress clogged lives"



## Referral Flow:





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## *Treatment components:*

### SIT:

- Report symptoms
- Access educational materials
- Complete homework
  - Teach skills
    - Diaphragmatic breathing
    - Progressive muscle relaxation
    - Adaptive self-talk (cognitive restructuring)
  - Application of skills
    - Exposure to hierarchy items
  - Narrative plus coping
  - Relapse prevention

### SC:

- Report symptoms
- Access educational materials
- Non-directive stress mgmt. tips
- Trauma education
- Open-ended entries
- Reflective listening
- Supportive counsel
- Validation
- Follow-up



### *Monitoring Participants for Safety and Progress:*

- Automated email notifications (e.g., if symptoms ratings cross a threshold or if participant has not logged on to website for 3 days).
- E-mail/phone links to trainer on every web page.
- 24/7 pager access to trainers
- PRN and planned phone calls throughout active treatment phase.
- Automated progression, with flexibility
- Built in praise and encouragement



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ID:

PASSWORD:

**Brief Cognitive-Behavioral Treatment  
for Victims of Mass Violence**



# DE-STRESS

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[Logout](#)

## Day 3

Welcome back.

### Current Symptoms

Below is a list of problems and complaints that you may be experiencing as a result of the attack on the Pentagon 9/11, your participation in rescue efforts on or after 9/11, or as a result of the loss of friends or close colleagues. Please read each item carefully, then click in the box on the right that best indicates how much you have been bothered by that problem in the past 24 hours.

	Not At All	A Little Bit	Moderately	Quite a Bit	Extremely
1. Repeated, disturbing memories, thoughts, or images of events surrounding the attack (e.g. lost colleagues.)	<input type="radio"/>				
2. Repeated, disturbing dreams of the attack on the Pentagon or events surrounding the attack.	<input type="radio"/>				
3. Feeling very upset and stressed (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the attack on the Pentagon or events surrounding the attack.	<input type="radio"/>				
4. Avoiding thinking about or talking about the Pentagon attack or events surrounding the attack or avoiding having feelings related to these events.	<input type="radio"/>				
5. Avoiding activities or situations because they reminded you of the attack on the Pentagon or events surrounding the attack.	<input type="radio"/>				
6. Trouble falling					

### Contact

[Email Facilitator](#)

### Worksheets

- [- Self Monitoring Worksheet](#)
- [- SUDS Worksheet](#)

### Educational Materials

- [- Anger Management](#)
- [- Coping Styles](#)
- [- Deep Breathing Technique](#)
- [- Healthy Coping](#)
- [- Muscle Relaxation Technique](#)
- [- Self Monitoring Rationale](#)
- [- Sleep Hygiene](#)
- [- Subjective Units of Distress](#)

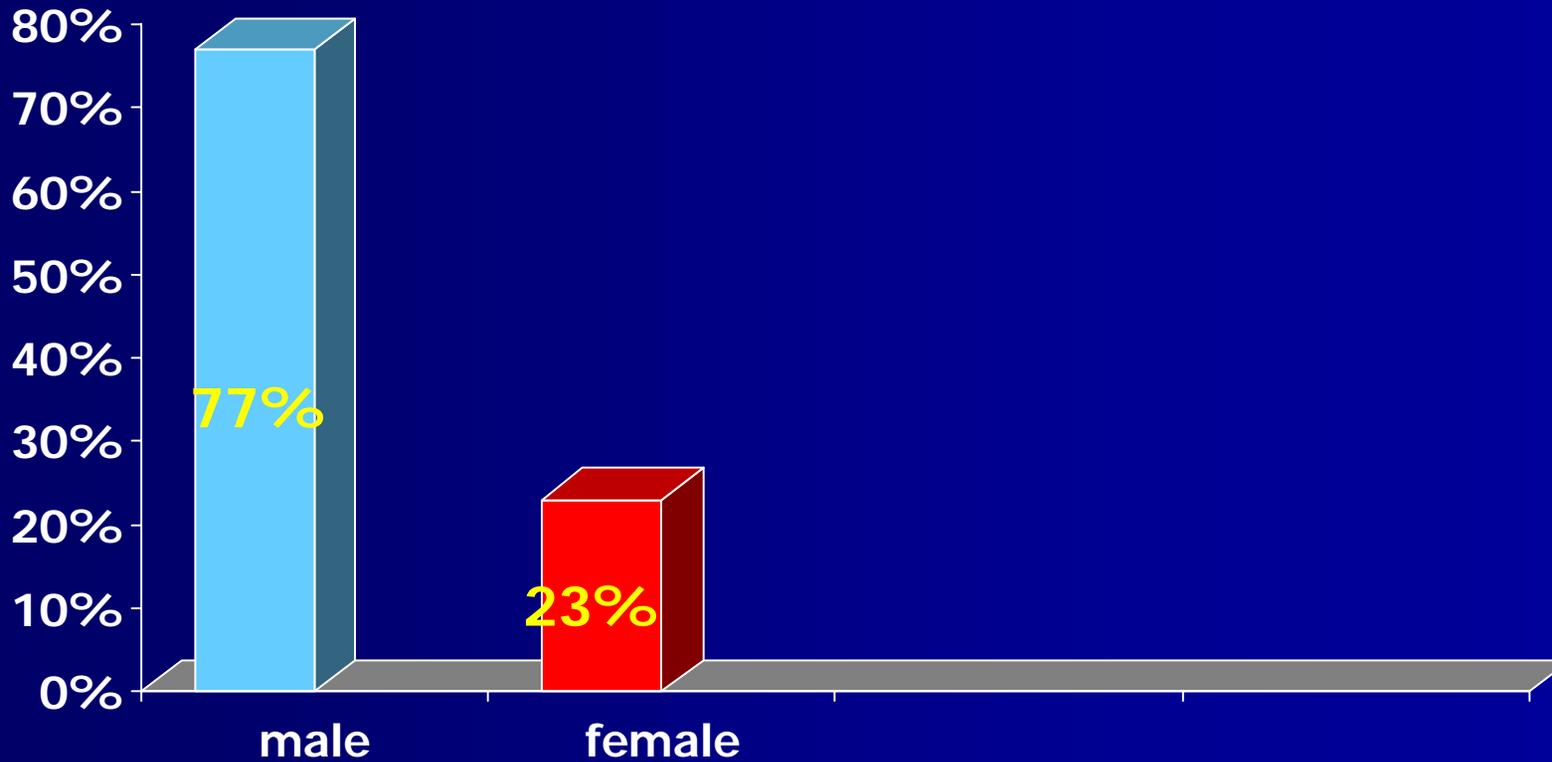
#### (SUDS)

- [- Symptom Management](#)
- [- Trauma and Beliefs](#)
- [- Understanding Trigger Events](#)
- [- Why Breathing Control and](#)

[Muscle Relaxation Work](#)

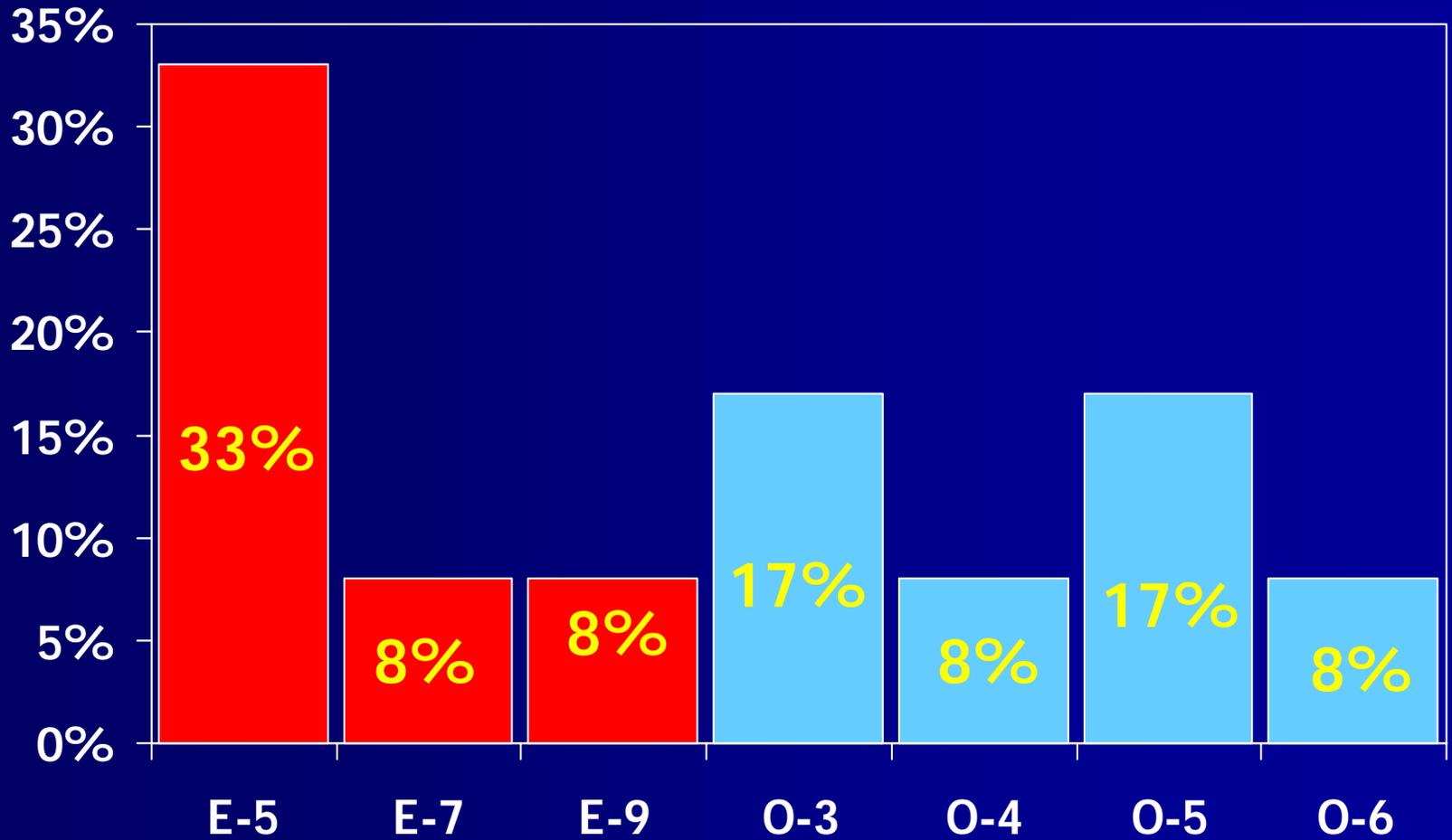


## Gender



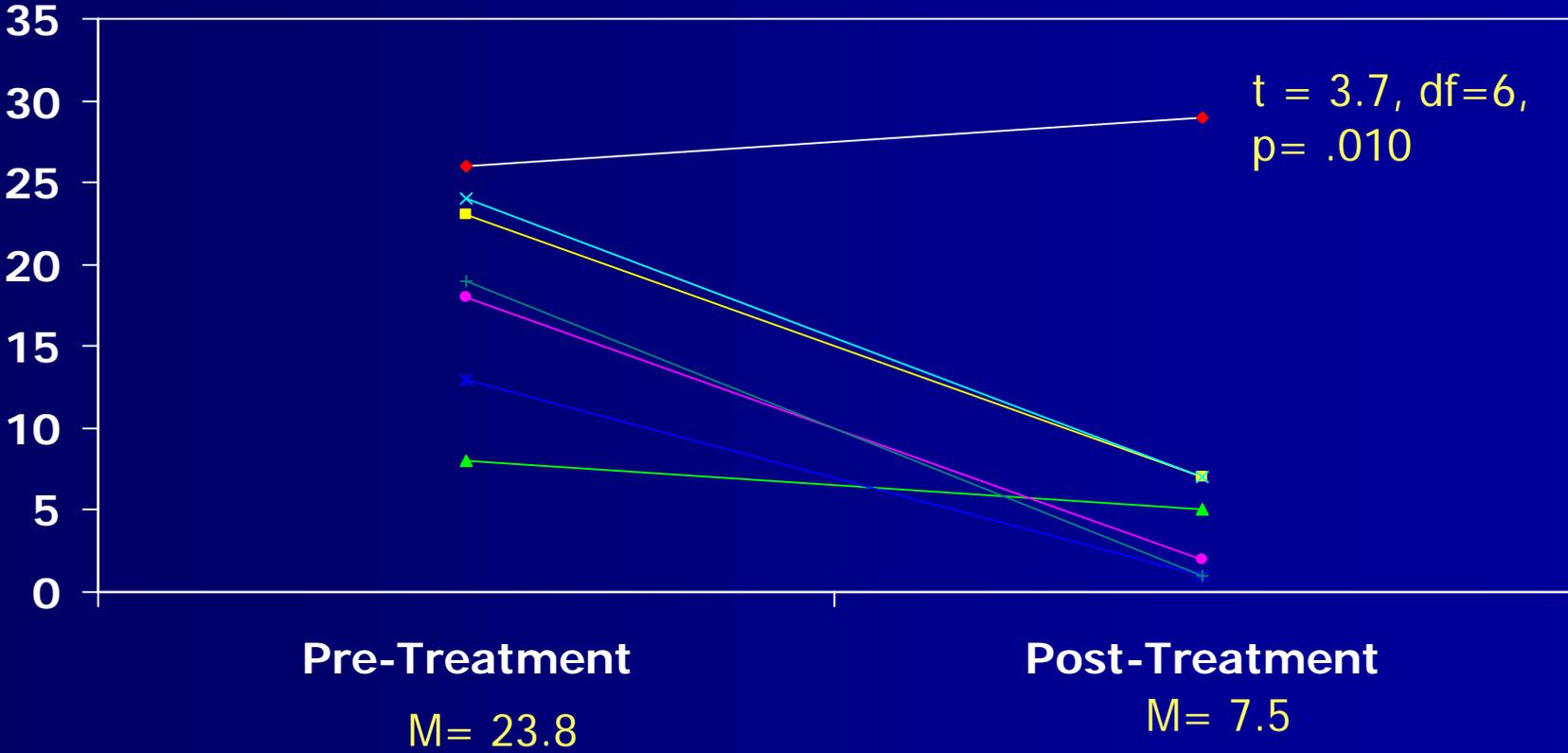


# Rank



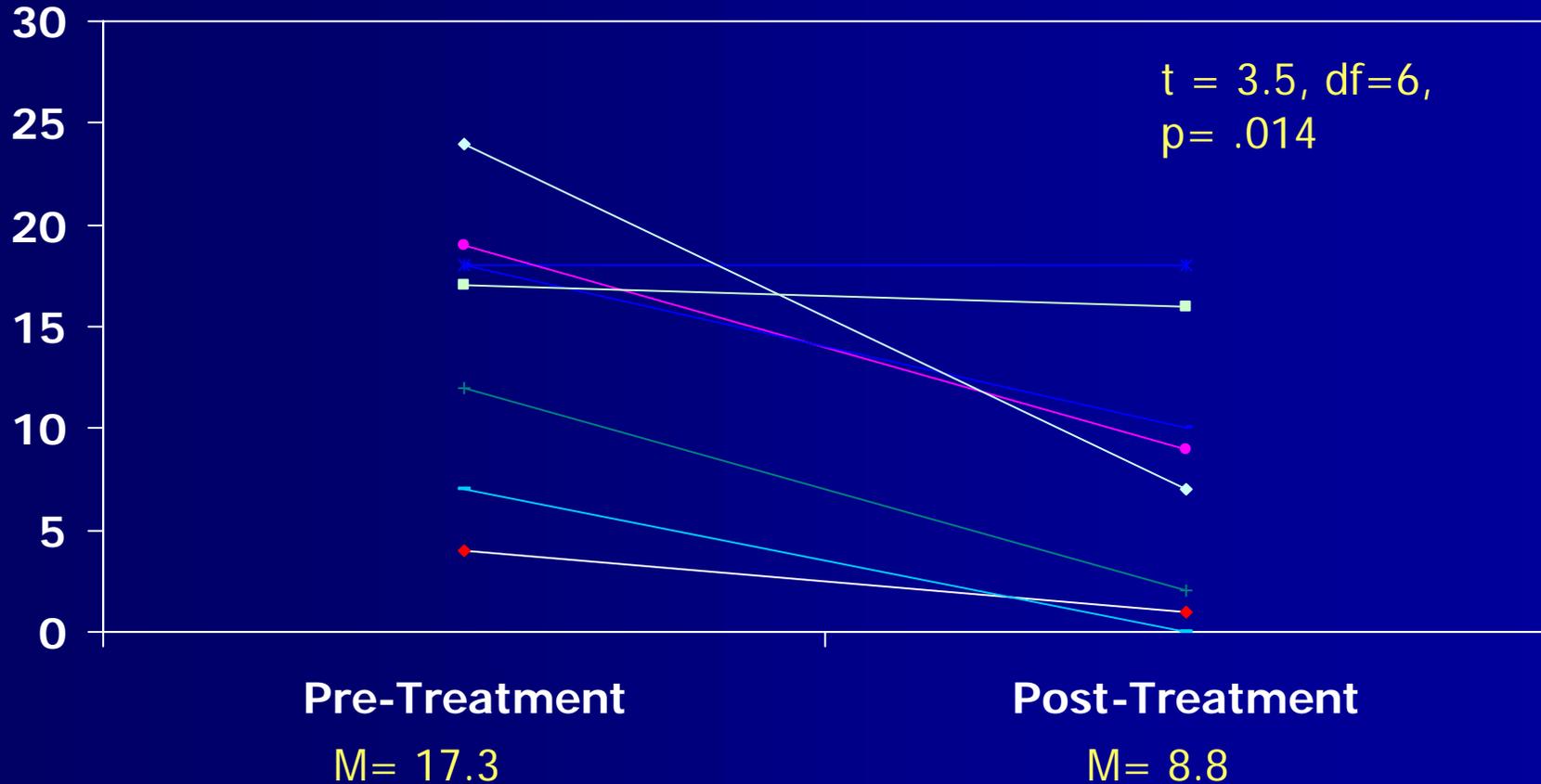


## Post Traumatic Stress Interview Scores





## Beck Depression Scores





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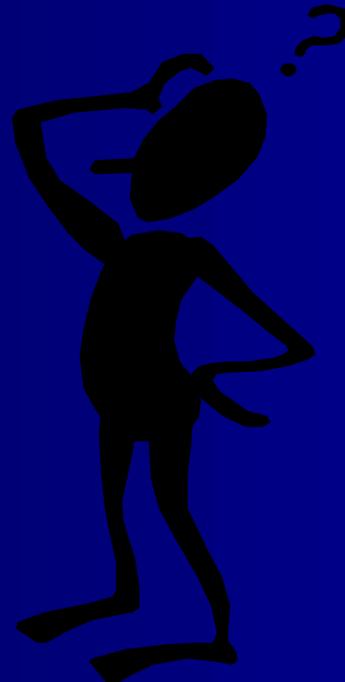
## *Lessons Learned:*

- **Safety and Participants needs come first**
- Computerized interventions appealing and feasible
- Self-motivation and independence are key
- Viable follow-up to traditional psychotherapy
- Recruitment for clinical trials difficult
- Acceptance high because of training focus
- Ideal for Primary Care settings

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Thank You for your time!



Questions?