DENISE KENNEDY: And we are getting some background noise. If you're typing, you can go ahead and put your phone on mute there.

Hello everyone. Welcome, and thank you for attending our VA mobile health discussion series webinar. My name is Denise Kennedy, and I'm going to run through a few brief technical reminders before we begin the discussion about moving forward. Your phone lines are muted. We'll be taking questions through the chat feature. If you can go ahead and also put your speakers on mute, so you don't get background from both the phone and the speakers, that would be great as well.

If you're experiencing any technical difficulties, please use the chat function that is available to you at the bottom towards the right of your screen. So to respect everyone's schedules, we'll keep this moving so the discussion ends on time.

Today we welcome Doctor Carolyn Greene, national program manager for VHA's mental health web services. As mentioned before, if you have any questions for our presenter, please use the chat feature, and we're going to stop the presentation intermittently to answer those questions. If we don't get to

your questions, we'll send out an email following this webinar with any relevant answers. To download the presentation or accompanying materials, look to the bottom right of the screen and just click the file that is under the header. Click the links that are under the header files. With that, I'm going to turn it over to our presenter. Doctor Greene, over to you.

CAROLYN GREENE: OK. Thank you, Denise. Well, hello everyone. As Denise said, I am Doctor Carolyn Greene. And it's really a pleasure to be able to speak with you today. Just to let you know a little about me, I am a clinical psychologist, and I have a background both in actual clinical work of working with patients, and research, and currently I am tasked with developing a portfolio of online resources for Veterans who need mental health services but might not otherwise receive them.

So today I'll be talking about Moving Forward. And we have an online program for that, a web based program as well as a mobile app. I know that your interest is mainly mobile apps, so I will walk through the app that we have and focus on that. But I'll spend the first part of the presentation going through some context and letting you know how the app is one part of the

mission that we're trying to serve.

Before I begin on the actual presentation, I do want to give some acknowledgements. As I'm sure all of you know, it takes a village to build this stuff. I wanted to particularly acknowledge some people who were instrumental. Julia Hoffman is the lead for mental health mobile apps, and she was really a critical piece of putting the app together. And also, I probably have stolen some slides from her over the years. I wanted to make sure to give Julia a big shout out. And Doctor Ken Weingardt, who is no longer at VA, but he was really the genius behind this whole portfolio of work that I was hired to implement. And some other people who have played a huge role in getting this rolling.

And I also do have to give the disclaimer that my opinions expressed are my own. I don't think I'm going to say anything too controversial, but I can't make any guarantees. So I just wanted to get that out there.

OK. So today I'm going to talk about our Veteran training portfolio and how the Moving Forward program in general fits into that. Then I'll go through the mobile app and talk about

some lessons learned, and then next steps. And actually the next step I'm hoping will mainly be a discussion that we can all have so that I can learn from some of your wisdom, and also so that we can talk about what the needs might be for future work.

So as I mentioned, there are a lot of Veterans that need mental health resources that aren't necessarily getting them, and that's for a number of different reasons. We have geographic issues where people live in remote places. And often Veterans that have mental health issues choose to live in remote places. But there are other kinds of logistical concerns that come into play. The issue that we're most concerned with, and the work that I do, is further down on the list, the cultural value of self-reliance, people not wanting to ask for help and really wanting to solve their own problems.

Ambivalence, you're not really being sure how much of an investment they want to make in taking care of themselves in this way. And then just overall stigma. Returning Veterans, a lot of times they've received different messages, that it's not good to ask for help. They're embarrassed. They're concerned about what people will think. And there is some real stigma out there

that people face in the workplace, especially if you're a Veteran and you want to retain a security clearance, you may be nervous about mental health treatment being on your permanent record.

So with all of that being said, we really wanted to develop this resource that we're calling Veteran Training, and it's available at www.VeteranTraining.va.gov. And all of the materials on there are based on mental health treatment and evidence-based approaches to facing these issues. But we rarely use the term "mental health" on this. We really try to package it as skills and tools to help people improve their lives. So it's more of a self-improvement enhancement kind of emphasis as opposed to looking at it as you're dysfunctional and you need to be fixed.

We want it to be as accessible and open as possible. No login required, no approval. It's completely anonymous. All you have to do is go to the homepage, and press Start the Course. And I apologize, they're demolishing the building next door. I decided to just return to work. So if there's any background noise, I apologize. It's completely out of my control.

And so the three courses that we have on the site right now

are Moving Forward, which obviously we will talk more about, Parenting, which covers a lot of different kinds of parenting concerns, and it's a little different than most of the parenting resources that are out there. If you go to a bookstore, I don't know how many of you are old enough that you still think about going to a bookstore, but if you go to a bookstore online or a family therapist, a lot of times the emphasis is on how to fix the kid. The kid has behavioral problems, et cetera.

We really wanted to have this be focused on how the Veteran or Service member can be the best parent that they can be, because a lot of times they're not necessarily in touch with their stress and emotional issues. And so we wanted to address that and give them some tools on how to overcome the challenges they may have with communication or their own health issues. So it's practical skills and tools. We hear videos from actual families. It's a pretty powerful course. If you have any interest in parenting issues, I recommend you check that out.

And then AIMS, which is an anger management course. It's exactly what you think of as anger management. But we don't have that punitive element that a lot of anger management

courses have. We really want to make it so you don't have to admit that you have an anger problem, you have a bad temper. This isn't anything that's mandated. You're not forced to do it.

We frame it a little bit more as everyone's in difficult situations, and you may be justified in being angry. You may be really resentful that you've had to jump through these troops for Service connections. Your partner may not be treating you well. Your boss is a jerk. All those things could be true.

But if you're not getting what you need out of it, if you're getting in trouble, if you're not able to take care of your business because people are saying that it's your fault that you have a temper problem, let's give you some skills and tools to overcome that. Let's teach you how to deal with difficult situations and difficult people.

So we've had a lot of success with that. All three of the courses are based on what we've learned over the years in providing direct service to Veterans. So we feel that we have a good sense of what they're looking for and what works, and we wanted to package it together in this very accessible way that's

convenient, that's private, et cetera.

So Moving Forward fits into that portfolio of being free, anonymous, et cetera. And it's based on a methodology called problem solving training. And this was developed by Doctors Art and Chris Nezu, who-- I don't know how many people are familiar with them, but they're sort of the world experts in problem solving training. They've been doing it for 25 years, and they've literally written the books on it. So we're very fortunate to have them be closely involved in this project.

But the whole idea is that when you go through a hard time, a legitimate problem that's happening, a legitimate stressful situation, how you handle it has a lot to do with the outcome. And so we're going to teach skills to solve these problems, or at least to manage these problems and handle the challenges that you're facing.

So again, it's not that you're deficient in some way. It's that, yes, you're in a hard situation. You may be really struggling with a new mission in life in terms of transitioning to civilian life, or facing some kind of personal financial problem. How are you supposed to know how to deal with it? And this is looking

at it as, everyone can benefit from learning more about how to manage these situations.

As I may have applied, but I want to make sure that we're really explicit about it, this is based on a course that has been given in VA for a while, for a few years before we started the web course. So it's based on all that life experience that the Nezus have had over the years, as well as a really successful in-person workshop that Veterans have been participating in.

And again, you may have noticed I use the words "courses," and "resources," "workshops," instead of "therapy," because that's just such a turnoff for people, and it's not necessary. I think therapy does have a lot of stigma. And so the way that this course, that this live version was set up was as a four session workshop, a class that people could take. They didn't have to think of it as group therapy. And the process isn't about just coming and sharing your feelings. It's really about learning how to deal with things, and learning from each other.

So that was the original modality of it, the live version of the course. And then there's the web version which I developed, that is sort of the master that then the mobile app is derived

from. And so I think a lot of you are probably familiar with some of the different affordances between web and mobile. But just to be very explicit about it, on the web course, we have a very robust intervention that people can go through, one chapter at a time. And it's going to take a few hours to get through it. We think it's well worth the investment, but it's not something that you just pop in and pop out of. And we have a lot of real estate on a full desktop, laptop screen.

Versus the mobile app, which as you all know, people want to do in the moment. They have their phone in their pocket, and they're just going to whip it out while they're in line at Safeway, and do a little bit here, do a little bit there. They're going to jump around. So we have to focus that more on tools that you can use in the moment, little bite-sized pieces. I'll go into that more when I walk you through the mobile app. But for today's presentation, I'm talking about the web course and the app, and I'm not talking as much about the in-person version of this.

So we had a really expansive team of people working on it, and I do want both to give them credit, and also to give you a sense of how much went into developing this, that this was not

something that someone thought up in the middle of the night. We got a lot of input from different VA organizations that had been supporting Veterans and seeing the challenges Veterans face.

We also got a lot of help from the Department of Defense. This was really thought of as a joint venture with them as part of an integrated mental health strategy. And then, as I mentioned, the Nezus, who came up with the methodology, and then Julia Hoffman who took the lead on the actual software development for the mobile app.

So this course, this Moving Forward program, as I said, it's to help people deal with difficult problems. And it can be applied to any kind of problem that you have. We focused in our example on the handful of problems that we most saw Veterans and Service members struggling with, just a really practical concrete thing. And so throughout both the web course and the app, we're looking at that framework of how to apply this to those situations.

But we're looking at it also as they may have those situations at the moment that they're applying it to, but they can come

back to this in the future. This is something that is always going to be-- it's an enduring resource for them to use whenever they come across some kind of life challenge.

I think I'm going to hand it over to Denise for a moment here so we can have a little intermission before I go into the app itself.

DENISE KENNEDY: Excellent. Thanks, Carolyn. So we haven't received any questions yet. Just a reminder to our participants, there's a chat feature in the middle on the right hand side, in that middle column, there's a little box. If you have any questions as we continue, please use that. And we will come back and ask Doctor Greene if you have anything. But Carolyn, I think it's OK to just continue if you want to continue. And we'll hit those questions here in a couple minutes.

CAROLYN GREENE: OK. I will continue. And thanks for the reminder. I don't want people to feel like they have to wait until the end. So if you have questions as it comes up, please feel free to write in. Oh, the message, is it just on iPhone? Yes, it is. And that is one of the regrettable issues for this is that we were hoping to also have it on Android, and that just didn't

come to pass. But yes, at this point it's only on Apple devices.

There's sort of a back story to that, which is that when we were first starting out with these different mental health mobile apps, it was very, very hard for VA to get to buy iPhones or iPads for Veterans. But there have been a lot of programs where Veterans were successful in getting iPod Touches given to them as part of their mental health treatment, or if they had traumatic brain injuries, et cetera. And because those don't necessarily require a service plan, they were just a lot easier to get, both of us in testing the product, but also for Veterans to use them.

So we really were first looking at it for the iPod Touches, and then as is the case a lot of the time with these different funding streams and production processes, we got a little derailed from being able to expand it to other platforms. So that is one drawback to this.

The mobile app is designed to be a standalone product that people can download it and just use it themselves. And lots of people find it helpful to just do that way. Or it can be an adjunct to either the life or the web-based courses. And we've

had a lot of success with that, because it's a way for people to practice the tools that they learn in these other modalities. So for example, if you're taking the course and you're learning about how important it is to manage your stress and to do relaxation exercises, the app can give you those guides-- exercises-- right at your fingertips.

As part of the online course, you're working on an action plan for solving your problems. Having the app is a good way to carry that with you to keep you on track as you're going through your day and to give you reminders tied into your calendar. If part of your plan is to get support, that's really easy to do from your phone. So they work very well together by focusing in on those very actionable tools that people want to use in the moment. And also very bite-size pieces of the content.

We're assuming that people aren't going to go through start to finish. It's not linear. And we assume that people might pick it up any part of this without having done any other part. So there's no prerequisite knowledge, which was a real challenge in terms of designing the content, because problem solving training is a methodology. It's a way of approaching problems.

There are things that you need to do kind of in order to reach total success in overcoming these obstacles. But we knew that wasn't a realistic way to approach the mobile app.

So we didn't want to have each piece be really redundant and give too much background information for those people who had done it in a linear fashion, but on the other hand, we didn't want to have things be so out of context that they weren't usable. So this is something that we really, really struggled with. And I think we ended up doing a good job by giving sort of bite-sized pieces and giving the teaser of how they work together.

The goal is to make it engaging enough that people do want to go through all the different parts of it and learn more, so that even if we're not directing them to do so, that they want to. They want to understand it. They're seeing things that are helpful. They want to see more things that are helpful.

So our home screen's pretty basic. And I'm not sure how familiar people are with PTSD Coach, which was Julia Hoffman's brainchild. I think we had maybe a couple of other mobile apps in her shop that had come out prior to Moving Forward. Most

of them have a pretty similar framework.

As we're thinking about the home screen, we want it to be simple, straightforward. A lot of our users are not that tech savvy. If we're looking at people who have mental health issues or traumatic brain injuries, they get easily overwhelmed. And just in general, our natural audience for this are people who are stuck, people who are overwhelmed. So we don't want to overwhelm them more by having it be really complicated.

So for each of these things, to the extent that we can, we have a little icon. And we're very parsimonious in the text. We're very clean with the design and the color scheme. And we broke things into just these basic five categories. Our online course has eight different chapters and modules.

In that course, we had trouble breaking it down to eight and not having it be a dozen different things. And so for this, to break it down to five was really a challenge. But again, we'd rather have some of these that are a little bit of a mixed basket and not have too many things for people to choose from on the front end. So that's how we ended up with five basic lines.

And I will walk you through each of those to give you a sense of what they are, but the first one is Learning About Problem Solving. So that's mainly background information. Assessment is quizzes, ways to monitor the [INAUDIBLE] view. Stop and Slow Down are the tools for everything that you need leading up to the actual problem solving intervention. And then Get Support, which is a standard feature on our mobile mental health apps.

So learning about problem solving, we have all of these different bite-sized pieces that traditionally would build on one another, but we broke them out so that they can be learned independently. Our focus on this is giving people an understanding of how Moving Forward works and the general conceptual framework for it.

So down towards the second half of that, looking at brain overload, which people don't necessarily realize how when you're juggling all of this stuff, how it can be very hard for your brain to track any of them individually. So this is really explaining why people feel overwhelmed.

Adapting to the Situation is I think the metaphor that we use

in that, but we definitely use it in correspondence and presentation and whatnot is, you can't change the weather, but you can be prepared for it. You can't change the wind, but you can make sure you have the right sails up. So it's the idea that different situations are going to hit you, that they're different things that may be out of your control, but you can change your approach.

And for Veterans, that's a really big thing because based on their military experience, they may have learned to really function in one way that doesn't necessarily fit with how things are working out in their lives now. As an example to that, or as part of the overall problem solving methodology, we're looking at people who may be their general style of behavior has been to act first and think later. And that will keep you alive in combat. That will keep you alive in these emergency situations where you've over-learned a way of doing things, and you just go out, and you have to respond to dangers really quickly.

But the more complex longer term problem that you may be facing like housing, or relationship issues, or finding a new job, you're not able to do that. It's out of your control. You can't just go in and do something and have it be over. And so it's

really understanding that in a different situation, you have to approach it in a different way.

The framework for changing the way that you think about things and also giving you information about what are the most helpful ways to approach it? What is the attitude towards problem solving that's going to help you most? If you think about the optimist versus the pessimist, and no one is interested in being Pollyanna. No one is interested in being a blind optimist. But if you're thinking creatively about how to get things done, and that it's not a disaster and you're going to get through it, you're a lot more likely to be able to solve your problem versus if you're pessimistic, and you're overwhelmed by emotion, et cetera. So this is really trying to help people understand the areas in which they have control over solving their problems.

And the assessment to help people understand what their baseline is on some of the things I was just talking about in terms of their problem solving style. And we give pretty detailed feedback on that. In general, people like quizzes. They like to find out about themselves, and so we see this as a pretty attractive feature. And within the feedback, it gives them

some ideas about what would benefit them [AUDIO OUT] That again is a way to drive their interest to look at other aspects of the app.

How Stressed Am I Now and then the stress tracker are really giving people an opportunity to see how stressed they are, and to recognize that the stress they're carrying around doesn't help them. And obviously, these are serious situations they're facing in a lot of cases, but being stressed out about it doesn't help. And we're hoping that by implementing some of these approaches and using the different exercises, their stress will go down. But it's helpful for them to track it, whether it goes down or not. But they do have this functionality to be able to take the quiz, the How Stressed am I Now quiz and see how things are going for them.

Stop and Slow Down, this is a mixed bag in a little bit. Traditionally, when we're talking about Stop and Slow Down, that is relaxation and exercises that calm the mind. The idea again that when you're all worked up about something, it's hard to think clearly enough to make good strategic decisions. If you have a calm mind and a cool body, you're in a better position. And so these are exercises to help your brain not be

as overloaded, and also to help body not be as anxious and tense.

So some of it is the standard relax my body thing that you might expect to see in any kind of mental health app. And some of it is things that are fairly unique to the problem solving approach, like get it out. And that's just the idea, and actually, I'm not sure if I have it on the next slide or not. Yeah, I have it on my next slide.

So that's the one on the right. It's the idea that when your brain is overloaded and you've got all this stuff going on in your head, it's helpful just to get some of it out, just to take it off of your shoulders at that moment. And you can go back to it later. But at any given moment, if you need to focus, you can't have all of this stuff swirling around in your head.

And so it gives you some different ideas on how to do it. And in the course, we go through more details about all the different ways. But for the purpose of the app, we want to take advantage of the functionality that you can do a recording. And so we have it set up that you can record your thoughts. You can give a little voice memo to yourself and then file it

there and come back to it later when you need to. We find that that's a really helpful way for people to-- as all these ideas are swirling around, to be able to capture them and then refer to them later.

On the left is an exercise where it's really about checking yourself. I do it, and it's pretty common in Veterans. I think it's probably pretty common for a lot of people on the call that you don't always realize how tense you are until someone tells you. And if you don't have someone who's monitoring you closely, this is a way you can monitor yourself.

So you take 30 seconds, and you're asking yourself some questions about how tense you are, and the physical sensations that you may have that are indicating that you're feeling stressful. What thoughts are going on in your head? If you're in terrible traffic, for example, you may be having really aggressive thoughts about what's going on. And just paying attention to the thoughts that are up there can be very helpful, and the feelings that you may be having. You're feeling disrespected, you feeling upset, you're feeling really anxious.

So just taking 30 seconds to stop and check yourself is a very

helpful tool. And then you may realize from this that you do want to do one of the relaxation exercises, that it is time for you to get some stuff off of your chest, out of your head. So is this is, again, a self-assessment combined with taking a break and pausing. And we have other exercises along those veins in that basket.

Another one that's sort of unique to the problem solving approach is called Simplify. And that's really helpful for people who are feeling overwhelmed because you have this big, huge complex problem you're trying to tackle, and it feels insurmountable, and that's why you're stuck. And that has some exercises just to teach you how to break it down into pieces that are more manageable.

It's one of those things where you can be very convinced that, yeah, you have to manage this whole situation. But just having the practical thing to make it more approachable, it's good to have that in your pocket at any time. It's a way of thinking about things that we want to shift in addition to helping you in the moment.

And then Solve My Problems is the actual worksheet, the actual

thing that you do to walk through a solution in your problem. I wanted to give you a little bit of context on that, that most of the time, if you go to a problem solving course or look up some problem solving handbook or whatever, this is where a lot of those places start. And it's a six step process of identifying the problem, et cetera, which is absolutely helpful. I'll tell you more about it, and I absolutely endorse it. It's fantastic.

That being said, if you're so upset and so tightly wound, you can't even get to this and think straight. And so what's wonderful about the approach that we're using here is helping people understand what they need to do for themselves before they get to doing this. As we have this guided worksheet written out, it does let you know if you're in a situation where you are too overloaded to get there. It does have enough of a tech background to help you figure out if you're ready to start this.

Looking at people who have mental health issues, who have traumatic brain injuries, all the other stuff in this app is going to be critical to them being able to do a good job with this. We wanted to give a lot of support to this with the worksheet

that they can fill out, but also tips and suggestions about having a clear mind and a calm body. Also having examples that they can use, so that they're not so on their own and so overwhelmed with it.

So this just gives a few screenshots here from it. It's a pretty complex part of the app. You may have different problems. You may want to do different worksheets, so we allow you to name them and date them so that you can go back to a library of them. And first it's identifying the problem. And we're really asking you a bunch of questions to make sure that you're focusing in on the right problem. And so asking, are you too stressed right now to even do this? Is the problem too big? Do you need to use the Simplify tool and break it down? Are you having tunnel vision on it?

So we give you these tips for that to how to answer this that really incorporate the other aspects of the approach, of really being able to be in a position where you can ask and answer the tough questions you need to. We also give the examples you'll see on the right. As examples, we use a lot of the things that we hear most in working with Veterans with the common problems. And so as they look through the examples, they may

say things that are really pretty similar to what they're going through. Or if not, at least it does give them a better sense of what kinds of things to consider.

In doing any of this work with online resources or a mobile app, the biggest drawback is that the Veterans, users, patients, clients, however you frame it, don't have the benefit of learning from one another, which really is I think a critical part of the live versions being successful. And when you're live and you're in a room with other people, you get to hear what they're going through, and that helps you have perspective on your issues.

We don't have that if someone has a mobile app. And so in order to supplement that, we have lots of examples through it that are common to Veterans, so at least they get to have some insight on what other people are going through, and how to apply these different tools they're using in some of those common situations.

And in the Get Support section, this is I think pretty standard for mental health apps where you want to encourage people to talk to loved ones in their lives that can be helpful to them.

And in the text here, we also reiterate the role that support can play in problem solving. You don't have to do it alone. You don't have to just be overwhelmed and tackle it all yourself. If you're trying to get it out of your head, a good way to do that is by talking to someone. If you're trying to come up with a solution, a good way to do that is brainstorming. So we don't just give the links to your personal contacts. We also help you figure out how this fits into the bigger picture.

And then we have links for professional care, because we know a lot of people with these problems, it's not all going to be solved with a mobile app or even an online course. And so we're hoping that people, as they develop more insight, will recognize the benefit of contacting professionals if they need to. And of course, we want to make it really easy for people who are in crisis to get crisis resources. So they can call 9-1-1 directly. They can call the Veterans' crisis line.

And then we have other resources. As people are going through and coming up with potential solutions, they may realize that OK, well, I need to find out about my GI benefits, or I need to find out about how to change my diet, how to find housing, et cetera. And obviously we can't answer all of

those questions, and there are more experts out there that they can contact. So we have some different resources to point them in the right direction.

So, lessons learned. Back when we were starting all of this, and starting, we wanted to do a problem solving course from many different initiatives within VA mental health and National Center for Health Promotion and Prevention. Lots of different organizations within VA that are supporting overall behavioral health all had goals that we thought would be met through having a problem solving training, that kind of an intervention.

And we felt like it needed a name. And Moving Forward is a name that the live version used that we just thought, OK, we'll use that. And it seemed so perfect in so many ways because that is the gist of it. We want to help people move forward. We want to help them overcome obstacles, and we didn't want to use any name that was stigmatizing.

The downside is that it's not really that transparent. And so when we have fliers or trying to communicate in different ways about the Moving Forward program, people don't automatically know what that means. And once they know

what it means, they're excited about it. They think it's a good fit. But there's a lot of explaining that we have to do to get people to that point, and so that's a little unfortunate. It may have been more helpful to have something that was easier for a naive stranger to just look at and be like, oh yeah, I see what that is.

Another lesson we learned is about the multiple modalities, Those work really, really well together, and that's something that we've been very pleased with is how many people have successfully used the app to support the work that they're doing with a clinician, with the online program, et cetera. So we're really happy with that. But for communicating, it's hard. Because I get a lot of requests from providers that are asking for the handbook that they want to give to their patient. Well, neither the online course nor the app have a handbook. That would be defeating the whole purpose. There is a handbook with the live version, and I think that's what they mean, but I'm not 100% sure. So there's some back and forth with that.

Our online and mobile program, our ethos is all about making it accessible, all about making sure that anyone can do it. If you're a clinician and you want to support this. If you're a

patient, if you're a chaplain, if you're a parent, whatever. We want people just to get at it. And we think that it's written well enough and designed well enough that anyone can pick it up and benefit from it.

That's very different than the thought process behind the live version. For a clinician provider to teach the live version, they have to go through very specialized training. And they have to be supervised for a number of months. It's a really rigorous program for them to be able to be allowed to teach problem solving.

And so because we have these different sub-groups within mental health that have different approaches, that are doing different things that are all really related, that organizational piece of it has just made it more difficult because we don't-- when there's confusion, it's not really clear what kind of guidance to give people.

When we have materials that are out there and everything, [INAUDIBLE] Moving Forward, contact us, we have to be really specific in corresponding with them that we can't offer them entry into the live program. Sorry, I keep misspeaking on that.

We can't offer them entry into the live program. We can't provide the materials for a live program. We have to give them someone else. Sometimes people feel like they're getting the run around, which is unfortunate.

I wanted to frame this in a very nonjudgmental way. But I did want to give you the benefit of there's a reality, which is that our intermediaries may be less tech savvy than our end users. A lot of the people that we're reaching out to, and we're hoping they're going to share this information with Veterans, they're very nervous about it because they don't necessarily use mobile apps. They don't necessarily do a lot of online learning except for those terrible mandatory trainings that everyone feels tortured by.

And so a lot of times clinicians are nervous about recommending these things, because they feel like they're going to be on the hook, and they don't know how to provide support for it. So that's just been something that we're always really trying to keep in mind. In order for our intermediaries to promote it, they need more information. And they also don't necessarily understand how technology fits with the live work that they're doing.

The infrastructure for users to share experiences does not really exist. We were hoping to have chat rooms where different Veterans could talk, or to have Facebook groups that people could join, because there is so much benefit from them talking to one another. There's a lot of situations where Veterans, they just want to hear from one another. And we're not able to do. For policy reasons, we were not allowed to have Veterans contact and communicate with one another.

Looking at the kind of evaluation that one would typically want to have with this, the flip side of it being anonymous is that we don't know who you are. We also don't know how many times you visited. We don't know what you've seen. We don't have a good sense of how long it took you to get through it. And that's just been very difficult. We're trying to build a portfolio, and it's hard for us to know what's working and what's not working.

We're supplementing that with focus groups. We're supplementing with trying to get feedback from our intermediaries. We invite users to give us feedback. But we don't have as much information about user behavior as we

would want.

And then the last piece is VA policies can change rapidly and unexpectedly. And I think anyone who's on this call is well familiar with how things have change just in terms of mobile regulation over the last several years. There are a lot of different ways in which we've had to quickly pivot with these materials.

And one big example was for the web course, originally we were able to use a .org because we wanted it to be for people who don't want to come to VA for whatever reason, we want it to be more accessible. And we wanted also for them to know that it's private, that VA doesn't know what you're doing, that we're not recording it in any way.

So a .org was really important to us. It was important to me personally as part of my public health mission with this. And then we with very short notice had to change it to some VA.gov addresses. And a lot of the promotional materials that we all developed had this old address on it. Even when I was looking at the mobile app flier here, I think that that still has the old address on it.

So with that, I am going to make sure you have my contact information if questions come to mind after the presentation. But I think for right now, I'm going to hand over to Denise, and we'll discuss some questions now.

DENISE KENNEDY: Great. Thanks, Carolyn. So we have a question from Lauren, and she asks, is there research on using the app with Veterans with cognitive impairment slash TBI. And I know maybe you want to talk about that, but also how you can use the app in coordination with other kinds of care, because I know that that's a common theme.

CAROLYN GREENE: I think those are really important issues, so thanks for bringing them up. We don't have the kind of data that I would like on using it with Veterans who have cognitive impairment. We have gotten good feedback from providers that they find it really helpful, especially when they're trying it as part of the cognitive rehab process that they're doing. They're trying to teach a lot of these same skills.

From both mental health professionals and also rehab and the rehabilitation programs, we've gotten a lot of interest. They

want promotional materials. They have some specific questions. They've just shared some unsolicited feedback on it. So we know that we're doing well in those domains, but we don't have any way to quantify it.

The underlying work of problem solving training does have a lot of data and working with many different populations. So we went into this feeling pretty confident that it could be used by a really broad audience of people, but we don't have any actual data on the app usage for within that population.

DENISE KENNEDY: Excellent. And Carla asks also in that theme of evaluation, do you have any evaluation information such as satisfaction or any other evaluation pieces about its use?

CAROLYN GREENE: Yes and no. We have actually really good evaluation data on the live version of the course. We're a burgeoning body of evidence on the online version. I think the mobile app is the one that we have the least information on. There's a paper that is hopefully being submitted today, and hopefully will be released soon, that is looking at the mobile app mainly in conjunction with one of the other modalities. We in that have a bunch of questions about how people feel about

the app itself, and what kind of role the app can play in conjunction with other treatment. The findings are very positive. Looking at the app really helps people practice the tools that they were learning. They thought it was really convenient and easy to use. We do have some of that evaluation data, as well as a lot of anecdotal reports.

It's been a struggle. It's been a struggle. And for the live version, just to clarify, that there are these different versions, but it's all taken from the same body of work. So there is a manual and a worksheet that were developed for the live version. And we translated or transformed them for the online course, but it's the same content. And then we drew from that content for the mobile app. So as we're getting support for one area, I do feel pretty confident that it translates, that we did a decent enough job with the instructional design, of course.

I think that I'm pretty happy with what we've heard about convenience and ease of use. But time will tell. For the live version, we were able to get evaluation data by all the participants that were in it, having to do before after questionnaires, et cetera. Because when you have live people,

you can do that.

And for the online version we actually hired a firm to help us recruit at least 500 people to take the course and give us feedback on it, and that was really positive. And that was actually mainly people that were just normal people. They were Veterans, but they weren't people who were coming in looking for depression treatment. They were just normal people. And they all benefited a lot from it. The subsection of people who had a depression problem benefited even more.

DENISE KENNEDY: Excellent. Thanks, Carolyn. It looks like there is at least one other person typing here. I didn't know if in the meantime if you wanted to-- did we cover where you can find the app?

CAROLYN GREENE: Oh. Yes, I'll give you an answer on that, and then I'll quickly answer the question. So under the downloadable files there, if you want a copy of the presentation, it's down there, and several places within the presentation, I have the information on how to get to the online courses. I have a fact sheet on the Moving Forward online course, a fact sheet on the overall Veteran training

program in case you have questions, and then a flier that's an overview of the app. And as I said, there's a typo on it that has the wrong address for the online course, but you get forwarded.

But the app itself is available on the app store. So that flier gives you that information, but it is for all of the apps that are playable on Apple devices, they're all available in the app store. And also, I know VA has its own sort of mini app store. It's available there as well.

DENISE KENNEDY: OK, excellent. And then John has a question. Has there been any thoughts to tie in particular structures or health issues in the app's content to target particular stress related areas such as diabetes management?

CAROLYN GREENE: Yes. Absolutely. And I don't want to go off on too much of a tangent with it, but I'm excited by that question because I think that's one of the things I'm happiest about is health issues are perfect for this intervention. And there's a lot of data that the Nezus have collected over the years of doing this with cardiac patients, with breast cancer patients. Those are perfect example of situations where there's

a huge part of it that's out of your control. This crappy thing happened to you, and how do you not make the best out of the situation, but how do you make the best out of your ability to manage the situation? And so that's where this approach really helps.

Managing the stress will help your health. Managing the stress will help you communicate with your doctor. Managing the stress will help you remember to do all the things that you're supposed to be doing for your health. So health management is a really big part of the history as the problem solving training has developed over the years. And I'm happy to talk to you more about that if you like.

But we've been getting good feedback within VA even from different people with different providers who work in health areas saying that they have found this beneficial for their patients. Even if they don't go through the whole methodology and all that stuff of it, just even having the ability to record themselves as they're having thoughts, just even having the ability to write an action plan of what they need to do on that worksheet is helpful. And then of course the relaxation exercises benefit everyone.

DENISE KENNEDY: Excellent. Thanks, Carolyn. Thanks, Doctor Greene. I think that's a wrap today. Thank you very much for the presentation on Moving Forward. For this those of you still on the line, please provide some feedback on today's presentation, as well as let us know future additional topics that you'd like us to cover for the mobile health discussion series. The link is there on the screen now. And with that, we'll hope everyone has a great weekend. Doctor Greene, any final parting words?

CAROLYN GREENE: No, not at all. Just a reminder that my contact information is there, and please feel free to reach out to me, especially if you're interested in publicizing this. We have lots of different materials on the website that you can download and post fliers or social media posts. Yeah, I hope this is the first step of our discussion and dialogue about it.

DENISE KENNEDY: Excellent. Thanks so much everyone, and I hope everyone has a great weekend. And Doctor Greene, you too. Have a great weekend.

CAROLYN GREENE: Thank you. Bye.

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