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Q: What are web-based self-help interventions?

A: “E-mental health” is a field that utilizes technology (e.g., internet, smartphones, other networked mobile devices) to provide mental health services. Research in this field has grown rapidly in recent decades, mirroring innovations in information and communication technology. Evidence indicates that electronically-delivered interventions (e-interventions) may be effective approaches for the treatment of multiple psychological health conditions (Rogers et al., 2017) and have some advantages over traditional in-person treatment, including increased confidentiality, flexibility, accessibility, dissemination, and cost-effectiveness (Amstadter et al., 2009; Andersson & Titov, 2014; Barak & Grohol, 2011; Mojtabai et al., 2011). Disadvantages of these interventions may include low adherence (Christensen et al., 2009) and need for computer literacy (Andersson & Titov, 2014). Web-based self-help interventions, either guided or unguided, are one type of e-intervention.

Q: What is the theoretical model underlying web-based self-help interventions for adjustment disorder?

A: A diagnosis of adjustment disorder is made when the experience of emotional and behavioral symptoms is greater than would normally be expected in response to a stressor; in addition, the symptoms are not better attributed to posttraumatic stress disorder, major depressive disorder, or generalized anxiety disorder (American Psychiatric Association [APA], 2022). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) specifies that adjustment disorder symptoms do not last longer than six months after the stressor has ceased (APA, 2022). Because adjustment disorder is characterized as a subthreshold, self-resolving disorder, low-intensity treatments such as web-based self-help interventions may be more appropriate than traditional, longer-term psychological or pharmacological interventions which are more costly and can be more difficult to access (Bachem & Casey, 2018; Maercker et al., 2015).

Q: Are web-based self-help interventions recommended as a treatment for adjustment disorder in the Military Health System (MHS)?

A: There is no VA/DoD clinical practice guideline (CPG) on the treatment of adjustment disorder.

The MHS relies on the VA/DoD CPGs to inform best clinical practices. In the absence of an official VA/DoD recommendation, clinicians should look to CPGs and authoritative reviews published by other recognized organizations and may rely on knowledge of the literature and clinical judgement.

Q: Do other authoritative reviews recommend web-based self-help interventions as a treatment for adjustment disorder?

A: No. Other authoritative reviews have not substantiated the use of web-based self-help interventions for adjustment disorder.

Other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using grading systems similar to the VA/DoD CPGs. These include the American Psychiatric

Association, American Psychological Association, and the United Kingdom's National Institute for Health and Care Excellence. Additionally, Cochrane is an international network that conducts high-quality reviews of healthcare interventions.

Q: Is there any recent research on web-based self-help interventions as a treatment for adjustment disorder?

A: One recent systematic review and one randomized controlled trial (RCT) examined web-based self-help interventions as a treatment for adjustment disorder. The systematic review identified 23 studies, but just one focused on web-based self-help (Constantin et al, 2020). That RCT (Eimontas et al., 2018) compared Brief Adjustment Disorder Intervention (BADI), an unguided, internet-based modular intervention, to a waitlist control group in a trial of 284 participants. The study showed some promising results, but analyses were done on the “completer” sample (defined as participants who completed the follow-up assessment and completed at least one intervention exercise), and there was a high dropout rate. Additionally, inclusion was based on exposure to a significant life stressor and a high-level of self-reported adjustment disorder symptoms, not on a clinician diagnosis of adjustment disorder.

An RCT by Rachyla et al. (2021) found promising results for an internet-delivered cognitive behavioral therapy intervention (ICBT) for patients with a DSM-V diagnosis of adjustment disorder. Participants engaged in ICBT treatment between 7-10 weeks and content was delivered through texts, videos, pictures, vignettes, worksheets, and writing exercises. They also received a weekly phone call (maximum duration of 10 minutes) to encourage continued engagement and to clarify any concerns. The primary outcome measures were depressive and anxious symptoms, as measured by the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). Secondary measures related to stress, posttraumatic growth, positive affect, and quality of life were also included. The ICBT group demonstrated greater improvement than the waitlist control group on all outcomes except for the BAI. Effect sizes ranged from moderate to large and there was a relatively low attrition rate, despite dropout being common problem with unguided mental health interventions. The authors attributed the low dropout rate to the weekly supportive phone calls.

Q: What conclusions can be drawn about the use of web-based self-help interventions as a treatment for adjustment disorder in the MHS?

A: The evidence base for web-based self-help treatments continues to emerge and the methodological quality is improving (e.g., patients with a DSM-V diagnosis of adjustment disorder versus self-reported symptoms). However, limitations remain, including the lack of outcome measures specific to adjustment disorder and the issue of patient dropout. In the absence of a more robust body of evidence, clinicians should carefully evaluate the results of any available research and rely on clinical judgment. By definition, the symptoms of adjustment disorder do not persist for more than six months following termination of the stressor or its consequences and a large proportion of adjustment disorders resolve on their own. Web-

based self-help interventions may be appropriate low-intensity interventions for this population but there is some indication that patients will require external motivation to remain engaged in such treatment.

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