Using VA Mobile Mental Health Apps in PTSD Treatment

December 19, 2018

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Clinical Psychologist
National Center for PTSD
At the end of this presentation learners will be able to:

1. Identify mobile mental health apps developed by VA and the National Center for PTSD (NCPTSD)

2. Differentiate between treatment companion apps and self-guided mobile mental health apps

3. Describe the rationale for integrating VA mobile mental health apps into care for Veterans

4. Understand how mobile mental health apps align with the continuum of care

5. Identify steps to take when integrating mobile mental health apps into mental health treatment

I have no actual or potential conflicts of interest related to this presentation.
NCPTSD TECH TEAM

Questions or Comments: MobileMentalHealth@va.gov
Poll Question

Which of the following mobile apps have you tried?

- PTSD Coach
- PTSD Family Coach
- PE Coach
- CPT Coach
- CBT-i Coach
- Mindfulness Coach

Questions or Comments: MobileMentalHealth@va.gov
Why Mobile Mental Health Apps?
Support for mHealth Interventions

- Accessible

- Scalable (e.g., PTSD Coach downloaded 397,000 times in 98 countries)

- Tend to be usable, acceptable, and feasible for a wide range of health concerns (e.g., Ben-Zeev, et al., 2014; Donker et al., 2013)

- May improve target health outcomes (e.g., Birney, Gunn, Russell, & Ary, 2016; Evans, Wallace & Snider, 2012; Fukuoka, Gay, Joiner, & Vittinghof, 2015)

- Cost-effective (e.g., Iribarren, Cato, Falzon, & Stone, 2017)

- Can successfully be used with underserved populations, across various types of interventions (e.g., Aguilera & Muñoz, 2011; Evans, Wallace, & Snider, 2012)
NCPTSD Mobile Mental Health Apps Overview
Timeline of NCPTSD Mobile Mental Health Apps

2011
- PTSD Coach
- PE Coach

2012
- ACT Coach
- CPT Coach
- Moving Forward
- Mindfulness Coach
- Parenting2Go

2013
- CBTi Coach
- StayQuit Coach
- Concussion Coach

2014
- Mindfulness Coach
- Mood Coach
- PTSD Family Coach
- VetChange

2016
- Mood Coach
- PTSD Family Coach
- VetChange

2017
- AIMs STAIR Coach
- First "Instrumented" apps
- CBTcoach.org
- Mindfulness Coach 2.0
- Family Coach 2.0
- Insomnia Coach

Questions or Comments: MobileMentalHealth@va.gov
Types of NCPTSD Mobile Mental Health Apps

Self-Care Apps
For those who seek to manage their own symptoms, are not ready to seek focused specialty care, or are supplementing care

Treatment Companion Apps
To be used in conjunction with evidence-based psychotherapies
NCPTSD Apps are…

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

- In addition, all apps:
  - Provide crisis resources
  - Allow progress-tracking
  - Provide psychoeducation & symptom management tools

Questions or Comments: MobileMentalHealth@va.gov
Studies have demonstrated that VA apps are generally **acceptable to patients**:  
• See Babson et al., 2015; Erbes et al., 2014; Kuhn et al., 2014; Miner et al., 2016

Surveys have also demonstrated that apps are **acceptable to providers**:  
• See Kuhn et al., 2015; Kuhn et al., 2016; Miller et al., 2017
PTSD Coach RCT 1:
Community Pilot
(N = 49)

Miner et al., 2016

Questions or Comments: MobileMentalHealth@va.gov
PTSD Coach RCT 2: Community Sample (N = 120)

Kuhn et al., 2017

$X^2 [1, N = 120] = 5.64, p = .018^*$
PTSD Coach RCT 3: Primary Care Providers (N = 20)

- Clinical Significant PTSD change: 37.50% (Self-Managed), 70% (Clinician-Supported), \( \varphi = 0.33 \)
- Accepted MH Referral: 25% (Self-Managed), 90% (Clinician-Supported), \( \varphi = 0.66^{**} \)
- Attended MH Tx: 40% (Self-Managed), 70% (Clinician-Supported), \( \varphi = 0.30 \)
- Attended PTSD Tx: 10% (Self-Managed), 70% (Clinician-Supported), \( \varphi = 0.61^{**} \)

Possemato et al., 2016

Questions or Comments: MobileMentalHealth@va.gov
NCPTSD Mobile Apps

For PTSD and Related Concerns
PTSD Coach

• **Product Description:**
  – For people with post-traumatic stress symptoms or a PTSD diagnosis

• **Type:**
  – Self-Guided

• **Platform:**
  – iOS + Android

Questions or Comments: MobileMentalHealth@va.gov
Learn About PTSD
- What is PTSD?
- How does PTSD develop?
- How common is PTSD?
- Who develops PTSD?
- How long does PTSD last?
- Problems related to PTSD
- PTSD treatment
- Do I have PTSD?
- I have PTSD...
- I'm embarrassed to have PTSD
- Social isolation
- Sleep problems: Nightmares
- Sleep problems: Insomnia
- What do I do if I get triggered?
- What is dissociation?
- I am avoiding things

Getting Professional Help
- I'm in crisis
- What is counseling (therapy)?
- How do I find a counselor/therapist?
- Do I need professional help?
- Why do people seek counseling?
- How can a therapist help me?
- Is counseling confidential?
- Will therapy really work?
- PTSD treatments that work
- How much does counseling cost?
- I want counseling, but I work all day
- Transportation to appointments
- I'm embarrassed to go for counseling
- Who can help me?
- What does a primary care physician do?
- What does a social worker do?

PTSD & Family
- What is couples counseling?
- What is family therapy?
- Reconnecting with your partner
- Fighting fair
- Impact of PTSD on children
- Children's responses to PTSD symptoms
- Can children get PTSD from their parents?
- Helping children cope
- Parenting tips
- Are my kids ok? When to seek outside help
- Should my child have individual counseling?
You can rate your distress level on a scale of 0 to 10. Distress includes everything negative you are feeling, including anger, sadness, fear, physical pain, and so on, all in one score. Zero means no distress at all and ten means the worst distress you could imagine.

This will help you monitor your distress levels and figure out which tools in this app work best for you.

For this exercise, find a comfortable and quiet place to sit, where you are unlikely to be disturbed.

Please note that there will be pauses in the audio so you can practice without distraction.

Time: About 9 minutes.

- Beach
- Country Road
- Crickets
- Dripping Water
- Forest
- Frogs
- Marsh
- Public Pool
- Rain
- Stream
PTSD Family Coach

• Released October, 2018
• Personalized home screen
• Automated, tailored coaching messages
• Dozens of new tools (“Things to try”) and psychoeducation (“Things to know”) topics
• #PTSDFamilyCoach
PE Coach

• **Use:**
  – For patients in Prolonged Exposure therapy

• **Type:**
  – Treatment Companion

• **Platform:**
  – iOS + Android

Questions or Comments: MobileMentalHealth@va.gov
SESSION 2

Tasks

Complete each of these tasks during your session.

- Record Session
- Review Homework from Previous Session
- Add Anchors for SUDS
- Create In Vivo Hierarchy and SUDS Ratings

I Need To Split This

Mark Session As Complete

SUDS Anchors

<table>
<thead>
<tr>
<th>Score</th>
<th>Situation</th>
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<tbody>
<tr>
<td>0</td>
<td>Beach</td>
</tr>
<tr>
<td>25</td>
<td>Driving in traffic</td>
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<tr>
<td>50</td>
<td>Giving presentation at work</td>
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<tr>
<td>75</td>
<td>Doing something wrong a...</td>
</tr>
<tr>
<td>100</td>
<td>Trauma</td>
</tr>
</tbody>
</table>

MY HIERARCHY

Create your In Vivo Hierarchy by entering situations and providing SUDS ratings

<table>
<thead>
<tr>
<th>Situation</th>
<th>SUDS</th>
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<tbody>
<tr>
<td>Crowded Store</td>
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</tr>
<tr>
<td>Crowded Restaurant</td>
<td>75</td>
</tr>
<tr>
<td>Back To People</td>
<td>80</td>
</tr>
<tr>
<td>Fireworks</td>
<td>90</td>
</tr>
</tbody>
</table>

I 23
PE Coach Quick Tips:

• If possible, have the patient download the app prior to the first PE session, and/or have an orientation to the app prior to session 1 of PE.
• Each session must be scheduled in the app for the content to be accessed.
• Encourage use of a passcode for the app.
• Remind patient to bring phone fully charged.
• Use airplane mode during session.
CPT Coach

• **Use:**
  – For patients in Cognitive Processing Therapy

• **Type:**
  – Treatment Companion

• **Platform:**
  – iOS + Android

Questions or Comments: MobileMentalHealth@va.gov
Practice assignments are the path to CPT success - if you don’t do them you won’t get better. Always show up to your appointments, even if you have not completed all of your assignment, so that your therapist can work with you.
CBT-i Coach

• **Use:**
  – For patients in Cognitive Behavioral Therapy for Insomnia

• **Type:**
  – Treatment Companion

• **Platform:**
  – iOS + Android
STAIR Coach

• **Use:**
  – For patients in STAIR (Skills Training in Affective and Interpersonal Regulation) therapy

• **Type:**
  – Treatment Companion

• **Platform:**
  – iOS

[Download link on App Store]
VetChange

• **Use:**
  – Self-management of PTSD and alcohol use
  – Based on the VetChange web program ([www.ptsd.va.gov/apps/change](http://www.ptsd.va.gov/apps/change))

• **Type:**
  – Self-Guided

• **Platform:**
  – iOS
Clinical Integration

Using Mobile Apps as Part of Care
**Self-Directed Care**  

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**Providing Information**

- Give informational handout, e.g.:
  - Flyer about self-care apps
  - Flyer about specific app
  - Instructions on how to download

**Examples of when to provide info:**

- One-time visit/infrequent visits (primary care, inpatient, rural settings)
- Subclinical issues/psychotherapy with a provider not indicated
- Before/after an episode of care

*Clinical or non-clinical staff can provide information about apps for self-care*

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**Supplement to Treatment**

- With Veteran’s buy-in and access to needed equipment, provider introduces tool(s) that:
  - Facilitate treatment (e.g., skills practice, psychoeducation, self-monitoring) for:
    - Primary focus of treatment
    - Supplemental issues (e.g., anger management)
  - Use all features of app or select specific tools or features

**Care provided is mostly the same as without app**

**Provider works within scope of practice and knowledge (e.g., is trained in CBT skills in apps)**

**Provider integrates app in ways that fit with the treatment being provided (e.g., assigning homework with app)**

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**Treatment Companion**

- For Veterans participating in an evidence-based treatment (e.g., CBT-I, PE, CPT, STAIR, ACT):
  - The app is presented as an option (for homework completion, skills practice, self-assessment, etc.)
  - Alternatives (e.g., paper worksheets, tape recorder) also presented

*EBT is delivered per protocol*

**Following an episode of care, apps may be recommended for ongoing self-management and self-monitoring of symptoms***
Assess whether integrating mobile apps into care is right for you.

- Consider your rationale for integrating mobile apps into care:
  - How do you anticipate clinical integration of apps will fit with the kind(s) of treatment you provide?
  - What benefits or “value added” do you anticipate for you and your clients?
  - What concerns or questions do you have?

- Consider your use cases:
  - Which apps will you use? How will you decide?
  - Which clients will you recommend apps to? How will you decide?
  - At what point in treatment will you introduce apps into care?

*Mobile apps do not replace treatment with a provider!*
Step 1: Learn the App

Before introducing a mobile app to a client, spend time learning the features and functionality of the app.

- Is the app free?
- Does it collect identifiable data?
- Is it available on iOS, Android, or both?
- Is there any research supporting the app? Is the app evidence-informed?
- How does it fit with the type of care you provide?
  - e.g., The app has tools for breathing, relaxation, and symptom tracking, which I incorporate as part of treatment
  - e.g., The app includes components of an evidence-based treatment protocol for which I typically use paper handouts and assignments
  - e.g., The app has psychoeducation and coping skills that I can recommend as self-care tools to those who decide they aren’t ready for treatment; or for ongoing self-care post-treatment

Plan to budget at least 1 hour to go through an app on your own, learning the different features and navigation.
Step 2: Before Recommending a Mobile App to a Client...

Assess client’s interest and access to the needed technology:

• Do you own a mobile device? Which kind?
• Are you familiar with downloading apps?
• Have you downloaded any health-related apps, for example an app that teaches stress management or counts calories?
• Would you be interested in learning more about an app we could use in your treatment?
• Have you heard of ______ Coach?...
Clinical Integration

Step 3: Demonstrate the App

- Decide whether you are willing to use your own device to demo the app.
- We recommend putting the device in airplane mode for demo.
- Ideally, the client will have the opportunity to practice navigating the app during the session.
- Be prepared to answer any questions about app navigation or features.
  - Clients or providers can contact our team at MobileMentalHealth@va.gov for technical support (not for clinical issues).

Step 4: Informed Consent

- Discuss expectations and rationale; present app as an option.
- Do not overstate the evidence.
Q. Who can see my data?

A. No information that could identify you personally is ever collected or stored by this app - your data are completely anonymous.

This applies to all NCPTSD Mobile Mental Health Apps.

Quick Tip: Recommend keeping device passcode protected.
### Step 6: Assigning Homework

**Clinical Integration**

**Questions or Comments:** MobileMentalHealth@va.gov

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## PRESCRIPTION FOR BEHAVIORAL HEALTH

### Mobile & Web Resources

<table>
<thead>
<tr>
<th>Mobile App</th>
<th>Description</th>
<th>Access Link</th>
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<tbody>
<tr>
<td>PTSD Coach</td>
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<td>PTSD Coach Online</td>
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<td>PTSD Family Coach</td>
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<td>PE Coach</td>
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<td>ACT Coach</td>
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<td>Mood Coach</td>
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<td>STAIR Coach</td>
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**Access free mobile apps and online resources here:** www ptsd va gov

**RECOMMENDATION:**
Note example:

Introduced PTSD Coach, a free VA mobile app, to Veteran as an option to use in between visits for education, coping skills practice, and tracking symptoms. Discussed privacy and security and potential risks and benefits as relevant to use of this app. Veteran stated, “I’ll download it and give it a try.” During session, practiced the “deep breathing” audio exercise in the app. Veteran agreed to practice breathing exercise 1-2x/day between now and next visit, either with app or on his own, to support his goal of “not being so on edge all the time.”
Putting it all together

Before integrating a mobile app (or online program) into care:
• Step 1: Learn the app
• Step 2: Assess appropriateness

Next:
• Step 3: Demonstrate
• Step 4: Obtain informed consent
• Step 5: Address security, privacy, and any other questions
• Step 6: Assign homework (...and check-in about homework)
• Step 7: Document
• ...and ongoing feedback, assessing challenges and what’s working, focus on therapeutic alliance, etc. just as you would without app

Questions or Comments: MobileMentalHealth@va.gov
Summing it up:

1. NCPTSD offers free, publicly available apps for self-management or as treatment companion tools.
2. Emerging evidence suggests that NCPTSD mobile apps are acceptable to providers and patients, and can supplement care in a variety of ways.
3. If you decide to use apps in the care you provide, make time to follow the steps for clinical integration.
4. For app-related questions, feedback, or technical help, email us at MobileMentalHealth@va.gov.
   – For clinical consultation, contact the PTSD Consultation Program.
What Next?

Visit us online for additional materials and information:
- [https://www ptsd va gov/appvid/mobile/](https://www.ptsd.va.gov/appvid/mobile/)
- [www.myvaapps.com](http://www.myvaapps.com)
- SharePoint (on VA network only): [Mobile Mental Health](http://www.myvaapps.com)

Download apps:
- iTunes/App Store
- Google Play Store

Contact us:
- [MobileMentalHealth@va.gov](mailto:MobileMentalHealth@va.gov)
DATE / TIME
Every 2nd Wednesday of the month, 12-1pm EST / 9-10am PST

HOW TO JOIN
Log into TMS and search “PBI” to register for CE credit and/or
Contact us for the Outlook invitation: MobileMentalHealth@va.gov

NEXT CALL
1/9/19 (Wednesday)
Veterans’ attitudes toward mental health apps: Qualitative study of rurality and age differences

Samantha Connolly, PhD
Postdoctoral Fellow, Center for Healthcare Organization and Implementation Research (CHOIR); Clinical Psychology Fellow, General Mental Health Clinic
Office / Facility: VA Boston Healthcare System, Harvard Medical School
Thank you!

Additional questions?
MobimeMentalHealth@va.gov
Please enter your questions in the Q&A box and be sure to include your email address.

The lines are muted to avoid background noise.
Welcome users of VHA TRAIN!
To obtain continuing education credit please return to www.vha.train.org after the lecture.

TRAIN help desk: VHATRAIN@va.gov
PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS

(866) 948-7880 or PTSDconsult@va.gov

CEU Process for users of VHA TRAIN (non-VA)

Registration→ Attendance → Evaluation → Certificate

Register in TRAIN.

Listen to the lecture.

Return to TRAIN for evaluation.

Follow the directions to print certificate.

TRAIN help desk: VHATRAIN@va.gov
Registration
Register in TMS.

Attendance
Join via TMS and listen to the lecture.

Posttest
Posttest is no longer required for this lecture.

Evaluation
Return to TMS and complete evaluation. Search “My Learning” to find it.

Certificate
Print certificate from “My History” section of TMS.

(866) 948-7880 or PTSDconsult@va.gov

CEU Process (for VA employees)
PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS

PTSDconsult@va.gov
(866) 948-7880
www.ptsd.va.gov/consult
**PTSD Consultation Program**

**FOR PROVIDERS WHO TREAT VETERANS**

**(866) 948-7880 or**

**PTSDconsult@va.gov**

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**UPCOMING TOPICS**

**SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)**

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<th>Topic</th>
<th>Presenter</th>
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<td>January 16</td>
<td><strong>Lethal Means Safety: How PTSD Clinicians Can Have the Conversation</strong></td>
<td>Bridget Matarazzo, PsyD</td>
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<tr>
<td>February 20</td>
<td><strong>Spirituality and PTSD</strong></td>
<td>J. Irene Harris, PhD</td>
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<td>March 20</td>
<td><strong>Treatment Engagement and Retention in Patients with PTSD</strong></td>
<td>Shannon Kehle-Forbes, PhD</td>
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<td>April 17</td>
<td><strong>PTSD Diagnostic Challenges</strong></td>
<td>Matthew Friedman, MD, PhD</td>
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<tr>
<td>May 15</td>
<td><strong>Moral Injury</strong></td>
<td>Sonya Norman, PhD</td>
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For more information and to subscribe to announcements and reminders go to

[www.ptsd.va.gov/consult](http://www.ptsd.va.gov/consult)
PTSD Consultation Program
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(866) 948-7880 or PTSDconsult@va.gov

FREE TRAINING IN
PROLONGED EXPOSURE THERAPY
FOR PROVIDERS WHO TREAT VETERANS WITH PTSD

Non-VA Providers:
Download a flyer from the Files pod for more information.