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Practical Application of Behavioral Health Technology Tools in the Clinical Care of PTSD

May 28, 2015, 1-2:30pm (ET)

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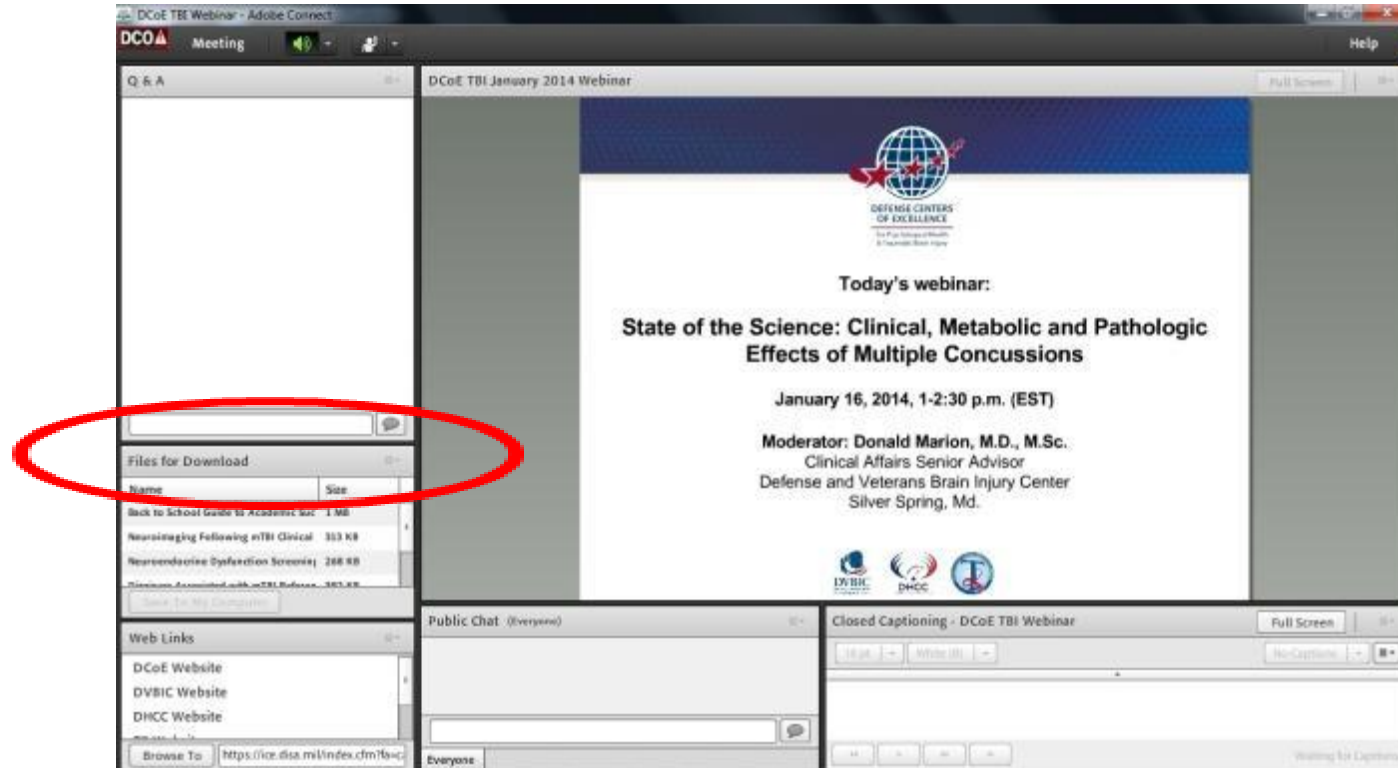


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The screenshot displays a webinar interface with several panels. The main content area shows the webinar title: "State of the Science: Clinical, Metabolic and Pathologic Effects of Multiple Concussions" for January 16, 2014, moderated by Donald Marion, M.D., M.Sc. A red circle highlights the "Files for Download" panel on the left, which contains a table of resources:

Name	Size
Back to School Guide for Academics.doc	1 MB
Neuroimaging Following mTBI Clinical	353 KB
Neuroendocrine Dysfunction Screens	266 KB
Diagnosis Associated with mTBI Referral	303 KB

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 - 1.5 ACCME Non Physician CME credits
 - 1.5 ANCC nursing contact hours
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Continuing Education Accreditation

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Continuing Education Accreditation

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Webinar Overview

As new areas of health care and clinical practice emerge, communication methods evolve and expand. This presentation will review practical issues related to the clinical decision to incorporate technology as part of PTSD treatment. The discussion will provide a general framework for considering technology integration into practice including patient and provider factors, logistical considerations, evaluation and selection of specific applications. A specific case example will demonstrate the use of mobile applications to support the treatment of PTSD and include special emphasis on ethical and privacy issues.

Webinar participants will learn to:

- Describe the relevance of technology to PTSD clinical practice
- Demonstrate an understanding of issues relevant to clinical decision making for the application of technology in practice
- Synthesize key privacy and ethical issues related to the use of technology in PTSD practice



Practical Application of Behavioral Health Technology Tools in the Clinical Care of PTSD

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Director of the Suicide Prevention Program
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Greg Reger, Ph.D.

- Dr. Reger is a clinical psychologist and Director of the Suicide Prevention Program VA Puget Sound
- He is an Associate Professor of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine.
- Dr. Reger has led research on the design, development, and evaluation of innovative technologies to support Service Members and Veterans with PTSD, including work as co-PI on a multi-site clinical trial evaluating virtual reality exposure therapy, and leading a DoD/VA collaboration in the development of the PE Coach mobile application



Photo courtesy of: Department of Defense

Disclosures

- The views expressed in this presentation are those of the presenter, Dr. Reger, and do not reflect the official policy of the Department of the U.S. Army, U.S. Department of Defense, or the Department of Veterans Administration.
- Dr. Reger has no relevant financial relationships to disclose.
- Dr. Reger does not intend to discuss the off-label/investigative (unapproved) use of commercial products or devices.

Overview

- This webinar will review practical issues related to the clinical decision to utilize technologies as part of PTSD treatment.
- Mobile applications will be utilized as a specific example for consideration in PTSD treatment.
- Emphasis will be on applied issues, including relevant privacy and ethical issues.

PTSD DSM-5 Diagnostic Criteria

- Criterion A: stressor
- Criterion B: intrusion symptoms
- Criterion C: avoidance
- Criterion D: negative alterations in cognitions and mood
- Criterion E: alterations in arousal and reactivity
- Criterion F: duration
- Criterion G: functional significance
- Criterion H: exclusion
- *Specify if:* With dissociative symptoms or delayed expression
(American Psychiatric Association, 2013)

Evidence-based Cognitive Behavioral Treatments for PTSD

- **Cognitive Process Therapy (CPT)**
(Chard, Schumm, Owens, & Cottingham, 2010; Monson, Schnurr, Resick, Friedman, Young-Xu & Stevens, 2006; Monson, Price, & Ranslow, 2005)
- **Prolonged Exposure Therapy (PET)**
(Foa, Hembree, & Rothbaum, 2007)

How Far Have We Come?



Photo courtesy of: PhotoAtelier



Photo courtesy of: Nik Stanbridge

In the last 20 years, however...

Computer Age



Photo courtesy of: Blake Patterson

OIF/OEF



Photo courtesy of: US Army

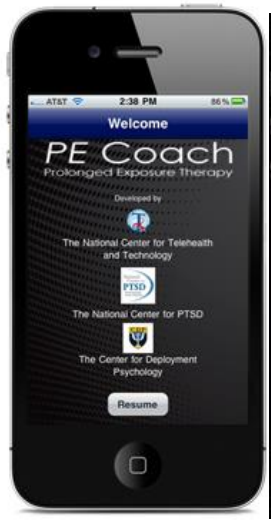
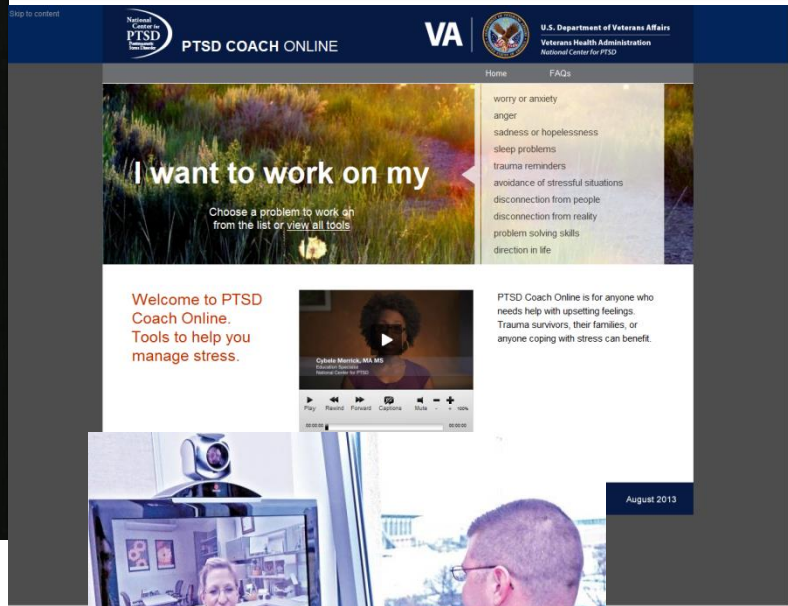
Increased Risk of PTSD

- 5.5% PTSD rate all deployed
- 13.2% PTSD rate combat infantry
(Kok, Herrell, Thomas & Hoge, 2012)
- 8.0% lifetime rate national Veteran sample
(Wisco, Marx, Wolf, Miller, Southwick & Pietrzak, 2014)

Computer Revolution

- American adults:
 - 85% use internet
(Pew Research Center, 2013)
 - 64% own a smartphone in 2015
 - Up from 35% in 2011
(Pew Research Center, 2015)
- Army Soldiers:
 - 89% owning a smartphone
(Edwards-Stewart, Smolenski, Reger, Bush & Workman, under review)
- 90% internet users say the internet has been a good thing personally
(Pew Research Center, 2014)

Impact?



Polling Questions 1

1. Do you personally own a smartphone?

Yes/No

Polling Questions 2

2. Do you treat patients with anxiety disorders or PTSD?

Yes/No

Polling Questions 3

3. Have you used technology (mobile apps, websites) in clinical care of anxiety or PTSD?

Yes/No

Polling Questions 4

4. Do you feel the internet has a positive impact on your life personally, in general?

Yes/No

A Number of Practice Questions

- Should I use technology in my practice with PTSD?
- Which technologies are available for use in clinical treatment of PTSD?
- How do I know the quality of available technology resources to augment PTSD treatment?
- How can I know which patients engaged in PTSD treatment would benefit from technologies?
- What ethical and privacy issues should I consider before using a technology in PTSD practice?

A General Approach to Clinical Decision Making and Technology

- Can the same benefits be achieved without the technology approach?
- How well do the capabilities of the technology fit the clinical goals?
- How well does a technology solution fit the characteristics of the patient population?

(Fernandez & Short, 2014; Reger, 2013; Rizzo, Buckwalter, & van de Zaag, 2002)

A Specific Case: Capabilities of Mobile Devices

Clinical Goals Facilitated by Mobile App Capabilities?

- Tracking Information
- Support Adherence with Difficult Homework
- Education

Clinical Goals Facilitated by Mobile App Capabilities?

- Social Support
- Rural Communication
- Non-EBP Treatment Options
- Mitigate Stigma

Polling Question 5

5. Do you think technology might help mitigate the stigma of help-seeking?

Yes/No

Considerations - Logistics

- Data connection at your facility
- Use in session and physical proximity
- App demonstration – sharing patient's phone, provider's phone, use of tablet
- Time constraints

(Skopp, Reger, Edwards-Stewart, Lemus, Accepted, Military Psychology)

Anticipate Technology Problems

“The greatest evidence for the existence of the devil is computers.”

- Richard Gorsuch, Ph.D.

(Gorsuch, 2001, personal communication)

Considerations - Experience

- Provider familiarity with the evidence-based treatment that the application is based on
- Provider familiarity with the application
- Provider familiarity with the patient's device
- Patient comfort and experience with smartphones

Mobile App Resources for PTSD

- PTSD Coach Mobile App
 - Android and iOS
 - Patient facing tool with information about PTSD and how to manage symptoms

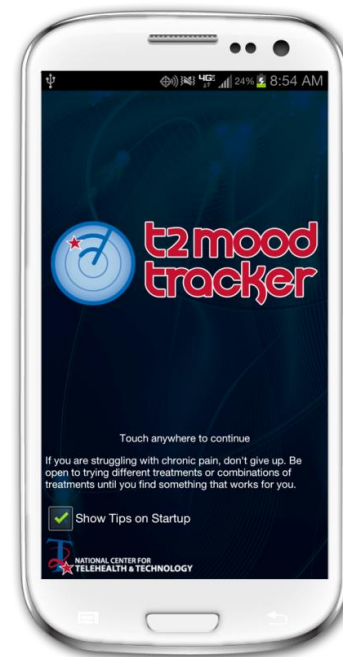
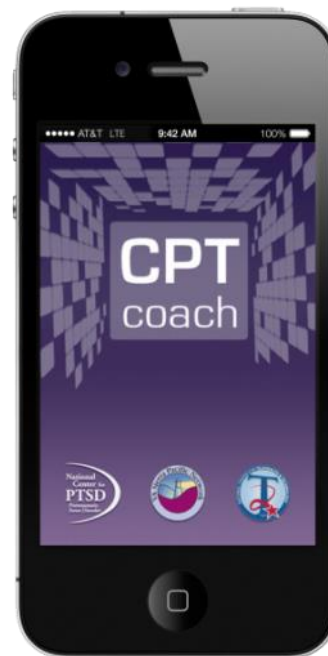
- PE Coach Mobile App
 - Android and iOS
 - To accompany Prolonged Exposure Therapy Manualized Treatment



Photos courtesy of:
National Center for
Telehealth & Technology
(T2)

Mobile App Resources for PTSD

- Cognitive Processing Therapy Coach (CBT Coach) Mobile App
 - iOS, Android pending VA release
 - To accompany Prolonged Exposure Therapy Manualized Treatment
- T2 Moodtracker Mobile App
 - Android and iOS
 - Has rating categories for:
 - Anxiety
 - Depression
 - General Well-being
 - Head injury
 - Post-traumatic stress
 - Stress



Photos courtesy of: National Center for Telehealth & Technology (T2)

Web Resource for PTSD

- Post-traumatic stress module of Afterdeployment website:

<http://afterdeployment.dcoe.mil/topics-post-traumatic-stress>



Photo courtesy of: National Center for Telehealth & Technology (T2)

Mobile App Selection

- Usability
- Quality of the App
 - APA website on apps with reviews
 - Division 56 (Trauma)
 - Division 46 (Media)
 - Division 29 (Psychotherapy)
- Privacy and Security Issues

Considerations – App Limitations

- What can't an app do?
 - Replace the clinician
 - Build therapeutic rapport
- The role of clinical judgement
 - Is a high quality app ever contra-indicated?



Practical Application of Behavioral Health Technology Tools in the Clinical Care of PTSD

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Scott Hunt, Ph.D.

- Dr. Hunt is a Graduate Psychologist at the VA Puget Sound Health Care System-American Lake Division and a Senior Fellow at the University of Washington, Department of Psychiatry and Behavioral Sciences.
- He earned his PhD in Clinical Psychology from Fielding Graduate University, including an internship at the American Lake VA. He is completing a Research Fellowship at the University of Washington/American Lake VA.
- Dr. Hunt's time at the VA is divided between clinical work in the Psychiatric Assessment and Clinical Center and research into technological innovations that support psychological health.



Photo courtesy of: Scott Hunt, Ph.D.

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Overview

- Identify common patient privacy and ethical concerns in the application of technology in clinical care of PTSD
- Provide accurate and easy to understand information to empower providers when integrating technology tools in clinical care of PTSD

Vignettes

- A new patient reports that he has gotten his first smartphone and has just downloaded a free app to manage his PTSD. He would like to incorporate the use of the app into his therapy.
- The app includes an assessment, articles on anxiety, PTSD, and panic attacks, and audio/guidance training, a diary to track anxiety, panic symptoms, suggested homework for alleviating PTSD symptoms, as well as links to “personality testing”.
- How do you address the patient’s request in an ethically responsible way?

Privacy and Ethical Issues

A Trusted Source

Permissions

- Is this app from a trustworthy developer?
- Do I understand why this app needs these permissions?
- Does the developer explain to me why they need these permissions?



Photo courtesy of: <http://www.istockphoto.com>

Password Protection

- Phone
- App

File Sharing Applications



Maintain Control

Install Remote
Wiping and/or
Remote Disabling

Public Wi-Fi

- When you are on the same network others may be able to steal usernames and passwords or see what you're doing.
- Recommendations:
 - Turn off sharing
 - Enable your firewall
 - Use https:// and secure sockets layer (ssl)
 - Turn Wi-Fi off when not using it

(Gordon, 2014)

Technology Offers Us New Advantages in PTSD Treatment

- Our goal is to develop ethically responsible practices that incorporate technology to support the delivery of evidence-based treatments for PTSD
- How do we do this?
 - By understanding and following relevant ethical standards
 - Be prepared to clearly explain to patients

APA Code of Ethics

- “The Ethics code applies to these activities across a variety of contexts, such as in person, postal, ***telephone, Internet, and other electronic transmissions***”.
- 2.01 (c) Boundaries of Competence
- 3.10 (a) Informed Consent
- 4.02 (c) Disclosing the Limits of Confidentiality

(American Psychological Association, 2010, 2002a)

Risk

- Use of technology, unintended consequences
(Eonta, Christon, Hourigan, Ravindran, Vrana, & Southam-Gerow, 2011)
- Assessing risk: “...the calculation that a particular treatment, intervention, or service will lead to a good or bad outcome and the outcome will have a positive or negative consequence.”
(Bennett, Bricklin, Harris, Knapp, VandeCreek, & Younggren, 2006)

Associated Factors

- Patient Risk
- Context
- Disciplinary consequences
- Therapist factors

(Ragusea, 2012)

Responsible Practice

- Confidentiality
- Competence
- Emergency Response
- Disclosure

Evidence-base Regarding Efficacy

“Finally, there is a lack of evidence on the potential efficacy of mobile health care apps. The numbers of tested evidenced based apps is small and few studies report sustained effects of more than three months.”

(Giota & Kleftras, 2014, p. 23)

Recommendation:

- Mental health professionals should carefully evaluate the apps they recommend to patients

Vignette Follow-up

- Know your risks and your client's risks regarding bringing new technology into therapy

Tips for Providers

- Put evidence-based practices first
- Be competent, stay current
- Get supervision and training
- Develop a list of apps based on current best practices
- Monitor patient outcomes during use

Additional PTSD Resources

- DoD/VA Clinical Practice Guidelines for Management of Post-traumatic Stress
http://www.healthquality.va.gov/guidelines/MH/ptsd/cpg_PTSD-FULL-201011612.pdf
- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)
http://www.dcoe.mil/PsychologicalHealth/PTSD_Treatment_Options.aspx
- Deployment Health Clinical Center (DHCC)
<http://www.pdhealth.mil/clinicians/ptsd.asp>
- VA National Center for PTSD
<http://www.ptsd.va.gov/>
- A Guide to Guidelines for the Treatment of PTSD and Related Conditions, *Journal of Traumatic Stress*, Vol. 23, No. 5, October 10, pp. 537–552.
<http://onlinelibrary.wiley.com/doi/10.1002/jts.20565/pdf>

Summary

During this webinar, participants:

- Described the relevance of technology to PTSD clinical practice
- Demonstrated an understanding of issues relevant to clinical decision making for the application of technology in practice
- Synthesized key privacy and ethical issues related to the use of technology in PTSD practice

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Next DCoE TBI Webinar:

Date/Time: Thursday June 11, 2015, 1-2:30pm ET

Title: *Translational Neurorehabilitation Outcomes: Research Trends and Person-centered Care*

Next DCoE Psychological Health Webinar:

Date/Time: Thursday June 25, 2015, 1-2:30pm ET

Title: *Assessing and Reducing violence in Military Veterans*

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